



Health Professional Action
Rape and sexual violence in the home
Hungary

For more information see: *Hungary: Cries unheard – The failure to protect women from rape and sexual violence in the home* (AI Index: EUR 27/002/2007: <http://web.amnesty.org/library/Index/ENGEUR270022007>)

Summary:

In Hungary two thirds of sexual crimes are committed by people known to the victim. Social prejudices about rape – for example, that women frequently make false allegations of rape - are widespread. Health professionals frequently show a lack of understanding of how to respond appropriately to women who have been raped or have experienced other sexual violence. Governmental failure to acknowledge the seriousness of rape and other sexual violence is reflected in the lack of support centres and services across the country for victims of rape. Amnesty International is calling for crimes of sexual violence to be taken as seriously as other acts of violence against the person and for victims of such crimes to be provided with adequate care and legal support.

Background:

Rape and other forms of sexual violence have a devastating impact on women's lives. Women subjected to domestic violence, which often involves rape, suffer the same pain, humiliation and threat as victims of other forms of violence. They may have physical injuries, have suffered psychologically, and experience the same feelings of powerlessness and depression as other victims of violence. In addition, they are often without emotional support, facing alone widely-held myths and prejudices in the community about women's responsibilities for abuse by an intimate partner.

Serious shortcomings in the way the Hungarian Penal Code defines and punishes crimes of sexual violence aggravate this situation. The most serious failing is the Penal Code's definition of rape which requires that the victim prove that they physically resisted their attacker, no matter the level of threat or violence that they faced; or that the person committing the rape directly threatened the victim's life or bodily integrity. The Hungarian

government's failure to gather statistical information and provide up-to-date research on cases of rape or sexual violence, fails to respond to the recommendation of the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW) that 'States should encourage the compilation of statistics and research on the extent, causes and effects of violence, and on the effectiveness of measures to prevent and deal with violence.' (General Recommendation 19, paragraph 24 c). This is essential to gain an understanding of the problems of sexual violence; to develop policy and enact legislative reform, and to design and evaluate programmatic work.

Lack of support services, and the need for specialist training:

Many of the professionals dealing with cases of rape and other crimes of sexual violence against women are not specialists in such work. Sometimes they betray prejudices about the role of women that may hinder a successful prosecution of the perpetrators of violence against women. A Hungarian study on responses by officials to domestic violence, cites the case of a woman whose husband had beaten both her and their children. She reported that a forensic psychologist who had interviewed her following these events, had scolded her and pressed her to meet her husband, despite her clear reluctance.

György Virág, Managing Director of the Foundation for the Rehabilitation of the Victims of Violent Sexual Attack (ESZTER Foundation), told Amnesty International that medical professionals still receive no training in this field, and women affected by crimes of sexual or domestic violence have no access to support services¹. "Victims/survivors of violence against women need professional help, services from social workers, psychological and legal aid", he said.

Three young men were convicted and sentenced to prison terms for gang raping and sexually abusing Zsuzsa in 2005. She had known one of them, a university student, spent an evening with him in a bar, and had gone with him to the apartment of a friend of his where he and two others assaulted her. She was allowed to leave in the morning. In severe pain, before reporting to the police, she went with her sister-in-law to a gynaecologist. Although the sister-in-law informed an assistant what had happened, the doctor removed a tampon that had been forced up into Zsuzsa's cervix by the rapes without asking any questions. The police later took Zsuzsa to be examined by another gynaecologist, who reported in detail on her internal injuries. Subsequently in court, the differences between the reports of the two medical examinations were highlighted during questioning. The first doctor who had seen her said that he did not remember the case.

The World Health Organization highlights the importance of health workers in recognizing and responding appropriately to individual cases of sexual assault. People who have experienced sexual violence often seek medical assistance, although they do not always disclose the cause of their injuries. Members of the Habeas Corpus Working Group, a Hungarian NGO providing legal advice for victims of sexual violence, told Amnesty International that doctors and psychologists in Hungary usually do not ask relevant questions when women seek medical care for injuries that could have resulted from domestic violence, even if the signs are clear. Their medical statements reflect only what the woman has told them. If she talks only about physical injuries, they will not ask whether she has been sexually assaulted as well. The Council of Europe recommends that member states should include in the basic training programmes of those working in the medical and social fields, elements concerning the treatment of domestic violence as well as all other forms of violence affecting women. Additionally they recommend that this training prepare medical staff and others on how to

¹ Katalin Parti, "Ügyészség, rendőrség, gyámhatóság - érintkezési pontok, problémák, hiányosságok a családon belüli erőszak kezelésében" ("Public prosecutors, police, court of guardians – points of contact, problems and deficiencies in the treatment of domestic violence"), *Ügyészek Lapja*, 2002/5.

detect and manage crisis situations and improve the manner in which victims are received, listened to and counselled. (Committee of Ministers Recommendation (2002)5)²

In Hungary, forensic examinations of women who have been raped or otherwise sexually assaulted are performed by gynaecologists in hospitals, not by a specially trained medico-legal examiner or health care provider. Hungary lacks specialist centres that can provide both treatment for the survivors of sexual assaults and meet criminal justice requirements with respect to the collection of forensic evidence. The failure to provide such services denies women justice because of delays in locating a forensic examiner, inconsistency in standards of evidence gathering, and the absence of medical follow-up. It also directly contributes to low levels of reporting of rape because of the intimidating and unsympathetic environment in which forensic examinations often take place, the low likelihood of being examined by a female forensic examiner and the lack of support services.

