



The Other Side of the Story
PERPETRATORS IN CHANGE

Country Report: Romania





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Organizational Information

The Social and Medical Services Directorate, The Municipality of Cluj-Napoca, Romania (DASM)

The Social and Medical Services Directorate is the main public provider of social and medical services and social benefits at local level (Cluj-Napoca).

The institution was created in 2008 and it is subordinated to the Local Council of the Municipality of Cluj-Napoca. The institution is funded from the local budget.

Its mission is identifying the social problems and needs of the community; finding the proper solutions regarding child and family protection, the elderly, persons with disabilities and other persons in need or vulnerable groups, social and community development, prevention and management of social risks.

Its actions are directed towards the individual, the family, the community level.

The Objectives of DASM:

- preventing situations which could lead to social marginalization
- supporting the ones in need in overcoming difficulties in order to limit/tackle temporary/permanent effects of situations which can generate social exclusion
- increasing the quality of life
- promoting the social inclusion of vulnerable persons and groups within the local community.

The Structure of DASM:

DASM has around 970 full-time employees

The main departments:

- **The Department for Social Protection**
 - The Centre for Social Inclusion – a centre which is destined for supporting the social inclusion of vulnerable people (Roma people, persons with disabilities, homeless people, etc.)
- **The Child and Family Protection Department**



- The Resource Centre for Parents and Children
- The Centre for Preventing and Combating Violence in Families
- **The Assistance for Persons with Disabilities Department**
- **The Assistance for the Elderly**
 - Home care for the elderly services
 - 2 day-care centres for the elderly
 - 9 clubs for retired people
- **Wonderland Day-Care Centre** – “Wonderland” Day-care Centre is a social unit which provides social services in area of prevention and education as well as social integration aimed at children belonging to marginalized groups. Its purpose is to ensure proper care and education for Roma pre-school children (aged 3-6) from marginalized neighborhoods in order to safeguard their integration into the mainstream education system.
- **The Centre for Socio-Medical Services** – for children with disabilities
- **The Social Emergency Centre** – provides temporary shelter (6 months, with the possibility of extension for another 6 months) and other social services and support to homeless people having a capacity of 50 places
- **The Temporary Host Centre** - provides temporary shelter and other social services and support to homeless people, having a capacity of 64 places
- **The Project Management and Community Development Department**
- **School medical units (dental/general medicine)**
- **The Municipal Hospital**
- **The Human Resources Department**
- **The Financial Department**
- **The Public Procurement and Logistics Department**

Organisational Activities of DASM in the field of domestic violence:

Ever since 2008, The Social and Medical Services Directorate of Cluj-Napoca has been providing services and has been involved in different actions for victims of domestic violence and for abused and neglected children. In this regard, women and children are psychologically counselled, they receive emotional support and benefits from social services.



Working methods

As a working method, the **Child and Family Protection Department** uses the *case management method*, which means making sure that the following steps are taken: making an initial assessment of the case, a complex assessment of the case, planning the suitable social services, providing the planned services, monitoring the case evolution and finally the closing of the case.

The Romanian legislation makes DASM responsible for the prevention area, which means early detection of abuse, neglect and situations. Working with such cases means the involvement of different public and private actors, which can be valuable. Some of the victims are advised to enter specialized shelters for DVA victims, with their children if needed. Children at risk of abuse and neglect are oriented towards specialized centres in abuse and towards other day-care centres to be offered support.

Campaigns

The **Social and Medical Services Directorate** has also been initiating local prevention campaigns. The Child and Family Protection Department has been actively involved in the annual 16 days Campaign against violence towards women in the last years, called “*Stop the violence towards women*”, organized in partnership with institutions/organizations such as: PATRIR, AFIV ARTEMIS, The Labour, Family and Social Protection Ministry, The Social Work Faculty within Babes-Bolyai University of Cluj-Napoca, The Local Police Department, World Vision Romania, The National Agency for Equal Opportunities (ANES), etc.

The representatives of the local authorities, including those of DASM, local NGOs and representatives of other institutions such as the Local Police Department, the District Attorney's Office, Babes-Bolyai University of Cluj-Napoca and other institutions have formed an ‘*initiative group and signed a cooperation agreement*’, so that they can meet as often as possible/needed to discuss legislative changes in the DVA field and possible collaborations between group members and institutions. This led to the creation of the Interdisciplinary group for intervention in cases of high-risk DVA.

Between November 21st - December 10th, 2019, an information campaign of the community was carried out, meant to highlight the fact that DVA is a matter of public interest.



Thus, on November 21st and 28th, 2019 in Iulius Mall (one of the main shopping centres in the city), information activities were carried out in order to draw attention to the importance of manifesting an attitude based on non-tolerance regarding DVA and, at the same time, the resources the local public administration makes available to the victims. During this campaign, working meetings were held with: the Municipal Police, with institutions that have attributions in this field and with the members of the inter-institutional working group on cases of high-risk DVA.

The Interdisciplinary group for intervention in cases of high-risk domestic violence;

DASM is Ppart of the Interdisciplinary group for intervention in cases of high-risk domestic violence. The Interdisciplinary group for intervention in cases of high-risk *DVA* was created in 2012. The purpose of creating this group was to exchange information and coordinate actions in accordance with relevant legislation in the field in order to increase the safety of victims of DVA as well as to prevent their repeated victimization. Group meetings take place at least once a month (the Friday of the month).

The objectives of the Interdisciplinary group for intervention in cases of high-risk DVA are:

- the elaboration of the working principles and the functioning of the interdisciplinary team;
- the elaboration of working procedures and working tools which are necessary to carry out the activity of the group: victim file, case reference file, confidentiality and principles etc;
- the collaboration of all institutions involved in the management of the safety of victims of DVA with high risk;
- taking measures (appropriate to the role of the institution involved) and providing coherent and coordinated responses based on the activity plan developed by the case manager and the Interdisciplinary group for intervention in cases of high-risk domestic violence;
- facilitating and promoting improved policies in the field of DVA;
- streamlining the dialogue and collaboration between practitioners belonging to the civil justice, to the criminal justice system, to the social system, to the medical system,



researchers and political decision makers, developing an efficient and sustainable network.

European Projects

DASM organized focus-groups and training courses regarding DVA and child abuse prevention within the implementation of the DAPHNE project „*SAVE-solutions against violence in Europe*” (JUST/2013/DAP/AG/5804) coordinated by The Social and Medical Services nr. 9 Treviso (Italy). The participants of the focus-groups were specialists from schools, relevant NGOs for the field of DVA, relevant public actors like the Local Police Department, Hospitals, etc.

The DAPHNE project „*SAVE-solutions against violence in Europe*” was an asset for our institution as *it aimed at improving the quality of the systems of prevention and detection in cases of violence against children and limit its effects on victims through an innovative and modular model of intervention.*

Specialists from DASM have participated in training courses organized within other European funded projects, like the project entitled „*Comunitatea VeDe*”, implemented by ADI-ZMC and Babes-Bolyai University. It was an interdisciplinary training course in the field of crisis intervention in cases of DVA (on topics such as risk assessment, crisis intervention methodology, familiarization of participants with systemic intervention in cases of DVA, legislation in force).

Actions within the Child and Family Protection Department (DASM) towards creating the Centre for Preventing and Combating Violence in Families

Between 2017-2019, The Child and Family Protection Department within DASM, observed an increase in the incidence of DVA cases. In 2017, 20 cases / families who faced DVA were investigated, in 2018, their number increased to 24, and in 2019, 54 cases were registered. In these situations, legal counselling, psychological counselling or facilitating the integration of victims in shelters for this category was provided. The victims of DVA who were identified by the police were evaluated by the Child and Family Protection Department afterwards and directed to the existing shelters at that time in the county or country. There was also a



functional crisis cell (a room for housing victims of DVA and their children), located in the Emergency Social Centre, subordinated to DASM.

We should mention the fact that the number of families in which the phenomenon of DVA was noticed was much higher, but these families could not be reported as confirmed situations of DVA, due to the lack of a separate department on DVA within our institution at that time, most being registered as situations to prevent the separation of the child from the family and other adjacent family problems regarding DVA (abuse, neglect, alcohol and substance use, risk of dropping out of school, suicide attempts or behavioural disorders, etc.). Hence the need to set up a counselling centre to prevent and reduce/combat the phenomenon of DVA in Cluj-Napoca.

Regarding the work with perpetrators, it was almost non-existent between 2017-2019, the services offered by our institution being focused on the victims of DVA, and their number was low. The Child and Family Protection Department provided counselling services to perpetrators, following specific requests from the Court or at their personal request (1 case in 2017-request received from the Court, 0 cases in 2018 and 4 cases in 2019, of which 1 case being requested directly by the Court and 3 cases being requested personally), without a day centre for working with the aggressor or specialists trained in this field.

Analysing the results of our interventions, we observed differences between the situations of perpetrators who were sent by the Court and of perpetrators who requested support on their own, meaning that the first category refused the services which were supposed to be provided but the second category participated in psychological counselling sessions for a period of six months.

Regarding the existence of residential centres for perpetrators, there are none in Cluj-Napoca. In case perpetrators are evicted as a consequence of the establishment of a protection order, if they do not have relatives or relatives to host them, they are directed towards/housed in the Temporary Host Centre for homeless people, centre which is subordinated to DASM.



The Centre for Preventing and Combating Violence in Families

The Centre for Preventing and Combating Violence in Families is a structure within the Child and Family Protection Department of DASM, which was created in April 2019.

The centre is a day-care centre intended for victims of DVA from Cluj-Napoca which has *the role of preventing and combating DVA by assisting the victims (adults and children).*

Its purpose *is ensuring emergency intervention for victims (referred or who address the centre directly) and identifying solutions regarding their safety.*

The centre provides counselling programs for victims to overcome the risk situations and the trauma resulting from DVA. The centre is also preoccupied with informing the community about the phenomenon of DVA.

Services which are provided within the centre:

- risk assessment;
- social counselling;
- family counselling;
- psychological counselling;
- legal advice;
- psychotherapy.

Support programs which are provided within the centre:

- counselling and emotional balance acquiring programs following a conflict/violence situation;
- psychological counselling programs for emotional-cognitive clarification on the life situation in family conflicts;
- counselling and informing programs on individual and legal protection measures in situations of family conflicts;
- long-term individual/group counselling programs;
- family counselling programs for both adult victims and parent-child couples.



The beneficiaries of the centre:

- adult victims of DVA;
- parent-child couples in situations of DVA

Activities within the centre:

Within the Centre for Preventing and Combating Domestic Violence, ever since its creation in April 2019 to December 2019, a total number of 54 cases were investigated, of which 19 are closed or are in the process of closure, the rest being in intervention or evaluation.

All cases were assessed according to their degree of risk, the specialists provided them social counselling. Three of the victims were supported to obtain Protection Orders and 15 victims were legally advised, 8 victims were supported and directed to the shelter for victims of DVA. Approximately 185 hours of psychological counselling and psychotherapy were performed for 21 adults and 12 children.

Many victims were counselled on social benefits (obtaining rent subsidies, aid for single-parent families, support allowances, etc.), on enrolment in nurseries and schools for their children, on referral to day-care centres.

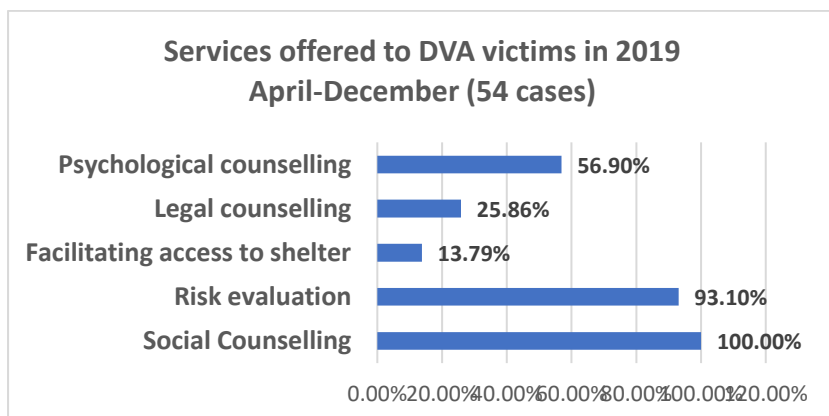


Figure 1.

The activities of the 3 specialists (1 social worker, 1 psychologist and 1 legal advisor) of the centre includes, in addition to the activities carried out in the centre, different field visits: to the victims' homes, to different schools, to police stations, to the prosecutor's office, to the court, to the legal medicine institute, to the guardianship authority, to NGOs that offer complementary services to the victims or their children (Figure 1).



The specialists of the centre had working meetings with representatives of the local police in order to establish the working procedures of the emergency intervention team. By decision of the Cluj-Napoca Local Council, the composition and attributions of the local intervention team for the cases identified in Cluj-Napoca were established. This team includes employees of the Centre for Preventing and Combating Violence in Families and representatives of the local police.

The centre carried out supervision and monitoring activities of specialized internships for students from the Faculty of Sociology and Social Work (Babes-Bolyai University), master students from the Faculty of Psychology and Educational Sciences (Babes-Bolyai University), master students from Judicial Psychology and 1 practicing student from The University of Birmingham City, Faculty of Business, Law and Social Sciences - undergraduate programme in Criminology and Security Studies.

DASM established, within a Local Council meeting at the end of 2019, the criteria for granting rent subsidies for: low-income people, for young people coming from the protection system and *for victims of DVA*. By applying this Local Council Decision, the victims of DVA in vulnerable situations can be supported with a rent subsidy so that they can overcome the crisis situation, for a period of two years

Regarding 2020 (11 months), within the Centre for Preventing and Combating Violence in Families a total number of 58 of victims were supported. All cases were assessed according to their degree of risk, the specialists provided them social counselling. Three of the victims were supported to obtain Protection Orders and 12 victims were legally advised and helped to complete their files/cases for Court. Three victims were supported and directed to the shelter for victims of DVA.

Approximately 250 hours of psychological counselling and psychotherapy were performed, 2 psychological evaluations for disabilities and 3 parenting groups were held. Many victims were counselled on social benefits (obtaining rent subsidies, aid for single-parent families, support allowances, receiving hygiene packages, presents for children for the holidays, heating aid, etc.), on enrolment in nurseries and schools for their children, on referral to day-care centres. The mobile emergency team had 3 emergency interventions and in 2 of the cases, the victims were taken to the shelter.



Local collaborators of The Centre for Preventing and Combating Violence in Families (DASM)

The main institutions with responsibilities in preventing and combating DVA in Romania are:

- the Ministry of Labour and Social Protection,
- the National Agency for Equal Opportunities between Women and Men (ANES),
- County Police inspectorates, local police,
- The Prosecutor's office, The Court,
- The Institute of Forensic Medicine,
- General Directorates of Social Work and Child Protection,
- Local Social Services Directorates and Probation Services.

Besides these institutions, we collaborate with other private and state institutions that come into direct contact with the family and the child (school inspectorates, educational institutions, day centres, family doctor's offices, emergency clinical hospitals, NGOs / associations).

At county level (Cluj County), the main partner is the Emergency Centre for adults, victims of domestic violence within DGASPC Cluj.¹ Unfortunately, this centre is the only one in the whole county, which offers shelter to victims. The beneficiaries of the social services provided in this centre are adults, victims of DVA, accompanied by their children, where applicable. The purpose of the mentioned residential centre (shelter) is to provide protection against perpetrators, housing, care and counselling for victims of DVA, family support to both the victim and minors, for a specified period (between 5 and 120 days).

The capacity of the centre is 12 places, 1 place meaning the victim together with the children accompanying her. The centre provides residence and protection, food and bedding. Medical, psychological, socio-educational, legal assistance is provided (obtaining a protection order, divorce, entrusting minors, etc.), all in collaboration with the beneficiaries. Minors are ensured continuity at school, kindergarten, supervision, guidance, implicitly in the parent-minor relationship. Victims, during their stay in the residential centre (shelter), are aware that they

¹ <https://dgaspc-cluj.ro/organizare.html>.



are not alone, they learn and pass on to others what they should do in similar situations. By being offered counselling.

The Interdisciplinary Intervention Group for cases of high-risk DVA has been operating since 2012, at municipal level (Cluj-Napoca). This group was created by signing a collaboration protocol between the main social actors - DGASPC Cluj, DASM Cluj-Napoca, the Cluj County Police Inspectorate, Babes-Bolyai University, The Law Faculty of Cluj-Napoca, the Research and Prevention Centre for the phenomenon of family and community violence, ADI-ZMC Cluj Metropolitan Area, representatives of the Prosecutor's Office attached to the Cluj Court and representatives of two law firms.

The purpose of the collaboration protocol is to exchange information and coordinate actions in accordance with relevant legislation in the field of DVA in order to increase the safety of victims of DVA as well as to prevent their repeated victimization.

The group meetings take place at least once a month (every last Friday of the month).

NGOs our institution has/has been collaborated/ collaborating with:

- **“Athena Delphi” Association**² - has set up a Recovery Centre (shelter) and a Counselling Centre for victims of DVA in 2015, structures designed to meet the needs of women and of children facing such situations. However, the association ceased its activity at the end of 2019.
- At the end of 2019, **the Cluj Metropolitan Area Intercommunity Development Association (ADI-ZMC)** established, through an European funded project, the first metropolitan counselling centre for victims of DVA, which provides social, psychological and legal counselling for 200 beneficiaries from the 19 villages that are part of this metropolitan area.³
- **V.I.V.A.D. Association** is a non-profit, non-governmental organization, founded in December 2013 for charitable purposes, which aims to fight against all forms of violence, abuse and discrimination and to provide the necessary assistance to the victims. In their opinion, all three are to a greater or lesser extent victims of the situation and believe that for each of them there is a way to change things. The main objectives of the association

² <http://www.asociatia-atenadelphi.ro/atenadelphi/>.

