

Best Practice Guidelines

for NGOs supporting
women who have experienced
sexual violence

By

Rape Crisis Network Europe

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Rape Crisis Network Europe

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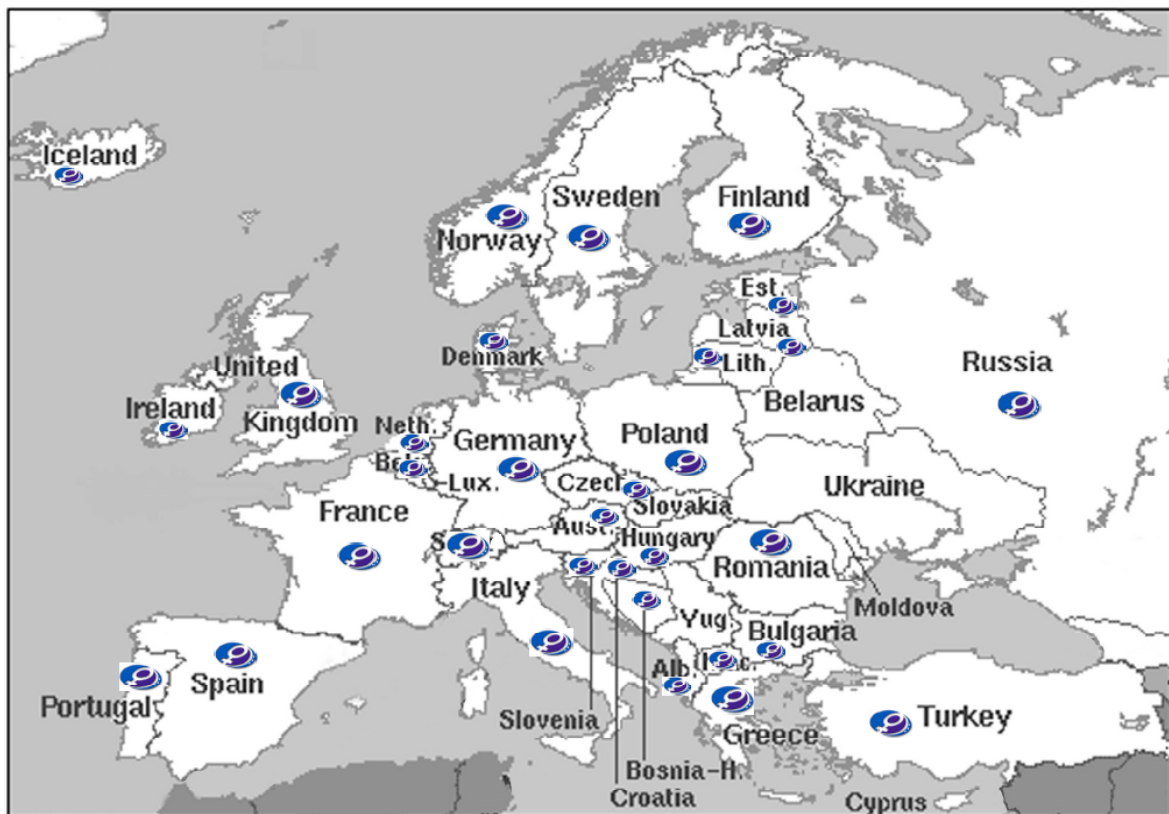
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For further information on the RCNE, please visit our website at:

www.rcne.com

For further information on the DAPHNE programme, please visit:

europa.eu.int/comm/justice_home/funding/daphne/funding_daphne_en.htm



The Rape Crisis Network Europe

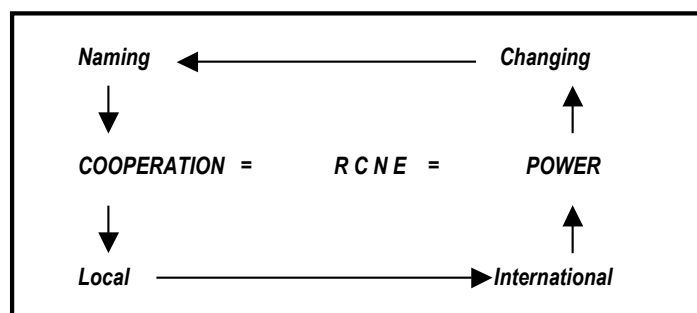
FOREWORD

The Rape Crisis Network Europe (RCNE) is a coalition of voluntary organizations providing services to survivors/victims of sexual violence and lobbying for change in relation to societal attitudes to this issue. It comprises voluntary organizations from thirty-two European countries¹ and is run in a collaborative, non-hierarchical way. The Rape Crisis Network Ireland acts as a central co-coordinator of the project, and manages it along with the Rape Crisis Federation Wales and England, the Child and Women Abuse Studies Unit in London Metropolitan University, and the Centre for Victims of Maltreatment and Exclusion, Greece.

The aim of the Rape Crisis Network Europe is to support member organisations and women through campaigning, education and research and development work to eliminate sexual violence against women. This goal will be achieved through the sharing of information, experiences and best practice, by conducting research, developing policies, education strategies and delivering training in order to ensure that women who are sexually assaulted get an immediate and supportive response wherever they live in Europe.

The RCNE will work, as the diagram below illustrates, to ensure that rape is named, behaviours are changed and local and international responses are effective from a woman's perspective.

