Report
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Improving Access to Healthcare and Justice for Sexual Violence Survivors
Sexual Violence Intervention Centres in Romania

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About the report

This report is based on a participatory approach, involving expertise and experience from local and national stakeholders in Romania and Norway, including NGOs with a Roma perspective, and has benefitted from guidance from the Council of Europe. The Norwegian experts are responsible for the report's content.

The report has been written by Kilden genderesearch.no on behalf of the Norwegian expert group. The Aspacia Foundation, based in Spain, has utilised the Delphi method (see more under methodology) to achieve expert consensus on the recommendations. The report has been commissioned by the Norwegian Ministry of Justice and Public Security.

The report is part of a bilateral project "RoNor – Stronger together against gender-based violence!" between Romania and Norway. The project is financed by the bilateral funds of Norway Grants in Romania 2014–21 at the level of the Justice Program. The National Agency for Equal Opportunities for Women and Men (ANES) in Romania is the project promotor and The Norwegian Ministry of Justice and Public Security has been the project partner.

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Summary

The prevalence of sexual violence in Romania is alarmingly high, disproportionately affecting women and girls. According to recent statistics from the European Union Agency for Fundamental Rights (FRA), approximately one third of women in Romania have experienced physical violence or threats and/or sexual violence during their lifetime. This trend is not unique to Romania but is seen across Europe, highlighting a widespread problem that requires urgent attention (FRA, EIGE, Eurostat, 2024).

Sexual violence has severe consequences, both for individuals and society at large, primarily due to the long-term health impacts on victims. Sexual violence intervention centres play a crucial role in providing support and services to victims. These centres offer essential resources, including medical care, forensic examinations and psychological support, helping victims navigate the aftermath of their experiences.

This report, developed by a Norwegian expert group, in consultation with Romanian stakeholders, highlights key information and challenges associated with establishing and operating sexual violence intervention centres in Norway and Romania. Romania has made significant strides in this area, having established ten sexual violence centres since 2021. However, challenges persist, particularly in terms of funding, public awareness, and ensuring accessibility for all victims.

To address these issues, the report makes several key recommendations:

1. Raise awareness about sexual violence intervention centres to ensure that victims know about and can access available support services.
2. Improve accessibility to the centres by increasing the number and geographical distribution of support services for all victims of sexual violence, including minorities and the Roma community.
3. Enhance staff training and capacity building to ensure specialised and standardised services for victims.
4. Work with Romanian Ministry of Health to integrate sexual violence intervention centres into the health system to improve comprehensive and coordinated support.
5. Monitor and evaluate sexual violence intervention centre services to assess how well they are working, identify gaps, and improve support for survivors.

Introduction

How can access to healthcare for survivors of sexual violence be improved? What are the main challenges in Romania and Norway regarding offering victims and survivors of sexual violence emergency medical and psychosocial treatment and forensic examination, and what are the recommendations for improving future efforts?

This report provides guidance on enhancing access to healthcare and justice for all victims and survivors of sexual violence, with a focus on sexual violence intervention centres. These centres are a recommended measure for parties to the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention). The importance of sexual violence intervention centres is also emphasised in the EU Directive on combating violence against women and domestic violence (2024/1385).

The report is part of a new bilateral initiative aimed at strengthening relations between Romania and Norway on topics of mutual strategic importance. The recommendations provided in this report will be actively applied in an information campaign promoting the intervention centres for victims of sexual violence in Romania, supported by the Bilateral Relation Fund of the Justice Program funded by the SEE and Norwegian Grants.

Adopting a collaborative approach, the report involves experts and stakeholders from both Norway and Romania. Norwegian and international experts visited five sexual violence intervention centres in Romania from November 13th–15th, 2024 and April 24th–25th 2025. Additionally, five roundtable discussions with Romanian stakeholders were held at the locations of the centres. The final recommendations were drafted by the Norwegian experts through three online meetings. Kilden genderresearch.no served as the rapporteur for the Norwegian expert group and has also edited the report. Input from stakeholders from all the 10 Romanian intervention centres was gathered using the Delphi method by The Aspacia Foundation. The Norwegian experts are responsible for the report's content. See the "Methodology" section for more details.

> **"Sexual violence is one of the most serious human rights violations and paradoxically, one of the least reported and convicted crimes in Romania."**
>
> – National Agency for Equal Opportunities between Women and Men (2024).

What is Sexual Violence? Definitions, Prevalence and Consequences

Definitions and Forms of Sexual Violence

This report defines sexual violence, including sexual assault and rape, in accordance with the Istanbul Convention, which recognises it as a serious criminal act. In Article 36 of the Convention, sexual violence is defined as including any sexual act done without consent. It **specifically** lists:

A. **Non-Consensual Penetration:** Vaginal, anal, or oral penetration of a sexual nature performed on another person's body with any bodily part or object without consent.
B. **Other Non-Consensual Sexual Acts:** Engaging in other sexual acts without consent.
C. **Coerced Sexual Acts:** Forcing one person to engage in sexual acts with a third person without consent.

Forms of sexual violence include but are not limited to rape, attempted rape, forced prostitution, trafficking for the purpose of sexual exploitation, sexual slavery, forced marriage, forced pregnancy, forced abortion, and forced public nudity (Council of Europe, 2024, p. 13). In addition, the Istanbul Convention criminalises female genital mutilation (FGM) and international organisations like the World Health Organization define female genital mutilation as a violation of the human rights of girls and women (World Health Organization, 2024).

The Prevalence of Sexual Violence

Sexual violence remains a significant issue in both Romania and Norway, reflecting broader trends observed across Europe. In Romania, approximately one third of women over the age of 15 have experienced physical and/or sexual violence, aligning closely with the EU average (FRA, EIGE, Eurostat, 2024).

In Norway, the situation is similarly concerning, with about 23 per cent of women reporting experiences of rape, and an even higher percentage indicating they have faced other forms of sexual violence (Dale et al., 2023). Prevalence studies in Norway indicate a rise in reported rapes among women across all age groups in 2023. The increase is particularly pronounced among young women (Dale et al., 2023).