³ <https://adizmc.ro/comunitatea-vede/>.



are to try to fill the gaps in the education of citizens and to enable them to take action, to support and to not discriminate people subjected to this scourge, to try to reduce tolerance regarding discrimination (in all its forms), violence in schools, domestic and other forms of violence among young people and adults and the establishment of attitudes based on gender partnership by stimulating critical thinking beyond stereotypes, positive expression through art, sharing experiences, creativity and innovation, awareness of negative effects of violence on the family.⁴

- **The Association of Women Against Violence - ARTEMIS** is a non-governmental, non-profit organization that aims to provide specialized services for the benefit of women and children, victims of DVA and of various forms of abuse, and to promote women's rights. The team consists of psychologists, social workers and lawyers. The association provides psychological counselling, psychotherapy, legal counselling and social work and is available to citizens through a Helpline: 0264-598-155.⁵
- **“Lumea ca Lumea” Association** started its activity in 2014 offering support and counselling to victims of domestic abuse. Since 2019, their attention has been directed to the young generation coming from the protection system. Within the Community Assistance Services Centre currently conducted by the association, they want to support the young people in the Child Protection System in gaining an independent, mature and decent life when they leave the centre.⁶
- **St. Dimitrie Basarabov Programme⁷** - is a counselling and information programme for people who are addicted to alcohol or other drugs, for their family members and for community members who show interest in the field of addictions. In Cluj-Napoca, they operate in two types of units: an ambulatory addiction counselling programme and a contact and information point for people who are addicted to alcohol and/or drugs (Day-care Centre). The beneficiaries of their project are drug/alcohol-dependent people (including family perpetrators) and family members of the direct beneficiaries, as well as the community with its participants (specialists in the medical and social environment and the general public). The methodology of providing services consists in the approach used by the Minnesota model of addiction treatment, also known as the bio-psycho-socio-spiritual or multi-disciplinary recovery model. The multidisciplinary team (addiction

⁴ <https://cluj-am.ro/asociatia-vivad/>.

⁵ <https://www.medicinacluj.ro/artemis-asociatia-femeilor-impotriva-violentei.html>.

⁶ <https://lumeacalumea.ro/>.

⁷ <https://sfdimitrie.ro/>.



counsellor, doctor, psychiatrist, psychologist, social worker, spiritual counsellor, family counsellor, etc.) works together in an attempt to support the beneficiary to achieve recovery in all dimensions of his life.

Obstacles regarding abuse/violence prevention:

- lack of protected housing for victims of DVA;
- reduced capacity of the emergency shelter for victims of DVA;
- the lack of a centre for working with perpetrators, which would allow specialized intervention, simultaneously to both the victims and the perpetrators in our city;
- lack of professional training courses in the field of working with perpetrators
lack of specialists.

Challenges regarding abuse/violence prevention:

- changing mentalities, developing and rooting the concept of positive masculinity;
- awareness at municipal level of the need of the development of services for victims of DVA by ensuring a greater number of places in the shelter for victims and the existence of protected apartments in each city;
- awareness at municipal level of the need to set up a specialized centre for services for perpetrators and to develop a unitary methodology and a set of standardized tools for working with them;
- increasing the involvement of professionals in solving DVA situations and becoming aware of the legal responsibility to notify the competent institutions of situations of abuse and violence that they have become aware of by the nature of their work;
- training specialists of public and private social services providers on how to work with victims and perpetrators.

Romania - overview of general situation regarding work with perpetrators

Statistical data in the field of violence in Romania



At national level, statistical data in the field of DVA are heterogeneous, which makes it difficult to know the real extent of the phenomenon. The Iceberg character thus highlights only the seen part of the phenomenon of DVA, being accepted that the magnitude of this phenomenon is, in fact, much greater.

The centralized data at national level by the National Agency for Equal Opportunities for Women and Men - ANES⁸ in the last three years, show an increase of the phenomenon of DVA from year to year.

The increase of the number of situations of DVA since the beginning of 2020 is a signal on the prevalence of the phenomenon of DVA in our country and on how these acts directly affect the safety and often the lives of women and of other members of the family.

Regarding the number of cases of DVA registered and centralized by ANES based on the reports submitted by the General Directorates of Social Work and Child Protection (DGASPC), institutions subordinated to county councils and local councils of the sectors of Bucharest, the number of victims who have benefited from specialized social services in recent years is as follows:

- 2017 – 13201 persons
- 2018 - 13182 persons
- the first semester of 2019 – 6.731 persons

Criminal acts which were notified:

- 2017 -36.245
- 2018- 38.445
- 2019 (7 months) – 23.830.

Issued Protection orders (up to 6 months validity)

- 2017- 2.894
- 2018- 3.775

⁸ See <https://anes.gov.ro/cresterea-numarului-de-situatii-de-violenta-domestica-de-la-inceputul-anului-2020-reprezinta-un-semnal-de-alarma-asupra-recrudescentei-fenomenului-violentei-intra-familiale-din-tara-noastra-si-asupra/>.



- 2019 – 7.899

In 2019, at county level (Cluj), 251 provisional protection orders were issued by the police, of which 140 were confirmed by the court. We also need to mention another 35 protection orders issued directly by the court.

- 2020 (10 months)- 6.957

Offenses of non-compliance with the Protection Order

- 2017 - 1.011
- 2018 - 1.424
- 2019 - 766
- 2020 (10 months): 402

Provisional protection orders (valid for 5 days) issued:

- 2019 – 7986, of which 2958 were transformed into protection orders
- At local level (Cluj-Napoca), 130 provisional police protection orders were issued in 2019, of which 74 were confirmed by the court.
- Between January – October 2020, in Romania, 7112 Provisional protection orders were issued, 10% more than the first 9 months of 2019. Of these, 6.383 were issued at the victims' request, 54 at the request of other persons, 5 at the request of NGOs and 30 at the request of other competent institutions.⁹

Offenses of non-compliance with the Provisional Protection Order

2019 (5 months): 236

A relevant indicator for this field is the number of defendants sent to court in cases concerning facts related to DVA, according to the report on the activity carried out by the Public Ministry in 2017-2019 and which highlights the following¹⁰:

In 2019 there were:

- 1,459 defendants sent to trial, meaning 2.4% of the total number of those sent to trial
- 1700 victims of DVA, of which 661 minors.

⁹ <https://www.politiaromana.ro/ro/stiri-si-media/comunicate/actiuni-pentru-prevenirea-si-combaterea-violentei-in-familie>.

¹⁰ https://www.mpublic.ro/sites/default/files/PDF/raport_activitate_2019.pdf.



- In 2018 there were:
- 1.360 defendants sent to trial, meaning 2,3% of the total number of those sent to trial
- 1647 victims of DVA, of which 702 minors.

In 2017 there were:

- 1.491 defendants sent to trial, meaning 2,5% of the total number of those sent to trial
- 1766 victims of DVA, of which 794 minors.

Taking into account the relationship between the victim and the perpetrator:

Married victims:

- 332 = victims of crimes against the person, of which: 49 = victims of murder, of which: 25 = victims of murder committed deed.
- 219 = victims of beatings or other violence, 11 = victims of bodily injury and culpable bodily harm, 5 = victims of fatal blows or injuries.

Parents victims:

- 141 = victims of crimes against the person, of which: 23 = victims of murder, of which: 14 = victims of murder committed deed.
- 75 = victims of beatings or other violence, 4 = victims of bodily injury and culpable bodily harm, 2 = victims of fatal blows or injuries.

Child victims of parents:

- 234 = victims of crimes against the person, of which 165 minors, 23 = victims of the murder, including 12 minors, 18 = victims of murder committed deed, of which 11 minors.
- 102 = victims of beatings or other violence, of which 65 minors.
- 2 = victims of bodily injury and culpable bodily harm, of which 1 minor.
- 17 = victims of crimes of maltreatment of the minors.
- 42 = rape victims, including 35 minors.
- 456 = victims of family abandonment, of which 409 minors.
- 2 = victims of non-compliance with measures on the custody of minors.

Siblings victims:



- 133 = victims of crimes against the person, of which 11 minors, 33 = victims of the murder, of which: 12 = victims of murder committed deed.
- 66 = victims of beatings or other violence.
- 6 = victims of bodily injury.
- 7 = rape victims, of which 4 minors.

Statistical data on victims of domestic violence, who benefited, at request, from social services

Statistical data reported in the first semester of 2019 by the General Directorates of Social Work and Child Protection (county and sectors of Bucharest), by virtue of H.G. no. 797/2017 for the approval of the framework regulations for the organization and functioning of the public social assistance services and of the indicative staff structure:

Distribution of victims of domestic violence, at national level, by sex, area of residence, citizenship, age, frequency of aggression and types of violence

- 6.731 victims of domestic violence, of which 4.167 (61,91%) are female and 2.564 (38,09%) are male.

Distribution of victims by gender and area of residence:

- Females: 1,876 (45.02%) urban areas and 2,291 (54.98%) rural areas;
- Males: 1,073 (41.85%) urban areas and 1,491 (58.15%) rural areas.

Distribution of victims by citizenship:

- Romanian citizenship – 6.672 (99,12%);
- Another citizenship – 59 (0,88%).

Distribution of victims by ethnicity (1,753 victims):

- Roma ethnicity: 611 (34,85%);
- Other ethnicities: 1.142 (65,15%).

Distribution of victims taking into consideration if they are minors or adults:

- 5.343 (79,38%) minor victims, of which 2.852 (53,38%) girls and 2.491 (46,62%) boys;



- 1.388 (20,62%) adult victims, of which 1.315 (94,74%) women and 73 (5,26%) men.

Distribution of victims of domestic violence by type of violence:

- Physical violence: 1.579 (23,76%).
- Psychological violence: 1.348 (20,28%).
- Sexual violence: 270 (4,06%).
- By deprivation / neglect: 3.223 (48,5%).
- Economic violence: 146 (20,2%).
- Social violence: 80 (1,2%).

Distribution of victims of domestic violence by frequency of aggression:

- Daily: 2.588 (38,94%);
- Weekly: 1.367 (20,57%);
- Monthly: 1.145 (17,23%);
- Less frequently than monthly: 1.546 (23,26%).

Distribution of victims of domestic violence (cases) by types of violence according to the frequency of aggression:

Physical violence: 1.579

- Daily: 62 (3,93%).
- Weekly: 342 (21,66%).
- Monthly: 476 (30,15%).
- Less frequently than monthly: 699 (44,27%).

Psychological violence: 1.348

- Daily: 500 (37,09%).
- Weekly: 436 (32,34%).
- Monthly: 186 (13,8%).
- Less frequently than monthly: 226 (16,77%).

Sexual violence: 270.

- Daily: 18 (6,67%).
- Weekly: 22 (8,15%).
- Monthly: 93 (34,44%).



- Less frequently than monthly: 137 (50,74%).

Violence by deprivation/neglect: 3.223

- Daily: 1.961 (60,84%).
- Weekly: 511 (15,85%).
- Monthly: 286 (8,87%).
- Less frequently than monthly: 465 (14,43%).

Economic violence: 146.

- Daily: 19 (13,01%).
- Weekly: 31 (21,23%).
- Monthly: 90 (61,64%).
- Less frequently than monthly: 6 (4,11%)

Social violence: 80.

- Daily: 28 (35%).
- Weekly: 25 (31,25%).
- Monthly: 14 (17,5%).
- Less frequently than monthly: 13 (16,25%).

According to the DGASPC reports, in the first semester of 2019, there was 1 death of a woman in Mureş County, as a result of domestic violence.

Services provided to victims of domestic violence:

In the first half of 2019, the 6,731 victims of domestic violence received 19,250 services, as follows:

- Primary counselling: 4.910 (25,51%).
- Social counselling: 4.137 (21,49%).
- Psychological counselling: 3.428 (17,81%).
- Legal counselling: 1.001 (5,2%).
- Mediation: 353 (1,83%).
- Representation in court: 190 (0,99%).
- Social work: 2.253 (11,7%).
- Medical assistance and care: 637 (3,31%).



- Forensic certificate settlement: 52 (0,27%).
- Host: 1.124 (5.84%).
- Social protection measures: 1.165 (6,05%).

Distribution of services according to the type of domestic violence:

- Physical violence: 5.097 (26,48%).
- Psychological violence: 4.317 (22,43%).
- Sexual violence: 855 (4,44%).
- By deprivation/neglect: 8.513 (44,22%).
- Economic violence: 275 (1,43%).
- Social violence: 193 (1%).

Legal proceedings initiated or withdrawn by victims of domestic violence (a total of 2.546, of which 193 withdrawn):

- Forensic certificate: 279, of which 27 withdrew.
- Police complaint: 738, of which 68 withdrew.
- Criminal complaint: 398, of which 58 withdrew.
- Obtaining a restraining order: 371, of which 23 withdrew.
- Evacuation of the perpetrator: 182, of which 16 withdrew.
- Minor entrustment: 209.
- Divorce action introduction: 327, of which 1 withdrawn.
- Maintenance claim / increase: 15.
- Application for establishing a programme for visiting the minor: 27.

Risks associated with cases of domestic violence (7,182, of which 3,493 for victims and 3,689 for aggressors)

Victims:



- excessive alcohol consumption: 152.
- drug use: 26.
- criminal record: 15.
- neuropsychiatric disorders: 95.
- poor living conditions: 2.276.
- experiencing violence in childhood (in the family of origin): 509.
- isolation from family and friends: 420.

Perpetrators:

- excessive alcohol consumption: 1.347.
- drug use: 53.
- criminal record: 231.
- neuropsychiatric disorders: 143.
- poor living conditions: 1.326.
- experiencing violence in childhood (in the family of origin): 534.
- isolation from family and friends: 55.

Statistical data regarding family perpetrators

Statistical data reported in the first semester of 2019 by the General Directorates of Social Work and Child Protection (county and sectors of Bucharest), within the framework of Government Decision no. 797/2017 for the approval of the framework regulations for the organization and functioning of public social work services and the indicative staff structure.

Distribution of family perpetrators, at national level, by sex and area of residence

- 4.143 family perpetrators, of which 1.555 (37,53%) females and 2.588 (62,47%) males

Distribution of perpetrators by gender and area of residence:

- Females: 582 (37,43%) urban areas and 973 (62,57%) rural areas
- Males: 1.082 (41,81%) urban areas and 1.506 (58,19%) rural areas



Distribution of perpetrators taking into consideration if they are minors or adults:

- 113 (2,73%) minor perpetrators, of which 46 (40,71%) girls și 67 (59,29%) boys
- 4.030 (97,27%) adult perpetrators, of which 1.509 (37,44%) females and 2.521 (62,56%) males

Regarding the age category with the most family aggressors, it is between 36-45 years for both men and women. The fewest aggressors are registered in the age group under 14, both females and males.

Services provided to perpetrators during the reported period:

- Psychological counselling: 1.047 (34,96%)
- Counselling for social and occupational reintegration: 96 (3,21%)
- Legal counselling: 284 (9,48%)
- Family counselling and mediation: 1.542 (51,49%)
- Facilitate access to treatments: 26 (0,87%)

Services for victims of domestic violence

The National Agency for Equal Opportunities between Women and Men (ANES)¹¹ has made available to victims of DVA a free telephone line, with a unique contact number, 0800.500.333, to report situations of DVA, human trafficking, gender discrimination or multiple discrimination, regulated by Law no. 217/2003 for the prevention and combating of DVA, republished with subsequent amendments and completions. This service is provided 24/24 hours, 7/7 days. The number can be called free of charge from any nationally covered network.

The telephone line provides assistance and counselling to overcome all emergencies in the field, as counsellors identify appropriate solutions to cases exposed or reported, provide information on the steps that the victim can take to get out of the crisis, depending on the typology of reported DVA, as well as services appropriate to their needs.

Counsellors provide the victim and potential witnesses brief information on the steps they can take to prevent and combat DVA, primary legal and psychological counselling, and guidance to the victims to the appropriate institutions nearby, where they will receive support and

¹¹ <https://anes.gov.ro/>.



orientation to the services available in the territory.

Between January 1, 2019 - October 31, 2019, at the call centre within the Department of Strategies, Policies, Programs and Monitoring for Preventing and Combating Domestic Violence (0800.500.333 - toll-free line to which victims can report any incident of DVA), a number of 1571 calls were received, including both short calls, without dialogue, and returns of some persons who initially called the telephone line 0800 500 333.

Out of the total of 1571 incoming calls: • 1275 were answered calls; • 281 were short calls; • 15 calls were not answered, due to being engaged in a conversation with another victim. The 1275 answered calls are classified as follows: from the point of view of the field for which the telephone line was called: • 796 calls in the field of DVA; • 3 calls in the field of equal opportunities / gender (harassment / discrimination / exploitation at work); • 3 calls in the field of human trafficking (the victim was trafficked outside the country / suspicions that the potential victim had left with a person known to be involved in human trafficking / the potential victim moved with a neighbour who intends to take her abroad); 29 • 1 call by which acts of psychological violence against a disabled person hosted in a service complex - another field were reported • 472 calls regarding another area / not within the competence of ANES (reporting a situation of parental alienation, support for children of a victim to be enrolled in school, shelter for a pregnant woman who was not a victim of DVA, disorders of child behaviour, protection for minors abandoned by the mother, psychological counselling for a minor with anxiety, rape, but not in the field of DVA, opinion polls, information on the operation of the telephone line, calls received from people with mental health problems, etc.) - another field.



Socio-demographic data on perpetrators provided by the Police

Following the request addressed to the General Inspectorate of the Romanian Police, formulated based on Law no. 544/2001 regarding the free access to the information of public interest, with the subsequent modifications and completions, we were communicated an extract from the Statistical Situation of the persons and of the crimes provided by law no. 217/2003 for preventing and combating domestic violence for 2019.