RCNE Transformation Challenge



The **objectives** of RCNE are to:

1. Provide **information** through recording facts, exchanging experiences, disseminating results, awareness raising, educating, informing the development of support service and acting as a point of contact for survivors/victims and organisations;
2. Conduct **research** on EU-wide activities, on women's experiences, making

- international comparisons and exposing deficiencies and injustices;
3. Influence **education** services through educators, policy makers and improving the curriculum;
 4. Provide **training** for volunteers, workers and professionals and improve delivery through networking to establish models of delivery, exchanging practices and materials, mentoring and developing guidelines;
 5. Operate **international linking** between groups for action through support and pressure, strategies to include all women, developing international best practice and informing and making an impact on EU policy, and
 6. **Lobby for change** in legal provisions, service coverage and standards, funding and resources for groups and organisations that work with victims/survivors and organising campaigns as necessary.

The following approaches are used in the work of the RCNE:

- Inclusiveness: we will ensure that practice is developed to include women from diverse ethnic origins, as well as disabled women, lesbian women, etc;
- Twinning, i.e. members will be teamed up to assist each other with specific projects, tasks etc;
- Working groups will be formed to progress specific areas of work;
- Mentoring will be organized to ensure that where specific expertise is gained, it is shared among the members;
- Members will work to keep survivor/victim-informed services the focus of all of their work;
- Review, monitor and evaluating tools will be utilised throughout; and
- Sustainability will be sought through securing resources, including the possibility of acquiring an office and staff.

The RCNE works to influence European policy-making and seek to generate standards of service delivery, policy implementation and legislation through national RCNE member state governments, NGOs and the Human Rights agenda.

¹ For a full list, please see Appendix I.

INTRODUCTION

***“We see our work as supporting women’s own feelings and decisions
and assisting in every way in their own re-empowerment”.***

The quote above best illustrates the ethos that drives RCNE organisations in their service delivery. The aim of this report is to bring together information on activities and organisational approaches applied by members of the Rape Crisis Network Europe (RCNE) in order to help develop good practice and improve services for women who have experienced sexual violence in Europe.

The report is based on information gathered in a survey of fourteen members of the RCNE. This survey aimed to identify good practice, defined as ***action that proved successful or achieved positive outcomes for users of their services***². This report focuses on what is being done particularly well and elucidates the essential elements necessary in order to deliver effective services. More specific information on how RCNE members operate is contained in the ‘*The Country Reports*’³. These provide a very comprehensive description of some of the organisations within RCNE and the legal, policy and administrative environment within which they operate. While there are many social, economic, political, and cultural differences between countries, and indeed similarities, the aim of this publication is to draw out the key elements of good practice being utilised successfully across Europe. All the participating organisations and women mentioned in the case studies chapter have been kept anonymous in order to ensure confidentiality.

² For the full questionnaire, please see Appendix II.

³ Available from our website: www.rcne.com

THE DIMENSIONS OF GOOD PRACTICE

The study indicates that the key dimensions of good practice are:

- A. Ideological Foundations – the organisational ethos that guides service delivery;
- B. Client-centred Approach – action that focuses on the needs of the woman in crisis;
- C. Accessible Services – offering a broad range of supports for victims/survivors;
- D. Promoting Awareness and Values – challenging myths about sexual violence;
- E. Improving Societal Responses to Sexual Violence – contributing to the development of effective societal responses to sexual violence, through education, awareness-raising, advocacy and lobbying.

A. Ideological Foundations

All participating groups indicated that they have an ideological foundation, with feminist ideology emerging as the most significant. Many RCNE groups are feminist, and critical of the patriarchal society. They believe in the right of sexual self-determination and the power of the individual to fight for a self-determined life and to realise it. Other groups highlighted the relationship between social divisions, such as the repression and brutality of racism, heterosexism, anti-semitism, bodyism and sexual violence. Most organisations made direct links between violence, gender discrimination, women's economical and psychological dependence and gender stereotyping. In fact, understanding the way in which gender dynamics operate within a society was highlighted as a key factor in challenging oppression, dependency and violence. With regard to political and religious affiliations, one group, for instance, described itself to be "*neutral, non-denominational, humanistic and not dogmatic*".

Rights, most notably human rights, emerged as the crucial framework for the participants' work, with equality being the principle to work toward and operate by. One organisation stated: "*We believe people are equal, no superiors or subordinates*". Others stressed the need for the promotion of social attitudes of tolerance towards difference and non-acceptance of violence.

All organisations indicated that their ideology impacts directly on their practice, with subsequent actions ranging from participation in militant action and solidarity with victims, to the practice of reflecting in every situation you are involved in, to putting in place systems to facilitate a meaningful role for all women within the work of the organisation. Hence, RCNE activities also include consciousness-raising campaigns for women in order to confront internalised sexist values, organising projects to give women economic independence, and working for societal change through sensitisation of the general population. The members' ideological foundations also underpin the theoretical and practice frameworks, as professionalism, ethical positions and expertise are developed using inclusive and empowering methods of working.

