

PREVENTING AND COMBATING VIOLENCE AGAINST WOMEN AND DOMESTIC VIOLENCE IN UKRAINE

TOWARDS THE ESTABLISHMENT OF A MULTI-AGENCY
COOPERATION MECHANISM FOR AN INTEGRATED
RESPONSE TO VIOLENCE AGAINST WOMEN AND DOMESTIC
VIOLENCE, AT REGIONAL AND/OR LOCAL LEVEL,
IN UKRAINE

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on Multi-agency co-operation at local
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CONTENTS

I. Introduction and background	3
II. Obstacles faced by victims of domestic violence and violence against women when seeking support and assistance in Ukraine	4
Obstacle 1: Lack of information on existing services and difficulties in accessing them	4
Obstacle 2: Lack of measures that ensure safety and protection	4
Obstacle 3: Lack of specialised support services and trainings for professionals	4
Obstacle 4: Absence of a co-ordinated response	5
Obstacle 5: Absence of confidentiality	5
Obstacle 6: Absence of a culture of trust and respect towards victims	5
Obstacle 7: Shortcomings in ensuring protection and support to women and their children in a holistic manner	5
Obstacle 8: Difficulties when accessing to justice	5
III. Stakeholders' challenges for effective co-operation at local level	5
General principles	6
Legislative framework	6
Institutional framework	6
Prevention - Protection - Prosecution	6
Co-ordination	7
NGOs	7
Trainings	7
IV. Guidance for establishing a multi-agency co-operation system for an integrated response to violence against women and domestic violence at local level in Ukraine	8
1. Introduction And Definitions	8
2. The Legal Framework	9
3. The Multi-Agency Co-Operation Mechanism/Model	9
4. Functions of the Multi-Agency Co-Operation Mechanism/Model	11
5. Key Principles of the Multi-Agency Co-Operation Mechanism/Model	12
6. Activation and Membership	14
7. Establishing roles and responsibilities	18
8. Meetings	18
V. Appendices	20
Appendix I - Draft Protocol	20
Appendix II - Strategic planning cycle: Steps to be followed in order to establish an effective co-ordination mechanism	31
Appendix III - Review of good practices examples of interagency cooperation in cases of domestic violence and violence against women	34

I. Introduction and background

This report is the result of the joint work and fruitful discussion of the Istanbul Convention **Inter-Agency Working Group on Multi-agency co-operation at local level** (hereinafter - the Working Group). The establishment of the Working Group was initiated by the Council of Europe Project "Preventing and combating violence against women and domestic violence in Ukraine" in 2015 (hereinafter - the Project), funded by the Swedish International Development Cooperation Agency (SIDA).

The Working Group included representatives of local authorities (Oblast, district and city levels) from the Prosecutor's office, the police, administrative courts, the free legal aid service, social centres and local NGOs from two project pilot regions, Kirovograd and Lviv. Representatives of partners at the national level, such as the Ministry of Social Policy, the Ministry of Interior, the General Prosecutor's Office and the Ombudsperson's Office were also involved in the thinking process the Working Group embarked on.

As a basis to group discussion, the Council of Europe Project commissioned a **Research on obstacles faced by victims of domestic violence and violence against women when seeking support and assistance in Ukraine**. The method of research was to conduct a series of interviews with women victims of different types of violence in the two pilot regions: Lviv and Kirovograd. Among other issues, the report pointed out the lack of information on existing services and difficulties in accessing them, the need for measures that ensure safety and protection and the absence of a co-ordinated response between agencies.

In order to foster discussion on multi-agency co-operation, **roundtables were organised in Lviv and Kirovograd** in April 2015. On this occasion, small focus groups based on thematic in-depth interviews with the key actors involved in preventing violence against women and domestic violence in regions (social workers, police staff, lawyers, teachers, representatives of religious communities and NGOs) were conducted.

Based on the outcome of the discussion in the regions, a further research was carried out to **identify gaps and challenges in the current Ukrainian system of response** to violence against women and domestic violence. This research highlighted that the system of co-ordinated response and referrals is very unclear and confusing for both the victim who expects support and for the different agencies that have to interact. In order to improve the system, a set of key measures to be considered when discussing ways to combat all forms of violence against women in a comprehensive and co-ordinated way was identified by the expert. Among other measures, the development of a "protocol" for multi-agency co-operation was proposed by the expert as a proper tool to establish a system of partnership at the regional/local level.

Discussion among key stakeholders at local level was further encouraged through the **meetings of the Working group** that took place on 16 December 2015 and 18-19 April 2016 in Kyiv. Throughout the whole reflection process, members of the Working Group found themselves in a difficult position due to the **on-going process of reforms**: legislative changes in connection with the preparation for the ratification of the Istanbul Convention and on-going process of decentralisation of powers in Ukraine. Therefore, the Working Group had to strike a balance between the current laws and the prospects of its modification in line with the possibly adopted legislative amendments.

During the first of these meetings on 16 December, the participants had the opportunity of listening to the presentation of a Spanish expert on the co-ordination councils and the [protocol of co-operation developed in the town of Pozuelo de Alarcon](#), Spain. Further to this, a structural discussion on the advancement of a mechanism for inter-agency co-operation and integrated response at the local level in light of the Istanbul Convention requirements took place and was facilitated by the Council of Europe Project.

On the occasion of the second meeting, discussion groups composed of representatives of local

institutions in the field of violence against women and domestic violence engaged in a collective thinking process and reflected on different aspects of the issue, such as the allocation of responsibilities among different actors and the financial implications. **The proposals put forward by the Working Group constitute the basis for this Guidance and its attached Protocol for co-operation between regional and local authorities** elaborated by the project international expert and approved by key stakeholders at local level.

II. Obstacles faced by victims of domestic violence and violence against women when seeking support and assistance in Ukraine

(research carried out in 2014)

This research was conducted within the framework of the Council of Europe's Project "Preventing and combating violence against women and domestic violence in Ukraine". The objective was to identify obstacles faced by women victims of gender-based violence when they request assistance from the state institutions responsible for dealing with domestic violence and other types of violence against women in Ukraine.

The method of research was to conduct a series of interviews with women victims of violence, while bearing in mind the core principles of the Istanbul Convention. A number of women from both rural and urban areas who experienced different types of violence, from physical and psychological violence to forced abortion and rape, were interviewed individually. The data was collected in Lviv and Kirovograd Regions that were selected as pilot regions to participate in the project. Thanks to this research, the following obstacles have been identified:

Obstacle 1: Lack of information on existing services and difficulties in accessing them

The women interviewed pointed out that they had not received adequate, accurate and trustworthy information about the different types of support services and legal measures available to them. Neither urban nor rural respondents could quote any telephone helpline number. Moreover, some services are considered of difficult access because they are not sufficiently spread throughout the country. In particular, the respondents from rural areas indicated that medical facilities are often located at considerable distance from their place of residence.

Obstacle 2: Lack of measures that ensure safety and protection

The respondents, in particular those from rural areas, tend not to leave their home, despite the violence they are confronted with. In fact, they do not believe that it may be possible to find a shelter in a place unknown to the perpetrator and that they can protect their property and belongings while they are absent.

Furthermore, the women interviewed pointed out that there is no timely intervention by relevant agencies, increasing the risk of further violence against the victim and her children. According to the respondents, law enforcement agencies and health care institutions often experience lack of human and financial resources when they have to assist victims (i.e. shortage of fuel for ambulance and patrol cars, no professionals available round-the-clock). As a consequence, victims are further victimised as the perpetrator is not removed from the family in due time and furthermore the victims have to pay in order to receive medical assistance.

Obstacle 3: Lack of specialised support services and trainings for professionals

In the majority of cases, the women interviewed stated that there is a lack of free-of-charge psychological and legal support services. In practice, they often have to turn to NGOs if they want to receive this type of assistance. Moreover, professionals assisting women victims, such as law enforcement officials, social workers and health care professionals, are often considered as not appropriately trained to respond to victims' needs.