Consequences of Sexual Violence

The consequences of sexual violence are varied and profound. They affect individuals, their families, and society at large. Victims often suffer from trauma, PTSD, anxiety, and depression, which disrupt both their personal and professional lives, according to research and international reports (Dworkin et al., 2023; WHO, 2012). Sexual violence also has significant sexual and reproductive health

impacts, including unintended pregnancies, induced abortions, gynaecological problems, and sexually transmitted infections (STIs) such as HIV. A study from 2013 by WHO found that women subjected to such violence were significantly more likely to contract sexually transmitted infections, including HIV, and twice as likely to have an abortion (WHO, 2024).

Sexual violence, particularly during childhood, can lead to increased smoking, substance use, and risky sexual behaviours. It is also associated with perpetration of violence (for males) and revictimisation of violence (for females) (WHO 2024).

In addition, sexual violence does not just affect individuals and their families but also society and the economy. The European Institute for Gender Equality (2016) highlights the economic impact of violence against women in Romania, including the often-overlooked financial losses caused by intimate partner violence. Using 2014 data, the cost of such violence is estimated to be EUR 4.3 billion annually. This figure accounts for expenses related to healthcare, legal services, and productivity losses, such as missed work or reduced participation in the workforce. By quantifying these costs, the report sheds light on how violence affects not only individuals but also the economy and society as a whole.

Sexual violence further limits women's participation in public life by creating a sense of insecurity and exclusion, reinforcing gender inequalities. The Istanbul Convention recognises the severe consequences of sexual violence in its preamble by highlighting that such violence forces women into subordinate roles compared to men.

Illustration: iStockphoto

Sexual Violence Intervention Centres

Sexual violence intervention centres, often referred to as rape crisis centres or sexual assault centres, provide crucial support and services to victims of sexual violence. These centres often serve as the first point of contact for victims seeking help. This initial interaction can significantly impact victims' experience in the aftermath of an assault.

Istanbul Convention Standards on Sexual Violence Intervention Centres

The Istanbul Convention emphasises the need for specialist support services for victims of gender-based violence, with specific provisions for sexual violence intervention centres.

- **Article 22** mandates that states ensure these services are geographically accessible to all victims covered by the Convention.
- **Article 4** requires that these services be accessible to everyone, regardless of gender, background, or personal circumstances.

While the Convention recognises that women and girls are disproportionately affected by sexual violence, **Article 18** emphasises that intervention centres must adopt a gendered understanding of violence against women and domestic violence.

Article 25 of the Istanbul Convention specifically mandates the establishment of sexual violence intervention centres. These centres are required to provide a holistic approach to support survivors, providing essential services such as:

- medical and forensic examinations
- trauma support and counselling, which go beyond one-off sessions and include ongoing psychological care
- guidance through legal processes

In addition to immediate and short-term support, the intervention centres play a key role in referring survivors to longer-term services. This includes access to legal aid, housing services, and rape crisis centres, ensuring victims receive continuous care tailored to their needs.

By addressing survivors' physical, psychological, and practical needs, a holistic approach ensures they have access to justice and the resources needed to recover from trauma and rebuild their lives.

Fact Box:

Article 25 – Support for Victims of Sexual Violence

> **“Parties shall take the necessary legislative or other measures to provide for the setting up of appropriate, easily accessible rape crisis or sexual violence intervention centres for victims in sufficient numbers to provide for medical and forensic examination, trauma support and counselling for victims.”**

Illustration: iStockphoto

The Council of Europe's Istanbul Convention was signed by Norway in 2011 and ratified in 2017. Romania signed the Convention in 2014 and ratified it in 2016, with it entering into force on September 1st, 2016. However, as noted in the respective GREVIO reports (see fact box on page 16), neither country has fully incorporated the Convention, notably lacking a consent-based definition of sexual violence. Thus, its provisions have not yet been fully incorporated into Norwegian and Romanian law.

In parallel with the Istanbul Convention, the EU Directive on Combating Violence Against Women and Domestic Violence (2024/1385), adopted in May 2024, strengthens legal protections and standardises support services across EU member states. The directive aligns with the Istanbul Convention by emphasising the need for survivor-centred services, including access to forensic examinations, trauma care, and legal guidance. It requires countries to take concrete measures to prevent violence, protect survivors, and prosecute perpetrators.

While the directive does not directly apply to Norway, its influence is expected to support gender-based violence initiatives in countries such as Romania and further shape European approaches to intervention services.

Fact Box:
Measures to Protect Victims

The Istanbul Convention establishes that victims of crimes are entitled to protection and support. Such measures are designed to shield victims from further harm while providing the necessary assistance to help them recover from the effects of violence and rebuild their lives.

Key measures include:

- Information on victims' rights
- Focus on the needs and rights of child witnesses
- Protection or restraining orders
- Emergency barring orders
- Safe custody and visitation rights for children
- Free telephone helplines/internet helplines
- Specialised support services, including medical, psychological, and legal assistance for victims and their children
- Shelters for victims needing immediate refuge
- Rape crisis or sexual violence intervention centres providing medical, forensic, and trauma support
- Reporting violence to relevant authorities
- Regional or international complaint mechanisms

Source: SYNERGY Network against Gender-based and Domestic Violence (n.d.).
For more detailed information, see also Popova et al. (2023).

Fact Box:
Different Specialised Services

There are various specialised services for victims of sexual violence, each serving distinct needs. In addition to **sexual violence intervention centres,** which provide immediate medical, forensic, and trauma support for survivors of sexual violence, other services include:

- **Centres for incest and sexual abuse victims,** which focus on long-term psychological support for those affected by familial abuse, offering specialised counselling.

- **Shelters,** which offer immediate housing and crisis intervention for individuals escaping domestic violence, along with legal and practical support.

In this report, we focus specifically on sexual violence intervention centres and their role in providing immediate care and support to survivors.