One group stated very clearly that *“our ideology is the foundation of our objectives as an organisation. It gives us a clear focus and positions sexual violence clearly as one aspect in a continuum of violence experienced by women and girls in a patriarchal society. Our feminist ideology has enabled us to not be consumed by the therapy industry. Our support, counselling and advocacy work is as important as our campaigning, lobbying and awareness-raising work. Having two strong aspects of the organisations' work is what gives us our strength and benefits women service users. As an organisation we enable service users to see sexual violence as part of society, not a one-off event or set of events that are their fault.”*

Another organisation has formalised its ideological foundation into a common “constitution”, which covers the following points:

- *Be pro-feminist, critical of patriarchal society*
- *Ensure that political public relations have to be an important part of the work*
- *Be carried by autonomous unions of women*
- *Guarantee that the service users do not meet any men or boys in the rooms of the centres*
- *Provide a free counselling service*
- *Guarantee anonymity*
- *Build networks with other feminist projects*
- *Be shelters for women and girls who have gone through violence – and not be allowed to work with those who commit violence”.*

B. Client-Centred Approach

Good practice necessitates delivering services that actually respond to the needs of a woman in a crisis situation. The providers have designed their services as a result of listening to women, taking the time to determine with each individual what her current needs are, and working with her to find the support she needs to carry on into the future. This client-centred approach is used because women's situations differ; their experiences vary and needs change over every individual's life-time. It is the client herself who can best indicate the specific supports she needs, and it is only she who can assess accurately the risks she can take.

The client-centred approach demands respect for each woman and her efforts, openness to her and a willingness to hear her issues and work with her to determine what action is most appropriate to bring her to an emotionally and physically safe 'place'. The key dimensions of the client-centred approach that were emphasised were: actions to demonstrate affirmation to the woman in crisis and actions to support the reassertion of her self-determination.

Service providers emphasised the necessity to use an open and inviting tone with the woman at all times and the importance of being clear by stating directly that the function of the service is to listen to the woman in a non-judgmental way. The underlying ethos has to be to ensure that the experience of resolving the situation is an affirming one for the woman concerned. Asking clients about their needs and discussing with them what is the best strategy to address the situation is the only way of providing safety for women who are survivor/victims of rape and sexual abuse. The process is, then, an interaction between equals who are listening to each other and working together to remove the power of the violence or the threat of violence. This process takes time and requires the service provider to work at the pace that the woman herself determines. The following quotations illustrate the approach:

“When users call our free-phone number we respond placing ourselves resolutely on their side so that they feel comfortable to tell their story”.

“We see our work as supporting women's own feelings and decisions and assisting in every way in their own re-empowerment”.

“We listen to the women’s own descriptions of their needs”.

“We ask the client herself what kind of needs she has and what kind of services she wants to use and thinks are useful to her. If she doesn’t have an opinion of her own, we can help her and tell her about the different choices she has”.

All organisations and groups made it very clear that involving in activities for service users women who themselves have experienced sexual violence is an important element of good practice. This strategy also requires that service providers consider the long-term life chances of all their clients. Empowerment involves not just change in the immediate circumstances, but a long-term view of the opportunities and supports for all women who have experienced sexual violence. Moreover, the personal power of individuals who overcame sexual violence can be a powerful message to other women, for it shows them that it is possible to surmount the negative impact of sexual violence on their lives. This, in turn, demonstrates to all women the need to take action to empower themselves against sexual violence in order to stop it reoccurring. This is exemplified by the following quotes:

“As we mostly deal with women who are victims of abuse and social exclusion, we try to give every woman who is interested, the chance to work as a volunteer in the organisation so as to empower each other”.

Client-centred approaches require:

- Belief in the person;
- Giving non-judgmental responses;
- Processes that demonstrate the women’s own power and resources;
- Stating the law and reminding women that we are on their side;
- Dealing with feelings of guilt and reminding them that the rapist is solely responsible for the crime;
- Presenting a non-victimizing attitude toward the client: believing unconditionally the woman and her view of the situation;
- Breaking taboos;
- Breaking the silence; and
- Being open, honest and respectful.

C. Accessible Services

Effective service delivery centres provide access to many types of support for women who are raped and sexually abused. This is another function of the client-centred approach. Access can only be created if the range of options to support women is focused, while also gives them a sufficient range of choices. Good practice necessitates offering a range of one-to-one and group options for women, in order to allow them to determine which activity is most appropriate for them and their own situation. The following quotes offer examples of practice to promote service accessibility.

“We make changes to meet specified need e.g. change helpline opening times, provide groupwork sessions in line with service user suggested themes”.

“We organise and start groups for healing activities such as art, drama, feministic self-defence, supporting group, yoga, rosentherapy, healing ceremonies in church, summer camp and discussion evenings with themes and personal dialogues”.

“The organisation develops its services all the time”.

“Our Rehabilitation Centre for Women, Adolescents and Children Survivors of violence delivers the following services:

- 24 hour Helpline for women, adolescents and children survivors of violence*
- 24 hour Crisis Unit and Crisis Accommodation for women survivors of violence*
- Care Programme for women survivors of domestic violence*
- Care Programme for women survivors of sexual violence*
- Care Programme for survivors of trafficking in women*
- Care Programme for adolescents victims of violence*
- Care Programme for families of adolescents victims of violence*
- Social program*
- Self-support group”.*

“The organisation’s services are developed to be short-term crisis therapy. Still we have different methods (from one-to-one counselling and legal assistance to group therapy) to offer clients, because people recover from trauma in different ways and need different kind of services to recover. A multi-sectoral professional team guarantees that treatment and frameworks are versatile. If our resources are not enough or we can’t offer services the client really needs, we supervise/ guide her to more appropriate services”.