A. NOTIFIED CRIMINAL OFFENSES (main act)					
INDICATORS	TOTAL	committe d in urban areas	committed in rural areas	committed at home	committed in public
OFFENSES - TOTAL	44094	22816	21278	34294	9800
1. Murder (art. 188 - 189 PC)	79	30	49	63	16
2. Attempted murder (art. 188 - 189 PC)	54	24	30	44	10
3. Killing at the request of the victim (art. 190 PC)					
4. Determining or facilitating suicide (art. 191 PC)					
5. Beatings or other violence (art. 193 PC)	25968	12228	13740	21716	4252
6. Body injury (art. 194 PC)	16	7	9	9	7
7. Fatal blows or injuries (art. 195 PC)	7	2	5	6	1
8. Maltreatment of the minor (art. 197 PC)	425	255	170	332	93
9. Killing or injuring the newborn by the mother (art. 200 PC)	9	3	6	8	1
10. Interruption of pregnancy (art. 201 PC)	12	4	8	10	2
11. Injury to the fetus (art. 202 PC)	10	7	3	8	2
12. Illegal deprivation of liberty (art. 205 PC)	161	91	70	115	46
13. Threat (art. 206 PC)	3665	2318	1347	2821	844
14. Blackmail (art. 207 PC)	40	33	7	23	17
15. Harassment (art. 208 PC)	207	193	14	76	131
16. Trafficking in minors (art. 211 PC)	4	2	2	2	2
17. Submission to forced or compulsory labour (art. 212 PC)	1		1		1
18. Pimping (art. 213 PC)	9	6	3	5	4
19. Exploitation of begging (art. 214 PC)	11	8	3	2	9

PC)					
20. Using a minor for begging (art. 215 PC)	159	158	1	2	157
21. Rape (art. 218 PC)	198	80	118	163	35
22. Sexual assault (art. 219 PC)	97	47	50	80	17
23. Sex with a minor (art. 220 PC)	83	35	48	52	31
24. Sexual corruption of minors (art. 221 PC)	21	12	9	16	5
25. Recruitment of minors for sexual purposes (art. 222 PC)					
26. Sexual harassment (art. 223 PC)	1	1			1
27. Home invasion (art. 224 PC)	167	90	77	165	2
28. Violation of privacy (art. 226 PC)	20	18	2	16	4
29. Violation of the secrecy of correspondence (art. 302 PC)	12	11	1	9	3
30. Child pornography (art. 374 PC)	4	3	1	2	2
31. Bigamy (art. 376 PC)	21	16	5	7	14
32. Incest (art. 377 PC)	12	5	7	11	1
33. Abandonment of family (art. 378 PC)	7701	3931	3770	5256	2445
34. Failure to comply with the measures regarding the custody of the minor (art. 379 PC)	1944	1403	541	1335	609
35. Preventing access to compulsory general education (art. 380 PC)	89	58	31	67	22
36. Preventing the exercise of religious freedom (art. 381 PC)	1	1		1	
37. Offences provided by law for preventing and combating DVA (Law 217/2003), of which:	2886	1736	1150	1872	1014
- art. 32, paragraph 1	2276	1356	920	1436	840
- art. 32, paragraph 2	610	380	230	436	174

B. PERPETRATORS (from the act of notification, for the main deed)						
INDICATORS	PERPETRATORS A-TORS (from the act of notification)	ADULTS		MINORS		Under the influence of alcohol when committing the act
		male	femal e	male	femal e	



OFFENSES						
TOTAL	44531	38889	5385	195	62	6005
1. Murder (art. 188 – 189 PC)	82	62	16	4		22
2. Attempted murder (art. 188 – 189 PC)	54	42	12			14
3. Killing at the request of the victim (art. 190 PC)						
4. Determining or facilitating suicide (art. 191 PC)						
5. Beatings or other violence (art. 193 PC)	26239	24069	2018	127	25	5226
6. Bodily injury (art. 194 PC)	16	11	5			3
7. Fatal blows or injuries (art. 195 PC)	7	7				2
8. Maltreatment of the minor (art. 197 PC)	449	228	218	1	2	12
9. Killing or injuring the newborn by the mother (art. 200 PC)	9		6		3	
10. Interruption of pregnancy (art. 201 PC)	12		12			
11. Injury to the fetus (art. 202 PC)	10	2	8			
12. Illegal deprivation of liberty (art. 205 PC)	177	142	33	2		3
13. Threat (art. 206 PC)	3695	3459	227	4	5	436
14. Blackmail (art. 207 PC)	40	37	3			
15. Harassment (art. 208 PC)	209	197	12			3
16. Trafficking in minors (art. 211 PC)	6	4	2			
17. Submission to forced or compulsory labour (art. 212 PC)	2	1	1			
18. Pimping (art. 213 PC)	9	7	2			
19. Exploitation of begging (art. 214 PC)	14	8	6			



20. Using a minor for begging (art. 215 PC)	163	19	142		2	
21. Rape (art. 218 PC)	202	180	4	14	4	17
22. Sexual assault (art. 219 PC)	101	88	2	6	5	3
23. Sex with a minor (art. 220 PC)	84	67	3	13	1	
24. Sexual corruption of minors (art. 221 PC)	21	18	2	1		3
25. Recruitment of minors for sexual purposes (art. 222 PC)						
26. Sexual harassment (art. 223 PC)	1	1				
27. Home invasion (art. 224 PC)	174	157	16	1		11
28. Violation of privacy (art. 226 PC)	21	15	6			
29. Violation of the secrecy of correspondence (art. 302 PC)	12	9	3			
30. Child pornography (art. 374 PC)	5	2	3			
31. Bigamy (art. 376 PC)	21	9	12			
32. Incest (art. 377 PC)	12	9	3			
33. Abandonment of family (art. 378 PC)	7726	6352	1350	14	10	2
34. Failure to comply with the measures regarding the custody of the minor (art. 379 PC)	1949	828	1113	4	4	
35. Preventing access to compulsory general education (art. 380 PC)	108	49	59			
36. Preventing the exercise of religious freedom (art. 381 PC)	2	1		1		
37. Offenses provided by law for preventing and combating domestic violence (Law 217/2003), of which:	2899	2809	86	3	1	248
article 32, paragraph 1	2283	2210	70	2	1	173
article 32, paragraph 2	616	599	16	1		75

C. VICTIMS (from the act of notification, for the main deed)						
INDICATORS	TOTAL	VICTIMS (from the act of notification)	ADULTS		MINORS	
			male	female	male	female
OFFENSES – TOTAL	44094	46012	7100	31751	4966	4803



1. Murder (art. 188 – 189 PC)	79	80	27	44	2	7
2. Attempted murder (art. 188 – 189 PC)	54	57	31	22	3	1
3. Killing at the request of the victim (art. 190 PC)						
4. Determining or facilitating suicide (art. 191 PC)						
5. Beatings or other violence (art. 193 PC)	25968	26398	4717	20363	625	693
6. Bodily injury (art. 194 PC)	16	16	5	8	2	1
7. Fatal blows or injuries (art. 195 PC)	7	7	3	4		
8. Maltreatment of the minor (art. 197 PC)	425	507			275	232
9. Killing or injuring the new-born by the mother (art. 200 PC)	9	9			6	3
10. Interruption of pregnancy (art. 201 PC)	12	12		2	6	4
11. Injury to the fetus (art. 202 PC)	10	10		3	6	1
12. Illegal deprivation of liberty (art. 205 PC)	161	164	11	96	29	28
13. Threat (art. 206 PC)	3665	3742	594	3094	27	27
14. Blackmail (art. 207 PC)	40	40	5	35		
15. Harassment (art. 208 PC)	207	207	23	182	1	1
16. Trafficking in minors (art. 211 PC)	4	5			1	4
17. Submission to forced or compulsory labour (art. 212 PC)	1	3			1	2
18. Pimping (art. 213 PC)	9	10		5		5
19. Exploitation of begging (art. 214 PC)	11	19	1	4	5	9
20. Using a minor for begging (art. 215 PC)	159	197			78	119
21. Rape (art. 218 CP)	198	203	12	81	18	92
22. Sexual Assault (art. 219 PC)	97	98	1	10	9	78
23. Sex with a minor (art. 220 PC)	83	85		2	5	78
24. Sexual corruption of minors (art. 221 PC)	21	21			7	14



25. Recruitment of minors for sexual purposes (art. 222 PC)						
26. Sexual harassment (art. 223 PC)	1	1				1
27. Home invasion (art. 224 PC)	167	173	46	122	4	1
28. Violation of privacy (art. 226 PC)	20	20	7	13		
29. Violation of the secrecy of correspondence (art. 302 PC)	12	12	4	8		
30. Child pornography (art. 374 PC)	4	4			1	3
31. Bigamy (art. 376 PC)	21	22	13	9		
32. Incest (art. 377 PC)	12	12	2	5	2	3
33. Abandonment of family (art. 378 PC)	7701	8830	515	1873	3389	3053
34. Failure to comply with the measures regarding the custody of the minor (art. 379 PC)	1944	1990	830	550	341	269
35. Preventing access to compulsory general education (art. 380 PC)	89	127			87	40
36. Preventing the exercise of religious freedom (art. 381 PC)	1	1			1	
37. Offenses provided by law for preventing and combating DVA (Law 217/2003), of which:	2886	2930	253	2608	35	34
-article 32, paragraph 1	2276	2309	205	2053	28	23
-article 32, paragraph 2	610	621	48	555	7	11

INDICATORS	C.1. The victim's quality to the perpetrator:				
	wife/ husband or former spouses	Non Committed Sexual Relations	parent / legal guardian	son / daughter	other
OFFENSES – TOTAL	18652	8238	4085	10759	4384
1. Murder (art. 188 – 189 PC)	20	22	13	10	15
2. Attempted murder (art. 188 – 189 PC)	9	16	5	9	18
3. Killing at the request of the victim (art. 190 PC)					



4. Determining or facilitating suicide (art. 191 PC)					
5. Beatings or other violence (art. 193 PC)	11894	6225	3040	2129	3110
6. Bodily injury (art. 194 PC)	5	3	2	2	4
7. Fatal blows or injuries (art. 195 PC)	1	3	2		1
8. Maltreatment of the minor (art. 197 PC)			2	425	80
9. Killing or injuring the newborn by the mother (art. 200 PC)				9	
10. Interruption of pregnancy (art. 201 PC)				10	2
11. Injury to the fetus (art. 202 PC)		2		6	2
12. Illegal deprivation of liberty (art. 205 PC)	40	50	7	48	19
13. Threat (art. 206 PC)	1865	723	445	181	528
14. Blackmail (art. 207 PC)	21	10	1	3	5
15. Harassment (art. 208 PC)	119	68	1	3	16
16. Trafficking in minors (art. 211 PC)				3	2
17. Submission to forced or compulsory labour (art. 212 PC)				3	
18. Pimping (art. 213 PC)	2	3		4	1
19. Exploitation of begging (art. 214 PC)			1	18	
20. Using a minor for begging (art. 215 PC)				184	13
21. Rape (art. 218 PC)	31	22	7	73	70
22. Sexual assault (art. 219 PC)	2	2	2	46	46
23. Sex with a minor (art. 220 PC)		31		10	44
24. Sexual corruption of minors (art. 221 PC)				16	5
25. Recruitment of minors for sexual purposes (art. 222 PC)					
26. Sexual harassment (art. 223 PC)					1



27. Home invasion (art. 224 PC)	43	33	22	7	68
28. Violation of privacy (art. 226 PC)	13	5	1		1
29. Violation of the secrecy of correspondence (art. 302 PC)	11	1			
30. Child pornography (art. 374 PC)				3	1
31. Bigamy (art. 376 PC)	22				
32. Incest (art. 377 PC)			1	5	6
33. Abandonment of family (art. 378 PC)	1752	217	147	6610	104
34. Failure to comply with the measures regarding the custody of the minor (art. 379 PC)	1196	106	33	605	50
35. Preventing access to compulsory general education (art. 380 PC)				124	3
36. Preventing the exercise of religious freedom (art. 381 PC)				1	
37. Offenses provided by law for preventing and combating domestic violence (Law 217/2003), of which:	1606	696	353	106	169
article 32, paragraph 1	1266	549	280	76	138
article 32, paragraph 2	340	147	73	30	31

Provisional protection orders issued	7986
Of which transformed into protection orders	2958
Protection orders issued	7899



The impact of the COVID-19 pandemic on the phenomenon of Domestic Violence in Romania

According to an article¹² published by Mrs. Camelia Proca, Director of the A.L.E.G. Association, DVA is in itself a pandemic, a public health problem. The World Health Organization (WHO) considers DVA to be a major health risk for women on all continents, of all races, ethnicities and social classes.

As for the data held by the police or by other authorities, they are just the tip of the iceberg, as most acts of violence are, unfortunately, never reported. According to the author of the article, victims sometimes do not report violence for fear that they will not be taken seriously, or for fear that they will not receive real help in real time, as well as for fear they will infuriate the perpetrator worse.

Along with all these reasons there is also the shame of exposing their intimate life, of being judged and the lack of awareness related to the fact that they are living in abusive relationships. The author emphasizes that violence does not only involve beatings, as it has multiple forms of manifestation, based on coercion: insults and constant denigration, threats and emotional blackmail, mental terror, marital rape (forced sexual intercourse), isolation from those close, deprivation of their own income or other financial rights, the use of new technologies for tracking and harassment. In addition, the violence does not end with the separation, it can even intensify when the perpetrator feels that he is losing control over the victim.

It was found out that most perpetrators are men and most victims are women. That is why DVA is considered to be a gender-based violence. An effective intervention will take into account the gender dimension also. The United Nations has recognized DVA since 1993 as “a manifestation of historically unequal relations between women and men.”

The article also refers to the COVID-19 pandemic, mentioning that with its appearance the whole society suffered. The number of unemployed people has increased, and other problems appeared like pressure, daily stress and the despair of many families. Also, the isolation at home of families and the drastic reduction of contact with the outside world have also determined an increase of the perpetrators' control and thus a decrease in the chances of

¹² <https://www.juridice.ro/697689/violenta-domestica-este-in-sine-o-pandemie.html>.



victims to seek help. In this context, there was a need to restructure the intervention programme and identify innovative alternatives for the provision of services to victims of DVA.

National statistics show that during the state of emergency and of the state of alert decreed within the coronavirus pandemic context, a series of measures were imposed at national level. These included isolation at home too, which led to an increase in the number of complaints against DVA.

According to the official website of the National Agency for Equal Opportunities between Women and Men (ANES)¹³, a toll-free telephone line with a unique contact number, 0800.500.333, has been made available to victims of DVA to report situations of DVA, human trafficking, gender discrimination or multiple discrimination. This service is provided 24/24 hours, 7/7 days.

The number can be called free of charge, from any nationally covered network. A call to the helpline can be made by a potential victim of DVA, human trafficking, gender discrimination or multiple discrimination. It can also be made by a family member, a behavior, a family acquaintance, a witness, or any other person who knows of the existence of such a case. According to ANES, between March 15th, 2020 and April 15th, 2020, 104 calls were received on the DVA victims' hotline, including return calls from persons who initially called the hotline. Regarding the types of violence that have been reported, and the situations in which the caller has expressed the willingness to provide details, we have:

- 35 acts of verbal violence
- 51 acts of psychological violence
- 59 acts of physical violence
- 3 acts of sexual violence
- 4 acts of social violence

It should be noted, however, that in the case of a call, several types of violence are usually reported. Regarding the calls received during the reference period at national level, information was requested in the field of DVA about the legislation in the field (obtaining

¹³ <https://anes.gov.ro>



protection orders, temporary protection orders, filing a complaint with the police), about social services available for victims of DVA, about types of information provided on the telephone line, about the conditions of admission to centres, as well as information on services provided to victims of DVA during the COVID-19 pandemic. It also included information on support for people affected by the COVID-19 virus, about military ordinances and travel under the conditions of the establishment of military ordinances.

In this regard, the counsellors of the telephone line identified appropriate solutions to the cases exposed or reported. They provided information about the steps that victims can take to get out of the crisis situation. Their advice depended on the type of DVA reported and, on the services, appropriate to its needs, at national level. At the same time, callers were informed about the safety measures/recommendations that victims of DVA can use in crises situations during the restrictions imposed to combat the spread of COVID-19 at national level.

According to ANES¹⁴, the situation of calls made to the free telephone line 0800.500.333 between March-September 2020, is as follows- number of calls in: March 237, April 308, May 382, June 305, July 335, August 552 and September 463. The situation of the calls is presented by ANES in details for September 2020, as follows: out of a total of 463 calls received in September 2020, 344 were answered calls, 67 were short calls, 52 missed calls (person employed in another call, the call was interrupted).

The 344 answered calls can be classified according to the field as follows: 177 calls in the field of DVA, 1 call in the field of equal opportunities between women and men, 1 call in the field of trafficking human beings, 165 calls from other areas of competence (conflicts between neighbours, establishment of a juvenile visitation programme, minor psychological counselling, information on obtaining certain documents unrelated to the institution's activity, including the request of information on support for people affected by COVID-19).

Regarding information about those who have called, for the 177 calls in the field of DVA (including return of calls) the situation is as follows: 128 victim callers; 37 "witness" callers; 12 "other persons" callers.

¹⁴ *Ibidem*.



With regard to the types of violence that have been reported (including in the case of caller return), in cases of DVA and for situations in which the caller has expressed the willingness to provide details, the following data¹⁵ have come up:

- 80 acts of verbal violence;
- 92 acts of psychological violence;
- 90 acts of physical violence;
- 4 acts of sexual violence;
- 8 acts of economic violence;
- 11 acts of social violence;
- 1 act of cyber violence.

Thus, from these data we can see the increased number of acts of psychological violence, of acts of physical violence and of verbal violence.

Also, according to the data presented by ANES¹⁶ between *October 15th, 2020 – November 13th, 2020*, which was a period of extension of the alert state on the Romanian territory, the free 0800.500.333 HELPLINE, which was intended for victims of DVA, discrimination on the basis of sex and human trafficking. The free non-stop telephone line received a number of 267 calls, including both short calls, without dialogue, and returns of some people who initially called the telephone line. Thus, out of the total of 267 calls received: 186 were answered calls; 53 were short calls; 28 missed calls due to another phone call.

The 186 answered calls are classified as follows:

1. From the point of view of the field there were (including return calls):

- 153 calls in the field of DVA;
- 1 call in the field of human trafficking;
- 32 calls from other fields / were not within the competence of ANES (reporting situations that are not within the competence of ANES, calls received from people with mental problems, etc.).

¹⁵ *Ibidem*.

¹⁶ <https://anes.gov.ro/prezentare-detaliata-a-naturii-apelurilor-in-perioada-prelungirii-starii-de-alerta-15-octombrie-2020-13-noiembrie-2020/>.



