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## ROMANIA: TACKLING DOMESTIC VIOLENCE FROM MANY ANGLES

*Domestic violence in Romania was brought to national attention by the results of a 1999 survey, which found that the incidence of physical abuse reported by women there was higher than in other Eastern European countries. UNFPA is supporting efforts from the grass roots to the highest levels of Government to raise awareness of the problem, promote legislative and institutional reforms to combat it, and set up demonstration projects of what works. One key to the success of these projects is establishing partnerships among district health authorities, local administrations, neighbourhood police, NGOs and the media. Another is helping people explore their own attitudes about domestic violence through training and innovative awareness campaigns.*

### THE CONTEXT

Romania occupies 237,500 square kilometres in southeastern Europe, an area roughly the size of the United Kingdom. It is surrounded by Hungary, Ukraine and the Republic of Moldova to the north, and the Black Sea, Bulgaria and Serbia to the south. Romania is a country of rich agricultural lands, diverse energy resources, a substantial, though aging, industrial base, and an educated, trained workforce. Following the overthrow of the Communist regime in 1989, Romania embarked on a path towards democracy and a market economy. For the past ten years, one of the country's main priorities has been membership in the European Union, which is expected to take place in 2007 and has guided the development of the country.

Social indicators in Romania indicate that life expectancy, at 71.3 years in 2003, is lower than in Western European countries.<sup>1</sup> Infant mortality has dropped to 18 per 1,000 live births in 2003 from 19 in 2002, but is still high by European standards.<sup>2</sup> Maternal mortality, at 33 deaths per 100,000 live births in 2001,<sup>3</sup> is also among the highest rates in Europe. Nearly half of

these maternal deaths were related to abortion, which continues to be used in Romania to regulate fertility and is regarded as a serious public health issue.

Roughly one third of the Romanian population live under the national poverty line, with the highest levels found in the northeast of the country and in rural areas, according to a World Bank Poverty Assessment 2003. The worst of the transition process appears to be over. However, regional disparities are increasing, with per capita incomes in Bucharest more than double the national average and three times higher than the poorest region.<sup>4</sup> Per capita gross domestic product was \$2,619 in 2003 (with purchasing power parity of \$7,277).<sup>5</sup>

According to a 2002 census, Romania's population is 21.7 million, nearly one million less than a decade ago. This decline in population is attributed to high mortality rates, low fertility levels and continued migration of people to Europe and other countries in search of work. The crude birth rate fell continuously after 1990,<sup>6</sup> with a total fertility rate today of just 1.23 children per women, well below the replacement level.<sup>7</sup>

1 *Human Development Report 2005*. Published for the United Nations Development Programme.

2 *Ibid.*

3 UNFPA. 2004. Country Programme Document for Romania.

4 *Ibid.*

5 *Human Development Report 2005*.

6 The decline in population may be, in part, a reaction to the pronatalist policy of the Ceausescu regime in Romania. Starting in 1966, Ceausescu banned abortions and contraception for any married woman under 40 with fewer than four children, in hopes that a larger workforce would increase industrial growth. In the 1980s, he introduced compulsory gynaecological exams, and unmarried people and those without children were penalized by higher taxes. Even medical doctors in Romania had difficulty accessing information about contraception. A common practice during this period was institutionalizing children that families did not want or could ill afford, which is slowly changing.

7 UNFPA, 2004.

## Domestic Violence in Romania

Romania remains a country with strong traditional values, where gender roles are clearly defined. 'Man is the pillar of the home', 'Women are a necessary evil', 'Man is the head of the family and the woman is the neck' are among the Romania proverbs that reflect the second-class status of women in society.

Stereotypical attitudes about the roles of women and men in the family and society were among the concerns of a UN Committee on the Elimination of Discrimination against Women reviewing Romania's progress towards CEDAW (Convention on the Elimination of All Forms of Discrimination against Women) in 2000. One of the ways these attitudes are expressed, they noted, was in the stereotypical and sexist portrayal of women in Romania media, especially advertising.<sup>8</sup>

Though statistics are unavailable prior to 1999, the incidence of domestic violence in Romania is widely believed to have increased during the upheavals of the economic transition and is strongly associated with alcohol abuse. Nearly 6,000 complaints of domestic abuse were registered in Romania in 2004, according to the National Agency for Family Protection. Yet evidence suggests that the reality is far worse. A 2004 Reproductive Health Survey, supported by UNFPA, found that more than one quarter of Romania women (29 per cent) have been abused (verbally, physically or sexually) by their partners during their lifetimes.

Of women 15 to 44 years of age who are or have ever been married, 28 per cent reported incidents of verbal abuse during the previous year, 15 per cent reported physical abuse and 3 per cent, sexual abuse. Among these women, the lower the educational and socio-economic levels, the more likely they were to be subjected to aggressive behaviour by their partners.