“We offer face to face and telephone services. As far as face-to-face services are concerned we offer psychological support by the psychologist, social support by the social worker and medical and legal advice by the lawyer and the volunteer doctors. The services, which are offered by telephone, are either psychological support or some basic legal advice”.

“We manage a waiting list, and keep women informed while waiting, providing access to telephone counselling while waiting for face to face counselling”.

Ensuring that the services are accessible by making them free is strongly emphasised as a key aspect of good practice, as the following quotes illustrate.

“The organisation needs to be accessible to motivate women to get help. Free services make it easier for women to seek help, despite their economical situation. Every day working crisis line brings help near and available, despite where the clients live”.

“We inspire our members to participate in our activities through monthly dispatches. The activities are free or relatively cheap and on a voluntary basis”.

Another key aspect of good practice is the continuous evaluation of services, through both assessing information gathered directly from users of the services, always emphasising confidentiality and anonymity, and meetings of workers to discuss progress. Good practice necessitates that evaluation activity relates to individual actions, group activities and networking as the following quotations highlight.

“Once a year all rape crisis centres meet to reflect and discuss their work and the expectation they have”.

“We evaluate all activities organised for the members after each event, and send

out questionnaires to our members”.

“Every user fills in an evaluation form, which are helpful source of redefining the methodology and patterns of work as well as domain of the services delivered by the centre”.

“We always have a counselling review process 6 & 13 weeks into counselling”.

“We learn what works well and why. We have meetings monthly to observe the state of our services. If there are needs to change something we talk about it and try to make it more suitable to the clients if possible”.

“Then we organise special courses for volunteers. Sometimes we invite our former clients to work in our centre. Some of our clients are involved into social support for other women. They go together to the courts, police, and medical service. They have permanent discussions about this social work to make this support more effective”.

In summary, accessible support for women who have experienced sexual violence involves offering a variety of support services that enable women to decide what they need. Again, this approach is underpinned by the belief that the woman herself knows what is best for her. Good practice, hence, necessitates helping women to self-empower by becoming aware of their own needs and finding the appropriate services to meet them.

D. Promoting Awareness and Values

Education and awareness-raising are key to good practice when working to end sexual violence against women, and supporting women who have experienced it. Research, media campaigns and co-operation with other organisations in the social sphere are also essential to promoting values of respect, equality and self-determination for all. Good education and awareness work not only propose these values but demonstrate them by engaging women themselves as the experts, if they so choose. They then pass on their crucial knowledge, skills and experience needed for the preparation of materials and programmes, and their delivery and implementation. The key challenge is to build awareness of real effects and causes of violence against women.

“We use popularisation campaigns such as: mass media, participation in TV and radio programs, press conferences and producing printed materials (posters, brochures), which are then disseminated in governmental and non governmental organisations and institutions, e.g. health institutions, social institutions, schools, police offices (especially border police offices - brochures for trafficking in women)”.

“We run a public campaign in order to pay attention to violence against women. We publish case studies of some women and disseminate them among other women”.

“We provide public campaigns, take part in different exhibitions, run press-conferences, have good permanent connections with journalists, take part in talk-shows, TV and radio programs, lecture in schools and universities”.

“The building of networks between rape crisis centres as well as between institutions and organisations aims at exchanging information and developing activities for more effective and mutual strategies against sexualised violence”.

“We invite students (psychologists, sociologists, pedagogues, etc) from universities for practice placements”.

“We address various groups of population to deliver responses for service

users”.

“We expand our partnerships”.

“The rape crisis centres are built up and supported by local initiatives or associations of women who also organise the practical work and who also engage in public relations”.

“We provide training sessions for professionals in the legal, medical and law enforcement fields”.

E. Improving Societal Responses to Sexual Violence

All organisations are involved in a range of activities to change response systems, as women who experience sexual violence are ill-served in all jurisdictions. These activities include:

- Providing legal advice and support
- Lobbying for change in legal policy
- Lobbying for change in social policy
- Political involvement and representation
- Conducting research
- Training other stakeholders
- Networking with other NGOs to bring about change
- Fundraising

Legal advice and support

Rape is a criminal offence. Although criminal justice systems differ across Europe, the RCNE engage in similar work to ensure that each system is made more accessible and women’s human rights are both established and defended. Most groups state that the “most important goal of our work is women’s human rights defence”. To that end, volunteers assist women with the preparation of documents for the police, the courts, prosecutors, medical service, etc.; accompany women to all these institutions; engage in advocacy work for clients; and collaborate with the police to develop better response practice to cases of sexual violence (investigations, collecting evidence, etc.).

The right to make a complaint or actually use the criminal justice system is defended by groups, as support is given to women if they want to give a testimony, though no woman is pushed to do so against her will. The organisations work at grass-root level by supporting clients to report an offence, supporting them during the trial. On a broader level, groups collect information about bringing criminal charges against violent criminals, criminal law, lawsuits, possibilities of accessory prosecution. This information is then analysed and collated for public use. Finally, many organisations also act as ‘expert witnesses’ in court.

The Centres themselves also directly provide legal advocates and often take an active part in the legal proceedings for some victims. Giving personal support in contact with lawyers and supporting women who need to make complaints is regarded as good practice, as the legal system is based on proving and disproving a case, rather than assisting women recover from rape or sexual abuse.