TOTAL NO.: 153 DVA +1 human trafficking + 32 other area / were not within the competence of ANES = 186 calls received.

2. Information about the person who called:

For the 153 DVA calls (including returns): 93 “victim” callers; 51 “witness” callers; 9 “other person” callers. For the call in the field of human trafficking: 1 “victim” caller. For the 32 calls that were not within the competence of ANES (including returns): 2 “victim” callers; 2 “witness” callers; 28 „another person” callers.

- Total victims (for all areas called): $93 + 1 + 2 = 96$ victims;
- Total witnesses (for all areas called): $51 + 0 + 2 = 53$ witnesses;
- Total other person (for all areas called): $9 + 0 + 28 = 37$ other person
- Total: $96 \text{ victims} + 53 \text{ witnesses} + 37 \text{ other person} = 186$ callers

Types of violence that have been reported:

- 77 acts of verbal violence;
- 95 acts of psychological violence;
- 76 acts of physical violence;
- 0 acts of sexual violence;
- 5 economic violence;
- 9 acts of social violence;

** In the case of a call, several types of violence are usually reported.*

Regarding **DASM Cluj-Napoca**, during the state of emergency and the state of alert maintained at this moment on the Romanian territory, **the Centre for Preventing and Combating Violence in Families** continued its normal activity. However, they excluded face-to-face meetings or visits to the beneficiary's homes (in the state of emergency). Thus, the information needed, and social, legal and psychological counselling services were delivered and carried out online through Skype / WhatsApp-video-call applications, the Zoom online platform or by telephone call in emergency situations.

That is when the technology did not allow for alternatives, the emergencies that arose were managed efficiently by telephone counselling. The persons were directed to the shelter for



victims of violence and advised to collaborate with competent authorities. During this period, a number of approximately 25 active and new cases per month were managed at our centre.

Bright Sky Ro is an app which was developed and adapted for Romania in May 2020 by Vodafone Romania Foundation, in partnership with the Romanian Police (through the Research and Crime Prevention Institute), "Necuvinte" Association and "Code for Romania" Association. It is a free digital tool which supports victims of DVA, it provides assistance and useful information to people who are in abusive relationships or to those who want to help in such cases. This app is available in the [AppStore](#) and [Google Play store](#) in 3 languages, in Romanian, English and Hungarian. The launch of the app it was even more necessary as it overlapped with the COVID-19 pandemic context.¹⁷

"Bright Sky RO educates people about abuse and its signs. Through guidance and a set of concrete means, we can identify the steps victims should follow when deciding to leave an abusive relationship. Gender violence is an evenly distributed phenomenon across all social classes, therefore, with the help of the Romanian Police, we aim to inform as many people as possible, be they victims or people interested in helping the victims," declared Angela Galeța, Manager of Vodafone Romania Foundation.¹⁸

"The prevention of domestic violence is a priority for the Romanian Police. The app developed through this partnership is a tool that supports victims through offering useful information and the possibility of storing evidence for a potential trial. The recommendations for prevention are easily accessible to all those who want to help or to better understand the phenomenon of gender violence. We express our trust that, by means of this app, we will be closer to those who need us," declared Ramona Dabija – Manager of the Research and Crime Prevention Institute within the General Inspectorate of Romanian Police.¹⁹

According to Vodafone Romania Foundation, since the launch of Bright Sky Romania, the app

¹⁷ <https://www.politiaromana.ro/ro/stiri-si-media/comunicate/bright-sky-ro-o-aplicatie-care-vine-in-sprijinul-victimelor-violentei-domestice>.

¹⁸ <https://www.fundatia-vodafone.ro/bright-sky-ro-an-app-in-support-of-victims-of-domestic-abuse/?lang=en> , <https://www.politiaromana.ro/ro/stiri-si-media/comunicate/bright-sky-ro-o-aplicatie-care-vine-in-sprijinul-victimelor-violentei-domestice>.

¹⁹ *Ibidem*.



was downloaded on 2,281 devices and currently has over 1,000 active users. The most frequently accessed functions of the app are: searching for the nearest support service, filling in the risk assessment form, the online safety guide and searching for general information in the app's menu (the causes and consequences of domestic abuse, protection orders). The app's journal function is also an extremely useful tool for victims because it helps them collect necessary evidence to document the abuse.²⁰

According to a study entitled "Polytrauma during the COVID-19 pandemic: an increase in DVA"²¹, which was conducted by doctors from the University of Medicine and Pharmacy "Carol Davila" and from four hospitals in Bucharest "St. Pantelimon" Emergency Hospital, Floreasca Emergency Hospital, "Prof. Dr. Agrippa Ionescu" Emergency Hospital and "Bagdasar - Arseni" Hospital), there has been an alarming increase in DVA since the beginning of the pandemic.

The traffic was limited as imposed by the state of emergency and then of the alert status. They found an increase of approximately 4 times of the physical aggression through DVA. They analysed all patients with polytrauma who came to the emergency unit and were hospitalized between March 16th and June 15th, 2020 in these hospitals. They compared the results obtained with those from similar periods in the last 3 years (March 16th - June 15th, 2017, March 16th - June 15th, 2018 and March 16th - June 15th, 2019).

The doctors observed the fact that the victims of DVA who came to the hospitals which conduct the study during the period under review were all women, aged 31- 74 years old (the average age was 48.2". "The injuries were not severe, in most of the cases. Out of 38 cases, 27 patients required medical supervision (79.4%).

The spectrum of lesions encountered by the doctors from the four hospitals in Bucharest consisted of contusions, hematomas, rib fractures, craniocerebral trauma with viscerocranial lesions and mono/biocular lesions, clavicle fractures, joint dislocations, two cases of hemo/pneumothorax requiring drainage, hemoperitoneum ruptures (3 cases) and hepatic lacerations of grade 1-2 (2 cases) that required surgery.

²⁰ *Ibidem*.

²¹ <https://www.bursa.ro/studiu-umf-carol-davila-violenta-domestica-a-crescut-de-la-inceputul-pandemiei-05302145>



Regarding the cases of DVA, they were 4.85, 4.25 and 3.77 times (on average 4.3) more numerous than in the non-pandemic period. The doctors considered that the pandemic caused depression and anxiety as well as worsening of pre-existing mental illness. Because of isolation, stress, decreasing income and several hours spent in the company of the same persons, aggression and violence increased.

Notable during this period was the initiative of the National Agency for Equal Opportunities between Women and Men (ANES) and of other social actors, NGOs, active in the field of DVA, which have been trying to make this issue more visible, to raise awareness of the phenomenon to the community and to induce change.

Thus, in November 2020, the National Agency for Equal Opportunities between Women and Men (ANES) launched, in partnership with IKEA Romania, a national information and awareness campaign on DVA and violence against women. The event was organized in the context of the international campaign to eliminate violence against women and girls. It marked the series of 16 days of activism against violence against women. It started on November 25th (International Day for the Elimination of Violence against Women) until December 10th (, the International Convention on Human Rights). This campaign promoted the unique national helpline for victims of DVA, gender discrimination and human trafficki-g - 0800 500 333 (ANES). Domestic violence victims were informed about the social services they could benefit from. The campa'gn's actions were set during the COVID-19 pandemic, which led to an increase in the number of cases of DVA worldwide.²²

During the 16 days of activism, the Commission for Equal Opportunities in the Chamber of Deputies launched an information and awareness campaign, under the slogan "Say NO to domestic violence" and sent a message in support of the International Day for the Prevention and Combating Domestic Violence.

An online public event entitled "*Preventing and combating domestic violence - new challenges in the pandemic*" was organized, together with the Chamber of Deputies of the Romanian Parliament. During the event, information was presented from the authorities on the measures taken in support of victims of violence during the COVID-19 pandemic. ANES was criticized on the grounds that it should be much more active in the territory, that it should verify and coordinate the activity of the County Commissions for equal opportunities, which, in most

²² <https://anes.gov.ro/campanie-nationala-de-informare-si-consientizare-privind-violenta-domestica-si-violenta-impotriva-femeilor-lansata-de-anes-in-parteneriat-cu-ikea/>.



cases, exist only on paper.

The picture of social rights and services was also presented on topics related to the needs and requests of victims of violence by top representatives of NGOs in the field.²³ The event was attended by members of the Romanian Parliament, of the European Parliament, representatives of the Government and government institutions, representatives of the diplomatic corps, as well as of non-governmental associations and organizations in the field of DVA.

The discussions focused on the need for joint interventions by the authorities and the civil society on combating violence against women in this period marked by the COVID-19 pandemic, which, directly and indirectly, affects victims of violence, as well as on possible plans and proposals for concrete measures in eliminating the scourge of domestic and sexual violence against women, for a safer Romania for all its citizens.

A law draft to support victims of DVA has been tabled in the Parliament. Its provisions refer to the access for victims to a warm meal, to easing the process of issuing protection orders, to having free psychiatric evaluation for perpetrators so that they can have access to adapted psychological counselling. It was also mentioned that violence against women and children, including trafficking in minors, is a public health and safety issue, rooted in the lack of quality equitable education services and, obviously, in the level of poverty exacerbated by the lack of public investment.

The event also stressed that the objectives of the competent institutions in the field must also impose at the level of society a zero level of tolerance for violence against women, prioritize equal opportunities and treatment in all local public policies, such as and supporting education for reproductive health and rights.²⁴

In November 2020, with the occasion of the International Day for the Elimination of Violence against Women, Necuvinte Association in partnership with the Romanian Police and the Embassy of the State of Israel in Romania launched a campaign which was entitled "*The fight*

²³ http://www.cdep.ro/relatii_publice/site2015.text_presa?pid=21071.

²⁴ *Ibidem*.



against domestic violence is not a mission of women". Their campaign was addressed specifically to men with aggressive behaviours. According to Necuvinte Association, the concept of the campaign is simple: men talking to men about the abusive behaviours of some of them.

The role of men is considered to be essential in combating gender-based violence. Being a man is not equivalent to being a perpetrator – a message transmitted by His Excellency the Ambassador of the State of Israel in Romania David Saranga; Andrei Stoica – sportsman; Radu Andrei Tudor – TVR 1 Journalist; Dr. Cristian Andrei – Institute of Human Relations; Vladimir Drăghia – actor; Jean de la Craiova – artist; Sorin Stanica – Chief Police Commissioner; Alex Petricean – chef; Costel – comedian; Mihai Matei – entrepreneur. The Campaign supported by Alka. The video of the campaign can be seen on the official website of Necuvinte Association.²⁵

Another initiative is that of "Zi de bine" Association²⁶, in collaboration with Filia Centre, ANAIS Association, Luthelo Association, with the support of AVON Romania. They have launched the project (campaign) entitled NOVEMBER – A LOVE THAT STRIKES YOU. Through this campaign, more than 1,000 women, victims of DVA, will have access to MINERVA, a device hidden in a jewel, which will help them to quickly dial 112 if their abuser violates the protection order.

Overview of the laws and the current legislative framework in the field of domestic violence in Romania

In recent years, Romania has undertaken an ambitious and comprehensive reform of DVA legislation and has consistently taken steps to ratify and prepare for the implementation of the Istanbul Convention. The Istanbul Convention (2011) is the most comprehensive and extensive treaty in the field of combating DVA, especially because it addresses the issue of violence in a comprehensive manner, establishing mechanisms for protection and prevention for victims and prosecution of perpetrators. Some of the most important provisions for the

²⁵ <http://www.necuvinte.ro/events/lupta-impotriva-violentei-domestice-nu-este-o-misiune-a-femeilor/?lang=en>.

²⁶ <https://www.zidebine.ro/proiect/iubirea-care-bate-la-ochi-11>.



Romanian framework are those from art. 52, respectively 53 of the Istanbul Convention, namely protection orders in immediate and emergency regime followed by corresponding protection orders.

Romania is the ¹⁴th state to ratify the Istanbul Convention, by Law no. 30/2016, and for the harmonization of the internal legislation with the provisions of the Istanbul Convention, two other important laws were adopted: Law no. 178/2018 and Law no. 174/2018, which refer to the gender perspective, respectively to preventing and combating DVA.

In order to fulfil the commitments assumed by the Romanian state in ensuring the implementation of the provisions of the Istanbul Convention, the National Agency for Equal Opportunities has developed a complex set of normative acts that amend and complete the normative acts in force in the field, in accordance with the provisions of the Istanbul Convention.

Thus, on 13.07.2018, the Romanian Parliament adopted Law no. 174/2018 amending and completing Law no. 217/2003 on preventing and combating domestic violence, and it was published in the Official Gazette no. 618 of July ¹⁸th, 2018.

The new regulation creates a victim-centred approach, one centred on development of measures to prevent acts of domestic violence (psychological counselling in cases of divorce with a history of domestic violence, monitoring protection orders / measures to prevent their violation) and equally, provides emergency intervention measures in situations of immediate risk.

Law no. 217/2003 for preventing and combating domestic violence, in its consolidated form, completed by Law no. 174/2017 brings the legislation on domestic violence in Romania to the highest possible standard, implementing all the provisions of the Istanbul Convention. Different provisions are introduced, such as: the provisional protection order (Chapter III), (possible) obligation for the perpetrator to wear an electronic bracelet (Art. 23 letter e¹), an emergency telephone line (Art. 21¹), integrated emergency centres (Art. 21²), support centres for perpetrators (Art. 19) and other harmonized provisions of the Istanbul Convention.

Equally, the legislation in the social work field (Law no. 292/2011) or in the victim protection



field (Law no. 211/2004) are at European standards, with provisions often adopted in a harmonized way in directives. However, in reality, some of these provisions are not applied or are only partially applied (e.g. electronic bracelets - unapplied measure, support centres for perpetrators - almost non-existent, integrated emergency centres - missing in the case of perpetrators and underdeveloped in the case of victims).

At the same time, on July 6, 2020, Law no. 106/2020 for the amendment and completion of Law no. 217/2003 for the prevention and combating domestic violence, was published in the Official Gazette. This law introduces the concept of "cyber violence" in the sphere of "domestic violence" and defines the phenomenon by listing the facts that may fall within its scope.

According to the new provisions, the legal definition of cyber violence includes: acts of online harassment; online hate messages based on gender; online tracking facts; online threats; non-consensual publication of information and of intimate graphic content; illegal access to intercept communications and private data.

The facts presented above are not a limiting list, given that the law includes in the sphere of cyber violence *and "any other form of misuse of Information and Communication Technology by means of computers, smartphones or other similar devices using telecommunications."* or they may connect to the Internet and transmit and use social platforms or emails in order to shame, humiliate, frighten, threaten, silence the victim. *"It is important to emphasize that the introduction of "cyber violence" in the field of "domestic violence" is not a general regulation of this phenomenon, but only a complement to the types of violence that fall under the umbrella of "domestic violence".*

This means that any act of cyber violence will be sanctioned under Law no. 217/2003 only under the conditions provided by the law for sanctioning domestic violence, namely if the act represents *"an inaction or intentional action that occurs in the family or domestic environment or between spouses or ex-spouses, as well as between current or former partners, regardless of whether the perpetrator lives or has lived with the victim".* Thus, *if the act of cyber violence takes place in an environment other than within the family or domestic and between persons who do not have the quality of spouses, ex-spouses, current or former partners, the provisions of Law no. 217/2003 for preventing and combating domestic violence will not be considered incidents.*



Until now, in Romania there has been no express legislative framework to punish cyber violence, all acts of cyber violence being analyzed either related to various crimes (such as harassment, blackmail, violation of privacy), to the extent in which they met their constituent elements, either by the National Authority for the Supervision of Personal Data Processing, for the aspects that fall within its competence.

Practically, for the acts that do not fall under the definition "f "cyber violence" in the context "f "domestic violence", the situation will have to be analyzed in concrete terms, as before, and sanctioned on the basis of general criminal or misdemeanor provisions, as the case may be.

By Law no. 183 of August 19th, 2020, the Romanian Parliament amended Law no. 217/2003 for preventing and combating domestic violence. Article 32 stipulates the increase of the punishment regarding the violation of the protection order, a deed considered to be a crime and punishable by imprisonment from 6 months to 5 years. At the same time, Article 27 stipulates the obligatorily of legal assistance in the case of persons requesting a protection order, and Article 16 provides the conclusion of a contract for the provision of social services for both victims and perpetrators receiving hosting and support in specialized units. In case of non-compliance with the measures established by the protection order issued by a court, and in the case of those established by the provisional protection order issued by the police as well, the prison sentence would be between 6 months and 5 years. These new limits meet the conditions that must be met in order for the measure of pre-trial detention to be ordered, while in the old regulations the punishment for committing these acts was between one month and 1 year in prison.

Perpetrators will be severely punished if:

- they refuse to be temporarily evacuated from the home;
- they do not allow the access of the victim or the children in the family home;
- they do not respect the limitation of the right of use over a part of the common dwelling, so that it does not come into contact with the victim;
- they do not comply with the obligation to keep the minimum distance established towards the victim, towards the residence or workplace, or towards the members of her family;
- they do not respect the prohibition to travel in certain localities or certain areas that the protected person frequents, or visits periodically;
- they refuse to wear an electronic surveillance system;



- they contact the victim (by telephone, by mail or in any other way);
- they refuse to hand over the weapons in his possession;
- they refuse psychological counselling, psychotherapy or involuntary hospitalization ordered by the court;
- they do not show up periodically, within the period established by the court, at the competent police station;
- they do not give information to the police about their new home address, in case they were evacuated from the family home.

Law no. 183/2020 stipulates that the violation of the measures established by the protection order constitutes a crime.

According to the latest law project adopted on October 13th, 2020 by the Chamber of Deputies of the Romanian Parliament, the reconciliation of the parties will no longer exclude criminal liability, as currently stipulated. The project stipulates that the criminal investigation can be initiated *ex officio* in *cases of domestic violence* and aims at amending the Criminal Code, more precisely art. 199 paragraph (2) of Law no. 286/2009 in the case of the offenses provided in art. 1–3 - “Hitting or other violence” and in art. 196- “Personal injury through fault”.

Nowadays, if a person subjected to domestic violence files a complaint and then withdraws it, the perpetrator of domestic violence is not punished. However, as a result of this change, things will be simplified, and once a person files a complaint that he/she is subjected to domestic violence, even if he/she later withdraws his/her complaint, this does not mean that the perpetrator will escape this punishment.