Sexual Violence Intervention Centres in Norway

In Norway, the implementation of sexual violence intervention centres, commonly referred to as “sexual assault centres”, has been driven by a combination of grassroot activism and political efforts. While national laws have provided a framework for their operation, these centres have primarily emerged as a response to evolving societal awareness and the influence of international frameworks, such as the Istanbul Convention.

As of 2024, there are 23 sexual violence intervention centres in Norway, located in hospitals or emergency outpatient clinics. The centres operate 24/7 and are accessible to individuals of all genders aged 14 and above who have experienced or suspect sexual violence, including partner violence and domestic violence. Victims do not need to report the incident to the police to receive services. The centres function independently of police involvement, adhering to the principle of self-referral, where the victims voluntarily refer themselves to the services.

The centres provide essential services, including emergency medical treatment, forensic examinations, psychological counselling, and information on legal assistance rights. They also provide medical and psychosocial follow-up services. All services are provided free of charge. Victims are informed about the available services (medical, psychosocial, forensic, etc.), and are free to decide which ones they wish to use.

The Norwegian Directorate of Health has provided a national guideline which outlines the standards and recommendations for the quality and competence required in sexual intervention centres. The guidelines aim to ensure that victims of sexual violence receive high-quality, consistent care across Norway, addressing both their immediate and long-term needs.

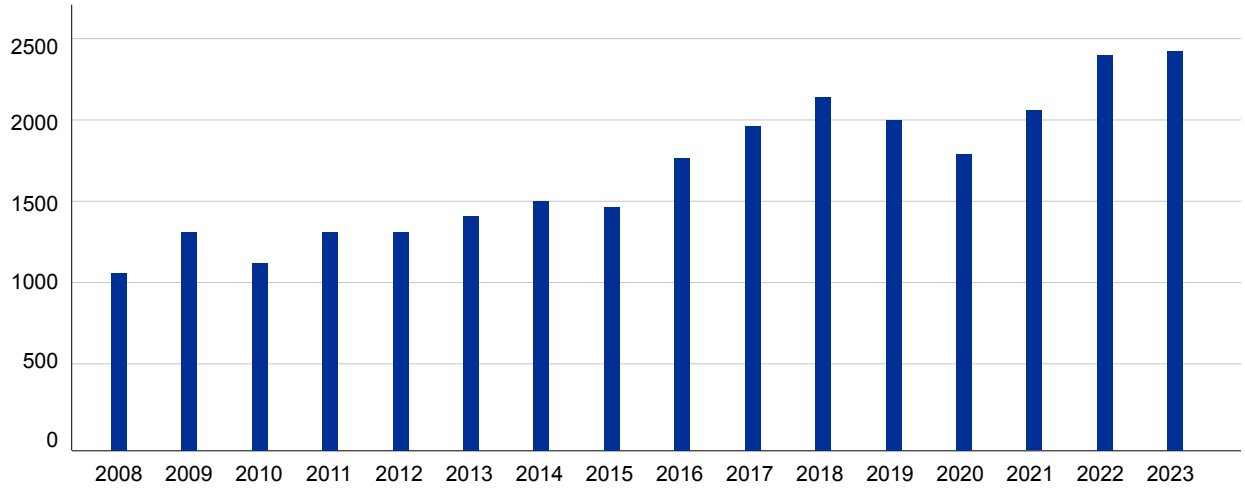
Children under 14 are entitled to emergency care through inpatient services at hospitals’ paediatric and youth clinics. However, the shortage of, and lack of access to, specialised support services tailored to the needs of child victims has been widely criticised, most recently by the Norwegian Public Committee on Rape.

Fact Box:
The History of Sexual Violence Intervention Centres in Norway

- The first sexual violence intervention centre in Norway was established in 1986 at the Oslo University Hospital, one of the earliest such initiatives in Europe. The centre provided integrated medical and forensic services to victims of sexual violence. This model served as a blueprint for other centres that followed across the country.
- By 2009, the Norwegian government ensured the establishment of at least one centre in each county through a national action plan.
- In 2016, the responsibility for these centres shifted to the specialist health services, further professionalising and standardising the care provided.
- Today, Norway operates 23 sexual violence intervention centres. These centres continue to evolve in response to national guidelines and international frameworks like the Istanbul Convention.

Source: Johnsen et. al. (2024)

The Use of Sexual Violence Intervention Centres in Norway



The figure illustrates the growth in the number of survivors seeking assistance at sexual violence intervention centres in Norway from 2008 to 2023. After a brief dip during the COVID-19 pandemic in 2020, the numbers rebounded, reaching record highs in 2023.

The number of patients seeking help at sexual intervention centres in Norway has seen a significant increase over the years. In 2008, around 1,000 individuals used these services, but by 2023, this number had risen to approximately 2,500 (Johnsen, G. E., et al., 2024). This upward trend reflects a growing awareness and utilisation of the support services available for victims of sexual violence. Women make up the vast majority of patients (National Centre for Emergency Primary Health Care, 2023).

Challenges at Sexual Violence Intervention Centres in Norway

The National Centre for Emergency Primary Health Care (NKLM) regularly surveys the implementation of the national guidelines at sexual violence intervention centres, providing insights into their status and ongoing challenges. Their most recent survey was published in 2024. Additionally, a government-appointed Public Committee on Rape evaluated the provision of support services to victims of sexual violence in 2024 (Johnsen, G. E. et al., 2024). The main challenges highlighted by the committee are summarised below.

Financial Constraints

Many centres struggle to maintain adequate preparedness and competence due to financial strain. These constraints create challenges in ensuring formal and adequate competence development, satisfactory recruitment and staffing, and public awareness of the centres' services.

Staff Availability

Many centres still depend on non-binding on-call lists for staff. This increases the risk of a lack of availability of necessary personnel and can delay the reception of assault victims. In smaller settings, limited availability reduces the overall level of staff experience, leaving substitutes and new hires vulnerable due to a lack of knowledge or competence.