Being abused as a child and witnessing physical violence between parents have been identified as risk factors for emotional and behavioural problems.<sup>9</sup> They may also make women more tolerant of abuse as adults. The survey found that 20 per cent of women had been abused as children, and that the same percentage had

witnessed parental abuse. Two thirds of men said they had been abused as children, and 23 per cent had witnessed abuse between their parents.

Shame and fear of social stigma mean that women are reluctant to report domestic violence. Another reason for not seeking help, particularly when the perpetrator is an intimate partner, is the poor treatment often received from law enforcement agencies and the failure of the criminal justice system to punish the perpetrators.

## ROMANIA AND CEDAW

The Government of Romania ratified the Convention on the Elimination of All Forms of Discrimination against Women in 1982.<sup>10</sup> Following the Fourth World Conference on Women in Beijing in 1995, the Government took steps to promote gender equality through improvements in women's social, work and legal status. Despite these initiatives, and constitutional guarantees of equal rights between men and women, the provisions remain largely unenforced, and Romanian women continue to have a higher unemployment rate than men, occupy fewer positions of influence and earn lower wages.<sup>11</sup>

## Legal Issues Affecting Women

The Ministry of Labour, Social Protection and Family is charged with advancing women's concerns and family policies. This includes organizing programmes for women, proposing new laws, monitoring legislation for sexual bias and targeting resources to provide professional training for women. An ombudsman in the Department for Child, Women, and Family Protection addresses complaints of discrimination.<sup>12</sup>

In 2000, Romania took a major step forward by adopting legislation that would punish any form of discrimination—the first Eastern or Central European country to do so. From this legislation, the National Council for Combating Discrimination was established in 2001, to work in partnership with civil society to develop campaigns to prevent discrimination in all its forms.<sup>13</sup>

In 2000-2001, the Romanian Government also developed a project to encourage a more active role of

8 In spring of 2000, the April Fool's edition of Romania's *Playboy* magazine published a satirical article entitled 'How to Beat your Wife...Without Leaving Marks'. International and domestic protests led to apologies by *Playboy's* foreign editors and local publisher, and in July the Romanian edition of *Playboy* published an article on the costs of domestic violence.

9 Recent data from the United States point to increased risk of physical problems as well. In a survey of more than 17,000 adults in southern California, the US Centers for Disease Control and Prevention found that heart-attack risk went up by 30-70 per cent in people who reported adverse childhood experiences such as physical, sexual or emotional abuse, domestic violence or having family members who abused drugs or alcohol (cited in the 17 October 2005 issue of *Newsweek* magazine).

10 United Nations. Division for Advancement of Women, Department of Economic and Social Affairs, States Parties, available at <http://www.un.org/womenwatch/daw/cedaw/states.htm>

11 UNFPA-Romania. Country Office Annual Report 2004, Programme Performance Analysis.

12 United States Department of State Country Report on Human Rights Practices 2004, available at <http://www.state.gov/g/drl/rls/hrrpt/2004/41703.htm>

13 United Nations, Division for Advancement of Women, Department of Economic and Social Affairs. Consideration of Reports Submitted by States Parties under Article 18 of the Convention on Elimination of All Forms of Discrimination Against Women, Sixth Periodic Report on Romania 2003.

women in politics. Through workshops and other activities, the project, 'Promoting Balanced Representation of Women and Men in Political and Administrative Decision-Making Bodies', developed national machinery for gender equality in Romania.

The following year, 2002, the Government adopted a Law on Equal Opportunity and Treatment for Women and Men to end all gender discrimination in the areas of employment, education, health, culture, information and senior management positions, and to promote women's participation in the decision-making process. The law—the first in Romania to target equality between the sexes—also made sexual harassment a crime.

### Legislative Action to Curb Violence against Women

From 2000-2005, a legislative and institutional framework for preventing and controlling domestic violence in Romania was created. This included amendments to the Penal Code, which stipulate harsher punishment for those who cause bodily injuries to a member of their family and, in 2005, the provision that, at the victim's request, the perpetrator of domestic violence can be prohibited from returning to the family residence during the course of a trial or legal prosecution.