Obstacle 4: Absence of a co-ordinated response

The answers of the respondents indicate that victims are often not referred or not timely referred to other agencies when they seek assistance. This shows that there is a clear lack of co-ordination between agencies.

Obstacle 5: Absence of confidentiality

The interviewees from both urban and rural areas complained about the absence of confidentiality when reporting to the police or when seeking assistance from health care professional and social workers. There is a lack of appropriate facilities (i.e. individual offices) where victims can report without being heard by others. Moreover, the respondents from rural areas fear that information regarding their family situation would be disclosed to their neighbours and other inhabitants of their village who would shame them.

Obstacle 6: Absence of a culture of trust and respect towards victims

There is a lack of victims' trust in the system: women interviewed pointed out that they often feel disrespected, patronised, judged or pressured when they seek assistance. In many cases, professionals do not seem to adopt a gender-based approach and to recognise violence against women as a result of inequality between men and women. In particular, law enforcement officials are portrayed as a cause of distress, fear and feeling of danger while health care professionals are not considered trustworthy.

Obstacle 7: Shortcomings in ensuring protection and support to women and their children in a holistic manner

The interviewees from both urban and rural areas admitted that they tend not to report to the police or apply for social assistance for fear of not being given custody of their children. In general, injured children do receive medical assistance, but no other support is allegedly provided, including psychological counselling. Children witnesses of violence are said not to be adequately assisted in order to help them cope with the traumatic experience.

Obstacle 8: Difficulties when accessing to justice

The results of the interviews with women from urban and rural areas demonstrate that they are not sufficiently informed about their rights to bring a file and often cannot afford to pay a qualified legal representative. Very often victims do not have the courage to stand up for their rights in court proceedings after having suffered years of humiliation, physical abuse, and economic deprivation. In addition, there is a need for the system to provide free legal aid to victims, and further consideration should be given personal income threshold, rather than family.

III. Stakeholders' challenges for effective co-operation at local level

(research carried out in 2015)

The study shows that there is a strong interest and deep concern about the extent and incidence of the different forms of violence against women and domestic violence in Ukraine, with special attention devoted to children and young people. There is a growing understanding that the principle of zero tolerance of violence against women is connected with an effective co-ordinated response, involving all stakeholders, against all forms and incidents of violence.

There is a high level of awareness about the need for consistency in the implementation of the due diligence obligations by state agencies, the need to ensure the safety of the victims, better access to justice for them and accountability for the perpetrators. The stakeholders are aware of the shortcomings of the current legislative framework and of the need to ensure training for professionals dealing with cases of violence.

The research shows that, despite the patchy legislative framework, the seeds of good models and practices are rooted in the commitment of the different actors involved and the importance of local initiatives.

It appears from both law and practice that there are several major **shortcomings** in the system of co-ordinated response to violence against women:

- ▶ the perpetrator is too often at the centre of interventions, not the victim;
- ▶ there are too many types of social services involved, which may hamper efficiency ;
- ▶ the response of law-enforcement agencies to cases of family violence and co-ordination with other actors of the system is sluggish;
- ▶ health-care services are not part of the system of co-ordinated response;
- ▶ the system of co-ordinated response and referrals is very unclear and confusing both for the victim who expects support and for the different agencies that have to interact;
- ▶ general support services lack human and financial resources;
- ▶ specialised women's support services are limited, where they do exist;
- ▶ there is no adequate mechanism for referral to specialised services (psychological counselling, legal counselling, etc);
- ▶ women's organisations play a central role, but they are not part of the official system of co-ordinated response, since their role is not explicitly recognised by law;
- ▶ risk assessment does not make inherent part of the co-ordinated system of response;

On the basis of these conclusions, the following set of key measures should be considered when discussing ways to improve the Ukrainian system of co-ordinated response to violence against women and domestic violence:

General principles

- ▶ a clear victim-centred and gender-based approach should be adopted;
- ▶ a co-ordinated response system should encompass different areas, such as the prevention and protection of women victims and their children as well as the perpetrators' accountability;

Legislative framework

- ▶ the legislative reform in the field of violence against women and domestic violence is key to ensure an effective co-ordinated response;
- ▶ the territorial reform should be implemented with caution in order to preserve the resources of social services and the existing good practices and models of co-operation;

Institutional framework

- ▶ the role of the numerous agencies concerned should be clarified;
- ▶ thought should be given to merging some of the agencies involved, where appropriate, while preserving existing good practices and professionals' expertise;
- ▶ health-care professionals should be involved in the co-ordinated response system;

Prevention - Protection - Prosecution

- ▶ secondary victimisation should be avoided through an effective risk assessment system

involving all the relevant agencies. To this aim, the NGOs' expertise in this field should be considered as crucial;

- ▶ appropriate human and financial resources should be granted to the existing general support services providing financial assistance, housing, employment, etc.;
- ▶ specialist victims services (for instance, services providing shelter and safe accommodation, counselling services or crisis centres) should be set up or developed;
- ▶ further development of informative cards providing victims with concrete information on existing services at regional level should be encouraged;
- ▶ programmes for perpetrators should be implemented in close co-operation with women's support services, law-enforcement agencies, the judiciary, probation services and child protection and child welfare offices, where appropriate;

Co-ordination

- ▶ a "protocol" of multi-agency co-operation should be adopted to establish a system of partnership at the regional/local level. This would allow, among other beneficial results, immediate protection in cases of danger to life, physical or psychological integrity or other serious human rights violations;
- ▶ multi-agency case conferences should constitute additional tools for more intensive support to victims in special circumstances, for instance in high-risk situations;
- ▶ a system of referral and close co-operation with specialist centres should be established to support the victim and her children;

NGOs

- ▶ the role of women's organisations should be officially recognised as key to ensure the effectiveness of the co-ordinated response system to violence against women and domestic violence;

Trainings

- ▶ representatives of the different stakeholders should be trained on the beneficial effects of multi-agency co-operation.

IV. Guidance for establishing a multi-agency co-operation system for an integrated response to violence against women and domestic violence at local level in Ukraine

1. Introduction And Definitions

This guidance aims to support the relevant actors working in the field of violence against women and domestic violence in their efforts to establish an effective multi-agency co-operation system in Ukraine. It is grounded on the existing international standards¹ for an effective co-operation between institutions/agencies, who on their own cannot be successful in solving such deeply entrenched problems. Considering the current political and humanitarian situation in Ukraine and the Government's commitment to making advances in the area of violence against women and domestic violence - especially by improving the legal framework - this guidance is suggested to be fully adopted² after the ratification of the Istanbul Convention and the passing of the proposed changes in the national legislation. Beforehand, it is recommended that part of this guidance³ start to be implemented and adopted in the current country context. Taking into account the context of the country is especially important. Although this guidance and its attached draft Protocol (appendix 1) are prepared in close consultation with numerous actors at central and local level in Ukraine, only its daily practical implementation will show how it can accommodate the specificities of the country and of its different territorial units. In the meantime, since cases of violence against women and domestic violence occur on a daily basis, piloting the attached draft Protocol is also needed to improve the daily work and needs of all involved institutions/agencies.

IMPORTANT:
In order to enable all involved agencies/actors to co-operate systematically, to co-ordinate measures and to implement them successfully, the mechanism of multi-agency CO-OPERATION must be considered as AN ADDED VALUE of their work, not as an additional duty/responsibility to deal with!

Violence against Women is one of the most pervasive forms of violence. It takes place in situations of armed conflict but also in times of peace through daily forms of violence. It is a global pandemic that affects all countries, all societies, all religions, faiths and ethnic backgrounds⁴. Preventing and combating violence against women is a precondition for equitable and inclusive sustainable development, as well as an important value and objective in itself⁵. Violence against women cannot be considered simply a violation of women's human rights (in terms of their physical and psychological integrity), because it has a direct impact on the entire society. When a case of domestic violence occurs, the whole family, including children, persons with disabilities and elderly, is affected inevitably.