The law amending the Criminal Code has been submitted to the President of Romania to be promulgated. Thus, in November 2020, two other legal provisions came into force:

- **Law no. 217/2020** in 03.11.2020, which brings amendments to the Criminal Code regarding the content and penalties for crimes related to sexual freedom and integrity
- **Law no. 233/2020** in 08.11.2020, which brings changes to the crimes of domestic violence.



The changes brought by the two laws are explained by Judge Cristi Dănilăș as follows:²⁷

Regarding **Law no. 217/2020**:

- offenses of rape and sexual intercourse with a minor are no longer subject to prescription: therefore, they can be reported at any time, no matter how much time passes after their being committed. The other crimes related to sexual life may be claimed within the limitation period, as before: those committed against adults, from the date of the acts; those committed against minors, from the date of reaching 18 years old;
- the minimum limit of penalties for trafficking in minors and rape was increased by two years: from now on, the penalties will be imprisonment 5-10 years, respectively 7-12 years (if the act is committed by coercion, in the family, by someone who had to take care of victim or abuses his authority). This means that, in the event of the defendant acknowledging the deed, he will benefit from the mandatory reduction by one third of the sentence limits shown, but will not be able to benefit from conditional suspension (which is granted for a maximum of 3 years imprisonment applied by the judge);
- the legal punishment is increased by 5/8 if pimping is committed against a family member or other person who must be cared for, guarded, treated by the perpetrator;
- the perpetrator after being convicted for sexual offenses against a minor or for child pornography risks imprisonment of 7-15 years for rape and 5-12 for sexual assault;
- the age of sexual consent is raised from 15 to 16 years old. From now on, if sexual intercourse is maintained with the consent of the minor, we distinguish:
 - when the minor is under 14 years of age: the punishment is 2-9 years in prison; if the perpetrator is a relative, guard, doctor, teacher, sports instructor, priest, adult or the victim is incapable, has a disability or is dependent, the penalty is 5-12 years in prison
 - when the minor is 14-16 years old: the punishment is 1-5 years in prison; if the perpetrator is a relative, guard, doctor, teacher, sports instructor, priest, adult or the victim is incapable, has a disability or is addicted, the punishment is 3-10 years in prison;
 - when the minor is 16-18 years old: the punishment is 2-9 years in prison, but only if the perpetrator is a relative, guard, doctor, teacher, sports instructor, priest or victim is incapable, has a disability or is dependent.
 - the age of special protection of the victim is raised from 13 to 14 years for the

²⁷ <https://vedemjust.ro/modificari-codul-penal/>.



crime of sexual corruption of minors, simultaneously with the increase of punishments:

- for sexual acts committed by an adult in the presence of a minor under the age of 14: the punishment is from 6 months to 3 years in prison or a criminal fine;
 - for the determination to commit or endure acts of sexual satisfaction involving the minor under the age of 14: the punishment is 1-5 years in prison; if the perpetrator is a relative, guard, doctor, teacher, sports instructor, priest, or if the victim is incapable, has a disability or is addicted, the punishment is 2-8 years in prison;
 - for the determination to commit or endure acts of sexual satisfaction involving the minor aged 14-18: the punishment is 1-5 years in prison; if the perpetrator is a relative, guard, doctor, teacher, sports instructor, priest or if the victim is incapable, has a disability or is addicted, the punishment is from 2 months to 3 years in prison;
- the special protection age of the victim is raised from 13 to 16 years for the crime of recruiting minors for sexual purposes, simultaneously with the increase of punishments. The penalty is now from 6 months to 3 years in prison or a criminal fine, for:
 - the proposal addressed to a minor under the age of 16, coming from an adult, transmitted verbally or by messages, to meet in order to maintain intimate relations or to produce or watch pornographic materials;
 - the proposal addressed to a minor under the age of 14, coming from an adult, transmitted verbally or by messages to meet, to endure acts of sexual satisfaction or to attend a sexual act.
 - for all sexual crimes, including child pornography, the deed will be sanctioned by a third more if it is committed in a group or by persons who have committed such crimes before;
 - committing crimes of sexual intercourse with a minor and recruitment of minors for sexual purposes are now provided as a basis for pre-trial detention.

Regarding **Law 233/2020**, according to the same article²⁸, it operates the following changes to domestic violence offenses: *for beating crimes committed intentionally or by mistake in the*

²⁸ *Ibidem*.



family (between spouses, concubines, parents-children, grandparents-grandchildren, siblings), only if the investigation starts ex officio (either self-notification by the prosecu'or's office, either as a result of a press article or following a complaint from a witness), then the reconciliation between the parties does not stop the investigations.

ATTENTION: if the procedure has started as consequence of a previous complaint made by the victim and not ex officio, it still has the possibility to withdraw it and, thus, to stop the procedur". "



The structure of existing social services and specialized social services at national level and best practices in work with perpetrators in Romania

The Structure of existing social services and specialized social services at national level

TOTAL: 236 services: 152 social services designed to prevent and combat DVA (of which: 146 for DVA victims, 6 for family perpetrators) and 84 specialized services (42 support groups and 42 vocational counselling offices).

Total number of residential services for victims of DVA: 105

- Emergency reception centres: 45 (hosting 5-60 days) of which:
 - Local Councils: 5 - Al-a - 1, Dâmbovi-a - 1, Go-j - 2, Satu-Ma-e - 1
 - Accredited private organizations: -6 - Sector 1 Bucureş-i - 1, Buz-u - 1, Ilf-v - 1, Mur-ş - 1, Sib-u - 1, Tim-ş - 1
 - DGASPC: -4 - Ar-d - 1, Arg-ş - 2, Bac-u - 1, Braş-v - 1, Brăi-a - 2, Sector 2 Bucureş-i - 1, Sector 3 Bucureş-i - 1, Sector 5 Bucureş-i - 1, Sector 6 Bucureş-i - 1, Cl-j - 1, Constan-a - 1, Covas-a - 1, Do-j - 3, Giurg-u - 1, Go-j - 1, Ialomi-a - 1, Maramur-ş - 2, Mehedin-i - 1, O-t - 1, Prah-a - 1, Satu-Ma-e - 1, Sib-u - 1, Sucea-a - 1, Teleorm-n - 2, Tim-ş - 1, Vasl-i - 1, Vranc-a - 2
- Recovery centres for victims of DVA: 18 (hosting up to 180 days) of which:
 - Local Councils: 4 - Al-a - 1, Buz-u - 1, Ia-i - 1, Maramur-ş - 1
 - Accredited private organizations: 5 - Ilf-v - 1, Giurg-u - 1, Gala-i - 1, Sector 3 Bucureş-i - 1, Sibiu - 1.
 - DGASPC: -9 - Ar-d - 1, Buz-u - 1, Cl-j - 1, Dâmbovi-a - 1, Gaşa-i - 1, Ia-i - 1, Tulc-a - 1, Vâlcea - 1, Vasl-i - 1.
 - Protected housing for victims of DVA: 42
 - Protected housing – new social services (hosting up to 1 year), established on 04.03.2020 within the project POCU:465/4/4128038 “VENU–” - Împreună pentru o viaţă în siguranţă!, which exist in every county, subordinated to DGASPC (county social services) and to local social services in: Bistriţa, Craiova, Rădăuţi.



Day services for victims: 41₂

- Centres for preventing and combating DVA: 29.
 - Local Councils: -7 - Al-a - 1, Cl-j - 2, Călăra-i - 1, Vâlcea - 1, Tim-ș - 1, Ialomi-a - 1
 - Accredited private organizations: -1 - Bistrița Năsă-d - 1, Braș-v - 1, Sector 2 Bucureș-i - 1, Cl-j - 1, Covas-a - 1, Ilf-v - 1, Mur-ș - 3, Prah-a - 1
 - DGASPC: -1 - Bac-u - 1, Brăi-a - 1, Sector 1 Bucureș-i - 1, Constan-a - 2, Do-j - 1, Gala-i - 1, Maramur-ș - 1, Tim-ș - 1
- Centres for information and community awareness services: 6.
 - Local Councils: -4 - Nea-ț - 2, Sucea-a - 1, Ialomi-a - 1
 - Accredited private organizations: 0
 - DGASPC: -2 - Al-a - 1, Cl-j - 1

Day services for perpetrators: 5

- Local Councils: -5 - Al-a - 1, București - 2, Maramur-ș - 1, Tim-ș - 1

Specialized services: 84*

- 42 support groups
- 42 vocational counselling offices

** existing in each county, at DGASPC level (county level) and at public social services providers (local level) in the cities: Bistrița, Craiova, Rădăuți.*

From the data centralized by ANES, based on the reports received from the DGASPC, it appears that in the counties of Bihor, Botoșani, Caraș-Severin, Harghita, Hunedoara there are no specialized services (day services) in the field of violence.



Best practices in work with perpetrators in Romania

Organisations/programmes in Romania that carry out domestic abuse perpetrator work

Organisation	Programme/type of intervention e.g. counselling, group support, peer support, one-to-one work, online groups	Evaluation method (if applicable)	Any support or interaction with female partners /survivors? (if yes, please detail)
<i>The Assistance centre for family perpetrators “O nouă şansă”, (DGASMB București)</i> ²⁹	<ul style="list-style-type: none"> -Psychological counselling - Social counselling -Counselling and conflict mediation 	<ul style="list-style-type: none"> - The following documents are required for admission to the Centre: Application/request from the applicant, Information note on the processing of personal data, which can be completed at the location of submission or can be downloaded from the website www.dgas.ro and copies of the applicant's identity documents. - Upon admission to the Centre, the beneficiary signs a contract with the legal representative of DGASMB for the provision of social services. -For each beneficiary of the Centre, a personal file will be prepared which will include personal data, data about the 	<ul style="list-style-type: none"> - Conflict counselling and mediation for the parties involved in order to overcome risk situations: for resolving conflicts in family disputes, being an alternative way of resolving conflicts, which each party, perpetrator - victim, must freely choose, without coercive force

²⁹ <https://www.dgas.ro/servicii-sociale/serviciul-protectia-persoanelor-adulte/centrul-de-asistenta-pentru-agresori-familiali-o-noua-sansa/>.



	<p>-counselling in addictions</p> <p>-counselling in order to ensure and facilitate the access of the perpetrators to psychological, psychiatric, detoxification treatments</p>	<p>family, studies and qualification, medical file, and as the case may be, other necessary and useful documents for each case, as well as the intervention plan.</p> <p>- The reception or assistance in the assistance centre for perpetrators is made based on the evaluation of the case by the designated persons and only with the written consent of the assisted persons. Following the initial evaluation, the number of counselling sessions and the intervention plan will be established.</p> <p>- The intervention plan is reviewed monthly or whenever necessary, in order to be adapted to the new social needs, being accompanied by the progress sheet.</p> <p>- The beneficiaries of the social services provided in <i>The Assistance centre for family perpetrators</i> "O nouă șansă", (DGASMB București) are adults regardless of age, sex, level of education, occupation, income, marital status, from all social backgrounds, who have assaulted their partner or other family members with whom they live, are being sent to the centre by institutions with which the centre collaborates, as well as aggressive people who want to change the behavior on their own initiative.</p>	
<p><i>The Assistance centre for the perpetrator³⁰(DGASPC București, sector 5)</i></p>	<p>- psychological counselling and emotional support</p> <p>- legal counselling</p>	<p>- The following documents are required for admission to the centre: information note regarding the processing of personal data, request from the beneficiary, identity documents attesting the domicile within Sector 5, Bucharest, contract for the provision of social services, services plan, initial assessment report, medical documents</p>	<p>- collaborates with other public/private institutions based on collaboration protocols.</p>

³⁰ <http://www.sector5.ro/media/49228/anexa-3-la-hcl-nr-276-25102018.pdf>



	<ul style="list-style-type: none"> - information - family mediation -vocational guidance 	<p>if applicable, proof of income, criminal record, personalized counselling plan, counselling forms, admission order issued by the General Director of DGASPC Sector 5, appointment of the manager as appropriate, revocation of admission issued by the General Director of DGASPC Sector 5, Bucharest.</p> <ul style="list-style-type: none"> - Admission is made at the request of the beneficiary, following the initial evaluation, materialized in an initial evaluation report, prepared by the case manager, in collaboration with specialists within the centre (psychologist, legal advisor, social worker), by Order of the General Director of DGASPC Sector 5. - The initial assessment report must contain at least the following information: data on the perpetrator (name, personal code, date and place of birth, domicile, criminal record), data on the victim (name, personal code, date and place of birth, domicile), data regarding the referral of the case, data about the children (if applicable), the description of the violent event, the connection of the perpetrator with the extended family members and with the victim. 	
The counselling centre for perpetrators (DAS Baia Mare) ³¹	- psychological counselling	<ul style="list-style-type: none"> - Access criteria for the admission to the centre: - the beneficiaries who are included, with their consent, in the counselling programme must present on the date of the registration the identity documents. Copies of these documents will be attached to the beneficiary's file. 	<ul style="list-style-type: none"> - collaborates with other public/private institutions based on collaboration protocols.

³¹ <https://www.baiamare.ro/ro/Servicii-publice/Directia-Asistenta-Sociala/Serviciul-Incluziune/CENTRUL-DE-CONSILIERE-PENTRU-AGRESORI/>.



	<ul style="list-style-type: none"> - education and counselling for the development of prosocial life abilities - activities and services for the prevention and combating of DV behaviour correction, support and rehabilitation, reintegration and social integration of perpetrators, ethical principles, positive masculinity, human rights, national legislation, and applicable sanctions 	<ul style="list-style-type: none"> - following the analysis of the beneficiary's needs, the case manager, one of the team's specialists, draws up the services plan which specify the services to be offered, while also signing the contract for providing the social services offered by the centre. - the services contract is concluded between the social services provider and the beneficiary. The format of the services provision contract is established by the management of the centre, based on the model approved by the Order of the Minister of Labour, Family, Social Protection and the Elderly. -eligibility criteria of beneficiaries: adults with aggressive behaviour from Baia Mare, who have agreed, in writing, that they would like to receive services and persons directed by the Penitentiary of Baia Mare, by the Probation Services of The Maramureş Court, The Transit Centre - Victims of domestic violence. 	
The Assistance centre for family perpetrators (Cugir) ³²	<ul style="list-style-type: none"> - rehabilitation and social reinsertion - information and guidance services - psychological counselling - legal counselling 	<p>Access criteria for the admission to the centre:</p> <ul style="list-style-type: none"> -beneficiaries give written consent to participate in counselling - copies of identity documents 	<ul style="list-style-type: none"> - mediating the relation between victim-perpetrator

³²[http://www.primariacugir.ro/portal/Cugir/portal.nsf//All/911EC0A7DD514CB0C22580B40038F147/\\$FILE/ROF%20Centru%20de%20asistenta%20a%20agresorilor%20familiali](http://www.primariacugir.ro/portal/Cugir/portal.nsf//All/911EC0A7DD514CB0C22580B40038F147/$FILE/ROF%20Centru%20de%20asistenta%20a%20agresorilor%20familiali)



	<ul style="list-style-type: none"> - social work - facilitating access to specialized services for de-alcoholization or detoxification - referring the case to other institutions 	<ul style="list-style-type: none"> - following the analysis of the beneficiary's needs, the case manager draws up the service plan in which the type of services to be offered is specified and the contract between the two parties is signed <p>The eligibility criteria for beneficiaries:</p> <ul style="list-style-type: none"> - family perpetrators who have agreed in writing that they would like to receive the services - the beneficiary's access to the centre will be made within the limits of the schedule, respectively Monday-Thursday between 16-20 and Friday between 14-18 	
<p><i>The Complex of Services for Victims of Domestic Violence and Perpetrators (DAS Timișoara)</i>³³</p> <p>The Assistance centre for perpetrators</p>	<ul style="list-style-type: none"> - evaluation/reevaluation, - intervention plan - monitoring the interventions - rehabilitation services, including individual/group counselling and family mediation programs - professional reintegration services - information, guidance and vocational counselling activities, - parental education 	<p>Documents required to benefit from social services for perpetrators in cases of domestic violence:</p> <ul style="list-style-type: none"> - identity documents - court sentence/restraining order (if applicable) with the recommendation to follow counselling or referral services from DGASPC based on the recommendation of the case manager - documents regarding the level of education, professional training, physical and mental health status, the existence of criminal records related to various forms of violence (if applicable); <p>-persons identified as perpetrators in situations of domestic violence taking into account the definition of domestic violence in the law "domestic violence means any inaction or intentional action of physical violence, sexual,</p>	<p>Outsourced services</p> <p>psychotherapy services, - professional training services. -event planning services-workshops.</p>

³³ <https://www.socialtm.ro/>.



	<ul style="list-style-type: none"> -subsidies -psychotherapy services, -professional training services. 	<p>psychological, economic, social or spiritual that occurs in the family or domestic environment or between spouses or ex-spouses, as well as between current or former partners, regardless of whether the aggressor lives or has lived with the victim." are eligible to benefit from the services of The Assistance Centre for perpetrators</p> <p>-case management-evaluation/ re-evaluation method</p>	
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The only five functional centres for aggressors currently in Romania offer:

- **Psychological counselling:** an attempt to reduce conflicting tensions, to overcome emotional barriers and the problems they generate. The therapies that address the perpetrators targets the family too, the beneficiary in his family environment, as well as the intrafamilial relations;
- **Social counselling:** by identifying the overall situation of the aggressive per'on's family, having as main working tool the social survey;
- **Conflict counselling and mediation:** for the parties involved in order to overcome risk situations: for resolving conflicts in the event of family disputes, being an alternative way of resolving conflicts, which each party, aggress-r - victim, must freely choose, without coercive force;
- **Addiction counselling;**
- **Counselling to ensure and facilitate the perpetrats' access to psychological, psychiatric, detoxification treatments:** aims to facilitate access to specialized treatments, following the assessment made by the psychologist, following a mutually agreed rehabilitation programme with the aggressor.