A milestone in May 2003 was the adoption of a law on domestic violence. The law defines domestic violence as physical or verbal action deliberately perpetrated by one family member against another, resulting in physical, mental or sexual suffering or material loss, as well as encroachments on women's fundamental rights and freedoms. The law also established the National Agency for Family Protection—under the Ministry of Labour, Social Solidarity and Family—to coordinate national activities focused on domestic violence and social protection of the family. A National Strategy on Prevention, Monitoring and Control of Domestic Violence was recently approved, based on recommendations from the Council of Europe and reflecting legislation and experience from various democratic countries.<sup>14</sup>

### THE UNFPA COUNTRY PROGRAMME

UNFPA cooperation with Romania began in 1973 and continued on an ad hoc basis until 1990. Since that time, the organization has intensified its support to reduce levels of maternal mortality and rates of abortion and to institutionalize efforts against domestic violence.

The First UNFPA Country Programme for Romania (2005-2009), which is valued at \$3 million, consists of two broad initiatives: improving the sexual and reproductive health of vulnerable groups and providing support for capacity-building to plan and implement national population and development policies.

The sexual and reproductive health component is being implemented in ten of the country's 42 districts. It is supporting the Ministry of Health, local authorities and NGOs to:

- Increase the availability and use of sexual and reproductive health services, including family planning
- Improve knowledge about reproductive health, gender issues and responsible sexual behaviour among youth, minorities (the Roma) and rural populations
- Promote Family Life Education for in-school and out-of school youths.

The population and development component is providing technical assistance for the establishment of a National Population Commission, which will address issues such as aging, negative population growth, low fertility and migration. It is also supporting operational research and training, including a survey on the dynamics and evolution of the family.

In addition, the population and development programme is assisting government and NGO partners to combat gender-based violence and human trafficking. Action on both of these fronts is taking place through advocacy and policy dialogue to ensure that local strategies are in place to address these issues and to provide integrated services for survivors.

### THE PROJECT Modest Beginnings

Efforts to combat domestic violence in Romania started at the grass roots and spread slowly throughout the country. In the early 1990s, there were no national statistics on the issue, no shelters and only a handful of NGOs addressing violence within the family. By 2004, there were 60 institutions or facilities devoted to combating domestic violence, most of which were funded by non-governmental organizations, according to the National Agency for Family Protection.<sup>15</sup>

<sup>14</sup> Ibid.

<sup>15</sup> This included 9 facilities/institutions financed from public budgets, 17 financed by public and private resources, and 34 financed by non-governmental organizations. There were 25 women's shelters in 2004 with a capacity of 217 beds, including 4 public shelters, 13 financed through public-private partnerships, and 8 financed through private sources. Before the end of 2005, 7 new shelters are planned. (Source: Government of Romania. Response to the Questionnaire Addressed to Governments on the Implementation of the Beijing Platform for Action and the Conclusions of the 23rd Special Assembly of the UN General Assembly, p. 8.)

The issue of domestic violence was first brought to national attention in 2000, when the results of a UNFPA-supported Reproductive Health Survey were disseminated. The survey revealed that the incidence of physical abuse reported by women was higher than in other Eastern European countries, affecting over a quarter of the Romanian population. Partly as the result of intensive lobbying by NGOs, the country's first law on gender-based violence was passed in 2003. The following year, the National Agency for Family Protection was established.

From 2000 to 2003, UNFPA supported the piloting of crisis centres for survivors of domestic violence in several regions of Romania. The centres were established at the request of, and in collaboration with, district health and administrative authorities. Crisis centres in Ilfov and Mures districts were set up in early 2003, and a year later in Hunedoara and Maramures.

The first centre, in Ilfov, was in a district surrounding Bucharest characterized by high unemployment and even higher-than-average rates of domestic violence. The project was based on guidelines produced by UNFPA headquarters, entitled *A Practical Approach to Gender-based Violence: A Programme Guide for Health Care Providers & Managers*. The guide pioneered a modular approach to integrating the assessment and treatment of gender-based violence into reproductive health services. The aim was to help health-care workers and others who are likely to come into contact with battered women identify victims of abuse, and provide or refer them to help. The programme guide was tested in ten countries, including Romania, with funds from UNFPA's interregional programme.

### Recent Initiatives

The project explored in this case study, 'Strengthening the Capacity of Community and Government Institutions to Prevent and Fight Domestic/Gender-based Violence,' was implemented by UNFPA between September 2004 and August 2005. It was funded by a contribution of \$59,000 from the Canadian International Development Agency.

The goal was to reduce the incidence and consequences of domestic violence in the four districts in which crisis centres had already been established. Like the earlier project, it trained medical personnel in identifying victims of abuse, who were offered medical, psychological, legal and social support. But the model, as originally conceived, was expanded to include the training of staff in other institutions that were likely to come into contact with victims. Awareness-raising of the population at large was another major component.

One innovation was an integrated information system for reporting, screening and referring cases of domestic violence, which was developed under the earlier project. The information system was piloted in the police department, emergency medical units and Forensic Institute in Mures district and is currently in use in all four crisis centres.