Lobbying for legal policy changes

With regard to legal services and provisions, groups are also involved in lobbying for change, training of legal officials, directly providing legal services and supporting research and publication of reports. Lobbying activities include proposing legislative amendments, responding to governmental consultations, participating in legal reform working groups organised by the Government, organising petitions concerning the law about rape, and working together with policemen, judges, and prosecutors to create mechanisms of good legal practice.

Lobbying for social policy changes

Organisations are involved in assisting women to access state entitlements, lobbying for change in entitlement definitions and requirements to incorporate sexual violence and abuse under the heading of disability. For women to access state social services, they necessitate support in order to identify the disabling impact of the violence they have experienced. For instance, victims might be entitled to such benefits as a disability allowance and housing support.

Other activities include lobbying state agencies directly for change in state support criteria and to make social provisions, such as housing, food, health care, money, etc., available to victims/survivors of violence. Additionally, groups work to change the internal functioning of social, legal, medical and administrative institutions by encouraging gender audits of

services, in order to facilitate gender mainstreaming.

Political involvement and representation

Political work is directed towards the media, co-operating with politicians and educating people in the political sphere about the reality of sexual violence. Co-operating with politicians involves writing joint proposals, inviting them to meetings and being involved at the local, regional, national level on policy debates. Other activities involve submitting proposals to the national and local governments for women's human rights defence and to improve social support for victims/survivors of different kinds of violence. Some organisations have representation on national and local political bodies and are officially represented in different committees, such as intergovernmental task force to combat violence against women. Communicating with politicians and political parties has a dual function. Groups can develop the political expertise and influence of their organisation, while, at the same time, they also attempt to educate politicians to be more responsive to the needs of disadvantaged women. For instance, one organisation has a programme on women in politics and decision-making processes.

Conducting Research

Research and publication activities include the publication of studies highlighting the negative practice of law enforcement structures, the inherent bias of the legal process against complainants, and issuing statements concerning violence against women, especially concerning sex crimes.

Training other stakeholders

Training activities include training sessions for judges and magistrates, training for police and their chiefs, as well as endeavouring to change the judicial language and the treatment of the service users by the institutions.

Networking with other NGOs

Networking involves local, national and international alliances of rape crisis centres to help these organisations lobby for increased resources, and to generate increased awareness of the problem of sexual violence. Many RCNE groups are involved in common campaigns at community and national level, on issues that include: social mediation, promoting the adoption of the most effective support practices by other services, training other NGOs and the staff of the social institutions working on the problem of violence, and changing social

attitudes towards survivors of violence.

Fundraising

Groups in all jurisdictions are involved in securing resources to ensure that women have access to the services they require. Although the civil, political, social and economic circumstances vary across member states, no group was able to report that they had sufficient, or even adequate, resources to support women to escape violence and protect them from the perpetrators.

In summary, our member organisations recognise that giving unconditional and empowering support to victims/survivors of sexual violence is their core support service. On the other hand, there is a growing consensus that sustained action also needs to be taken in order for societal attitudes toward sexual violence to change. Hence, RCNE organisations work towards legislative reforms that will create a fairer and less traumatising legal process; social reforms that will entitle women to access adequate state benefits; influencing the political context within which these desired changes might occur; collating information, and training other stakeholders.

Furthermore, because violence against women knows no borders, it is increasingly important for organisations to come together in international networks in order to pool their strength, knowledge and wield their influence more effectively.

A number of case studies aimed at illustrating the Dimensions of Best Practice described above are presented in the next section. These accounts are the true stories and experiences of women who have been supported by RCNE organisations.

CASE STUDIES

The following case studies illustrate the sexual violence experienced by women and the processes involved in beginning to heal from the trauma. They also exemplify strategies based on the 'Best Practice' approach of RCNE member organisations. The authors of these accounts are counsellors and support workers from eleven different European countries. Please note that the written English has been left largely unaltered in order to reflect the poignancy of the experiences narrated below.

April

April is a 48 year old woman who has been married for 25 years and has a 25 years old daughter. She is unemployed. She called our Help line after an incident of sexual violence. She went on an interview, replying on a job advertisement. She had been asked to wait in the room for the other candidates to come and to start the interview. So, she stayed in the room with her potential boss and since nobody else had been in the office, she had been assaulted and raped. She called in an emotional crisis and was referred to the Crisis unit. After the crisis intervention she was referred for medical examination. She didn't want to report to the police, because she was afraid that her husband would not understand her and would blame her. She had 15 therapeutic sessions in which she dealt with her somatic symptoms, such as nausea, insomnia, overwhelming wish to wash herself again and again because of the fear that she was infected, flashbacks and her feelings of guilt, shame and anger. A month after she had finished her sessions, she called on the phone to greet the people from the staff for a national holiday and told us that she feels very good, much better than before. She was reassured that she can find us every time when she has a need.