Gender-based violence⁶ is the most shocking manifestation of gender inequality, and serves to perpetuate and reinforce it. It cannot be understood in isolation from those social norms that govern gender relations and make such violations acceptable. The most common form of violence against women is that performed by a husband or an intimate partner. Men often use violence to punish perceived transgressions of gender roles. It is often considered a normal attitude rather than a criminal act, and victims rather than perpetrators are often blamed and stigmatised. Every day in Europe, women are stalked, harassed, raped, mutilated, forced by their family to enter into a marriage, sterilized against their will or psychologically and physically abused in the "safety" of their own homes. The examples of violence against women are endless, its victims countless. Many women are too

¹ Including also the principles, guidelines and standards as laid down in the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) CETS No.210. See: www.coe.int/conventionviolence

² The adoption could be done at the Governmental level (i.e. through a Cabinet of Ministers' Decision) or at the level of the Ministry of Social Policy. Following the approval, it will become obligatory to adapt and implement it all over the country.

³ I.e. the attached appendix 1 – Draft Protocol

⁴ EIDHR "Combating Violence against Women and Girls – Highlights of the semester I July- December 2014", published on 31/07/2015 See: www.eidhr.eu

⁵ Council conclusions on the Overarching Post-2015 Agenda, Council doc. 11559/13, 25 June 2013

⁶ "gender based violence against women" shall mean violence that is directed against a woman because she is a woman r that affects women disproportionately; Istanbul Convention, Article 3.

afraid or ashamed to seek help, often paying for their silence with their lives. Those that do speak out are not always heard⁷.

Domestic violence⁸ is another form of violence that is far too common and that affects women disproportionately. Domestic violence is a serious, preventable violation of human rights that relates to any physical, sexual, or psychological harm perpetrated by a current or former partner or spouse both in heterosexual or same-sex couples, ranging from one hit to chronic severe battering⁹. Domestic violence is one of the most serious and pervasive forms of violence against women. It is used to exert power and control over another individual, and leads to serious health damage, physically and emotionally, and may end fatally. Apart from physical injuries, it causes fear, distress and loss of self-confidence. Physical, sexual and psychological violence are employed to aggravate the feeling of vulnerability, lack of control over one's own body and feelings of hopelessness and shame. As a result of this, it destroys the victim's willpower and prevents her or him from being free and safe.

Co-ordinated measures and multi-agency partnerships are necessary to address the root causes of these problems. Interventions tackling violence against women and domestic violence need to be centred on the needs and the rights of the victims, and multi-agency co-operation is crucial in effectively preventing domestic violence against women and their children. Usually the terms "multi-agency work" and "multi-agency partnerships" are used interchangeably¹⁰. They refer to the process and outcomes resulting from different agencies concerned with the problem of domestic violence against women and their children, committing themselves to jointly working to improve the overall system's effectiveness. The term "partnership" suggests that all agencies are equal. However, this is not the case because agencies differ in their size, power, status, structure, resources and responsibilities. This guidance highlights the importance of paying attention to these differences, balancing them where possible and considering their impact on joint working.

2. The Legal Framework

It is also very important to mention the fact that this guidance and the respective Protocol are drafted based on the international legal framework, including the standards laid down in the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence.

REMEMBER:
CLEAR GUIDELINES for implementation of laws and procedures are necessary in order for the mechanisms' actors TO WORK EFFECTIVELY!

Considering the actual situation in Ukraine, where the Draft Law on Domestic Violence (DLDV), together with some other key legislative improvements, are still in the process of being discussed by the relevant authorities¹¹, it is important to mention that, once upon this improved legal framework will be in place, the respective parts to the suggested draft Protocol need to be completed with the key laws and respective paragraphs applying on violence against women and domestic violence issues.

3. The Multi-Agency Co-Operation Mechanism/Model

It is important to note that the term "mechanism" refers to any *formal* or *informal structure* such as *protocols, round tables* or *any other method* that enables a number of professionals to co-operate in a standardised manner. The Istanbul Convention remains flexible with regard to the implementation of this obligation. **The discussion held and the feedback provided by different professionals during and after the workshop organised in April 2016 by the Council of Europe project, for this purpose show that for the most part of key stakeholders Ukraine need a formal co-operation mechanism implemented through a protocol approved at central level.** This means that after all

⁷ "Safe from Fear, Safe from Violence – frequently asked questions", see: www.coe.int/conventionviolence

⁸ "domestic violence" shall mean all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim; ; Istanbul Convention, Article 3.d

⁹ EIDHR "Combating Violence against Women and Girls – Highlights of the semester I July- December 2014", published on 31/07/2015 see www.eidhr.eu

¹⁰ Council of Europe Training of Trainers manual: "Effective Multi-agency Co-operation for Preventing and Combating Domestic Violence", R. Logar and B. Marvánová Vargová, September 2015

¹¹ at the time of issuance of this report: June 2016

improvements in legislation, the Ministry of Social Policies - suggested as key co-ordinating body at central level - should undertake all the necessary steps to finalise this guidance (and specifically its Appendix 1 – suggested draft Protocol) and to send it for approval to the Council of Ministers. Upon its approval, the Protocol will start to be implemented, considering the specificities of each level of government (amalgamated communities, cities, rayon, oblasts). A clear description of the duties and responsibilities of each agency involved, based on the improved legal framework, will be extremely important. Even before the new legislative framework is in place, the key principles of the multi-agency co-operation system should guide the work of the relevant actors in this field. **This guidance intends to encourage the adoption of a holistic approach by all involved agencies/actors since serious institutional commitment and**

The agencies' members of this mechanism **MUST SENSE IT AS THEIR OWN MECHANISM (ownership)** since its creation – this is very important while drafting specific protocols/guidelines or memorandum of understandings between the members.

co-ordination are key to effectively address cases of violence against women and domestic violence.

In order to be truly effective in ending and preventing future violence, the co-operation mechanism should address the inter-connected social issues of poverty, economic independence, adequate housing, affordable housing and other issues that affect the victim and the family members dependent on her/him. Since violent incidents can and do occur at all times of the day and night, having the ability to meet the immediate needs of a victim is a vital component of such a mechanism. When the members of the core team are available 24 hours a day, 7 days a week, the mechanism functions effectively and the capacity of protecting the victim increases. While establishing the mechanism, it is important to consider also the specificities and resources/opportunities of the different communities, in urban and rural areas. In urban communities, the response team may have a large number of members and have more resources to draw upon. Due to the density in population, victims may feel safer and more anonymous when stepping forward for support. There is a general expectation that an urban area provides more resources for the victim and that it is an easier environment for victims to come forward and seek help. However, the reality of urban communities is often that the increased reports and increased needs most often far exceed the actual services that are in place. Furthermore, services may be decentralised and victims sometimes may find themselves in the need to travel alone in order to meet the forensic doctor or a specialised health service. Rural communities, while similar in the need for more resources, have additional issues that arise when responding to victims. For example, there is more often a severe lack of options for serving victims, there are close and overlapping relationships between victims and police and other service providers, there are strong cultural norms that keep violence from being discussed and there are often issues in protecting the confidentiality of the victim who does step forward.

The ability **TO MEET THE IMMEDIATE NEEDS OF A VICTIM, DESPITE THE COMMUNITY'S SIZE AND LOCATION,** is a vital component of such a mechanism

Regardless of size and location, all teams must take the time to plan and strategise ways to address the concerns that are relevant within their own community structures. **When developing and implementing a multi-agency mechanism, it is critical to take the time to address these issues up front.** This will result in a far more effective implementation and impact for the mechanism, the community and the victims of violence against women and domestic violence. Co-ordination helps to ensure that each component of the system work faster and better for victims. This means that more victims experience increased safety and that victims receive and participate more in both short-term and long-term community-based services. An effective victim-centred response means also that perpetrators are held more often accountable.