Lack of Expert Competence

Personnel at many centres have not had the opportunity to develop sufficient specialised competence, particularly in clinical forensic expertise. This expertise is crucial for ensuring the accuracy and reliability of forensic examinations. Without it, there are significant risks (including the loss of crucial evidence), especially for cases that proceed to the legal system.

Inconsistent Psychosocial Follow-Up

The organisation, availability, and duration of medical and psychosocial follow-up care vary greatly between centres. As highlighted earlier in the report, the psychological effects of sexual violence can be considerable. Significant variations in the availability of follow-up care can impact the recovery and well-being of victims.

Sexual Violence Intervention Centres in Romania

Romania's implementation of the Istanbul Convention has been significantly strengthened by collaboration with Norwegian partners, particularly through the EEA and Norway Grants project, "Supporting the implementation of the Istanbul Convention in Romania" (EEA Grants, n.d.). One of the key outcomes of this collaboration is the establishment of ten new sexual violence intervention centres across Romania.

Romania's first Intervention Centre for Victims of Sexual Violence opened on May 10th, 2021, at the University Emergency Hospital Bucharest (SUUB). Since then, a national network of ten centres has been established, offering free, comprehensive services to all victims. Located in emergency hospitals, there are now centres located in Bucharest, Bacău, Târgu Mureș, Craiova, Constanța, Piatra-Neamț, Satu Mare, Slobozia, Sibiu, and Timișoara.

These centres offer victims medical and psychological care, forensic examinations, and assistance with legal procedures, all within a single facility. This integrated approach mirrors the structure of similar services in Norway and aims to reduce the burden on victims, ensuring they receive the necessary support in one place. As of 2024, only one of the centres, located in Bucharest, is open 24/7. The centres are accessible to all genders aged 16 and above who have experienced or suspect sexual violence.[1]

Although the centres are located in hospitals, they are not fully integrated in the healthcare system. Health managers in facilities are not responsible for the centres. Their involvement in their daily operation remains limited. This leads to missed opportunities for internal referrals between different healthcare services and limited training and awareness among the general hospital staff concerning sexual violence. The lack of involvement from the Ministry of Health at the national level further exacerbates these challenges, resulting in inconsistent coordination and oversight. When such services are better integrated into the healthcare system, it can, according to the Norwegian experts, help normalise conversations around sexual violence and reduce stigma associated with seeking help.

Despite impressive advancements, Romania does not yet have specialised centres for children who are victims of sexual abuse and has insufficient medical and psychological experts trained to support child survivors. This gap is particularly concerning given that Romania has one of the highest rates of underage pregnancies in Europe, with approximately 34 births per 1,000 women aged 15–19 (World Bank, n.d.). While teenage pregnancies can have various causes, their prevalence raises concerns about the potential for sexual abuse and the need for specialised support services for vulnerable children.

1 The centres cannot assist victims under 16. Minors aged 16 to 18 years of age can be assisted in these centres but, according to the law, the police and social services should be mandatorily involved if there is a case of sexual violence.

Fact Box:
Baseline Evaluation Report: Romania (2022)

In 2022, GREVIO (Group of Experts on Action against Violence against Women and Domestic Violence) published its Baseline Evaluation Report to assess Romania's implementation of the Istanbul Convention.

Regarding sexual violence intervention centres, GREVIO noted that while some hospital-based emergency centres existed to provide forensic examinations and medical support, there was limited information about their accessibility and distribution.

A notable concern was that forensic examination certificates incurred fees, creating financial barriers for victims seeking justice.

Despite these challenges, GREVIO also acknowledged positive developments, specifically mentioning the establishment of a pilot sexual violence intervention centre at the Bucharest University Emergency Hospital.

The Council of Europe strongly encouraged Romanian authorities to establish more sexual violence intervention centres, recommending one centre per 200,000 inhabitants, with consideration for both urban and rural accessibility, and emphasised that forensic services should be provided free of charge.

The images show the examination room in a Romanian sexual violence intervention centre, where forensic examinations are conducted.
Photo: ANES

Challenges at Sexual Violence Intervention Centres in Romania

Romania has made significant progress in setting up sexual violence intervention centres, thanks to the coordinated and passionate efforts of individuals, professionals and government agencies, with support of local NGOs and international organisations.

These centres were set up with impressive speed, often under challenging conditions and with limited resources. Their success reflects the dedication and commitment of their staff. Moving forward, the centres would greatly benefit from consistent support from hospital management and stronger integration into the broader health system. Additionally, increased involvement from the Ministry of Health, given its responsibility for health workers and systemic coordination, will be crucial for sustaining and expanding these efforts.

Meanwhile, the quality of these services and resources available to them vary greatly across different regions, in part due to a lack of systemisation and national guidelines. UNICEF's 2021 methodology proposal (see fact box below) emphasised the need for standardised practices, improved coordination, and better outreach to survivors to ensure consistent and effective care.

Fact Box:
Developing the Work Methodology for the Intervention Centres for Sexual Violence Victims (IVVS) in Romania: Preliminary Findings

In 2021, UNICEF developed the IVVS guidelines based on consultations with over 40 experts and a review of international evidence to address gaps in Romania's response to sexual violence and ensure survivor-centred, integrated care. Key components identified include:

- Ensuring safety, dignity, and non-discrimination through a survivor-centred approach and intersectional care.
- Preparing adequate physical facilities, recruiting a multidisciplinary team, and providing in-depth training on survivor-centred support.
- Offering integrated crisis intervention that includes medical care, medico-legal examination, and psychosocial support.
- Establishing monitoring and quality mechanisms, including staff supervision, performance evaluation, and continuous training.

The following challenges, identified by a Norwegian expert group, build on their visits to five sexual violence intervention centres and roundtable discussions with Romanian stakeholders. An overarching concern is that only a small number of survivors access or use these services, often because they are unaware of their existence or choose not to engage with them. The sections below outline the key challenges and the factors contributing to these gaps.