June

A woman contacted the free crisis line. She has been raped 2 weeks ago. She tells us she has been to a doctor. She hasn't reported the rape to the police. She is sent to the centre's psychologist and they intend to meet regularly. The client wants to think about going to the police. She is also interested to meet other women who have experienced the same. The on-call-counsellor guides her to call the organisation's free legal line and talk with the lawyer. The on-call-counsellor tells the client about different groups that exist. Emerges,

that there are no groups gathering where the client lives. Then the on-call-counsellor suggests that the client has a chance to attend to organisation's weekend course and tells her more about the course. The client is interested and registers for the course. Finally the on-call-counsellor encourages the client to call again if necessary. After that the client calls the free legal line. She talks to the lawyer and finds out what she should do if she wants to report her case to the police. The lawyer guides her to get legal assistance. The lawyer also tells her about her chances to get a supporting person. There are organisations that organise supporting persons for the crime victims. The crisis worker calls the client concerning the weekend course soon after these two conversations. The crisis worker interviews her about her situation and her chances to attend the next weekend course that takes place in one month. That suits the client. She and 7 other women and two organisation's group leaders gather together for one weekend. They work with different methods to process the participants' experiences. They also think about how to manage in a normal life. They gather strength to survive. After the course is over group leaders encourages the clients to continue the process. They also encourage women to call the organisation's free crisis line if necessary.

Pam

Six months previously Pam had separated from her rapist husband. She had attended some Women's Health Information sessions and now felt ready to build stronger links with herself and with other women. "I'm tired of living in fear, of hiding away, of feeling guilty for what that man did to me. It's time to grow a life big enough for me. The women's outdoor sessions are providing me with the space to begin." Pam took part in five sessions learning to canoe at a local outdoor centre, followed by a river trip. "At first I felt really wobbly, it was difficult feeling vulnerable in front of the others." In the session where women were offered the choice of practising a capsize. Pam's fears surfaced. She wanted to try, but became anxious, and with support, but not coercion, from the other women was able to focus and decide that she didn't need to prove herself "I learned to feel more confident about setting boundaries and taking care of myself as well as saying 'no'. Not a comfortable experience. It would have been easy to drop out. Staying with it has been quite an achievement for me."

Pam, as with the other women, determine their own level of involvement, there are no pre-set goals or successes to achieve – Pam's decision was heard and accepted – what is

necessary for safety is explicit and this is kept as clear and simple as possible, there are no rules or implications about 'you must do this in order to still be part of this group'. "I loved the chance to do canoeing in a safe environment. I felt treated with dignity and respect. I enjoyed the fun and the way the women came together and helped one another. It has given me confidence to try other things."

Maggie

Maggie, a raped young girl (about 20 years old) came to our Centre to get help. She was raped by her employer on her first day at work. The social worker gave a statement to the police and she went to a woman doctor with her. Then we began to prepare all documents for judicial proceedings. In the meantime the client repeatedly visited our psychotherapist who was solving her problems and consequences of rape with her.

Kathy

Kathy was a 16 years old girl who was born and lived in a small village with her family. On the 10/6/2001 she was kidnapped by 3 native men while she was alone in her house at the village. The family along with the police started the investigation in order to track her down, right away. When they finally found them in 16/9/2001 she was physically and sexually abused (the three men raped her continuously). She came to Centre with her family after they had moved as Kathy was unable to endure the criticism of the villagers. She was frightened (agoraphobia). She was afraid of men, she was complaining of pain in her body. She was feeling guilty for what happened, and she had lost a lot of weight in one month. She was really pessimistic and she could not make plans for the future, as her family had many financial problems and they were scattered in many countries as economic immigrants. We advised her to come regularly to meet the social worker and the psychologist in order to help her with her daily problems and to build her confidence. Now, a year and a half of hard work later, Kathy is making a hard attempt to see the bright side of life again and to make plans for the future. She has already decided that she would like to work as a lawyer who will take over cases of sexual abuse and sexual harassment.

Nina

Nina was raped by her co-worker in her work place. She rang the helpline and decided to take a criminal case against the man who raped her. The lawyer helped Nina to prepare all documents and request for moral compensation. She was accompanied by social workers to the medical-forensic examination. Nina took part in a support group for young raped women and became a leader of this group; she starts to support other women. During court preparation Nina took part in a role-play "*How to behave and survive court process?*" with crisis centre staff and her attorney. Before court Nina saw the role-play on video many times. During all court sessions, Nina has been accompanied by centre's social workers, volunteers and psychologist as witnesses.

Maria

Maria fled in 2000 to escape from her parents and other relatives. She stayed in our shelter for over a year. We supported her when she made her third report to the police. She participated in our support group here and in the work with pictures with another group. We supported her in her contact with doctors and social workers. Maria works as a volunteer in the organisation, in the open-café, sending dispatches to members and looking after the library and the election committee. She participated in the summer camp in 2002. We supported her when she reported her rape by her Aunts husband. She gets continual personal support where she can talk about all that she wants. We supported Maria when she contacted two journalists hoping to get help to publish her story. Maria states '*If I had not come to the Support Centre I would be dead now*'.

May

May is 27 years old went to the police to press charges against her father for raping her, after her first meeting of our victims counselling group. She realised that she was not alone and that others feel the same. She now knows that she is not mad. She is now part of a group that can support her. She can distance herself from the law of silence her family was imposing on her, which was causing her feeling of guilt.