Once the protection order is issued, within the pronouncement of the court sentence, the court may order the perpeatra'or's orientation towards psychological counselling. The obligation to follow such a programme has led to an increase in the number of counselled perpetrators in the currently existing national counselling centres for perpetrators.



Current needs in relation to domestic abuse perpetrator work in Romania:

Although in Romania progress has been made in legislation and in mentalities, we are still far from solving the phenomenon of DVA. Unfortunately, the existing solutions are still insufficient. Currently at national level there are only 5 functional public centres that provide services to domestic perpetrators. In this context, the creation of counselling centres for perpetrators, together with counselling and support services for victims, represent a major component in the fight against DVA.

Ever since the end of 2018, the police can immediately offer the victims, in case of violent incidents, temporary protection orders and can remove the perpetrators from their homes. The provisional order is given for a period of five days. During this time the provisional order is confirmed or refuted by the prosecutor and then it reaches the judge. In order for it to be extended for a period of six months in court, the victim must bring evidence - legal medicine certificate, audio-video recordings, statements from a witness. The victim has a lot of responsibility on her shoulders during this phase.

Needs in perpetrator work:

- Improving the current legislative framework and ensuring the unitary implementation of the legislation by adopting the secondary legislation;
- Creating counselling centres for perpetrators and residential centres;
- Training specialists in working with perpetrators;
- Starting the measures required for the operationalization of the electronic surveillance system of the perpetrators according to the provisions of Law no. 174/2018, the law amending law 217/2003 which must defend and protect the victims of domestic violence, not the perpetrators. In order for protection orders to be valid, it is absolutely necessary for the perpetrators to be monitored by the police through electronic bracelets;

Urgent adoption of the Draft Law on Electronic Bracelets [1] adopted by the Senate and registered at the Chamber of Deputies with no. 129/2020; The draft law regulates the establishment, organization and functioning of the Electronic Monitoring Information System (EMIS), the use of electronic surveillance devices



and the action in case of generating alerts, as well as data protection measures within EMIS. Electronic surveillance bracelets are a solution, but for now our authorities only have a project subject to public debate on July 16, 20–9 - These bracelets would allow us to monitor the location and prevent any act of violence. We know that there is no budget allocated for the introduction of electronic bracelet

- s.

Unfortunately, in Romania, electronic bracelets seem to be nothing but political promises which appear every time a woman is being killed, even though she had a protection order. The monitoring system through electronic bracelets has been promised since the year 2018, in the latest amendment to the law on preventing and combating DVA. The promise was made in the context of the murder of a woman in Bucharest, who had a protection order and was killed by her husband. The murder took place in the kindergarten she was managing and where the couple's two children were studying.

In the summer of 2019, the Ministry of Internal Affairs, together with experts from the Romanian Police, the Ministry of Justice, the Ministry of Labour and the Special Telecommunications Services wrote a draft law for the electronic monitoring of those arrested in their homes, for domestic abuse perpetrators with protection orders and for detainees under criminal investigation. The initiative passed the Senate at the end of March, and since April 2020 it has been waiting for its turn to be discussed by several committees in the Chamber of Deputies, before reaching the plenary. It is unknown whether the parliamentary debate will resume any time soon because of the initiatives related to the effects of the COVID-19 pandemic, which in this context, are priorities.

- Development of a unitary methodology and a set of standardized tools for working with perpetrators;
- Accountability of perpetrators by establishing an integrated institutional framework and by adopting specific policies and measures;
- Emergency launch, in the media, in society and in schools, of national information, awareness and sensitization campaigns on the fight against any type of verbal, psychological or physical violence;



- Development of collaboration relations between national private and public partners and between private and public actors in the DVA field from Romania and such actors from other states or international bodies involved in preventing and combating DVA;
- Active involvement of the local community in identifying and reporting cases of violence to the competent institutions.



Fieldwork Findings and Data Analysis

Statistical analysis of the results of perpetrator interviews

Within the work package 2 (WP2), 5 interviews with perpetrators were organized.

Out of six people who completed the consent to participate in the interview, all six signed the consent form agreeing to all conditions:

Of the six respondents who completed the consent form, 5 of them were interviewed. Of these, two subjects conducted the face-to-face interview, and three of them were interviewed in writing, due to the local pandemic context. One respondent, aged 30, female, Roma person, did not participate in the interview. This consent was considered null and useless, and the statistics were compiled on five of the respondents who completed the interview.

Demographics

The participants were all male, ranged from ages 30-54 years old. Two attended special schools when young.

Ethnicity:

1 was Roma, 3 were Romanians and Hungarian, all 5 resided in urban areas. They ranged from ages 30-54 years old. Two attended special schools when young. They shared interesting thoughts during their interviews, with findings akin to those found in previous research. Participants were asked about their knowledge and experiences of support, and what they found useful in order to determine how potentially it could be improved. Thematic analysis identified common themes. These mainly considered the 'current organisational response', 'gaps in provision' and 'barriers to accessing or engaging with services'. There was also consideration of a 'typical presentation' – common features of perpetrators, and finally what was useful to the participant and could be considered areas for potential good future practice – ie. 'what works'. Each will be discussed in turn.

Current organisational response:

There was only one respondent who felt DVA support services were well publicised. When asked about the voluntary/obligatory way to participate in support services for family perpetrators, 2 participants were forced by the court order, there was a protection order, and 3 accessed the services voluntarily.



Akin to other countries, there were some negative comments in relation to the response from the courts. For example, one participant stated:

"the hardest part for me was when I was given 6 months' interdiction to see the child. That was the biggest blow I received, and I consider that the boy suffered a lot during those 6 months. So, everyone thought that it was helping the child, but you should know that it was not. The interdiction of meeting the father I consider it was wrong at least in my case. With the child I had no acts of violence, I did not quarrel with him. Those 6 months were extremely hard for me, I was counting the days. I was afraid to break that order"

Another felt the ruling was unfair: *"I was forced, I thought I was in self-defence so to speak."*

When it came to the involvement of other institutions in the field of criminal justice (police, courts) in the situation of the subjects due to the acts of DVA that they have been accused of having committed, 3 (60%) answered that other institutions from the criminal sphere were involved (police, court) and 2 answered no.

At the invitation to share their experiences regarding accessing support services for committing acts / aggressions of DVA

1 respondent did not access the services even though it was ordered by the court, but they claim that they will go for a psychological evaluation because they think it would be useful 4 of the respondents claimed that they benefited from services for perpetrators, of which 1 of them- psychological counselling within the public social work service, 2 of them benefited from "psychological counselling, psychotherapy, parental education, qualification course, monthly allowance", *"it is the first support service I have accessed, there are no other such services in the community"* having benefited from services for perpetrators in a Centre for family perpetrators, 1 of the subjects replied that he requested psychological treatment from a psychotherapist, in private.

Gaps in provision

Access: Difficulties in accessing support were also noted;



"it is the first support service I have accessed, there are no other such services in the community"

Another stating he :*"requested psychological treatment from a psychotherapist, in private."*

Moreover, there was a feeling no one assisted:

"No one helped me, they did not send me anywhere except for the psychological evaluation. No one sent you."

Timing: Akin to other findings, these participants highlighted what was provided, was often too late.

"Something must be done before reaching that protection order ... we notify the police, the police go there, but a mediator should also be sent to see what is happening there. In the end violence is reached. Something must be done before it gets there."

Barriers to accessing or engaging with services

Additional physical and psychological barriers to obtaining assistance were discussed.

Physical barriers: One responded indicated simply: *"I did not go because it was during the working hours."*

In addition, psychological barriers were also seen.

Feelings of shame/guilt/embarrassment: Identification as being a perpetrator of domestic abuse brings negative connotations: *"People think I'm a bad man or something like that."* RP1

Three of the respondents felt guilty and regretted their behavior: "I felt remorse"; "I felt guilty" "I felt the worst for the child, and that was it."

Typical presentation of perpetrators

Socially learnt violence: Four interviewees discussed how they themselves had experienced DVA, trauma or abuse as children:



"If I told you my life, you would be amazed. Maybe that's why I have these frustrations and this behaviour ... my parents ... treated me like a servant. I really liked school and I could not attend it because I had to stay at home to wash clothes, to cook ... I was beaten a lot ... especially by my mother ... she complained ... she insisted to argue for any reason. My mother still consumes alcohol and ... always sent me to buy alcohol ... I have 2 brothers ... they would put the chicken bones for me, and I would see the chicken breast put for them. They would dress my brothers in expensive clothes ... My parents were overly aggressive towards me and did not try to offer me love ... always called me asylum boy ... only now my father realizes that my sister and I were badly treated"

"Yes, I had such a trauma, my father used to drink a lot of alcohol and I hated the fact that he scolded me"

Externalisation of blame: This was articulated mainly in relation to blaming their victims. The two interviewees who went to court both believe they were provoked by their partners.

"I spoke gently, with love, with patience. Then I came to the point when I lost my patience and I said that if a good word didn't work, maybe a word coming out of fear would ... she did not give up, she brought the situation to a conflict, and looked for a reason to fight ... I tell her exactly what she is doing to me. At that moment, anger hits me, because I see everything about her as a lie. I keep explaining to her what it's all about and she just smiles at me. I tell her that she brings the worst out of me. I tell her something and she starts laughing at me. That is a challenge and I fail to behave nicely with her ... Lord, what have I done to make so many bad things happen to me?" RP1

"Once in an argument, I threw some mayonnaise on my wife and she automatically went and filed a complaint with the police. They called me... I told them I did not hit her. I told them the truth, ... but still the complaint was filed... Then I realized that she had someone, a lover. I grabbed her, and I pushed her. I did not hit her I just pushed her, and she made another complaint" RP2

Concern for the impact on children

When asked about how they felt when you realized or were you told that parts of your



behaviour were abusive?": 3 stated that they felt guilty, regret for damaging the relationship with the child or they consider that they did not do well what they did *"I felt remorse", "I felt guilty", " I don't think I did what I did well, "" I felt the worst for the child and that was it. " 1 felt unjustified "No, I was forced, I thought I was in self-defence so to speak", "I felt the worst for the child, and that was it" and participants did not answer this question.*

one blames his partner, yet is also concerned about the impact on his child:

"Alex was at my mother's and had swimming lessons in the afternoon. I went with him to the park for a while. Then we went to a mall and came back a little late. I arrived quite late at my wife's house to pick up his swimming equipment. I asked my wife to come down in the street to bring me the equipment to take the child to the swimming class. My wife came, she was outraged, we started arguing, she opened the door, she slammed it, she was going to hit me. It was an argument in the street. I finally got down and hit her in the back of the car. I hoped that the boy would not see what happened there. I think the boy did not see anything although I didn't ask him, I'm afraid to talk to him about it, to remind him. It wasn't alright what happened there on the street."

2 participants stated that they realized by themselves that they have inappropriate behaviour, without describing the aggressive behaviour *"After I calmed down I was able to analyse the situation and found that there is nothing beneficial in my behaviour", "I realized by myself that I had misbehaved"* and 1 perpetrator described their behaviour as an instinctual act *"Instant physical action probably triggered by psychological acts"*.

What works

Self-awareness and behaviour change: It was recognised that a level of self-realisation was required to elicit behaviour change:

"After I calmed down I was able to analyse the situation and found that there is nothing beneficial in my behaviour"

"I realized by myself that I had misbehaved"

"I saw that I was also wrong. I tried to force her do things out of fear, I gave her my worst and I got to court. I lost my children."



Support from others: Three respondents accessed rehabilitation services voluntarily, after realizing that they were behaving inappropriately, although one noted that he could not access one service as it was during working hours and he had to work to provide an income for his family. They consider psychological counselling and other rehabilitation services were the main factors which led to them changing their aggressive behaviour. Interviewees highlighted the things which most assisted them. Regarding psychological support they stated;

"it helped me to control my nerves and further made me aware"

"Ideally they get to the centre of the problem"

"he must talk to a psychologist, tell him everything he has on his soul, everything that hurts him ... a psychologist could help guide him, he would advise him to change to be calmer, to let go"

They also credited other practical assistance as assisting their recovery.

"I benefit from social, psychological, legal counselling and the possibility to access a qualification course"

And the Church played a part in this:

"there is a centre for re-education, for not taking drugs, for not smoking, for not making myself sick with anxiety, with nerves. This is part of the Church ... to be patient, to let things go and to move forward ... To be gentle and humble means not to offend."

Of interest, only 1 mentioned family support as being important. Distancing oneself from what was perceived as provocation was also seen as beneficial:

"I really didn't want to see her anymore ... she irritates me, better ignore her ... I really don't want to have anything to do with her anymore."

1 considered that the protection order which imposed the restriction to see the child, had



the greatest impact on reducing the aggressive behaviour:

"But the hardest part for me was when I was given those 6 months interdiction to see the child. That was the biggest blow I received, and I consider that the boy suffered a lot during those 6 months. So, everyone thought that it was helping the child, but you should know that it was not. The interdiction of meeting the father I consider it was wrong at least in my case. With the child I had no acts of violence, I did not quarrel with him. Those 6 months were extremely hard for me, I was counting the days. I was afraid to break that order, that's it."

When asked what they would do to support someone they offered:

"I would try to make the man stand up and believe in himself again ... I would tell him to trust himself, that it is not the end of the world and he can stand up again ... every man has his reasons, you cannot judge by appearances ... There is something behind his actions ... if he listened to the psychologist, he would have the chance to start again."

"I think that we should first of all go to the police, before we get to the town hall with the papers ready for divorce, there should be a mediation, a monitoring there, something to help."

"I would set up a network of communities, where people who have committed such acts, besides psychological and social work, can work, and live together ... have connections with society itself. Because these people often remain sequestered / stigmatized, alone and without support."

Conclusion

- The parental model and the family environment make a strong impression on the behaviour of the future adult relating to social learnt violence. Services intended for the perpetrator/victim are little known and poorly publicized in the community. Forcing the perpetrator to psychological counselling by the court is optional. Voluntary access of rehabilitation services by the perpetrators, because of awareness of their inappropriate behaviour and the need for specialized support, can be considered a decisive factor in the



success of the rehabilitation process. In the improvement of support services for perpetrators, an important factor is increasing the involvement of state institutions in providing services (church, social services, police).

Statistical analysis of the questionnaires applied to the victims

The questionnaire was completed entirely by 21 victims of DVA out of 22 respondents, all over the age of 18. 19 of the respondent victims were of Romanian ethnicity and 1 Hungarian. All victims were female. The employment status of the participants is at Table 1.

The occupations of the respondents were:		Retired due to illness
Chemist	Nurse	Secretary
Designer	Personal assistant	Teacher
Housewife	Pupil	Therapist
Mediator	Reflexologist	Trade worker
Accountant (x2)	Not working (x2)	Transport coordinator

In 16 (84.2%) of the cases the abusive partner was a man, in 2 (10.5%) cases she was a woman, and in one case 1 (5.3%) it was a child. 17 (85%) of the respondent victims have children, and 3 (15%) are not mothers. 18 (81.8%) of the victims found out about the questionnaire and completed it urged by a professional from the local authorities/institutions, 3 (13.6%) from another source and 1 (4.5%) from a poster.

Participants views on their experiences of DVA and support for perpetrators

A number of questions were asked about participants experiences of DVA and support services (see Table 2). The majority of participants agreed they could access support when needed and that help was offered at the right time, over half also noted that the criminal justice system had been involved, although were less certain about its effectiveness.



Question	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
There is a good general awareness of DVA as a social problem in my community.	3 (13.6%)	4 (18.2) %	6 (27.3%)	7 (31.8%)	2 (9.1%)
I knew where to go to get help.	3 (14.3%)	8 (38.1%)	2 (9.5%)	7 (33.3%)	1 (4.8%)
I was able to access DVA support when I needed it.	5 (23.8%)	10 (47.6%)	4 (19%)	2 (9.5%)	0
The help was offered at the right time for me.	5 (23.8%)	8 (38.1%)	6 (28.6%)	1 (4.8%)	1 (4.8%)
When I experienced DVA criminal justice agencies were involved (Police, courts, legal support).	5 (23.8%)	10 (47.6%)	2 (9.5%)	1 (4.8%)	3 (14.3%)
The criminal justice responses were effective	3 (14.3%)	5 (23.8%)	9 (42.9%)	2 (9.5%)	2 (9.5%)
The criminal justice responses were helpful	3 (14.3%)	5 (23.8%)	9 (42.9%)	1 (4.8%)	3 (14.3%)
The criminal justice response was vital to my safety.	3 (14.3%)	2 (9.5%)	12 (57.1%)	2 (9.5%)	2 (9.5%)
My abusive partner was held accountable through criminal justice responses	3 (14.3%)	6 (28.6%)	6 (28.6%)	3 (14.3%)	3 (14.3%)
If my abusive partner was not violent, then most of the time my relationship was fine.	7 (33.3%)	9 (42.9%)	4 (19%)	0	1 (4.8%)
If the abuse had stopped, I would have stayed in the relationship.	5 (23.8%)	11 (52.4%)	3 (14.3%)	1 (4.8%)	1 (4.8%)
My abusive partner was offered support by the services to change their behaviour.	2 (9.5%)	4 (19%)	4 (19%)	6 (28.6%)	5 (23.8%)
For an abuser to accept help, they need to realise there is a problem with their behaviour.	15 (71.4%)	5 (23.8%)			1 (4.8%)
If there had been help for my abusive partner, things might have been different.	7 (33.3%)	7 (33.3%)	6 (28.6%)		1 (4.8%).
I would have preferred to have accessed support for myself, my abusive partner, and (if applicable) children.	7 (33.3%)	12 (57.1%)	1 (4.8%)		1 (4.8%)

Table 2

Notably, the majority of the participants agreed with the statement: 'If my abusive partner was not violent, then most of the time my relationship was fine' and 11 stated they would have stayed in the relationship if the abuse had stopped. The majority also agreed that the abuser needed to recognize that their behavior was problematic in order for them to accept help and that things might have been



different if there had been support available for the abusive partner. Nine (42.8%), almost half of the respondents, considered that “my abusive partner could have been helped if the right help had been available”, the other half doubting it, 11 (52.4%) did not agree nor disapprove and only 1 (4.8%) was in strong disagreement. Only 6 of the respondents called the police.