Additionally, a well-developed mechanism provides a clear and focused attention on the issues of violence against women and domestic violence within the community. Other agencies and professionals become aware of the work accomplished by the mechanism and are more motivated to identify persons at risk of domestic violence. They often establish training and screening Protocols for staff to ensure better identification and services to victims. Community members also begin to

learn about and trust the responders to domestic violence and come forward more readily when they experience violence themselves or know of someone experiencing violence. Collectively, community members begin to pay more attention to violence against women and domestic violence occurring in their neighbourhoods, religious institutes and even within their own family. This increasing awareness leads to more victims reaching out for help and serves as one step towards the prevention of future violence.

Certainly, one of the benefits of an effective mechanism is the building of collaborative partnerships and relationships between key actors. This collaboration not only improves the response provided to victims but also makes each member's work easier as they are able to rely on others to meet some of the needs of the victim. This allows each member to focus more fully on his/her specific role in the response. For example, if by having a team member available to deal with the victims' emotional needs, the police station or at the hospital, the police officer is able to fully focus on interviewing witnesses, investigating the scene and building an accurate and comprehensive incident report that will provide necessary information to the court for determining the best course of action. **Each member's presence and co-operation provides support to the other members simply by focusing on their specifically defined role.** The quality of service available to victims both at the time of an immediate response as well as throughout the follow-up case management is greatly deepened when a team of experts work together to create the best support plan possible. **This collaboration of planning and support also serves to prevent duplication of services and efforts among responders and maximises the resources that are available.**

In addition to the local level response, the holist approach entails benefits at the national level. This involvement significantly enhances the effectiveness of the mechanism through the implementation of new laws, the additional allocation of resources to support victims and strategic planning for sustainable and effective services. This level of membership has a key role in expanding the impact and efforts within the community. By reviewing and developing consistent Protocols across all services there is a clear expectation that everyone has clear responsibility in effectively addressing cases of violence against women and domestic violence. An effective intervention must include all levels of membership and involvement with a strong focus on the individual and collective roles and responsibilities of each member. An effective mechanism based on the co-ordinated community response approach provides an avenue for increased communication and understanding between team members. Intervention requires a multi-layered, multi-disciplinary approach that works most effectively when co-ordination and trust between team members is strong.

4. Functions of the Multi-Agency Co-Operation Mechanism/Model

The members of the multi-agency co-operation mechanism must be aware that addressing violence against women and domestic violence effectively is not possible in a closed system. In order to ensure effectiveness and efficiency, it is needed to establish a mechanism in which the members involved develop programmes and offer services by interacting with other service providers and being connected to them. Knowing the complexity of the problem and having a clear image of the result of the activities undertaken (feedback) is also extremely important. Such a working style may also facilitate the evaluation of the effectiveness of the services provided. An effective integrated approach should include both prevention and response strategies. Prevention consists of reducing or eliminating the root causes of violence against women and domestic violence and the situation-specific factors that contribute to perpetuate, or increase the risk of such violence.

Key functions of a multi-agency co-operation mechanism:

- Effectively implementing laws and procedures;
- Ensuring co-ordinated assistance to individual victims;
- Ensuring better co-ordination, based on an integrated policy approach;
- Undertaking the necessary acts related to prevention, protection and prosecution;
- Improving capacities of professionals;
- Ensuring updated information, analyses, and researches

5. Key Principles of the Multi-Agency Co-Operation Mechanism/Model

The multi-agency co-operation system may take a variety of forms based on the availability of resources, infrastructure and key actors within a specific community (depending on the level of decentralization of institutions and services, the existence of NGOs as service providers, etc). Regardless of how large or small a community is or how varied their needs are, there are certain necessary components that must be developed and incorporated to make this a functioning mechanism.

Victims' Safety. First and foremost is the safety of the victim. The design and implementation of the response must consider safety in all decisions, protocols and responses that are initiated. The safety of the victim should be considered a priority at every level of the mechanism. Any response to a victim must include an assessment of current and future safety. The development of a safety plan for each victim should identify levels of violence and the patterns of escalation that have occurred. Victims are not always ready or able to free themselves from the abuser. In fact, when asked, most victims do not want to lose their marriage, family or home. They simply want the violence to stop. Victims can return again and again back to the abusive relationship before they are able to have enough resources and willpower to get themselves free from violence. For this reason, the members of the mechanism should be prepared for these choices and carry out risks assessments and safety planning with each victim they serve. When discussing solutions for victims, it is necessary to consider safety as a primary factor for any plan of action. Ensuring that the mechanism provides necessary focus and attention to safety is the primary component of assisting victims.

Availability. Due to the very nature of violence against women and domestic violence cases, **the mechanism must be available at all times**, particularly at the immediate response level. Once the team is identified and becomes operational, a system of co-operation must be consistently available. Membership can be shifted and adapted based on restrictions of available personnel but there must be a consistent and immediate response to each call. It takes a great deal of strength and courage for a victim to finally reach out for help and finding no support could be more damaging than not reaching out at all.

AVAILABILITY OF SERVICES is extremely important. Protection and additional needed services must be provided 24/7. Regardless of community size and location, all responsible actors (including but not limited to Local Council Police, Health, Law Enforcement, Social and Educational Services) **MUST PROVIDE EFFECTIVE SUPPORT IN THE LOCATION WHERE THE VICTIM LIVES.** Instead of leaving the victim alone, the responsible agencies must undertake the needed measures to provide immediate and effective support. **VICTIM'S SAFETY** must be considered together with the issue of **CONFIDENTIALITY.** Members must **AVOID SECONDARY VICTIMIZATION** of victims. Members must exercise **DUE DILIGENCE TO PREVENT AND PROTECT** victims from any form of violence against women and domestic violence.

Victim-centred decision-making. Any intervention should primarily aim at ensuring the safety of the victims involved. Consistently, making decisions that are in the best interest of the victim can be more difficult than one might think. Often, victims can make choices that are not in alignment with the desire of the members of the mechanism or may choose not to pursue avenues that would seem to be in their best interest. These cases can be difficult to work with and there can be a strong sense of frustration and a sense of helplessness on the part of the team members. It is, however, important to understand that the victim is part of a larger system of violence and may not be thinking clearly, may be feeling frightened and overwhelmed by what is being presented as options and may be making a choice based on a real understanding of the danger of the situation whether an outsider can understand this or not. It is the responsibility of the mechanism to provide options, support and understanding to the victim but never to take over and force choices based on what they believe may be the best option for the victim. However, this is a very critical and delicate point and when it comes to prosecution of perpetrators, the national and international legal standards and frame must be respected. If, according to the law, the police has the authority to investigate cases of violence against women and domestic violence, the investigation should not be wholly dependent upon a report or

complaint filed by a victim and the proceedings should continue even if the victim withdraws her or his statement or complaint. When applying a victim-centred approach, the principle of zero tolerance towards violence must also be respected.

Confidentiality. Victims' privacy and confidentiality must be observed regardless of how large or small a community is. Victims can be extremely concerned about seeking help out of fear that everyone in their neighbourhood, community or local religious institution (e.g. church, mosque, etc.) will find out what happened to them. They are often ashamed and certainly afraid of being judged by others. When victims cannot be assured of confidentiality, they are clearly hesitant to seek the help they need and deserve. If victims do not feel safe, they will most likely make the choice to remain in a violent situation, regardless of the consequences. It is important to develop, implement and consistently enforce comprehensive confidentiality policies and procedures across all levels of services to ensure the safety and accessibility for victims. This can at times, require a review and change in the local and national policies regarding the handling of personal information, and procedures and laws that protect victims' right to privacy. Confidentiality is not restricted to members of the mechanism only and should be considered within all existing services and responses to victims who seek support from any community service. The details of the incident must be kept confidential and respected at each and every level of the services delivered to victims. There are times when existing policies and procedures of services will be in conflict with this need for confidentiality and these discrepancies should be quickly and fully addressed by the members of the mechanism as well as the local/regional or central government authorities as appropriate.