In two of the centres, shelters were established to provide abused women and their children with no other recourse a temporary place to stay.

### RESULTS

By the end of the project, a training package and a high standard of services for the prevention and control of domestic violence had been demonstrated. Still lacking, in three out of the four crisis centres, is strong financial commitment from local authorities for their continuation, now that UNFPA support has ended. The facility in Mures, which has clearly emerged as a centre of excellence, is receiving partial funding from the local government, a strong indication of community ownership and sustainability.

Another indicator of success: the National Agency for Family Protection has visited the Mures centre on several occasions. According to the Counsellor to the Directorate for Labour, Family and Social Protection in Mures, the agency is using the centre as a model for similar programmes around the country, and drew from the centre's experience in developing a national strategy on domestic violence.

With varying degrees of success, all four centres established partnerships in the communities in which they worked. Typically, the police, child protection agencies, emergency and medical personnel, school psychologists and forensic institutes are on the front lines in helping identify and refer cases. In Mures, for instance, project personnel forged partnerships with and trained staff from 16 local institutions.

In total, the four crisis centres assisted nearly 1,200 survivors of domestic violence—half of whom were new cases and 84 per cent of whom were women or girls. Of these 1,200 clients, 173 were temporarily sheltered. The majority received psychological counselling, about half received legal and medical assistance and about a quarter received social services. About 100 clients obtained the forensic certificates required to document abuses and pursue legal action (according to Romania law, criminal charges can be filed against a perpetrator if a victim's injuries require at least 20 days of medical care. For less serious cases, the police have the option of imposing

a monetary penalty, which often punishes the victim as well).

In addition to these services, a total of 144 health-care professionals—including family doctors, nurses and emergency services personnel—along with school psychologists received 20 hours of training accredited by the Ministry of Health. Similar training was also provided for 43 experts working with survivors of domestic abuse, including staff at the four centres, police officers, teachers, social assistants and representatives from local government.

In a testament to the quality of the training, UNFPA was recently approached by the National Agency for Family Protection to support the training of people seeking accreditation to work in the area of domestic violence.

The integrated information system for domestic violence cases is being expanded to three additional districts in 2006 with UNFPA support, and will gradually be implemented nationwide.

Another innovative aspect of the project was the creative ways in which it reached out to the community—both to change attitudes about domestic violence and to promote the centres and their services. Candlelight vigils, workshops in local high schools, television and radio programmes, posters, flyers, and organized campaigns reached tens of thousands of people in the four target districts. Often, these campaigns were tied to local holidays or festivals or to international campaigns, such as V-Day or 16 Days of Activism against Gender Violence.

## IMPLEMENTATION PROCESSES

A series of processes, carried out by UNFPA both at the grass roots and at the highest levels of government, has helped institutionalize the fight against domestic violence in Romania and establish models for effective local action:

- A pivotal step in bringing the issue to public attention was the dissemination of the results of the first Reproductive Health Survey. Towards this end, UNFPA supported the organization of seminars and events involving public health authorities, officials from various government ministries and parliamentarians, along with a carefully orchestrated media campaign, highlighting the fact that domestic violence is not a private matter but a public health issue. It was the broad distribution of this survey data and other advocacy efforts that contributed to a change of attitude on the part of decision makers and helped ensure the passage of various legislative initiatives.

- To promote a multisectoral approach to domestic violence, UNFPA helped organize a Consultative Committee, composed of representatives of the Ministry of Labour, Social Protection and Family, the National Authority for the Child and Adoption, the Ministry of Interior, Ministry of Health, Ministry of Justice, Ministry of Education and Research, and the National Authority for People with Disabilities. (NGOs have observer status.) Subsequently, the committee became an advisory group for the National Agency for Family Protection. At the local level, UNFPA facilitated the formation of multidisciplinary teams to function in an advisory capacity. The teams include representatives of local ministries, district councils, universities and advocacy groups.
- UNFPA supported a coalition of 30 NGOs lobbying for the passage of the 2003 law on domestic violence.
- It also funded pilot initiatives, drawing upon research it pioneered that demonstrated that domestic violence can be tackled effectively at the grass roots through public awareness, the provision of services, and partnerships with other institutions.
- In the future, UNFPA will focus on advocacy and policy work at national and district levels, including refinements to the legislation on domestic violence.

## MEDIATION AND NEGOTIATION

The creation of a social safety net—that is, a network of partner organizations that are sensitized to the issue of domestic violence and can reach out to women in need—proved critical in addressing violence against women in Romania. In Mures, a network of 16 institutions was clearly a factor in community ownership of the project.