The Centres Have Limited Coverage and Accessibility
Romania's ten sexual assault intervention centres are insufficient to meet the demand for victim support across the country. Rural and remote areas are particularly underserved, and some victims have to travel long distances to reach help. Forensic examinations and emergency services are usually not available 24/7, and the centres are not fully integrated into the healthcare system. This leaves victims to navigate a fragmented and often complex system. Another challenge is that few survivors use the services. This issue may be related to lack of accessibility, but may also stem from factors like cultural stigma, survivors' fear of not being believed, distrust in institutions, etc.

Some Facilities Are Inadequate
Many centres lack critical resources, such as rape kits and emergency contraception. Social workers and psychological support are often scarce. In addition, victims face difficulties *accessing* medical care. The necessary facilities are often located within emergency departments that can be overwhelming for the survivors and difficult to navigate.

Resource Shortages Could Discourage Staff
The combination of overwhelming demands, limited resources, and challenging interactions with hospital management may lead to frustration and fatigue among staff. The working conditions can take a significant toll, and at some local centres, this environment poses a significant risk of burnout.

Forensic Procedures May Hinder Access to Care
Forensic examinations are only available in specific locations and must be conducted by forensic specialists, limiting access for many victims. In some cases, survivors must travel long distances to receive these examinations. Additionally, survivors are also examined separately by healthcare workers and forensic specialists, adding to their burden. Evidence collection could instead be done by one professional, in the presence of the forensic specialist if necessary for legal reasons, instead of two.

DNA Sampling Procedures Raise Challenges
Procedures like DNA sampling, toxicology, and injury documentation and interpretation are crucial but can be disrupted if performed after medical care. Proper DNA sampling requires strict environmental control, proper techniques and procedures, and secure storage. While survivors can receive medical care without legal action, forensic examination typically requires them to press charges. The lack of a clear system for storing evidence without a police report, although possible in theory, creates barriers for survivors who may need time to decide whether to pursue legal action, potentially leading to lost or degraded evidence and limiting their options for seeking justice later.

Training and Standardisation Remain Insufficient
The general staff at hospitals lack specific training in handling sexual assault cases or providing trauma-sensitive care. Additionally, at the sexual violence intervention centres, there are effectively no clear, standardised procedures for tasks like documenting cases or following up with victims. This lack of consistency hinders knowledge-based development of the services. It can make it difficult to analyse outcomes, identify best practices, and strategically improve services over time.

Collaboration Between Services Can Be Fragmented
Inconsistent documentation and data collection make it harder for staff to manage cases effectively and collaborate across different services. Coordination between healthcare providers, police, and social services is often unreliable, leading to gaps in the care victims receive. Additionally, collaboration with local NGOs is inadequate or entirely absent. A related challenge is the lack of clarity around psychosocial support and follow-up care. Referral pathways for long-term support are poorly defined, and it is unclear whether these services are equally available across all centres.

Legal and Bureaucratic Processes Deter Victims
Victims often face long, stressful legal processes, making justice harder to achieve – a challenge shared by most countries. In Romania, the legal requirements for valid forensic evidence sampling can complicate cases, as forensic services are often located far from intervention centres, creating additional barriers. For underage victims, the legal obligation to report cases to the police and social services may discourage them from seeking help. Furthermore, harmful practices like virginity testing still occur – despite contrary guidance issued by the WHO (2018) and local regulations. While individual requests for virginity testing were banned in 2023, the practice is still reportedly permitted in official investigations (DDB Romania, 2023). This could leave survivors vulnerable to further trauma. Forensic exams can also feel cold and impersonal, adding to their distress.

Cultural and Social Factors Prevent Victims from Seeking Help
Cultural stigma around sexual violence and the normalisation of violence against women are some of the biggest challenges in getting victims to seek help. Many feel ashamed or fear judgement and blame. Limited awareness of available support adds to the problem. These challenges extend to the health professionals as well. Some healthcare workers view sexual violence against women as a social rather than medical issue, which can lead to inadequate care.

Limited Awareness Among Victims and Professionals Hinder Access to Services
A significant barrier to effective support for survivors of sexual violence is the limited awareness of available services. Many victims are unaware of the services they can access, while professionals often fail to refer them to specialised intervention centres due to a lack of knowledge about these centres.

There is a crucial need to spread knowledge about these centres, emphasising that their services do not oblige victims to report anything to the police. This information is vital to ensure that survivors feel safe and supported in seeking help without the pressure of mandatory reporting.

Awareness campaigns for sexual assault services are scarce, costly, and often fail to effectively reach those who need them most. Additionally, there has been insufficient research to identify the most effective ways to communicate these issues. While other campaigns against gender-based violence that have been conducted in Romania have successfully encouraged more victims to seek help, they also underscore the need to ensure good practices are in place to manage increased demand and maintain high-quality support. This is particularly crucial in cases involving minors, where in the case of Romania, reporting is mandatory by law.

Recommendations for Improving Future Efforts

To address the challenges identified in this report, the expert group has proposed targeted recommendations that prioritise the needs and rights of survivors, which has also been validated by Romanian stakeholders. These recommendations emphasise safety, confidentiality, bodily autonomy, dignity, and mental well-being.

The proposals are divided into key recommendations and enabling conditions to ensure both immediate improvements and sustainable systemic changes. The expert group urges the immediate implementation of Recommendation 1, “Raise Awareness”, to ensure that victims of violence can access existing support services without delay. A more detailed description of this recommendation can be found on page 23–24.

Key Recommendations

1. Raise Awareness:

- Conduct awareness activities (campaigns, training, workshops) targeting women survivors, professionals, and institutions/stakeholders that may be in contact with survivors of sexual violence. The activities must ensure that victims and professionals are informed that accessing services at sexual violence intervention centres does not oblige them to report to the police, thereby creating a safe and supportive environment where victims do not feel pressured to report.
- Foster partnerships with local organisations and community leaders to raise awareness about available services and ensure that they are culturally sensitive and tailored to the unique needs of diverse populations.
- Inform the general public about the services at sexual violence intervention centres, for example through social media campaigns targeted at specific demographics, and build capacity to identify and refer possible cases of sexual violence.
- Approach institutions educating future health and other professionals to increase the awareness of trauma caused by sexual violence

2. Improve Accessibility:

- Increase the number of sexual violence intervention centres with an adequate geographical distribution, especially in remote and rural areas.
- Enhance resources to provide 24/7 forensic and emergency healthcare services, including psychological support.
- Introduce telehealth platforms for immediate psychological support and medical consultations for survivors in remote areas.
- Establish ‘best practice centres’ or ‘pilot projects’ to serve as models for future centres nationwide.