Accountability of perpetrators. Perpetrators must be held accountable for their actions anyhow, especially if there will be any hope of changing the dynamics of violence within the domestic unit. This accountability comes in many forms and can be supported or mistakenly diminished by the response of the mechanism. One of the most important factors in holding the abuser accountable for the violence is the initial response and the seriousness with which it is addressed. Any type of mediation between the perpetrator and the victim can easily be perceived by the perpetrator as an easy way out that justifies its conduct. For this reason, it is crucial that the mechanism responds in a way that clearly refers to the law and the citizens' right to live without violence. Beyond this effective response to violence, the courts play a key role in applying legal sanctions. In doing so, they should demonstrate that domestic violence is not acceptable and that there will be consistent and real consequences for that violence.

Co-ordination with others. Co-ordination is key to a successful mechanism. Each member of the mechanism must be willing to respect, understand, and support the role of all other members. Each member will play a specific role within the team and his/her responsibility will be different from that of other members. An effective team recognises this individuality and understands and appreciates the value of each agency's point of view regardless of the differences. The mechanism must apply constant attention to the development of these roles and the respect of each role in order to build an effective and collaborative team that is not controlled nor dominated by any specific entity or perspective.

Resources. Despite the fact that the availability of resources vary significantly depending on the communities, there must be a core group of support services developed and in place when providing response to victims. A fragmented approach when providing assistance to victims is not adequate to meet the needs of the victim. Each community must identify which services are available, collaborate amongst themselves to connect services together for the strongest impact possible and ensure that the services that do exist are in place and effective when the victim does step forward.

Expansion of response. A significant part of the work of the mechanism must be dedicated to the improvement of responses and resources to victims of violence against women/girls and domestic violence. Once the members of the mechanism are identified and initial protocols and procedures are in place, the Leading Committee of the mechanism needs to arrange regular meetings to discuss individual responses to victims. These discussions should focus on the procedures that were followed from the point of contact to the closed out cases. The review should take into account how the call

was initiated, how the team was activated, how the intervention served the victims' needs, identify any gaps in how the response was implemented and discuss the services and resources that were provided to the victim. These discussions should be frank and open and should identify any areas that proved effective, any barriers to response that were experienced, any lack in support and services for the victim and how the victim's needs were met. The mechanism should accept, as a major part of its role, the identification of the gaps in resources and responses that exists for victims in their community, discussion of the types of services and supports needed and to strategise collectively as a team for solutions to expanding available resources. This may include approaching other agencies/institutions or groups that exist in the community, delivering training on domestic violence to the existing service providers in order to increase their capacity, and develop partnerships with non-traditional service providers to provide a diversified and fully involved community of care for victims. Beyond focusing on individual cases, increasing and expanding services and improving the co-ordination of the team, the mechanism should look at the more global needs as well. The next steps in implementing a full community response plan must include addressing issues such as community outreach, prevention campaigns, interventions and sanctions for abusers and identifying any policy level support and change needed to better address the issue as a whole. These additional issues can be addressed within the structure of the regularly scheduled meetings with the local governmental representatives and can develop avenues to bring forth the needs and solutions to the central government for full participation in addressing all levels of the issue of violence against women/girls and domestic violence.

Sustainability. The mechanism must develop a strong infrastructure for the team so that, regardless of the turnover in membership and personnel within agencies/institutions, the team structure remains clear and solidly in place. The mechanism is composed of agency representatives and should be structured in a way that clearly defines the roles and responsibilities of each agency, the protocols and procedures of the team itself and the format of meetings, case reviews and other tasks that the members accomplish each month. It is inevitable that membership of the mechanism will change as staff within agencies/institutions move in and out of positions. However, if the group is solidly built, there will be no significant disruption to the response provided to victims. One of the responsibilities of this team is to ensure that others within their agencies/institutions are aware of the mechanism itself and its mission, thus gaining institutional support. Each agency/institution should commit itself to becoming a member of the mechanism. Enhancing agency/institutions' support beyond the individual members of the team will lead to more effectiveness in meeting the needs of the victims. Decisions and protocols must not be established on the basis of particular members' desires or interests. They must be based on general interests and applying to all agencies/institutions which are part of the mechanism. The commitment of each agency must be obtained and clarified through a memorandum of agreement with each component of the response team. Clarity of roles, responsibilities and protocols for response must be determined for each key agency and must be included in the development and implementation phase of the mechanism. This clarity ensures that, regardless of changes in the individual membership of the team, the agency is committed to its role within the identified mechanism of co-operation.

6. Activation and Membership

Having regard to examples of good practices in different countries, a two-tiered multi-agency mechanism may be set up.

a. *The decision-making level* [or the ***Leading Committee (LC)***]. The Leading Committee is composed of high-level representatives of each of agencies, institutions and organisations which are part of the mechanism (e.g. elderly/mayor, director of health care, director of police, high-level representatives of the prosecution services and of the judiciary at regional/local level, etc.). It is the mechanism's decision-making body, approves joint actions (co-ordinated plans, strategies, resources, etc), and pay specific attention to monitoring of the mechanism's work. The Leading Committee exercises its functions as a policy response. The power to allocate the necessary resources, including financial ones, is extremely important for the effective functioning of the mechanism. It is therefore suggested

that the Leading Committee be established at city level or at regional (*oblast*) level, as is the case with the already existing “Committee on Family, Gender, Prevention of Violence in Family, Trafficking, Demographic Policy”, which exists at regional (*oblast, rayon*) and city levels.

b. The specialist level [or the **Multi-disciplinary Technical Team (MTT)**]. The Multi-disciplinary Technical Team is composed by professionals and specialists who are responsible for cases of violence against women and domestic violence from each of the agencies, institutions, organisations which are part of the mechanism (e.g. police official from violence against women/domestic violence unit, if any, or dealing with such cases, a prosecutor with experience on the matter, a judge, a specialised member of medical staff, a forensic doctor, a member of social service staff, etc.)¹². MTT members know how to deal with concrete cases and they have the authority to react for protecting the victims, prosecuting the perpetrators, implementing joint preventive actions, etc. Since this team operates at specialist/technical level, it is suggested that it be established at local /amalgamated community level. Depending on the victim’s first point of contact and the nature of the incident (e.g. if there is an emergency situation, a repeat incident, a potential case, etc.), MTT members are activated in two different stages of the response.

The level of MTT immediate response to victims addresses immediate safety, emergency protection and support which may include placement in shelter, transportation of the victims and their children to another city/community and or other safety plans. The MTT secondary response is broader in focus and includes issues such as long-term housing, child care and support, employment, counselling services for the victims and on-going resource building to create a life free from violence.

The MTT will be in charge of responding to an urgent situation or occurrence of violence. In these situations, the **MTT members responsible for core immediate responses** will react. The other members of MTT (e.g. employment services, educational services, etc.) will not be likely to be contacted for the initial intervention and will focus more on case management and longer-term needs of the victim. They will be involved in the second stage of the response.

In general, MTT members responsible for the core immediate response are representing the following structures:

- ▶ Police and other law enforcement agencies;
- ▶ Health services;
- ▶ Social services;
- ▶ and include the MTT co-ordinator (the social worker appointed by regional/local community authorities).

Since violence against women and domestic violence may happen everywhere, no matter if you live in a village, a community or a big city, it is important for the mechanism to ensure the availability of such immediate response in all administrative units of the country. The person needs to be designated to report the incident to and liaise with the MTT members in charge of the core immediate response at the appropriate administrative level (amalgamated community or city level). He/she must be specialised on issues of violence against women and domestic violence and must be trained on how to keep record of cases and send the relevant data to the MTT. When an act of violence is committed, victims and witnesses must be aware that there is a contact person who will immediately inform the MTT members in charge of the core immediate response.

Once the crisis has been addressed, the victim is in a safe place and the initial needs have been met, it is necessary to adopt a broader case management approach and address longer-term needs (including the situation of any children).