Establishing such partnerships requires a proactive stance. “If you sit in your office, nothing will happen,” says the head of the East European Institute for Reproductive Health (which is managing the Mures Crisis Centre) and the former coordinator of the UNFPA-funded project. She explains that she and her colleagues at the crisis centre always took the first step in inviting partners to the table, and from that point on, met with them on a continual basis to discuss cases and assess progress.

In the past, a major obstacle to addressing domestic violence in Romania has been the reluctance of victims to file a complaint—both because they did not trust the police, most of whom are men, and because the police held the attitude that it was not right to interfere in ‘family business’. Yet in Mures, neighbourhood law enforcement officers (formally known as the ‘Proximity

Police’) are among the centre’s most important allies. “I think they liked the fact that we approached them and asked for their help,” says the centre’s psychologist. “Because of their uniforms, they represent power and authority in the society. We used that, reminding them that they are a necessary part of the solution.”

Over the course of the one-year project, over 20 per cent of the domestic violence cases in Mures were referred to the crisis centre by the neighbourhood police. A more telling sign of the officers’ successful involvement is the enthusiasm with which they are embracing their new role. According to project staff in Mures, the neighbourhood police call the crisis centre on a regular basis to consult on cases, which they regard as their own. At Christmas time, the officers accompany crisis centre staff to deliver small gifts of food and other items—including a recording of the neighbourhood police performing Christmas carols—to clients of the centre. They have also participated in workshops on domestic violence in local high schools as well as candlelight vigils and other community events to raise awareness about the issue.

The police—whose help was not always welcomed by the community—are now playing an important role in prevention, by stopping by the homes of former victims. In some cases, periodic visits by law enforcement officers are all that is needed to intimidate potential aggressors. According to the coordinator of the Proximity Police, there was the perception, until recently, even among officers themselves, that the police should not get involved in domestic violence cases unless a woman’s life was in danger.

One officer recounts the case of a woman who had endured beatings from her husband for 10 years and finally tried to commit suicide. She was found by a friend who called the neighbourhood police. They brought her to the emergency room and eventually to the crisis centre. The husband was admitted to a psychiatric hospital, and the woman is planning to move on—though she insists that her new home be in the same jurisdiction as the neighbourhood police.

The police say that the training provided by the crisis centre helped them take a more active role in domestic violence cases. The police must register each case in the computerized information system introduced by the project, which is helping to document the problem. It is also raising awareness in other Mures district police departments, where the system is being piloted.

The positive change in community attitudes towards the police, according to one officer, was prompted by the fact that there are now services available for victims. A symbol of this help is a two-room building, painted blue and yellow, just outside the institutional-looking structure that headquarters the police. The brightly painted building serves as a place where the community can report incidents of domestic violence and other infractions to the police. Its refurbishment was funded by the NGO managing the crisis centre in Mures. Before, explains the centre’s director, survivors of abuse were often reluctant to enter police headquarters, which was overcrowded and offered little privacy.

*“The key to our success is networking with other institutions. On our own we can do nothing.”*

— A psychologist at the Mures Crisis Centre

According to the police coordinator, the building is just another example of the seriousness with which the NGO first approached the police. They had something concrete to offer, he says, not just words and good intentions.

When asked the secret to fighting domestic violence, one officer pipes up that the police must be involved. Another mentions the importance of a legislative framework, of partner institutions and of a local committee responsible for guiding action on the issue. Still another suggests that officers themselves must change their attitudes about domestic violence, and that such change must start with those in charge. In Mures, convincing top management of the crucial role of the neighbourhood police in fighting domestic violence was sufficient to bring about the cooperation of department heads, which is reinforced through weekly meetings.

For the head of the police department’s Office of Crime Prevention, the changes must go deeper. “Everybody should feel what it’s like to be a victim,” she says, “if even only for a minute.”

## **PARTNERS**

Partners in the project included health authorities in the four districts and the National Agency for Family Protection. The following NGOs were responsible for managing the crisis centres and community relations in the four districts in which the project was implemented:

- *The East European Institute for Reproductive Health*, located in Targu-Mures (Mures district) is a non-profit organization established in 1996 with the mission to improve sexual and reproductive health in Romania and other countries of Eastern Europe. The Institute cooperates with both governmental and non-governmental institutions in Romania and

with international organizations in conducting projects in the areas of health promotion, education and science, research and medical training, and medical and social assistance. The Institute is the implementing agency, in collaboration with the Ministry of Labour, Social Solidarity and Family, for projects in the current UNFPA Country Programme dealing with gender-based violence.

- *The Family Health Centre Buftea*, in Ilfov district, is a medical institution providing health-care services, including family planning.
- *The Conexiuni Foundation* is a Romanian NGO in Hunedoara district that provides support to victims of domestic violence and trafficking.
- *The Artemis Foundation* is a Romanian NGO that provides integrated support to victims of domestic violence in Cluj and Maramures districts.