To the question after how many years of abuse they began to think they would need to ask for help, the answers were scattered (See Figure 2)

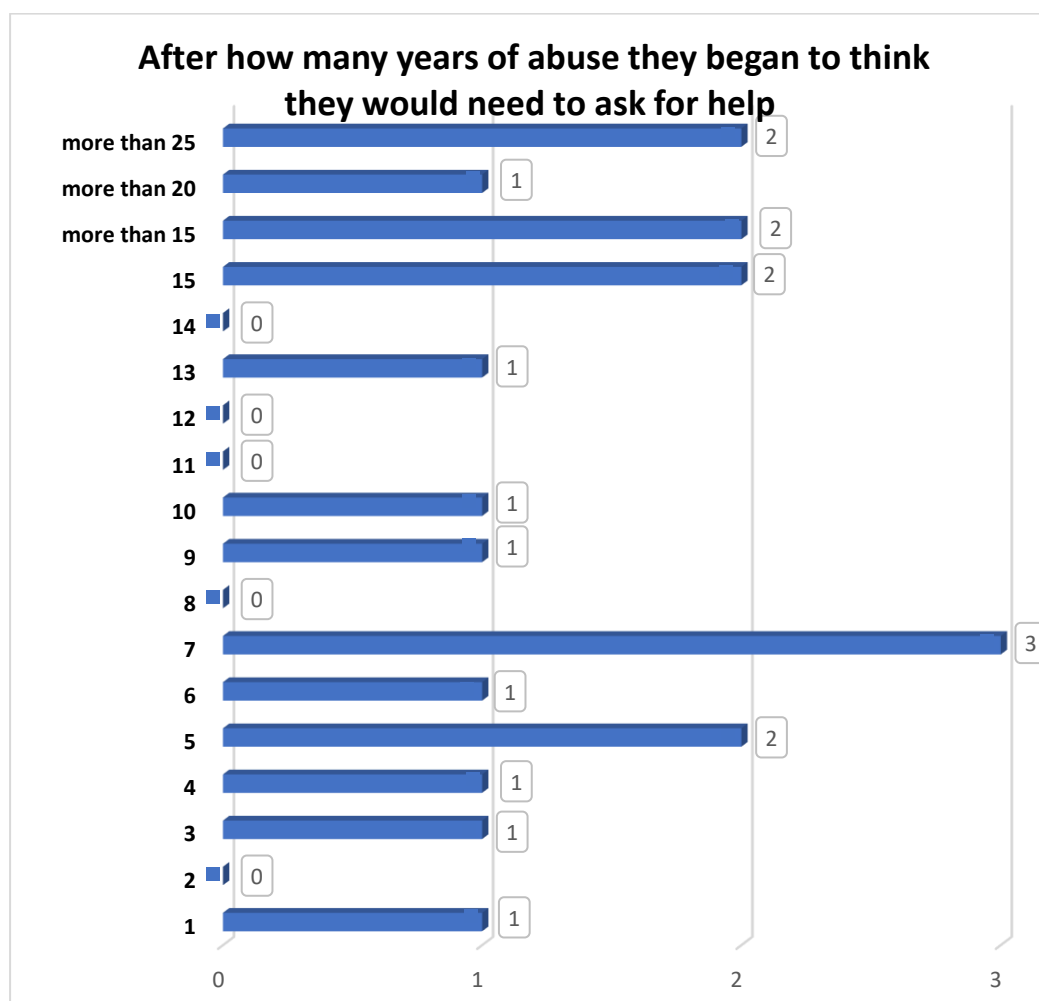


Figure 1

Elements that aided or hindered victims of DVA to make changes

From the perspective of the victims who completed the questionnaire, the participants were asked what were the most helpful types of support they received: the majority stated



psychological support and advice, however also included were:

- protection order,
- legal counselling.
- Signposted to specialist services,
- Information
- Authority being involved
- Sheltered housing
- Have someone to talk to, emotional support, a supportive person e.g. Priest
- Financial help, rent subvention.
- There were also other important elements, for example, one participant noted the importance of *Psychological counselling for her and the child, and one noted that the intervention of the authorities 'cut off some of the perpetrator's audacity'.*

Others pointed to the changes they made for themselves for example:

"I started to rehabilitate myself, I don't want to hear another word about men, I realized that I can enjoy the small things in life"

"A better awareness of my personal values as a human being, the intention to maintain firmly the decision to end the relationship with the perpetrator, the certainty that I can ask for support and advice without being labelled or criticized for what happened"

"Later on I took part to a campaign against abusers and I saw that I am not alone and helpless. I managed to take the side of the abused women including me in front of the persons who were against the campaign and supported the abusers. This was an act of courage for me because I had kept quiet about what happened until then"

The respondents considered that the worst three things (if they existed) related to the help received in situations of DVA were:

Children being removed from their care, threats from the perpetrators, society's perspective as one participant noted: "I realised I accepted and persisted in a toxic relationship because of the eyes of the world". Another noted that the worst thing was the denial of the police concerning the abuse "I didn't appear to have been beaten and they refused to take the complaint. The ignorance of the policemen"



When it came to things that needed to change relating to perpetrators of abuse, if the victims could change a thing about how perpetrators are approached what would they change. The majority of answers related to a need for increased punishment which include such examples as more severe penalties for breaching court orders, increased monitoring by the authorities, 'beating them', removing parental rights and imprisonment. Several noted that there was a need for police and others to stop judging the victims or excusing the perpetrators. Others advocated for counselling and therapy *'for modification of the thoughts the attitudes and their behaviour'*; others felt there was a need to address the possible cause of the abuse (see Table 3)

<i>"The cause of the abuse should be sought... they may be victims themselves of a certain fact and they are not aware of it"</i>
<i>"I'd look for solutions to change violent behaviour from childhood through educational programs"</i>
<i>"Social perception"</i>
<i>"More information is needed. To teach human rights in school. Let anyone know when their rights and dignity have been broken."</i>
<i>"I think there should be work centres with the adults a kind of school for the parents which could teach the parents how to raise their children, nicely and correctly. Everything starts from childhood including how you will be as an adult."</i>

Table 3

Conclusion

In conclusion, the victims the majority of victims felt that they had been able to access support when needed, although for a number this had not been the case. Many participants felt that the relationship could have survived had the perpetrator received some support. However, the majority for participants felt that there should be more severe penalties for those who perpetrate DVA. A number of participants noted that cultural and societal beliefs impacted victims relating to being judged and believed. Moreover, key to support for victims was having someone to listen, and access to psychological support.

Focus Groups

Within the "Time for Change: Evidence based research for new practice approaches" activity



of "The Other Side of the Story: Perpetrators in Change" (OSSPC) project, The Social and Medical Services Directorate of Cluj-Napoca (DASM) organized three focus groups which aimed to assess the need for programs for specialists to work with perpetrators to reduce the perpetuation of DVA in Romania, to understand the circumstances in which these programmes operate, and to share good practice models and methods of working with perpetrators. Due to the pandemic context, these meetings took place online, on the Zoom platform, on November 4th, 5th and 6th, 2020, local time 10.00.

Within these meetings there were 33 participants, local and national social actors, recognised for their work and involvement in combating DVA, representatives of: *The Department for Crime Analysis and prevention* (The Cluj County Police Inspectorate); *The Police, The Prosecutor's Office attached to the Cluj Court; The Cluj Probation Services; Vivad Association and The Romanian Mediators Institution* (Cluj-Napoca); *The research and prevention centre in domestic and social violence* (Babeş-Bolyai University); *The counselling centre for preventing and combating domestic violence* („Comunitatea VeDe” Project, ADI-ZMC); *Adult Case Management Department, Domestic Violence, Elderly Assistance* (DGASPC Cluj -The County General Directorate of Social work and Child protection); *The Emergency shelter for victims of domestic violence* (DGASPC Cluj); *The County intervention centre for abused children* (DGASPC Cluj), *The Centre for preventing and combating violence in families* (DASM Cluj-Napoca), *The Child and family protection department* (DASM Cluj-Napoca); *The Assistance centre for family perpetrators* (Cugir); *The Assistance centre for family perpetrators* “O nouă șansă”, (DGASMB București); *The Complex of Services for Victims of Domestic Violence and Perpetrators* (DAS Timișoara), *The Assistance centre for the perpetrator* (DGASPC București, sector 5), *The Aiud Prison; Transcena Association* (Brașov); *The counselling centre for perpetrators* (Baia Mare) and a psychotherapist, volunteer collaborator of DASM Cluj-Napoca.

The structure of the focus groups followed the recommendations of the organizing guide of the focus groups, which was provided to DASM by Bournemouth University (UK), the lead coordinator of this activity. Thus, in the introduction, the participants were informed about the confidentiality of their personal data, about the fact that the meeting will be recorded, about their participation and involvement in the discussions according to their will and about the rules of the meeting, the possibility to withdraw from the meeting and asking for permission to take a photograph of the group. After the beginning of the recording and the presentation of the



OSSPC team on behalf of DASM, the guests were asked to briefly present themselves and the institution they were representing as well as the beneficiaries whom they support in their work (victims/ perpetrators).

The main topic of the discussions was the phenomenon of DVA, the work of specialists with DVA victims and with perpetrators. In the main section of the discussions, two case studies provided by the lead coordinator of the activity, Bournemouth University (UK), were brought for debate, namely Case study no. 2 -Jason and Amy and Case study no. 3 -Lucy and Amil. These cases were considered similar to the cases that most of the participants face in their work. Similar situations encountered were briefly mentioned by these professionals.

The existence of differences in the legislation of the two countries - Romania and the UK- were also emphasized, as well as the differences due to the religious characteristics (the Islamic religion in Case study no. 3, in Romania is not encountered as often as in the UK). It was admitted, however, that religious issues and religious differences have an increased impact on couple relationships in Romania as well.

In recent years, Romania has undertaken an ambitious and comprehensive reform of the legislation on DVA and has constantly adopted measures to ratify and prepare for the implementation of the Istanbul Convention. Law no. 217/2003 for preventing and combating DVA, in its consolidated and completed form, brings the legislation on DVA in Romania to the highest possible standard, implementing all the provisions issued within the Istanbul Convention. In practice, however, a lot more than that is needed. Regarding the day care centres or the residential centres for victims of DVA, they are insufficient. In most parts of the country there are no shelters for DVA victims, and the possibility of their socio-residential reintegration is limited.

In Cluj County there is only one shelter for victims of DVA that serves for the entire county, a centre for the prevention and combating violence in families (DASM Cluj-Napoca), a research and prevention centre in domestic and social violence (Babeş-Bolyai University) and a counselling centre for preventing and combating DVA (the Cluj metropolitan area, ADI-ZMC). Unfortunately, there aren't any centres in our county for working with perpetrators. However, in working with perpetrators, there are several institutions that try to provide services to this



category, at the request of the court or of the person, asking for help voluntarily. Thus, support and guidance are offered to perpetrators within *The Child and Family Protection Department* (DASM Cluj-Napoca), sometimes services are offered within *the Adult Case Management Department, Domestic Violence, Elderly Assistance* (DGASPC Cluj) and /or within the *Probation Services*, where there were rehabilitation programs without having as beneficiaries specifically family perpetrators. Currently, there are only a few requests from the court regarding this matter. There are no legal constraints of the court to force the perpetrators to follow rehabilitation services. Currently, in Romania there are only five centres for working with perpetrators: two centres in Bucharest – and 1 in Cugir, 1 in Baia Mare and 1 in Timișoara. In our focus groups we had representatives from all the above mentioned centres. Also, Transcena Association from Brașov, which works with perpetrators, had representatives present in our meetings.

During the discussions, the following aspects were highlighted:

- the need to develop and increase the number of prevention programs by introducing early education programs in schools on topics related to violence, bullying and preparation for couple life; increasing media involvement in changing the mentality on the phenomenon of DVA, decreasing tolerance towards DVA, focusing on informing the community about existing solutions and services;
- the need to implement the provisions of Law no. 217/2003 for preventing and combating DVA, in its consolidated and completed form, and to respect the recommendations of the Istanbul Convention on approaching the issue of DVA from a dual perspective, both from the victim and from the perpetrator by: increasing the number of centres for victims of DVA and of sheltered apartments, setting up centres for working with perpetrators in each city, creating new positions in the organizational structures of public institutions, hiring staff and training specialists in the field of working with perpetrators, developing training programmes in the field of DVA and of working with perpetrators, developing clear procedures in working with perpetrators and integrated interventions of the specialists involved, working in multidisciplinary teams;
- the need to increase the responsibility of the main actors (teachers/educators, doctors, priests, the police, social-work staff) in recognizing/identifying and reporting, as early as possible, situations of abuse/DVA, strengthening collaboration protocols between various public and private institutions (police, court, psychiatry, social services, nurseries/ kindergartens/schools, doctor's offices, day care centres for children, etc.) and the



operationalization of existing services (mobile emergency response teams and/or monitoring the compliance with protection orders with the support of electronic bracelets);

- the existence of some legislative gaps (lack of gradual punishments applied to perpetrators, the optional and accessory character of the disposition, by the court, of the obligation of perpetrators to attend a programme of psychological counselling, the existence of some inconsistencies in the intervention in situations of child abuse and in the legal provisions regarding the situations of sexual acts with minors).

Regarding the barriers faced by authors of DVA acts in accessing services addressed to them, in addition to external barriers related to increased tolerance towards DVA, to the lack of specialized services for this category and to the obligation, in all situations, for the perpetrator to follow rehabilitation /psychological counselling programmes, internal barriers faced by perpetrators were also identified, such as lack of awareness, minimizing his actions or non-acceptance of guilt, poor self-motivation, personal history (childhood abuse, behavioural pattern learned in the family of origin, mental illness , religious beliefs, addictions).

The most eloquent motivational factors that underlie the aggressor's wish to involve himself in the change process were considered the self-motivational factors such as: awareness, acceptance of the problem and the desire to change (unfortunately they are found in very few cases), the relationship with their children (especially in divorce situations in which children are also involved), religious beliefs. Regarding the motivational factors that are exercised from the outside, the following ones were brought into discussion: the obligation to follow rehabilitation programmes and the consequences that arise from non-compliance with this provision of the court, the involvement and professionalism of the specialists involved, their teamwork, individualized intervention and intervention techniques which are used - assertive approach.

As good practice models, the approach of the five centres which provide services to perpetrators and are functional, at this moment, in Romania were presented within the discussions:

- The Assistance centre for family perpetrators "O nouă şansă", (DGASMB București)- provides psychological counselling, social counselling, conflict mediation, counselling in addictions, counselling to ensure and facilitate the access of perpetrators to psychological,



psychiatric, detoxification treatments.

- The Assistance centre for the perpetrator (DGASPC București, sector 5) - offers psycho-social counselling and psycho-emotional support, legal counselling, information, family mediation, vocational guidance.
- The counselling centre for perpetrators (Baia Mare)- offers psychological counselling, education and counselling for the development of prosocial life skills, activities and services for preventing and combating DVA, behavior correction, support and rehabilitation, social reintegration of perpetrators, ethical principles, positive masculinity, human rights, national law and applicable sanctions.
- The Complex of Services for Victims of Domestic Violence and Perpetrators³⁴ (DAS Timișoara)- provides evaluation /re-evaluation of the beneficiary and offers rehabilitation services including individual/group counselling programmes and family mediation programmes, services of professional reinsertion - information activities, vocational guidance and counselling, parental education, subsidies, psychotherapy services and professional training services, based on an individual intervention plan.
- Transcena Association (Brașov), carries out activities in four fields - education and training, monitoring and advocacy, social partnership and social theatre, having an active involvement in several projects on DVA and gender violence - prevention and risk reduction, by organizing training courses for school counsellors and teachers, as well as the development of programmes for working with perpetrators.

In working with perpetrators the following aspects were highlighted as working models: the individualization of the offered services through a complex assessment of the psycho-social situation of the perpetrators, the preparation of individual intervention plans specific to each beneficiary, work in multidisciplinary teams, concluding collaboration protocols, strong collaboration between specialists /institutions that provide services to victims and those that provide services to perpetrators in order to form an overview /keep the same team working both with the victim and the perpetrator the role of mediation, in certain situations (with the agreement of both parties, in divorce situations, when it comes to children and depending on the existing risks and the severity of the violent acts), the assertive approach.

³⁴ <https://www.socialtm.ro/>.



The frequent pattern of the victim has been identified within the discussions:

- mostly women,
- often minors, lack of life experience, dysfunctional relationships with parents;
- lack of a job, of a home of one's own-financial dependence on a partner;
- lack of family support;
- educational level-from all categories;
- reduced social life;
- mothers with children.

The perpetrator's pattern has been identified within the discussions:

- mostly men
- different addictions;
- psychiatric problems;
- trauma/ abuse in the family of origin;
- educational level - from all categories;
- problems with the police.

The perspective of the victims of DVA:

- The female victim often chooses not to turn to certain institutions for several reasons, such as: lack of information; fear of the perpetrator; children; lack of support from the family of origin; a shady financial situation; fear of being blamed; no trust in state institutions.
- The return of the victim in the relationship with the perpetrator is often encountered, being explained in terms of psychological dependence of the perpetrator, the presence of the Stockholm syndrome, financial dependence, reduced resources in terms of reintegration, lack of sheltered housing, social resources.



The perspective of the perpetrators

- always minimizing the gravity of their actions
- blaming the victim for their aggressive behaviour (he was provoked)
- error perception of gender stereotypes (man leads, woman obeys)

Localized issues:

- In certain Roma communities in Romania (e.g. Pata Rât area in Cluj-Napoca), the issues of minor girls who are involved in relationships from an early age, the common aspects of these relationships between partners (they do not legalize their relationships through marriage, they are involved in cohabitation relationships, have relationships with several people, are tolerant of the phenomenon of DVA, which they consider normality because of their family patterns and lifestyles) are highlighted. This category often refuses the intervention of state institutions.
- In the rural environment a greater tolerance towards the DVA phenomenon has been highlighted, both on behalf of the community and of the social actors involved in combating DVA. In rural areas, access to information and specialized services in this field is much more reduced than in urban areas.
- Increased degree of revictimization -a consequence both of the victim's inability to detach herself from the perpetrator, but also of the lack of services in working with perpetrators.
- The number of victims is equal to the number of perpetrators, a balance is needed in providing services - both for victims and perpetrators.