¹² Even if there are no specialists dealing specifically with cases of VAW&DV in one of the mechanism’s members (meaning persons trained on working specifically with VAW&DV cases), still all members must appoint/dedicate a representative to be part of the MTT. These persons will be further trained on specific issues and work on VAW&DV.

Members of the MTT responsible for secondary response (long-term safety and well-being of the victims include:

- ▶ Shelter's staff;
- ▶ Employment service staff;
- ▶ Educational staff;
- ▶ Social aid/support;
- ▶ Child Protection staff;
- ▶ Gender Focal Points;
- ▶ Forensic medical staff.

A victim may initially come into contact with any institution/agency/organisation member of the mechanism. For this reason, co-ordination is key because the multi-agency mechanism is activated at different levels of response. There should be a **mechanism's co-ordinator** who work as a point of contact. The specialist who is proposed to play this role for the **MTT** of the mechanism, especially for emergency cases, is the social worker appointed at local community level. She/he will be responsible for co-ordinating the members of MTT in charge of the core immediate response as well as to address further the case and ensure co-ordination with other MTT members with a view to covering the long-term needs of the victims. The MTT co-ordinator must report to the Elderly/Mayor and must report to her or him all issues and concerns related to the work of the MTT. The Elderly/Mayor will be representing the MTT voice at the decision-making level, namely at the level of the **Leading Committee**. To have the most effective response possible, the MTT immediate response team should be activated and respond to the victim's immediate needs. The MTT co-ordinator and the MTT police member should be contacted immediately and after their initial response and assessment, the medical, social and legal components of the mechanism will be activated¹³. The Leading Committee (which is suggested to be established at city or *oblast* level), need a person to chair the meetings and co-ordinate the work of members. This leading/co-ordination role may be played by the head of the a local or regional entity where the LC is established (e.g. Mayor or Oblast' Governor).

The MTT is in direct contact with the victims while the LC is more focused on policy matters. Effective co-ordination is required between the MTT and the LC as well as within each of these bodies. This is the reason why each body needs its own co-ordinator and why it is important to ensure the of the views of the MTT are represented in the LC, regardless of the administrative unit level in which this decision-making body is established (as explained in detail in appendix 1 - "Protocol", section 8).

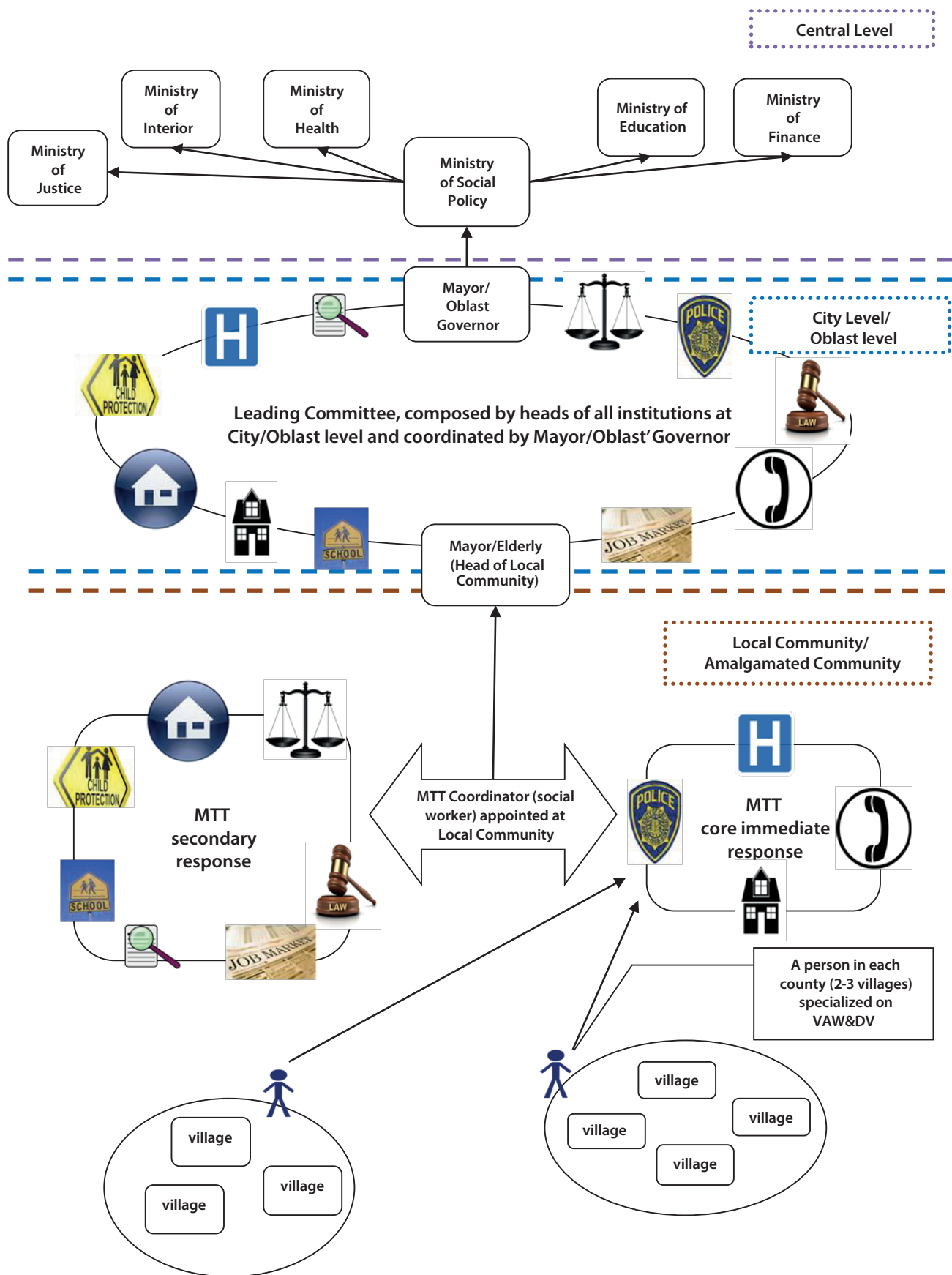
Each mechanism must be ready to appoint at least two persons as representatives at the different levels of the mechanism (as described above paragraph). All staff of the relevant agencies or institutions must know who has been appointed to represent the agency/institution at the MTT and LC (the victim may be addressed immediately to the competent MTT member). Each MTT member is responsible for assisting the victims and directing them to the most appropriate member of the mechanism which will be able to address their most pressing needs. The response should include an initial conversation with the victims to assess immediate needs and ensure their safety. In the absence of emergency needs, the focus should turn to an assessment of longer-term needs that will help the victims in living free from violence.

As previously mentioned, the LC is a policy-level response. Existing gaps in services, common and continued obstacles for victims, challenges faced by the mechanism and decisions that prioritise and support the work to respond to and end violence must all be addressed at policy level by the local/regional and central government authorities.

Beyond the immediate and long-term response that address the needs of the victims, the members of the mechanism should be entrusted with the on-going task of reviewing the existing protocols and procedures to ensure their effectiveness, reviewing the number and type of cases coming forth

¹³ More details regarding the two levels of the mechanism are presented in Appendix 1 to this guidance, Section 8.

in each community, evaluating the availability and identifying gaps in services and tools for effective response (this is what Leading Committee can do). Tools can include new, expanded legislation, as well as funding and political support for the intervention, and prevention activities. The LC may also assess and select potential members to be involved in the mechanism in a later stage. While such review should not necessarily take place on a weekly or monthly basis, it should be consistent and comprehensive and based on the concrete work and performance of the MTT.