## LESSONS LEARNED

### Success Factors

**The project built upon existing efforts at the local level.** A clear advantage from the start was the commitment and dedication of the four NGOs implementing the project, who were already working at the local level. In providing support, UNFPA was responding to requests for assistance and therefore had an existing structure to build upon, rather than starting from scratch.

**Having a law on domestic violence gave legitimacy to the project and provided an incentive for local government involvement.** Though there is room for improvement in the legislative framework on domestic violence in Romania, the fact that it exists at all was an enormous step forward. As emphasized by the vice-president of the District Council in Mures and numerous others, local authorities have an obligation to initiate or support efforts to combat domestic violence because of the 2003 law.

**Through a participatory management style, credit and responsibility were shared.** A key success factor was the sense that every individual and partner organization had a responsibility for solving the problem of domestic violence and shared in the project's success. This was largely due to the participatory management style of the project coordinator and staff. For example, though the process was informal, there was continual sharing of lessons among project personnel—which capitalized on the strengths of each crisis centre—both through occasional visits and telephone and e-mail communications. The strength of the Ilfov centre, for example, was its

experience in the medical aspects of domestic violence. Hunedoara, on the other hand, pioneered work in helping survivors of domestic violence generate new sources of income, and these lessons were shared. Though UNFPA support has ended, the centres intend to maintain their close relationship and are now working together on joint funding proposals.

**High-quality training stimulated involvement by other partners.** The training provided to health-care workers and other partners was based on a curriculum developed in an earlier UNFPA-supported project and was mostly conducted by project personnel. The training not only provided information about domestic violence, but gave participants the opportunity to explore their own attitudes and to develop the skills necessary to communicate with and respond to the needs of both victims and perpetrators.

### Lessons Learned

**If the problem of domestic violence is not widely recognized at the local level, the first priority should be awareness-raising.** If the community and local professionals are not prepared to talk about domestic violence, then initial efforts must focus on documenting and communicating the problem. The provision of training and services is important, but there will be no demand if people are in denial that domestic violence exists.

Before taking action of any sort, it is important to understand the reality of domestic violence in a particular community, how the problem is perceived, and what the needs of the people are. In Ilfov district, for example, a small survey was carried out by the medical service, with UNFPA support, to gauge the extent of the problem and to feed this information back to the public. The survey found that 59 per cent of women and 61 per cent of children responding had experienced incidents of abuse during their lifetimes. These statistics caught the attention of the local media and were widely disseminated, along with information about the crisis centre.

**Transforming a culture of domestic violence is ultimately about changing attitudes and behaviours.** In all four centres, novel ways were used to build community awareness about the problem. But most important in changing attitudes and behaviours over the long term is the quality of training provided. According to a UNFPA programme officer who participated in a number of sessions, the objective of the training is not only to impart information, but “to put people in situations that require them to think, to explore deeply held feelings, and to challenge themselves. This is what changes people,” she says. Often, the first reaction to the subject of domestic

violence is laughter, and a sense of denial, according to both UNFPA and project personnel. But over the course of the sessions, participants changed the way they were thinking about the phenomenon—and the victim.

During a training course in Hunedoara district involving health workers, for example, it became clear that even some health professionals share the view that victims are somehow to blame. On the second day of the training, after several role-playing and other exercises, that perception had changed completely.

Even local authorities became personally involved in the training. This ability to relate to the problem in a visceral way is key “if you want to successfully export the model,” says the UNFPA programme officer.

**Efforts to combat domestic violence must address not only survivors, but perpetrators.** Awareness campaigns were primarily targeted to men, who are overwhelmingly the perpetrators of domestic violence. In one such campaign, in Mures, 2,000 flowers, each containing a message about non-violence, were handed out to men on street corners by well-known female personalities, including heads of local ministries, actors and women doctors. Another campaign, called “This hand will never hurt you,” was launched on Valentine’s Day, and asked young men and women at a local club to trace an outline of their hand on a piece of paper. They were then asked to write a love message on the inside of the hand. The three best submissions received a prize. The campaign was subsequently expanded to reach political and cultural figures through events at the district prefecture, city hall, police inspectorate, court of law, political party headquarters, high schools and other public venues. The drawings and testimonials, which totalled more than 1,000, were exhibited in the lobby of a local theatre. The campaign proved so popular that for weeks after it ended, the crisis centre in Mures continued to receive submissions from local high-school students.