Conclusions

Making a brief analysis of the results and conclusions obtained in the practical research part (interviews, questionnaires, focus groups) we believe that we need to change the mentality of the wider community, in order to broaden the approach to DVA from the perspective of the perpetrator as well and the change of his maladaptive behaviour are clearly and unanimously highlighted.

We recognize the importance of recent legislative changes in Romania, in protecting victims



of DVA, by introducing the provisional protection orders, by increasing the penalties in cases where the protection order is violated, by monitoring the perpetrators through electronic bracelets, by introducing the term cyber violence, by changing the age of consent to sexual intercourse with a minor and by increasing the penalties for crimes against liberty and sexual integrity.

At the same time, we consider that a much-improved law, without a practical applicability, without clear procedures and without a respect for the application of punishments as provided by law, decreases the credibility in state institutions, empowering the perpetrators who know that there are no consequences for their behaviours, while strengthening their erroneous beliefs.

We reiterate that if these changes are to be effective and, in general, if the phenomenon of DVA is to be effectively reduced and adequate protection of vulnerable victims is to be achieved, a paradigm shift and intensive training in a human rights philosophy of all relevant professions is needed.

We also consider increasing the number of prevention and educational programmes in schools related to sex education, involving the media in changing mentalities, stepping out of the victim's sphere and developing specialized services in a fair way, both for victims and for perpetrators to be essential.

In this context, we sound the alarm regarding the increase of the responsibility of state institutions to develop the services that the community needs in order to reduce the phenomenon of DVA, the allocation of funds from the state budget and local budgets in the development of services for victims and perpetrators, respectively counselling centres, residential centres, shelters and sheltered apartments, as provided by law.

At the same time, we need to recognize that we are poorly prepared, that in Romania in 2020 there are no training programmes in the field of work with perpetrators, that the number of accredited specialists is very small, and that in order to provide quality services we need training courses on the specifics of working with perpetrators for all specialists involved in the field of DVA and not only.



Recommendations

- Intensive and multidisciplinary training of all professionals (police, doctors, educators, teachers, social workers, psychologists, lawyers, prosecutors, judges, etc) involved in working with the victim and with the family perpetrators on the specifics of DVA, early identification of violence situations and reporting them to the competent institutions;
- Active involvement of the community in identifying and reporting cases of violence to the competent institutions;
- Multidisciplinary approach and provision of integrated services regarding the protection of victims, the establishment of a sufficient number of day centres, sheltered apartments, intended for victims;
- Multidisciplinary approach and provision of intergroup services regarding the rehabilitation of perpetrators - establishment of a sufficient number of centres intended to work with the perpetrators;
- Training specialists in working with the perpetrators;
- Developing clear working procedures with the perpetrators;
- Applying the measures required for the operationalization of the electronic surveillance system of the perpetrators;
- Operationalization of existing services or their development in each city (for example mobile emergency response teams);
- Prompt resolution of complaints in cases of DVA, divorce cases with a history of DVA;
- Improving the skills of professionals in the field by ensuring continuous quality training;
- Introducing the obligatory character in the order of the court to oblige to rehabilitation services all family perpetrators, monitoring the observance of the court's disposition and sanctioning the non-observance of the law;
- Introduction of gradual punishments for the family perpetrators.
- Elaboration of a unitary methodology and of a set of standardized tools for working with perpetrators;
- Making the perpetrators responsible by establishing an integrated institutional framework and by adopting specific policies and measures;



- Developing a national information, raising awareness and sensitization campaign in the media, in society and in schools, on the fight against any type of verbal, psychological or physical violence and on the importance of providing specialized services for the rehabilitation of perpetrators;
- Developing collaboration relations between internal partners and between the Romanian state and other states or international bodies involved in preventing and combating DVA.



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Appendices



Appendix 1: Focus Group Vignettes

Three Vignettes for use with Focus Groups:

Vignette 1: Maria and Tony

Maria and Tony are in their thirties and have been married for four years. Tony is currently taking a break from a job that he said had caused him mental health issues and a persistent back injury, for which he received welfare benefits and self-medicated using cannabis and medicinal painkillers. Maria has post-graduate qualifications and was working in a well-paid position but has just gone on maternity leave as she is pregnant with her first baby.

Since experiencing mental health problems Tony has had several appointments at his local doctors' surgery, where he discussed his concerns with stress and his own anger at home. The doctor prescribed antidepressants. Maria asked Tony and his friends not to smoke cannabis near her. Tony refused. Currently, Tony is also refusing to make any contribution to rent or other living expenses and, when asked, gets angry, yells and throw things, including a computer on one occasion. This scared Maria so she spoke to the midwife, mentioning that she was afraid but trying not to react, trying not to hurt Tony's pride or impact his mental health. The midwife talked with Maria about a referral to social services early support team. Maria agreed and was allocated a keyworker (Jessie).

As there were concerns about the risks of Tony's behaviour concerning the unborn child, the case worker also talked to Tony. At first Tony was not happy to talk about the situation and wanted Maria to stop seeing Jessie, but after a couple of weeks, when he realised that Maria was not going to do this, he agree to talk with the keyworker again, and said he would try to keep his temper under control. A few weeks later, Maria told Jessie that Tony's behaviour had initially improved but shortly after the baby was born Tony became frustrated with the baby's crying and tried to take the baby from Maria. Maria spoke to Jessie and together they were able to convince Tony to access a local support perpetrator programme. Maria gives regular reports to the perpetrator programme facilitators on Tony's progress, and also to Jessie. Six months on and Maria is reporting a marked improvement in Tony's behaviour towards her and the baby.



Vignette 2: Jason and Amy

Jason is twenty-two years old and Amy is seventeen. They have been dating for 6 months. Amy lives with her parents, whereas Jason lives independently.

Amy was very studious when at school, however since starting college and becoming involved with Jason she has shown less interest in her work. She stays out late and her parents are concerned that she has started drinking and possibly using drugs. Amy's parents are not aware that she has asked her doctor for contraception, and Amy knows they would not approve. They have threatened to throw her out of their house if she continues spending time with Jason. If this happens Amy said she will live with Jason.

Jason is a likeable guy who is popular with his peers. As he has a car and lives on his own he often has young people around him and they regularly stay over. He is known for being able to access drugs and is developing a drug dependency. The police were called out to a DVA incident at Tony's home as neighbours reported hearing Amy screaming and shouting. No charges were brought. On another occasion Jason had been seen with his arms around Amy's neck aggressively down an alley way in town late at night. Amy has since told her college health worker that she has experienced sexual violence but wouldn't say with whom.

Amy's college tutor has noticed that she has become very anxious. Jason is constantly calling her and takes notes of her movements when she is away from him, including at the beginning and end of her classes. Her tutor noticed some bruising on her wrists and also on her face but when asked Amy would not talk about it.

Jason has tried to access substance misuse support from his local doctor. A referral was made to a support service who have been in touch with him to offer support. In the meeting with his counsellor he told them that he gets angry when intoxicated and it has sometimes got out of hand. They referred him to a local domestic violence and abuse perpetrator service however they won't work with him whilst he is taking illegal substances. He feels that he is in an impossible situation.



Vignette 3: Lucy and Amil

Lucy and Amil are in a relationship for around 13 years and had four children together. Amil was born in Iraq but moved to the [UK](#) 18 years ago and runs a small business. Amil is committed to his faith and spiritual beliefs, following a rigorous daily worship practice and requiring that their children strictly comply. Lucy works full-time now all the children are at school. She does not want more children but Amil is opposed to contraception on religious grounds. When Lucy raised suggested a vasectomy, Amil refused to consider this option as he said it would make him feel less like a man.

Lucy sought help from her doctor who offered contraception, which she received but never disclosed to Amil because she knew he would object. Recently, Lucy feels a great deal of tension around multiple issues that Amil had strong views about and that Lucy has been unable to discuss with him without it resulting in him shouting and a friend suggested she contact a local women's support service. Lucy did so and explained to the keyworker that Amil exercised a high level of control over her life and also her children's.

The children do hours of prayers in the mornings and evenings, which makes them late for school and behind with their homework. Amil dictates how prayers should be performed, and then often changes the rules without explanation. If the children perform incorrectly, Amil hits them across the face, or swings them around on one arm. While Lucy experiences some physical violence, she says the children were frequent victims and subjected to the constant threat of more severe harm. Lucy told her keyworker (Candy) about a number of specific incidents where Amil had hurt her.

Lucy told Candy, that she feels as if she is always walking on eggshells. She does not have any friends, rarely leaves the house, and does not have her own bank account. Lucy says she loves Amir and wants to stay in the relationship, she just feels Amir needs to be a bit more understanding about her needs. Candy suggested to Lucy that she needed to talk with social services as Lucy had mentioned that her children were experiencing physical harm. Lucy said she understood but was not prepared to talk to them herself. Social services contacted Lucy, who said there was no issue and that she had made up the stories about Amil because they had a row. Amil and the children also said there was no issues when asked. The school and doctor did not have concerns regarding the children. No further action was taken.



Appendix 2: Key Worker Focus Group Questions

Length of Focus group: 45 minutes - 1 hour (maximum)

Focus Group Introductions:

- Remind participants the session is recorded, and they can participate via audio only (i.e. turn their cameras off) if they wish.
- Start recording.
- Confirm that the participants have all read the information sheet and signed the consent form.
- Ask if they have any questions at this stage?

Please ask each participant to introduce themselves by first name, length of time working in this field, who they support, and job title

First half of the focus group: Choose 2 of the vignettes which outline a case. You should allow 15-20 minutes per case for discussion. Vignettes should be sent out in advance, alongside these question prompts:

Vignette Topic Prompts: Questions:

- How does this story compare to types of cases you experience in your professional role?
- At which points could an intervention have been offered?
(Criminal justice system and voluntary options)
- If you could imagine your ideal intervention in this context, to end the DVA and offer support to both the victim and perpetrator, what would it include?

Supplementary questions (for last 20 minutes)

Scoping Question- Views on existing DVA support provision

I want to ask your views about current perpetrator work:

- In your opinion, are there gaps in the current provision of perpetrator work in your community? If yes, what are they?



- In your opinion, are there barriers faced for perpetrators accessing timely and effective support? If yes, what are they?
- If you could change one thing about the situation for perpetrator intervention in your community, what would it be?

End of focus group

- Thank the participants for taking part.
- Let them know you will be sending out an email and asking if, on reflection they have any further information they wish to share.
- Remind them of their local support services should this focus group raised any sensitive issues for them.
- *Stop the recording and save it as per the guidelines on the focus group guidance sheet.*



Appendix 3: Victim Surveys

Participant Information Sheet – Research Questionnaire

My name is [Orlanda Harvey](#) and I work in a research team from [Bournemouth University](#). As part of a European project we are conducting research into Domestic Violence and Abuse (DVA), so that we can better understand how to develop programmes to support survivors and support and potentially change the behaviours of perpetrators.

All details and information collected through the research will be completely confidential and anonymised, and no individual will be identifiable. Before you decide whether to answer the questionnaire, please take time to read the following information and discuss with others, should you wish. You can also contact me directly should you have any questions.

Participants: To take part in the study, **you must be 18 years or older**, and currently be experiencing DVA or have experienced DVA within the last 10 years.

Purpose: The aim of the project is to prevent further DVA and change abusive behavioural patterns to increase the capacity of frontline workers to support and further teach perpetrators of DVA to adopt nonviolent behaviour in interpersonal relationships .

The questionnaire will take approximately 15 minutes to complete and features several questions where the answers are ‘free text’ boxes, to give you the opportunity to share your thoughts and opinions. Please be as open and detailed as you can when answering any question. The more honest you are the more helpful and meaningful the data will be.

Benefits: Whilst there are no immediate benefits for those people participating in the project, your participation in this research study will make a valuable contribution to our understanding of DVA and the potential for future support for survivors.

Confidentiality: Only the research team will be able to access the study data. Anonymised data collected in this study may be used in future reports. However, all details are anonymous, and no individual will be identifiable through such publication of data. For the protection of yourself and the researchers conducting this study, this research has been reviewed and approved in line with Bournemouth University’s research ethics code of practice. BU’s [Research](#)



[Participant Privacy Notice](#) sets out more information about how we fulfil our responsibilities as a data controller and about your rights as an individual under the data protection legislation.

Withdrawal: You can withdraw from the questionnaire at any time. Please note that to withdraw you would only need to close the browser page (if completing online) or not return the questionnaire to the researcher. However, once you have completed and submitted the questionnaire, we are not able to remove your anonymised responses from the study.

Thank you for taking the time to read this. **If you have any questions regarding this research, please feel free to contact me using the information below.**

Contact Information: *Researchers: [Orlanda Harvey: harveyo@bournemouth.ac.uk](mailto:harveyo@bournemouth.ac.uk); and J. Levell, Email: jLevell@bournemouth.ac.uk . If you have a concern about any aspect of this study and wish to complain, please contact: Prof V. Hundley, Deputy Dean for Research & Professional Practice: Faculty of Health and Social Care, Bournemouth University by email to researchgovernance@bournemouth.ac.uk*



Experiences of Domestic Violence and Abuse (DVA): Questionnaire

By completing this questionnaire, it is assumed that you have given full informed consent.

Thank you so much for taking part. We hope to learn from you to help other people in future.

We stress there are no right or wrong answers, it is your opinion that matters.

SECTION 1: To what extent do you agree or disagree with the following statements - please tick one box?

	Strongly Agree	Agree	Don't agree/ Disagree	Disagree	Strongly Disagree
There is a good general awareness of DVA as a social problem in my community.					
I knew where to go to get help.					
I was able to access DVA support when I needed it.					
The help was offered at the right time for me.					
When I experienced DVA criminal justice agencies were involved (Police, courts, legal support).					
The criminal justice responses were effective					
The criminal justice responses were helpful					
The criminal justice response was vital to my safety.					



	Strongly Agree	Agree	Don't agree/ Disa- gree	Disa- gree	Strongly Disa- gree
My abuser was held accountable through criminal justice responses					
If my abuser was not violent, then most of the time my relationship was fine.					
If the abuse had stopped, I would have stayed in the relationship.					
The abuser was offered support by the services to change their behaviour.					
For an abuser to accept help, they need to realise there is a problem with their behaviour.					
If there had been help for my abusive partner, things might have been different.					
I would have preferred to have accessed support for myself, my abusive partner, and (if applicable) children.					
My abuser could have been helped if the right help had been available.					

SECTION 2:

From Your Experience:-

I began to think about getting help, _____ years of abuse

Did you call the police? Yes/No

If yes,



How many times did you call the police? _____

Please, explain, in your own words:

i) What, if anything, were the **best** three things about **the help you received** for DVA?

ii) What, if anything, were the **worst** three things about the help you received for DVA?

iii) If you could change one thing about how abusers are responded to, what would you change and why?

Please tell us a little bit about yourself:-

How old are you (in years)?	
What is your ethnicity?	
Are you male or female, prefer to self-describe?	
If you are working, what is your job?	



<p>My abusive partner was/is male/female?</p> <p><i>If you have had more than one abusive partner, please tell us how many in the box below, and what gender(s) they were/are?</i></p>	
<p>Do you have children?</p>	

If you have any further comments to make about this topic, please add them here:

<p>Would you like us to send you some information about the results of this project?</p>
<p>If yes, please enter your email address* here:</p>

*This email address will only be used for the purpose of sending you a copy of the research summary, and will not be stored as part of the research data. All personal data relating to this study will be held for 30 months from the date of publication of the research. BU will hold the information we collect about you in a secure location and on a BU password protected secure network where held electronically. Access to your personal data will be restricted to members of the research team and for the purpose of the research project only, in line with data protection guidelines. [BU's Research Participant Privacy Notice](#) sets out more information about how we fulfil our responsibilities as a data controller and about your rights as an individual under the data protection legislation.

Thank you for completing this questionnaire. *Should you have any further questions, please do not hesitate to contact me (Orlanda Harvey) at: harveyo@bournemouth.ac.uk*



Should you wish to find out further information on DVA the following websites provide useful information, advice, and support: *In the UK:*

- *Government Guidance: Domestic abuse how to get help: <https://www.gov.uk/guidance/domestic-abuse-how-to-get-help>*
- *Refuge: <https://www.nationaldahelpline.org.uk/> Call us, 24-hours a day, for free and in confidence: 0808 2000 247 and live online chat service*
- *Women's Aid: <https://www.womensaid.org.uk/information-support/> includes and live online chat service*
- *Citizen's Advice: <https://www.citizensadvice.org.uk/family/gender-violence/domestic-violence-and-abuse-getting-help/>*

Confidentiality Confirmation: The collected data will only be accessible by researcher and her supervisory team. Anonymised data collected in this study may be used in future reports such as academic journal and conference presentations. No individual will be identifiable through such publication of data.

For further information about the overall project please contact: Jade Levell, Project Manager for BU, UK: jlevell@bournemouth.ac.uk



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Appendix 4: Coding Frame

Thematic Data Analysis- OSSPC Work Package 2

Thematic Codes Part 1- Key themes as specified in the funding bid

- TC1A- What currently happens: Organisational response and referral pathways
- TC1B- Negatives: Barriers for perpetrators accessing services
 - o Why don't people engage?
- TC1C- Positives: Good Practice/What works
 - o Motivational factors for engagement
- TC1D- Needs: Gaps in provision
- TC1E- Typologies of Perpetrators: Typical presentation/issues
- TC1F- Typologies of Victims: Typical presentation/issues
- TC1G- Victims perspectives- Misc

Thematic Codes Part 2- Important thematic areas to explore for further exploration/future publications

- TC2A- Rural DVA: Localised issues specific to regional/rural DVA
- TC2B- Masculinities: I.e. the perceived gender specific ways men cope/perpetrate/relate to DVA.
- TC2C- Controversies: Pro-feminist vs. gender neutral discourse
- TC2D- COVID-19

Thematic Codes Part 3- All team members are welcome to highlight key points which touch areas of their own interest, for wider discussion by the team. TC3A- Noteworthy: Misc areas which are important to note