While deciding on the activation of the multi-agency co-operation mechanism, it is important to keep in mind that victims need immediate support, no matter if they live in a small village or a big city. The specialists or professionals responsible for case management must be very clear and well prepared to respond immediately and to provide the necessary support to all calls, notifications or reports relating to an episode of violence. In addition, the response and support depend on the resources available (human/financial resources and infrastructure). Providing the opportunity to victims to live a life free from violence, depend much on the ability of the mechanism to use all available resources as well as to plan and take decisions for allocating additional ones, for responding, managing and solving the cases, as well as for better addressing the issue of violence against women/girls and domestic violence. While professionals from each agency represented in the mechanism deal with case management at **specialist level**, the leaders of the same agencies deal with other issues related to resources and effective functioning of the mechanism at **decision-making level**.

7. Establishing roles and responsibilities

Each member of the mechanism has specific expertise, focus and professional responsibility in responding to cases of violence against women and domestic violence. The interests and responsibilities of one mechanism member can, at times, be in conflict with the responsibilities and interests of another member. To avoid unnecessary conflicts and increase collaboration within the MTT, it is crucial that roles and responsibilities are clearly identified and established for each of its members and structures. **Each agency/institution involved and their corresponding representatives in the LC and/or the MTT must know, understand and respect other members' perspectives.**

Clarifying roles and responsibilities of each member regardless of the level of involvement they will have is crucial to the success and effectiveness of the overall mechanism's response. In order to adopt a comprehensive approach to addressing violence against women and domestic violence in Ukraine, representatives from all relevant agencies must be included and well-represented while protocols, policies and responses are developed and implemented¹⁴.

8. Meetings

The organisation of meetings at regular intervals is an important component of an effective mechanism. These meetings should be scheduled well in advance and should be prioritised by all members of both bodies of the mechanism (the LC and the MTT). These meetings provide a time to address on-going concerns, identify solutions for existing problems, improve the response as needed and plan for the future expansion of the mechanism and its response to the issues of violence against women and domestic violence. The meetings should be well planned and facilitated in a way that best utilises time and expertise of each member in each of the respective bodies.

Considering that members of the mechanism are engaged at different levels of response (immediate and secondary response/policy level – as described in section 6 above and as further explained in section 8 of the protocol in Appendix I¹⁵), the needs identified in all these stages should be addressed during these meetings.

Ad Hoc MTT Meetings (restricted composition):

The Co-ordinator of the MTT or any member composing the core immediate response team may call for the organisation of an ad hoc meeting. These meetings are important to address case management needs in a specific case, to address the concerns or needs of the MTT core immediate response team or to address other types of immediate targeted issues. The information from an *ad hoc* meeting should be brought to the attention of all members of the MTT (in its full composition) at the following meeting, as appropriate.

¹⁴ It will be possible to further develop Section 10 ("Roles and Responsibilities") of Appendix I only when the proposed legal changes are adopted.

¹⁵ As described in the section 8 "The levels of multi-agency co-operation), the mechanism is composed by two different bodies: the Multi-disciplinary Technical Team (engaged in the immediate and secondary response) and the Leading Committee (engaged in the tertiary level of response).

Regular/Monthly Meetings:

The activation of different MTT components depend and vary on the victims' needs and steps planned in the management of cases. Regular/monthly meetings involving all members of the MTT, must be organised. The MTT in its full composition should meet regularly, every month. These meetings should focus on specific case management concerns as well as on the overall response from MTT members. All MTT members should attend these meetings and participate fully in the case management and procedural discussions. They should also provide updates to each other regarding any changes in services available to victims of violence against women and domestic violence. The Elderly/Mayor should attend these meetings and will be the MTT representative and voice at quarterly meetings of the LC, as described below.

Quarterly Meetings:

It is suggested that the **LC** holds quarterly meetings. These meetings should be focused on decision-making issues related to the on-going identification and response to services and resources needed to address fully violence against women and domestic violence within the community. The Leading Committee should

1. review data on the number of calls received by the communities made to seek help for victims;
2. be provided with an overview of resources being used and the resource gaps that exist (from MTT members);
3. issue recommendations to solve existing issues;
4. review legal mandates of its members and implementation issues.

The LC will continue to be aware of and involved in monitoring and supporting the mechanism, and when issues presented goes beyond its power, LC will try to address them through local/regional government representatives (e.g. Head of the Rayon or Governor of the Oblast). The latter will serve as liaisons with the Central Government to ensure accurate information exchange regarding the issue and the effective response.

V. Appendices

Appendix I - Draft Protocol

[Model of a] **PROTOCOL FOR MULTI-AGENCY CO-OPERATION FOR AN INTEGRATED RESPONSE TO VIOLENCE AGAINST WOMEN AND DOMESTIC VIOLENCE AT LOCAL LEVEL IN ... [insert the name of the community in which the Protocol will be signed (i.e.: Kirovograd, Lviv)]**

Signed, today, on __/__/201_ [insert the date], between:

1. PARTIES

Parties to this Protocol are institutions and agencies dealing with cases of violence against women¹⁶ and domestic violence at local level in Ukraine. This includes but is not limited to: **(i) Co-ordination institutions** (e.g. Community/Municipality; Rayon; Oblast); **(ii) Law enforcement agencies** (e.g. local police inspectors; district police officers; police department for children; bailiffs); (iii) the **Judiciary, the Public Prosecutor's Office and other relevant institutions** (e.g. free legal aid centres); **(iv) Healthcare services** (rural healthcare posts; medical emergency departments; health/medical stations; rayon hospitals; city hospitals; special-purpose healthcare institutions); **(v) Social services** (e.g. social care experts; Centre of Social Care Services for Family, Children and Youth; Social Care Service special-purpose establishments; shelters; Directorate of Social Protection of the Population); **(vi) Education services** (e.g. school psychologist; social care teacher; pre-school system; regular school system; educational directorates); **(vii) NGOs** (e.g. local NGOs; national NGOs; branches of human rights organisations).

Parties to this Protocol are [the list below is not exhaustive and has to be completed. It is suggested that each community that will adopt this Protocol list only these institutions which already exist in their own community (amalgamated community, city level, etc.) and only the respective institutions at the other upper level (such as oblast level) with which they do collaborate.:

1. City/ Amalgamated community of [insert the exact name of the institution], located in ...[insert the exact address, location], represented by [insert the full surname and name of the representative person] in the position of Mayor [insert the correct title of the position of the representative' person];
2. Police of [insert the exact name of the location], located in ...[insert the exact address], represented by [insert the full surname and name of the representative person] in the position of Chief of Department [insert the correct title of the position of the representative' person];
3. Health station of [insert the exact name of the location], located in ...[insert the exact address], represented by [insert the full surname and name of the representative person] in the position of Director of Health [insert the correct title of the position of the representative' person];
4.[Add according to the specific of your community]

The above-mentioned parties agree as follows:

2. PURPOSES

The purposes of this Protocol are to:

- a) Adopt an integrated approach by establishing the needed partnership and co-operation between all involved agencies/institutions responsible to deal with violence against women and domestic violence issues in Ukraine;

¹⁶ "Women" includes girls under the age of 18. The definitions of "Violence against women" and "domestic violence" are clearly mentioned in the Istanbul Convention as well as will be clearly mentioned in the Ukrainian improved legislation.

- b) Protect women and all family members against all forms of violence against women and domestic violence;
- c) Assist victims of violence against women and domestic violence and avoid secondary victimization;
- d) Respond to emergency cases (crisis) as well as to other cases identified and/or reported to any of the involved actors which are part of this multi-agency co-operation system;
- e) Prosecute perpetrators (and, after making the perpetrators accountable for their actions, take measures to reduce repeat offending through specialised perpetrator programmes);
- f) Contribute to joint actions to prevent, inform and raise awareness on violence against women and domestic violence.

The scope of this Protocol is to present a written procedure established, agreed and approved between all responsible local authorities on WHAT should be done, HOW it should be done and WHEN, and to identify and respond appropriately to victims of violence as well as to prosecute the perpetrators. This Protocol is a working tool developed and agreed on by all parties who have signed it (as listed above in section 1) with the aim to systematise and co-ordinate their work in their efforts to prevent violence, protect victims and prosecute perpetrators.

