



Comparing Sexual Assault Interventions project

MEMBER STATE LEVEL GUIDANCE DOCUMENT

LATVIA

March 2013



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Comparing Sexual Assault Interventions (COSAI) project partners:

East European Institute for Reproductive Health (Romania)
Educational Institute for Child Protection (Czech Republic)
Latvian Association of Gynaecologists and Obstetricians (Latvia)
Liverpool John Moores University (UK)
Victim Support (Malta)

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VICTIMSUPPORTMALTA
Malta's support and information centre for victims of crime



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ABOUT THE GUIDANCE DOCUMENT

This country level Guidance document was undertaken as part of the project Comparing Sexual Assault Interventions project which is funded by the European Union through the DAPHNE III Programme 2007-2013. The aim of the Guidance documents is to put forth a series of recommendations and actions on how the interventions can be improved to better meet the victim's immediate and long-term needs, and decrease the risk of revictimisation. Although it is admitted that different groups of society, including men and children, could be victims of sexual violence, this document focuses on adult women, older than 18¹.

The Guidance document is based on key project findings and recommendations and on their application in Latvia at a national level. The document summarizes the main conclusions, that were arrived to in several project activities: case study done at country level, literature review and stakeholder workshop. Recommendations on principles of intersectoral cooperation were developed using benchmarking & evaluation tool, which within the project was created as a universal instrument for evaluation of cooperation of sectors when providing services to victims of sexual violence

KEY FINDINGS AND PROBLEMS IDENTIFIED

- There is a high risk of revictimisation in the country. This is mainly related to rape myth, public perceptions and absence of concrete guidelines, protocols and pathways, intended to provide involvement of relevant sectors for immediate help.
- Public is very poorly informed about the issues related to gender equality in context of reduction of sexual violence and about the action that should be taken to reduce the consequences of sexual violence.
- Cooperation between sectors is not sufficient to fight the incidence of sexual violence and to minimize its consequences.
- Skills and knowledge of involved service providers are frequently insufficient for provision of comprehensive support to the victim of sexual violence, which may lead to revictimisation and increasing incidence of sexual violence.
- There are several examples of a good practice, that could be used for solving problem on a national level when providing services to victims of sexual violence.

¹ The COSAI project focussed on interventions for women aged 16 and over. In line with Latvian legislation, this document includes adult women as of the age 18.



ASSESSMENT AND RECOMMENDATIONS

Education and public information

- Women should be better informed about services available to them in cases of sexual violence, as well as about rights they have if they become a victim of violence. Actions that could be taken immediately, among others, are: (i) creation of a specialized web page, where all the respective information is available, agreement with most popular search engines that information about this page appears among the first once certain keywords are being searched; (ii) development and publication of leaflets and business cards about services available to woman if she has experienced sexual violence as well as about her rights. This information must be available in pharmacies, waiting rooms of women consulting rooms, educational institutions, hospitals, etc.
- Regular and planned information and education campaigns of the society in the media environment. Making of stories, broadcasts and movie clips in cooperation with all services to educate about gender based violence and establish emotional attitude of the society. Local and international financial instruments shall be used for this purpose.
- Integrating issues related to sexual violence into curricula for health care professionals, particularly for professionals of reproductive health: how to recognize female victim, how to provide a first aid to her, which sectors should be involved, etc.
- Use of national and international financial instruments to organize post graduate training for professionals who because of specifics of their work could be involved in provision of services to victims of sexual violence.

Recommendations for development of intersectoral guidelines on provision of help to female victims of sexual violence.

- Integrated models should be created in order to offer services for women who have suffered sexual assault along with services for cases of other forms of violence against women and children. Existing institutional infrastructure could be used for this purpose if its functions are reviewed and adjusted according to existing best practices
- A concrete guidelines/protocol with reference system must be developed covering actions of police, forensic services and psychosocial support services while dealing with disclosure.
- Separate guidelines must be developed for reproductive health professionals for cases when violence against woman is established. Respective professional organisations must be involved in completion of this task and national financial instruments, including structural funds should be used.
- Because of limited human resources in rural areas, general practitioners and social workers shall be trained to work with victims of sexual violence. Necessity to develop separate guidelines for rural areas must be considered, enabling rural victims to receive help and remain confidential
- Rehabilitation programs for perpetrators should be more organised. Such kind of rehabilitation should be introduced as compulsory for those perpetrators who are accused of sexual assault.



- All professionals need to facilitate the mutual cooperation and service providers should develop inter-institutional procedures for integrated intervention in cases of sexual assault;
- All sectors need to activate sexual assault issues among the experts to increase the understanding and quality of services and professionals assisting victims of sexual assault should be educated;

Provision of services to victims of sexual violence

- Police needs to improve confidentiality of victim which means to provide that in cases familiar persons work in the institution also provide a separate room where to give evidence.
- Forensic medical examination need to be performed by same sex expert, such possibility must be ensured 24 hours a day.
- When conducting medical assessment, medical staff should examine a woman and inquire about possible signs of violence. Such examination should be a part of a daily routine and as such should be included in guidelines of examinations. In situations when sexual assault against woman is suspected, service providers have to ensure understanding and supportive attitude, confidentiality, STI testing, HIV preventive measures and legal support if necessary.
- Pathway for provision of support to female victim of sexual violence should include cooperation of the following sectors: police, forensic services, health care institutions and institutions providing psychological help. Provision of services must be mutually integrated, so that the victim does not have to retell the story over and over again.
- Confidentiality must be a crucial element of the pathway.

Evaluation

- Sexual assault services should be evaluated on regular basis and common indicators for evaluation system should be developed.
- Services need to be evaluated for effectiveness on multiple domains. Evaluation must be conducted in cooperation between all involved sectors: law enforcement, health, psychological support.
- Evaluations should be conducted in lower resource settings as well.