Mary

Mary is 24 and has a 3 year old child. From the very beginning of her marriage she has been raped by her husband. In the first very moment of violation, she thought that it would be better for the child if she tried to keep the family together, but very soon she realised that the non-functioning of the family can implicate negative consequences upon the child. She states:

“Only short time after the marriage our mutual relations were qualitative and tolerant. Soon after that, on the surface came up our different characters and attitudes. In the marriage I was physically violated by my husband, he has threatened me, that he will kill me if I leave him; I was also forbidden to work. It was usual thing for him to mistreat and degrade me, not let me contact my closest family members and friends. I could not endure anymore, so on the last physical violation of his side when I was beaten very badly, I finally found the courage to leave him and took the child. My family accepted me, knowing all the problems within my marriage that I have so far. From May this year, I live with my parents in their home”

She came to the legal-aid centre elaborating her problem and seeking a legal solution. She explained that she had already addressed her problem to the social workers, and they arranged access for her husband to their children. However he manipulated its implementation.

Judith

Judith rang the centre in a tearful state and she was given enough time to tell her story, that she was violently raped 6 months ago by an ex-boyfriend. Since then she has not told anyone about this, she feels increasingly isolated, depressed, sleepless and anxious. She has been to her doctor and is taking antidepressants but without feeling relief. Her relationship with a new boyfriend is falling apart, she hates intimacy and he is giving up on her. She is invited to come for an individual session in two days time and see if that is useful for her, she is doubtful how it will help to talk about this as she is trying to forget it. Judith does come for her session and a counselor gives her information on the effects of rape on the victim and she decides to regain control of her life. She goes to the police and brings a charge against the rapist. After 4 months of individual counseling she is ready to take part in a self-help group that runs for three months. At that time, she is informed by the police

that the rape charge has been dismissed because of lack of evidence.

She is regaining her strength and mastering her fear of the rapist and wants to become a self-help group leader, so after being an assistant group leader she is now leading her own groups. She has gone back to work but her relationship did not survive. She has told her parents and close friends about the rape and has stepped out of the isolation. A year later she has become a feminist and very active on a political level, bringing attention to the impotence of the legal system in cases of sexual violence.

Jill

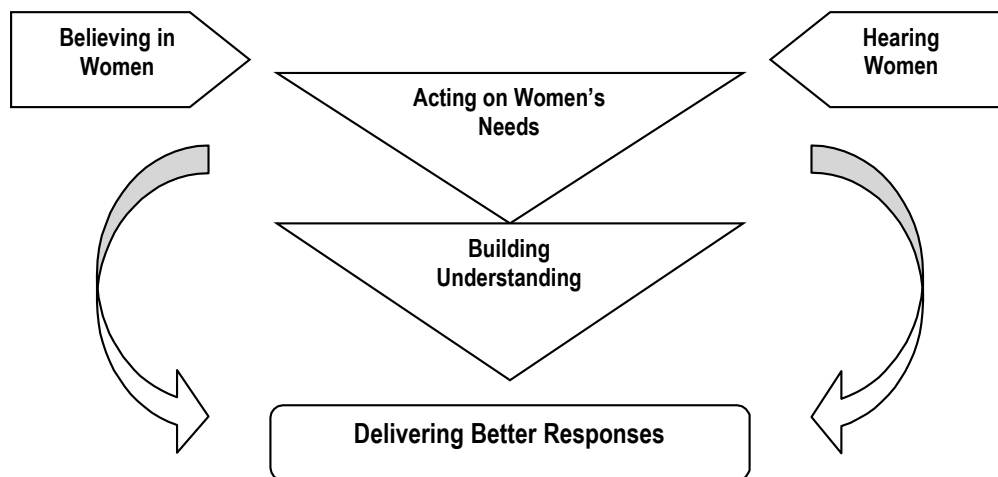
Jill arrived in the shelter for consultation, weeping, in despair, with repeated experiences of family violence and marital rape. Two shelter workers were present and listened to her story. She told that one of her four children had suicidal thoughts due to fear and tension that his father was causing in him with his aggressions. Together with a shelter worker a consultation with a child psychologist was arranged. The contact person in legal issues was contacted to find out about the juridical side of the case and the rights of the woman. The shelter worker R was listening the emotional side of the story and counselling while the other shelter worker E was listening to the practical, economical side of the story and generated ideas of how the woman would manage organising her divorce, finding accommodation, living alone after the divorce. Different alternatives were presented to Jill. She decided to go back home although it was dangerous and think about the alternatives that were discussed together. The shelter's workers stressed that she would be welcome back any time. Some time later she came back with concrete plans of divorce. She contacted the court together with the shelter worker R to find out how much a divorce process would cost for her and how long time it would take. Documents needed for starting the divorce process were prepared together.

CONCLUSION

This study indicates that the key dimensions of good practice are:

- A. Ideological foundations – the organisational ethos that guides service delivery;
- B. A Client-centred approach – action that focuses on the needs of the woman in crisis;
- F. Accessible Services – offering a broad range of supports for victims/survivors;
- G. Promoting Awareness and Values – challenging myths about sexual violence;
- H. Improving Societal Responses to Sexual Violence – contributing to the development of effective societal responses to sexual violence, through education, awareness-raising, advocacy and lobbying.

As the case studies demonstrated, the variety of women’s experiences and situations demand that each of the above key aspects be implemented in response to sexual violence. In conclusion, believing, listening, taking appropriate action, building understanding and responding effectively are the dimensions of the model of good practice emanating from the experience of the RCNE members across Europe. A summary diagram illustrating the RCNE best practice guidelines is shown below.