**Effective programmes involve male support.** One way to gain greater involvement of men in the fight against domestic violence is to solicit partners from a variety of sectors, including law enforcement, which is typically a male domain. Another is to promote positive male role models, who will speak out on the issue. The importance of male support in overcoming domestic violence was reiterated by the UNFPA representative in Romania, who said that even at the institutional level, the fight against domestic violence is dominated by women. “If you live in a male-chauvinist society, how will you change it if the people involved in doing so are all women?” he asks.

**Partnerships are critical to the success of domestic violence projects, because they offer a wide safety net for support and referral.** The four NGOs implementing the project in Romania repeatedly said they could do little on their own. Rather, success depended on a network of institutions that had achieved consensus about the problem and had together forged a plan to address it. In establishing such partnerships in Mures, the NGO managing the project consistently took the lead. It made the initial contacts in seeking out allies, it followed up with them and it maintained the communication process through regular meetings and monthly progress reports.

**Transparency helps to ensure credibility.** Though not required to do so by law, the Mures NGO also requested a government audit of project expenditures and shared it with its partners, as a way of pre-empting any misconceptions concerning financial impropriety. Such transparency is especially important in Romania, where some organizations have labelled themselves as NGOs merely to gain tax-exempt status, and are often regarded with suspicion.

**Spelling out in detail, and in writing, the obligations of each partner organization can ensure follow through.** To ensure that agreements would be honoured, the Mures centre initiated the practice of writing up detailed ‘partnership protocols’ for each of the 16 institutions with which it formed a relationship, explicitly outlining an organization’s role and responsibilities. The practice was subsequently adopted by the other three centres, with varied success.

**Local authorities must be part of the process.** In Mures as in other districts, local authorities were included in training programmes, and strenuous efforts were made to enlist and retain their support. A frequent complaint was the need to restart the entire process of advocacy and capacity-building when political regimes change. Yet according to one UNFPA staff member, if you can achieve progress through two distinct administrations, you have gone a long way in institutionalizing solutions to domestic violence. She points out that the sharing of success is to everyone’s advantage. “If good things happen, it reflects well on local authorities too.”

**The high standards set by the lead institution tend to be adopted by partners.** The seriousness with which the Mures NGO regarded domestic violence and attempted to address it was repeatedly expressed by the police, local authorities and other partners. Such seriousness is “contagious,” in the words of one of the project staff, and tends to create a chain reaction in others. In recounting why the police and others became

such staunch allies in the fight against domestic violence, the Mures psychologist comments, "They saw how hard we worked to solve cases."

**A sense of trust—and strict confidentiality—must be established before survivors of domestic violence are willing to access services.** The shame and social stigma attached to domestic violence, especially in villages and even small cities where little is shielded from public view, reinforces the hidden nature of the problem. Initial reluctance on the part of victims to deal with the Proximity Police in Mures, for example, was attributed to the fact that their situation would suddenly become 'public'. Gradually, however, as partners were trained in the importance of confidentiality, and victims gained trust, this reluctance to seek help diminished. A system for safeguarding information about clients was built into the information system used to track cases. Similarly, the locations of shelters are kept secret, to ensure the safety and security of those housed there.

**In dealing with the survivors of domestic violence, the goal is to help them regain their self-esteem and some sense of control.** When battered women arrive at the crisis centre, says one of the project's psychologists, they are "convinced they are worthless—that they are stupid, ugly and guilty of causing the abuse." One key to enabling them to disengage from an abusive power relationship is to help them realize that each individual—the abuser and the abused—is 100 per cent responsible for his or her actions. Simple exercises are used to help the victim understand the power imbalances that are at the heart of abusive relationships and to gain some measure of control. According to the programme guide produced by UNFPA on addressing gender-based violence: "For clients who are victims...such a project can help end the isolation they have experienced as holders of this secret, lessen or ameliorate their guilt or self-shame, and increase their knowledge by educating them about the connections between their symptoms and gender-based violence. All of these interventions assist victims in feeling more in control of their lives, thus empowering them."<sup>16</sup>

**Ending domestic violence starts with young people.** Among the long-term consequences of domestic violence is transmission of patterns of abuse from generation to generation. Unless the problem is addressed

among young people, it is unlikely to be defeated. Numerous programmes for youth were carried out through the project, including workshops in all of the 16 high schools in Targu-Mures. Games, psychodramas and other activities helped young people recognize that domestic violence is not a normal aspect of healthy family life, and to come to terms with it in their own lives. Many high schoolers subsequently showed up at the Mures Crisis Centre. Prevention programmes can begin as early as the first grade, and encompass not only domestic violence but violence of all kinds, including discrimination.

**Counsellors and others who deal with survivors of domestic violence on a daily basis must protect their own energy and**

**well-being and that of their staff.** Working on a daily basis with victims of abuse can be emotionally and psychologically draining. Service providers must therefore give priority to safeguarding their own energy as well as that of colleagues. Moreover, staff may need to confront issues of abuse that they are struggling with personally.

