



"Violence against women: Good practices in
combating and eliminating violence against women"

Expert Group Meeting

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Promising Practices addressing sexual violence

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Commitment to preventing or controlling sexual violence is also reflected in an emphasis on police training and an appropriate allocation of police resources to the problem, in the priority given to investigating cases of sexual assault, and in the resources made available to support victims and provide medico-legal services (World Health Organisation, 2002, p161).

... the best evidence which is essential to successful prosecution can only be gleaned from the best treated complainant (i.e. the victim). Intelligent and enlightened treatment of the complainant from the human perspective thus becomes the critical key in the success

investigative responses and prevention of sexual violence. A table (in Appendix 1) summarises the most obvious promising practices known to the author and the research/evaluative data underpinning this.

responses include the training of women police officers as 'first responders' who take initial statements and act as a liaison point throughout the investigation.

In the immediate aftermath of rape the needs of the victim for health care/support and the collection of evidence for any subsequent case need to be addressed. Several promising practices address this issue including forensic nursing, Sexual Assault Centres (SARCs in the UK) and the 'One Stop Shop' in

Practice varies internationally as to whether routine HIV screening is part of the medical protocol, and on whether prophylactics are routinely prescribed. The current recommendation is that medication should be given where it is known/suspected that the perpetrator is HIV positive, and in order to be effective prescribing needs to begin within 72 hours of the assault. A key global issue is affordability, particularly for poorer countries where rates of HIV infection in the general population are high. Rape crisis centres, for example, Cape Town Rape Crisis in South Africa, have campaigned, and even taken legal action, to establish a right for this treatment.

Forensic nursing

There is a growing literature documenting forensic nursing and a professional organisation for practitioners (see, for example, www.forensicnurse.org). Forensic nurse examiners now conduct the majority of sexual assault forensic examinations in the USA (where they are called SANEs – Sexual Assault Nurse Examiners), and are also strongly established within Canada. An evaluated pilot has just been completed in the UK (Regan et al, 2004). The nurses in the US and the UK have longer and more in-depth training than most forensic doctors, and have also been at the forefront in integrating use of colposcopes. As Appendix 1 notes forensic nurses are often cheaper than doctors and ensure the

Whilst there are many valid reasons for cases not proceeding, in-depth research across many jurisdictions reveals that extra-legal factors influence much decision-making in rape cases (see Department of Women, 1996 for Australia; Jordan, 2004 for New

I develop and defend a view of the self as fundamentally relational – capable of being undone by violence. But also of being remade in connection to others... Learning to fight back is a crucial part of this process, not only because it enables us to experience justified, healing rage... the confidence I gained from learning to fight back not only enabled me to walk down the street again, it gave me back my life... a changed life, a paradoxical life. (Brison, 2002, pxi, p14-15)

Self-defence is one of the few interventions that directly addresses the way in which the threat of rape limits and constrains women's space for action.

A practice worth exploring more widely is the pledging used by the NGO Tostan with respect to FGM in Senegal. They claim to have over 1200 villages which have pledged through public and local declarations not to use the practice on their daughters⁶. Are there equivalent collective/community-based mmu

importance of procedural justice. Here even though the outcome may not be what one hoped for, being taken seriously, treated in professional and respectful manner, provided with information and options, creates a sense of having been treated fairly, and can even restore social connection.

Across all forms of VAW the issue of violence by known men continues to confound accepted models and approaches. Whilst many professionals no longer discount rapes by known assailants, they do treat them as less credible (Jordan, 2004; Kelly et al, 2005) and work with implic3303 46 57 reW* nBT/jD()Tj11 0 TD(a)Tj23 0

Gilmore, K and Pittman, L, 1993, To Report or not to Report: A Study of Victims/Survivors of Sexual Assault and their Experiences of Making an Initial Report to the Police, Melbourne, CASA House and Women's Royal Hospital.

Hamlyn, B., Phelps, A., Turtle, J. and Sattar, G. (2004) Are Special Measures Working? Evidence from Surveys of Vulnerable and Intimidated Witnesses, London, Home Office.

Hawa Ali, S (2000) "One Stop Crisis Centre" [http://www.one-stop.org.uk](#)

	<ul style="list-style-type: none"> ! Better environment ! Potential to expand women's access to justice ! Collaboration between women's rights organisations, NGOs, state and police 		<ul style="list-style-type: none"> officers ! More recent inclusion of male officers in WPS as investigators – gendered division of labour 	
<p>Linked investigative/prosecuting teams (Namibia)</p> <p>Sexual violence courts (South Africa)</p>	<ul style="list-style-type: none"> ! ! Development of legal and judicial expertise through specialisation ! Aim to increase convictions and enhance procedural justice ! Potential for more focus on marginalised/problematic types of cases ! Continuity of courts 		<ul style="list-style-type: none"> ! 	

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video, video link,
defendant cannot
cross-examine

! court
Lessens distress/trauma for
complainant during et cat Ⓞ