RCNE organisations believe that delivering services that demonstrate and exemplify best practice will contribute to successful healing outcomes for our clients and to the fundamental empowering of women to break the cycle of violence and abuse. Our ultimate goal is to assist our clients find the power within themselves, so that they may look positively upon a better future.

APPENDIX I

THE RAPE CRISIS NETWORK EUROPE

Organisation Name	Country
Qendra e Keshillimit – Counselling Centre for Women and Girls	Albania
Frauennotruf Salzburg	Austria
SOS VIOL	Belgium
Vive Zene – Therapy Centre for Women and Children	Bosnia & Herzegovina
Zene Zenama – Women to Women	Bosnia & Herzegovina
Animus Association Foundation	Bulgaria
Autonomous Women's House Zagreb	Croatia
Centre for Women War Victims / ROSA	Croatia
Elektra – Support Centre for Child Sexual Abuse Woman Survivors	Czech Republic
Randers Krisecenter	Denmark
South Essex Rape and Incest Crisis Centre	England
Rape Crisis Federation	England & Wales
NPO Women's Shelter	Estonia
Rape Crisis Centre Tukinainen	Finland
Paris Aide Aux Victimes	France
Collectif Feminist contre le Viol	France
Bundesverband Autonomer Frauennotrufe e.v. (BaF e.v.)	Germany
Centre for Victims of Maltreatment and Social Exclusion (CVME)	Greece
NANE – Association for Women's Rights	Hungary
Stigamot – Information and Support Centre for survivors of sexual abuse	Iceland
Rape Crisis Network Ireland	Ireland
Associazione Nazionale Telefono Rosa	Italy
Latvian Gender Problem Centre	Latvia
Lithuanian Association of Telephone Emergency Services	Lithuania
Association for Emancipation, Solidarity and Equality of Women	Republic of Macedonia
Union of Women's Organisations of Republic of Macedonia	Republic of Macedonia
Regionaal Steunpunt Seksueel Geweld	The Netherlands
NORA – crisis center / incest crisis center	Norway
Women's Rights Centre (Centrum Praw Kobiet)	Poland
Associação de Mulheres Contra a Violência	Portugal
Artemis Counselling Centre Against Sexual Abuse	Romania
Institute of Non-discriminative gender interrelations (INGI) – Crisis Centre for Women	Russia
Rape Crisis Scotland	Scotland
Association SOS Helpline for Women and Children Victims of Violence	Slovenia
Asociación de Asistencia a Mujeres Violadas	Spain
Stödcentrum BEDA	Sweden
Viol-Secours	Switzerland
Kadin 2000 – Women's Human Rights Information Centre	Turkey
Child and Women Abuse Studies Unit, London Metropolitan University	UK

APPENDIX 2

GOOD PRACTICE Case Study Questionnaire

The aim of this short questionnaire is to gather information on **good practice** from the members so that it can be put together into publication that will help develop future practice and improve services for women all over Europe.

The questions have been designed to help you focus on good practice that is **what you do particularly well**, so that this can be gathered into a publication explaining what is essential for good services and practice. Describing what you do will help others. Please **do not** give a description of your organisation or everything that you do. This was covered in the country reports, which have already been completed and circulated. While there are differences and similarities between countries, the aim of this exercise is to draw out the **key elements** of good practice and present a synthesis of good practice across Europe.

Your organisation will not be identifiable so that you can feel free to be very frank. The only part of the document that will be printed in total is the description of the real situation that you give in Section 3 so please ensure in that section that *you change the names you use and no identifiable details are used*.

Again please focus on describing **key elements of good practice**.

SECTION ONE: DIMENSIONS OF CURRENT GOOD PRACTICE

1. What do you **do** for service users? – *Please answer under the following headings*

1.1 What do you do to identify the needs of service users?

1.2 What do you do to deliver responses for service users?

1.3 What do you do to develop responses for service users?

1.4 What do you do to involve women in activities for service users?

SECTION TWO: DIMENSIONS OF DEVELOPING GOOD PRACTICE

2. What do you **do** to change **systems of response** for service users in relation to any of the following areas?

2.1 Legal

2.2 Economic and state support

2.3 Political

2.4 Criminal Justice

2.5 Access to Services

2.6. **How** do you work to change **policies** locally, regionally, nationally or at the EU level?

SECTION THREE: KEY ELEMENTS OF GOOD PRACTICE

3. What **works well** in how you respond to users?, *please list below:*

3.1

3.2

3.5 Do you think that your organisation has an ideological foundation?

3.6 If yes, please describe it.

3.7 How does your ideology impact on your practice?

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

PLEASE RETURN BY THE **31ST OF MARCH** TO

fantina@tcd.ie

Other RCNE reports available:

1. Research report on forensic examinations – carried out by Prof. Liz Kelly and Linda Regan of the Child and Woman Abuse Studies Unit, London Metropolitan University.
2. Research report on rape cases attrition rates across Europe - carried out by Prof. Liz Kelly and Linda Regan of the Child and Woman Abuse Studies Unit, London Metropolitan University.
3. Training Models and Accreditation Strategies – carried out by the RNCE and based on data from our European partners.
4. Country Reports from a number of members, namely: Czech Republic, Denmark, England and Wales, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Scotland, Sweden, Turkey.
5. Proceedings from the conference ‘Sexual Violence: Issues and Responses across Europe, 3rd October 2003, Dublin, Ireland.

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