3. Enhance Training and Capacity Building:

- Implement centralised training programs for professionals interacting with victims, including law enforcement, legal professionals, and healthcare workers, to ensure trauma-sensitive care and first-line support.
- Provide regular mental health support, adequate staffing levels, ongoing training, and peer supervision to help professionals manage the emotional demands of their work effectively and sustainably.

4. Integrate Sexual Violence Intervention Centres into the Health System:

- Develop a quality framework with standardised procedures across all centres, covering case documentation, healthcare provision, forensic examination, trauma-sensitive counselling, and follow-up with victims.
- Define clear roles and responsibilities for all stakeholders to ensure a survivor-centred approach, respecting the decisions of the survivors.
- Align the quality framework with the recommendations of the Istanbul Convention and the EU Directive on combating violence against women and domestic violence, emphasising the urgency of:
    - Stopping virginity testing immediately and educating professionals on its human rights violations and lack of scientific validity.
    - Aligning mandatory reporting rules with the Istanbul Convention and ensuring access to healthcare without the need to file a police report.
    - Creating standardised training and procedural guidelines for trauma-sensitive care, case documentation, and follow-up practices.
    - Strengthening monitoring and evaluation procedures to track the effectiveness of implemented recommendations and create feedback channels for stakeholders.
    - Ensuring that all survivors, regardless of whether they choose to file a police report, have access to forensic examinations, in line with the EU Directive 2024/1385.
- Creating safe spaces for victims to speak about their experience, such as counselling centres, offering counselling and support while ensuring confidentiality.

5. Research on Evidence-Based Interventions:

- Allocate long-term funding for research to ensure evidence-based interventions at sexual violence intervention centres.
- Focus research on mechanisms of revictimisation, the role of PTSD in increasing vulnerability, and developing evidence-based interventions for prevention
- Use data and research to demonstrate the effectiveness of sexual violence intervention centres in improving outcomes for survivors. Presenting evidence-based practices can strengthen arguments for funding and support from policymakers.

6. Ensure User Involvement in All the Proceedings in Developing the Services

Enabling Conditions for Effective Execution

To ensure the effective execution of the above recommendations, the expert group emphasises the importance of securing the following enabling conditions:

Ensure Political and Economic Sustainability:

- This process will help refine and validate the recommendations, ensuring they reflect both expert knowledge and the practical realities faced by frontline professionals in intervention centres to establish a sufficient number of centres with specialised staff and necessary resources, such as rape kits, emergency contraception, and forensic materials.

Foster Institutional Change:

- Engage policymakers and health managers at all levels to build joint ownership of the sexual violence intervention centres.
- Develop a quality assurance framework with standardised indicators on protocols, infrastructure, referral pathways, quality of services, and knowledge, attitudes, and practices of healthcare workers.
- Use data from regular monitoring to discuss improvements with communities at the local level and address higher-level issues through cross-sectoral engagement at the national level.

Promote a Coordinated Response:

- Foster collaborations among various agencies, including law enforcement, social services, and healthcare providers, to create a more integrated and coordinated response to victims.
- Establish strategic alliances and coordination mechanisms between sexual violence intervention centres, social services, law enforcement, forensic institutes, NGOs, and other relevant stakeholders.
- Ensure a comprehensive and coordinated response to victims of sexual violence, addressing survivors' needs effectively.
- Work on developing joint protocols that outline clear roles and responsibilities for each agency in responding to incidents of sexual violence. These protocols should emphasise a trauma-informed approach and prioritise the well-being of survivors throughout the process.
- Regularly assess the effectiveness of coordinated response initiatives, gathering feedback from survivors and professionals alike. Use this data to refine practices, address challenges, and highlight successes to promote continued collaboration.
- Provide joint training opportunities for professionals across agencies to promote understanding of the challenges faced by survivors and to cultivate a consistent, compassionate response. This can help build mutual respect for and awareness of each agency's resources and limitations.

Recommendation: Raise Awareness

Information Campaign for the Promotion of Intervention Centres for Victims of Sexual Violence in Romania

The expert group underscores the critical need to raise awareness, encouraging more victims to utilise the sexual violence intervention centres and build trust in the services provided. They have offered recommendations to enhance public education campaigns, aiming to inform the public about sexual violence, its impact on individuals and communities, and the services available at these intervention centres:

- **Raise Awareness of Services:** Many survivors are either unaware of the services available or choose not to use them. The campaign should focus on increasing visibility and awareness about the sexual violence intervention centres. Priority should be given to rural and remote areas where coverage is limited. The added value of establishing the centres within health facilities should be maximised by ensuring awareness of the service to all health staff and departments within the health facility, with information, education and communication materials easily accessible for patients across the facility. It is also crucial to inform victims that accessing services at these centres does not oblige them to report to the police, ensuring they do not feel pressured to do so.

- **Address Cultural Stigma:** Cultural stigma and the normalisation of violence against women are significant barriers to accessing intervention centres. The campaign should aim to reduce stigma and encourage victims to seek help by promoting messages of support and understanding. This should be included in all aspects of the campaign.

- **Targeted Public Awareness Campaigns:** The campaign should be cost-effective, tailored to specific target groups and regions, and based on research to identify the most effective communication methods. For younger audiences, it is suggested that social media platforms like TikTok be used due to their high engagement rates. Schools are also important arenas for increasing awareness among children and youth and should be acknowledged. For other age groups, it is recommended that local television and printed materials such as flyers and cards distributed in hospitals and pharmacies be used.