Studies have shown that a specialist service, which can provide sensitive and professional care, reduces the trauma experienced by women already feeling humiliated and degraded, and accords a higher priority to their welfare and dignity.³ They have concluded that women should have the option of being examined by a female examiner, in private, and should have only one, prompt examination, which would combine evidence-gathering with assurance of medical treatment. They should be offered medical follow-up and counselling, and services to assist their recovery, in line with WHO Guidelines for medico-legal care for victims of sexual violence (2003). As the Guidelines state, "*Victims of sexual assault require comprehensive, gender-sensitive health services in order to cope with the physical and mental health consequences of their experience and to aid their recovery from an extremely distressing and traumatic event.*"⁴ Providing appropriate levels of funding for services and support to survivors, as specified in the Declaration on the Elimination of Violence against Women (Article 4 h), is an important measure of the government's commitment to planning how to address violence against women and implementing those plans.

Recommended action:

Please write polite letters in English, Hungarian or your own language, to:

Minister of Health:

- Introduce yourself as a health professional concerned about the lack of protection and adequate support for women who are survivors of intimate partner rape and sexual violence in Hungary.
- Note that rape and other crimes of sexual violence are crimes against a person's physical, psychological or sexual freedom and integrity and constitute a serious breach of the human rights of women and girls.
- Express concern that some health professionals and social workers who see victims of rape and sexual violence, appear to hold attitudes that attribute blame to women and which reflect attitudes of some sectors of the public which see women as responsible for their rape.
- Urge the Minister of Health to provide and fund specialist training and guidelines for health care professionals, social workers and others involved in providing services to women survivors of rape and other crimes of sexual violence, as recommended by the Council of Europe (Committee of Ministers recommendation 2002/5)

² Available at:

[http://www.coe.int/t/e/human_rights/equality/05_violence_against_women/1003_Rec\(2002\)05.asp](http://www.coe.int/t/e/human_rights/equality/05_violence_against_women/1003_Rec(2002)05.asp)

³ Liz Kelly, A Research Review on the Reporting, Investigation and Prosecution of Rape Cases, Her Majesty's Crown Prosecution Service Inspectorate, London, 2002; Linda Regan, Jo Lovett and Liz Kelly, Forensic nursing: An option for improving responses to reported rape and sexual assault, Home Office Online Research Report 28/04, 2004, <http://www.homeoffice.gov.uk/rds/pdfs/04/dpr31.pdf>.

⁴ <http://whqlibdoc.who.int/publications/2004/924154628X.pdf> (accessed 25/05/07), pg.2

- Urge her to translate, disseminate and include in the training of health care professionals the 2003 *Guidelines for medico-legal care for victims of sexual violence* produced by the World Health Organization.
- Urge her to establish a working group, including representation of professionals and civil society organisations with expertise on violence against women and domestic violence, to review the quality and availability of existing programmes and initiatives to combat intimate partner rape and other forms of sexual violence; and to propose means of meeting any identified shortfall to ensure women are provided with appropriate services in line with the 2003 WHO guidelines
- Emphasise the importance that programmes and initiatives to combat intimate partner rape, sexual violence and domestic violence, are devised and implemented in full consultation and cooperation with other Ministries, and professionals and NGOs work.

The Chairmen of the Hungarian Chamber of Doctors and the Association of Hungarian Gynaecologists

- Introduce yourself as a health professional concerned about the lack of protection and adequate support for women who are survivors of intimate partner rape and sexual violence in Hungary.
- Note the lack of provision of care for victims of intimate partner rape and sexual violence against women and girls in the home, and the need for health care professionals to be adequately trained to respond to the needs of these women and girls
- Ask them to urge the Minister of Health to ensure provision and funding of specialist training and guidelines for health care, social workers and others involved in providing services to women survivors of rape, other sexual crimes and domestic violence
- Encourage them to urge the Minister of Health to establish a working group, including representation of professionals and civil society organisations with expertise on violence against women and domestic violence, to review the quality and extent of existing programmes and initiatives to combat intimate partner rape, sexual violence and domestic violence; and to propose means of meeting any identified shortfall to ensure women are provided with appropriate services in line with World Health Organisation (WHO) guidelines for medico-legal care for victims of sexual violence (2003).
- Encourage them to disseminate the 'Guidelines for medico-legal care for victims of sexual violence' produced by the WHO to members of their association, and to urge their members to follow the guidelines.

Please send copies of Amnesty International's report *Hungary: Cries unheard – The failure to protect women from rape and sexual violence in the home* (AI Index: EUR 27/002/2007) to the Chairmen of the Hungarian Chamber of Doctors and the Association of Hungarian Gynaecologists, so they might distribute them amongst members of their association.

Appeals to:

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The Hungarian Chamber of Doctors

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