**Achieving success in the area of domestic violence is a long-term endeavour.** "Behind every success story are up to 15 sessions in psychological counselling and perhaps seven to ten legal sessions," according to the former project coordinator. "From a legal point of view," she says, "success can be measured by a woman's ability to divorce her husband and keep her children. From a psychological perspective, it is having a client go five years without the need for psychological counselling. And based on that, we have yet to see a closed case. Nevertheless, you do have small victories," she adds. "New colour in the face of a victim, the feeling that they are somehow happier. It is those small victories that give us the incentive to go on."

## PRACTICES THAT WORK

**Gathering evidence-based data to catalyse action.**

Domestic violence has long been an aspect of Romanian culture, and grass-roots efforts to address it began in the early 1990s. However, it was not until the results of a 1999 Reproductive Health Survey were broadcast by the media that the problem was acknowledged in government and other circles. The survey is now generally regarded as the catalyst that prompted serious consideration of domestic violence by the Romanian Government.

**Introducing a system to document domestic violence, which is important not only for defining and quantify-**

*"You can't expect great performance or brilliant ideas from staff who may be dealing with their own issues of domestic violence."*

— A project psychologist

16 UNFPA. 2001. *A Practical Approach to Gender-based Violence: A Programme Guide for Health Care Providers & Managers*. New York: UNFPA.

**ing the problem, but for tracking and following up on cases.** The integrated information system, developed and piloted under UNFPA-supported projects, was the first comprehensive effort to document incidents of domestic violence in Romania. Before the system was instituted, says one of the Mures centre's staff, "we had a common philosophy, but no common language with which to discuss domestic violence." The process of creating and testing the system helped to clarify the notion, even among NGOs working in the field, of what it means to be a survivor of domestic violence, and how it is diagnosed. (The form that was eventually developed asks for specific information on both the victim and the perpetrator, a description of the type of violence that occurred—ranging from physical to economic violence—and detailed evaluations by the medical, psychological, legal and social counsellors involved in the case). Though the information remains strictly confidential, it provides a means for professional follow-up on cases. "If a woman repeatedly appears at the emergency room of a local hospital, we know there is a problem," says the Mures centre psychologist. One caution in introducing such a system is the fact that the official number of domestic violence victims is likely to go up, which may be a disincentive to government to adopt it.

**Taking a multisectoral approach.** By its nature, domestic violence is a complex problem with medical, psychological, educational, social, legal and human rights dimensions. To provide treatment for survivors, and to stop the cycle of violence from generation to generation, all of these dimensions must be addressed. At the national level, this requires an appropriate legal framework and collaborative efforts on the part of multiple ministries. The tendency of ministries to work in a vertical, narrow way is a major constraint in Romania and other former Soviet republics, where even medical doctors tend to remain strictly within a specialized discipline. At the national level, this challenge was overcome by setting up an inter-ministerial committee on domestic violence and by continuing efforts on the part of UNFPA to sensitize key ministries to the problem. At the local level, bringing a diverse group of partners around the table and working out a division of labour made clear, in a concrete way, the multidimensional nature of the problem.

**Working at the grass roots and at the highest levels of government.** Effective action against domestic violence requires a balance between policy development at the central government level and local examples of what works. In Romania, a legislative and institutional framework for addressing domestic violence has been established, and successful pilot projects at the local level are being promoted. The greatest challenge today lies in building up the knowledge and capacity of local authorities to support and replicate such models nationwide.

**Integrating services for victims with prevention efforts and building a network of support.** A successful project to address domestic violence should include the following six components: services for victims; training for partners and project staff; the production of information, education and communication materials; community awareness campaigns; the implementation of a system to document and track cases; and the establishment of a network of support.

**Building the management capacity of project staff.** All project staff (that is, the local project coordinators plus the various counsellors at each centre) attended a workshop on organizational management and empowerment at the conclusion of the project. However, it was suggested that the workshop may have been more beneficial if it had been conducted in the project's early stages. In addition, visits to the various centres by all project personnel could have been helpful in boosting motivation.

**Using the media as an ally.** Partly because of the sensational nature of the topic, the media in Romania has shown a keen interest in issues surrounding domestic violence. Special radio and television programmes, along with newspaper and magazine articles, were produced on the topic and on the crisis centres. For reasons of confidentiality, the names of victims were not given out to the media. However, clients of the centres were asked to provide anonymous 'testimonials' of their experience, which were picked up by the press. This type of coverage not only helped raise awareness of the problem and the fact that help is available, but also served as an incentive to local politicians to do something about it.