- **Awareness Campaigns Should Ensure a Rights-Based Approach:** This means ensuring that survivors understand the right to bodily autonomy, confidentiality and non-discrimination and what to do if these rights are not respected. Prior to initiating campaigns, centres are encouraged to address issues related to meeting the minimum quality assurance standards. Ideally this should include standardised procedures across all centres, covering case documentation, healthcare provision, forensic examination, trauma-sensitive counselling, and follow-up with victims. Once these standards are met, they can effectively disseminate awareness-raising messages to increase uptake, ensuring the highest level of safety and care for all.

- **Incorporating Success Stories and Collaborating with Trusted Figures:** The campaign should leverage trusted community figures, such as health personnel, teachers and/or involvement of the church to effectively disseminate the message. In addition, consider partnership with influencers to raise awareness of sexual violence against women and increase visibility of intervention centres. Showcasing success stories with positive outcomes can also help to inspire and encourage the community.

- **Targeted Outreach to Support Vulnerable Groups:** Reports from the Council of Europe and United Nations Development Programme highlight that certain groups, such as women with disabilities, refugees and migrant women, Roma women, women living in poverty, individuals struggling with addiction, and young women and girls, face a higher risk of sexual violence. To effectively reach and support these groups, targeted outreach is essential.

- **Use Clear, Inclusive and Targeted Language:** Carefully consider how words are phrased in campaigns and communication materials. Tailor language to resonate with specific target groups and ensure accessibility. For example, using terms like “sexual assault” rather than “sexual violence” can feel more relatable, helping survivors more easily identify with the message and seek support. Any language used needs to be developed with the target population to ensure it is properly understood, relevant and not a deterrent to care seeking. WHO has methodology to support this.

- **Incorporate Successful Practices:** Incorporate practices from both other countries and related topics to guide the development of the information campaign, improving its effectiveness and reach. For example, the UN Women’s “16 Days of Activism Against Gender-Based Violence” campaign provides a strong model for raising awareness, mobilising communities and influencing policy.

Other Target Groups

To engage relevant stakeholders at both the local and central level, including public authorities, NGOs, and others, and to enhance their awareness and support for the centres, the expert group additionally emphasises these recommendations:

- **Encourage Collaboration:** Fragmented collaboration between healthcare providers, police, social services, and NGOs can lead to gaps in care. The campaign should promote the importance of coordinated efforts and formalise partnerships to ensure comprehensive support for survivors. Stakeholders should be targeted with key messages on the need to uphold survivor centred principles, including safety, respect, confidentiality and non-discrimination.

- **Support Long-Term Change and Build Competence Among Public Service Employees:** Efforts to engage with universities to integrate guidelines for the health response to sexual and intimate partner violence into pre-service curricula for medical professionals should be resourced and scaled up across the country. Additionally, raising awareness of these issues should be included in the education of other public service professionals, such as teachers, police officers, lawyers, therapists and social workers, to enhance the collaboration between healthcare providers and other sectors. Consider establishing channels for survivors and community members to provide feedback on the services and campaigns, which can help refine ongoing efforts.

Methodology

The report is based on a participatory approach, involving expertise and experience from local and national stakeholders in Romania and Norway, including NGOs with a Roma perspective. It has also benefitted from guidance by the Council of Europe. The Norwegian experts are responsible for the report's content.

The report includes documentation from several sources:

- The **bilateral conference**, titled "Building knowledge towards a golden standard gathering experience and good practices on the implementations of the Istanbul Convention", held in Bucharest from November 12th–13th, 2024.
- **On site visits** and **stakeholder consultations** to Bucharest, Craiova and Constanța November 13th–15th, and to Târgu Mureș and Bacău on April 24rd and 25th 2025. These visits included visits to the sexual intervention centres and stakeholder's consultations with representatives of the institutions responsible for the multidisciplinary intervention in cases of sexual violence at each location.

Additionally, the Aspacia Foundation, a Spanish NGO focused on combating gender-based violence, utilised the Delphi method (see more in fact box below) to make sure that experts' recommendations aligned with the perspectives of local stakeholders, and that the stakeholders themselves agreed on key priorities. A consensus was reached by distributing questionnaires to relevant stakeholders working in the ten sexual violence intervention centres in Romania, as well as to NGOs and forensics departments.

Three online meetings were also held with a Norwegian expert group. These meetings served as a discussion forum where experts could reach agreement on core issues. Representatives from Aspacia Foundation, ANES, NMOJ, and the Council of Europe (see attached list of experts) also participated on the meetings, which aimed to gather inputs for the report.

- Online meeting 1: Introduction and inputs to the first part of the report
- Online meeting 2: Challenges and recommendations for the campaign (Delphi method)
- Online meeting 3: Recommendations

Fact Box:
More About the Delphi Method

To align expert recommendations with stakeholder perspectives, Virginia Gil from the Aspacia Foundation conducted a study using the Delphi method. This is a consensus-making approach that gathers input through multiple rounds of questionnaires. In this study, stakeholders from Romania's sexual violence intervention centres were presented with key expert observations on the main challenges and future recommendations. The Aspacia Foundation received 29 responses. The respondents were asked to assess each statement on a scale from "very inappropriate" to "very appropriate," providing their level of agreement. This process helped refine and validate the recommendations, ensuring they reflect both expert knowledge and the practical realities faced by frontline professionals.

The results from the Delphi method showed a high degree of consensus among stakeholders, reinforcing the validity of the recommendations.

During the first visit to Romania in November 2024, the Norwegian Delegation together with Aspacia Foundation and ANES visited three sexual intervention centres. From left: Carmen Niculescu, Monaliza Cirstea, Freja Ulvestad Kärki, Simon Gramvik, Gerd Jorunn Møller Delaveris, Ole Henrik Augestad and Virginia Gill. (Photo: Vibeke Hoem)

Stakeholder consultations in Constanța with representatives from institutions responsible for multidisciplinary intervention in cases of sexual violence. (Photo: ANES)

List of Experts
Online Meetings

Norwegian Experts (Responsible for the Report):

- **Freja Ulvestad Kärki** is a psychologist by training with several specialties in clinical psychology, and an organisational psychologist with a master's in international crisis management. Her previous working experience includes research (Karolinska University Hospital, Stockholm), clinical work, management and policy making from World Health Organization, EU and the Norwegian Directorate of Health. Ulvestad Kärki was in charge of developing and implementing the Norwegian model for psycho-social follow-up after the 22nd July terror attack on behalf of the Directorate, in collaboration with a great number of research and clinical environments. Donor Programme Partner in Norway/EEA grants in gender-based/domestic violence in Estonia and Slovakia. Author and co-author of several books.

- **Wanja J. Sæther** is a social worker and the manager of the largest crisis centre in the northern part of Norway – the Salten region. She has been working with victims of domestic violence and sexual abuse for more than 30 years. Sæther has also been working with family issues and social issues, children's welfare, disadvantaged and marginalised youth, unemployment, homelessness, trafficking, and drug addiction. She has also worked as a social worker in other areas of the welfare sector. She has been active in the fight against domestic violence for many years and is currently a member of the board of the Secretariat of the Shelter Movement in Norway. Additionally, she has contributed to several books, films and articles about violence and abuse.

- **Rachel Eapen Paul** is an independent consultant with postgraduate degrees in criminology and philosophy. She has worked in the area of gender equality and violence against women and girls and domestic violence for 40 years, from various perspectives – activism/ NGO work, research, policymaking, monitoring and reporting, development work as well as addressing the women, peace and security agenda by integrating the two – integrating work in the area of violence against women into the women peace and security agenda, through advocacy work and policy development. She has worked with international development work in Europe, the MENA region, South Africa and Asia. Key professional capabilities are in preventing and combating violence against women and girls and domestic violence, promoting women's rights, and in mainstreaming equality between women and men. She has served as a member of the GREVIO from 2018–2022.

- **Gerd Jorunn Møller Delaveris** is a medical doctor with a PhD, a master's degree in health management, and a second master's degree in forensic medicine from Monash University, Melbourne, Australia. Her work experience is primarily in forensic pathology, clinical forensic medicine, and part-time work as a clinician at the Oslo Sexual Assault Center since 2008. Since 2021, Gerd has been a member of the SARC group at the National Centre for Emergency Primary Health Care, Norce, Norway. The group's mandate is to provide standardised training and tools, quality management and professional development, as well as coordination and support for sexual violence intervention centres on a national level.

- **Maria Egeland Thorsnes** is a policy director at the Norwegian Ministry of Digitalisation and Public Governance. She has led the secretariats of the Norwegian public commissions on women's health (2023) and rape (2024). Thorsnes has previously coordinated the EEA and Norway Grants programmes on gender equality and gender-based violence at the Financial Mechanism Office.

In addition, the following people have provided input:

- **Jenna Shearer-Demir**, Programme Advisor, Gender Equality Division, the Council of Europe.
- **Virginia Gil**, Director, The Aspacia Foundation (Delphi method).
- **Ole Henrik Augestad**, Medical doctor, Sexual assault reception centre, Sandefjord, Norway, and Chair of the Public Committee on Rape.
- **Melanie Hyde**, Technical Officer, Gender Equality, Health Equity and Human rights, World Health Organization.

Norwegian Delegation, Including International Experts at On-Site Visits to Sexual Violence Intervention Centres in Romania

- Lene Nilsen, Research coordinator, Norwegian Ministry of Justice and Public Security.
- Wanja Sæther, Manager, Crisis centre in Salten, Bodø.
- Rachel Eapen Paul, International expert and consultant on violence against women and domestic violence.
- Gerd Jorunn Møller Delaveris, MD, Senior researcher, National Centre for Emergency Primary Health Care, NORCE.
- Freja Ulvestad Kärki, Project manager, Norwegian Directorate of Health.
- Virginia Gil, Director, The Aspacia Foundation (Utilised the Delphi method).
- Ole Henrik Augestad, Medical doctor, Sexual assault reception centre, Sandefjord, Norway, and Chair of the Public Committee on Rape.
- Melanie Hyde, Technical Officer, Gender Equality, Health Equity and Human rights, World Health Organization.
- Vibeke Hoem, Senior Adviser and Simon Gramvik, Adviser, Kilden genderresearch.no (Rapporteurs for the report).

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The EEA and Norway Grants represent the contribution of Iceland, Liechtenstein and Norway towards a green, competitive and inclusive Europe.

There are two overall objectives: reduction of economic and social disparities in Europe, and to strengthen bilateral relations between the donor countries and 15 EU countries in Central and Southern Europe and the Baltics.

The three donor countries cooperate closely with the EU through the Agreement on the European Economic Area (EEA). The donors have provided €3.3 billion through consecutive grant schemes between 1994 and 2014. For the period 2014–2021, the EEA and Norway Grants amount to €2.8 billion. The priorities for this period are: Innovation, Research, Education and Competitiveness, Social Inclusion, Youth Employment and Poverty Reduction, Environment, Energy, Climate Change and Low Carbon Economy, Culture, Civil Society, Good Governance and Fundamental Rights, Justice and Home Affairs.

Eligibility for the Grants mirror the criteria set for the EU Cohesion Fund aimed at member countries where the Gross National Income (GNI) per inhabitant is less than 90 per cent of the EU average.

The EEA and Norway Grants scheme consists of two financial mechanisms. The EEA Grants are jointly financed by Iceland, Liechtenstein and Norway, whose contributions are based on their GDP. Norway Grants are financed solely by Norway.

The bilateral project “RoNor – Stronger together against gender-based violence!” between Romania and Norway benefits from a 467.000 € grant from Iceland, Liechtenstein and Norway through the EEA and Norway Grants.

The aim of the project is to strengthen bilateral relations between Romanian and Norwegian practitioners and experts working with gender-based violence, domestic violence and sexual violence through the exchange of experiences on integrated and coordinated response.

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Iceland Liechtenstein Norway grants

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