4. LEGAL FRAMEWORK

This Protocol is prepared and signed on the basis of the Decision of the Council of Ministers no. __, date __/__/20__ [insert the correct reference and title of the state Act that makes the outline and this Protocol obligatory to be prepared and implemented in Ukraine - If any community would like to start implementing this Protocol before the respective changes in legislation are adopted, they can decide to build up on the legal basis already existing].

Terms used in this Protocol apply as defined in the following Laws of Ukraine: [insert the correct reference and title of the respective laws here. Some of them provided as suggestion are: (Draft) Law on Domestic Violence; The Law of Ukraine on Social Services, 19 June 2003 (LSS); The Law of Ukraine on Social Work with Families, Children and Youth, June 21, 2001 (LSW); The Draft Law of Ukraine on Police and Police Activities, September 16, 2014 (submitted to the Verkhovna Rada of Ukraine on January 26, 2015, after being revised); etc].

This Protocol was developed in the light of existing European standards and the principle of a holistic approach to preventing and combating violence against women and domestic violence (integrated policies, prevention, protection and prosecution), as laid down in the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), Articles 7, 9 and 18.

5. GENERAL OBLIGATIONS

- a) Parties (as mentioned in section 1 of this Protocol) shall take the necessary measures to adopt and implement an effective and co-ordinated approach encompassing all relevant measures to prevent and combat violence against women and domestic violence in _____ [insert the name of the respective location, i.e. Kirovograd or Lviv], by adopting a holistic approach.
- b) Parties must have a clear and common understanding that serious institutional commitment and co-ordination is key to achieve the desired results for an effective response to violence against women and domestic violence.
- c) Parties shall ensure that the established “mechanism” (by means of this Protocol): (i) enables all of them to co-operate in a professional and standardised manner, in accordance with the national legislation and by respecting international standards regarding the issues of violence against women and domestic violence, and (ii) is adapted on that appropriate model, which fits better in the actual context of _____ [insert the location name, the same as specified in the 5/a]

- d) Parties shall ensure that they will be fully committed and engaged to actively participate in all levels of this mechanism (as suggested in the following section 8 of this Protocol), by dedicating adequate resources and time.
- e) Parties shall ensure that they understand and implement the core principles of the multi-agency approach correctly, as specified in section 7 of this Protocol. Parties must place the rights of the victims at the centre of all measures implemented by the effective co-operation among all of them.
- f) Parties shall take the necessary measures to reflect in their joint plans, strategies, actions, etc., the Istanbul Convention's key principles related to: (i) *Prevention* - sustained measures that address violence against women and domestic violence root causes; changing attitudes, gender roles and stereotypes; (ii) *Protection* - setting up specialist support services for the victims and their children; (iii) *Prosecution of perpetrators* – enabling criminal investigations and proceedings to continue, even if the victim withdraws the complaint; and (iv) *Integrated policies* – fostering the adoption of effective, co-ordinated and comprehensive policies to prevent and combat all forms of violence against women.

6. MUTUAL COMMITMENTS

Parties to this Protocol agree to fully consider and implement the following mutual commitments:

- a) Measures taken pursuant to this Protocol shall¹⁷:
 - be based on a gendered understanding¹⁸ of violence against women and domestic violence and shall focus on the human rights and safety of the victim;
 - be based on an integrated approach which takes into account the relationship between victims, perpetrators, children and their wider social environment;
 - aim at avoiding secondary victimisation;
 - address the specific needs of vulnerable persons, including child victims, and be made available to them ;
 - not depend on the victim's willingness to press charges or testify against any perpetrator.
- b) Parties involved as members of the mechanism will establish it in two levels, dealing with immediate and long-term response as described in section 8 of this Protocol.
- c) Parties will activate the respective bodies of the mechanism responsible for each of the levels of response for emergency cases (crisis) as well as for any other cases reported or identified from any of the members.
- d) Parties will ensure the better functioning of the multi-agency co-operation mechanism established, by preparing the necessary procedures for communication, exchange of information, drafting additional guidelines and procedures for case management, etc., as needed or identified by them during the preparation phase.
- e) Parties commit to treating the needs of victims of violence against women and domestic violence on a 24/7 basis.
- f) Parties commit to engage in joint training activities for better understanding and correctly applying the functions of the multi-agency co-ordination mechanism (as described in section 9 of this Protocol).

¹⁷ See Article 18 of the Istanbul Convention.

¹⁸ The term "gendered understanding" makes reference to the fact that violence against women should not be treated as "gender-neutral", but as a problem that has to do with the gender inequality and power imbalance between women and men in our societies. Promoting gender equality and ending power and control over women must therefore represent the core goals of general and specialist support services (including but not limited to the ones which will be members of a multi-agency co-operation mechanism). For additional details, you may refer also to the Council of Europe "Training of Trainers Manual on Effective Multi-Agency Co-operation for Preventing and Combating Domestic Violence", prepared by R. Logar and B. Marvanova Vargova, September 2015.

- g) Parties commit to seriously engage in gathering the necessary data and statistics related to violence against women and domestic violence cases and share them in accordance with the established principles (respecting confidentiality but also ensuring the compliance with national legislation on statistics, personal information and data collection, in the light of Article 11 of the Istanbul Convention). It is necessary to respect victims' right to data protection when personal information is shared in multi-agency bodies.
- h) Parties commit to review and update the established mechanism depending on the changes in legislation, as well as considering the establishment of new structures or improvement of the existing ones as a result of the country's developments (i.e. Decentralization Process). Flexibility¹⁹ of the model is also important and must reflect the concrete needs and context of _____ [insert the location name, the same as the one mentioned in 5/a]

7. CORE PRINCIPLES OF MULTI-AGENCY CO-OPERATION

Parties to this Protocol commit to fully respect and apply the core principles of the multi-agency co-operation mechanism by signing this Protocol. Regardless of how large or small a community is or how varied their needs are, there are certain necessary components that must be developed and incorporated to make it a functioning mechanism. Flexibility and individuality aside, the present multi-agency co-operation mechanism is based on the following core components:

- a) **Victim-centred approach.** All service providers engaged in the multi-agency co-operation mechanism to combat violence against women and domestic violence must prioritise the rights, needs and wishes of the victim. Considering the victim-centred principle, we must not allow for the misinterpretation of the possible advanced legal practices approved – the principle of zero tolerance toward violence must be respected.
- b) **Victims' Safety.** The main concern is first and foremost the safety of the victim. The design and implementation of the response must consider safety and must include an assessment of current and future safety in all decisions, Protocols and responses that are initiated into every level of the mechanism's efforts.
- c) **Availability.** Due to the different forms and frequencies of violence against women and domestic violence cases, the mechanism must be available at all times. In particular, the members of the Multi-disciplinary Technical Team (MTT) dealing with the core immediate response [such as police and other law enforcement agencies, health services, social services and the MTT co-ordinator (appointed social worker from the local authorities to co-ordinate the next steps), must be available round-the-clock.
- d) **Confidentiality.** Victims' privacy and confidentiality must be respected regardless of how large or small a community is. Confidentiality is not restricted to mechanism members only (part of this Protocol) but will be respected within all existing services and responses to victims who seek support from any community service.
- e) **Perpetrator's accountability.** Perpetrators must be held accountable for their actions. One of the most important issues to take into account in holding the perpetrator accountable is the initial response and the seriousness with which it is addressed. It is crucial that the mechanism responds in a way that clearly supports the law as well as the right to live without violence. It must also ensure that violence is not justified under any circumstances.
- f) **Co-ordination and partnership.** Co-ordination is key to a successful mechanism. The multi-agency co-operation mechanism implies good co-operation and co-ordination of the involved institutions/organizations.
- g) **Integrated services.** The procedures for intervention and referral as well as the protection measures require a multi-disciplinary approach based on a unified work methodology.

¹⁹ Flexibility must be understood correctly. Existing agencies and NGOs may become part of this mechanism if their primary field of intervention is violence against women and domestic violence.

- h) **Participative management.** Rules regarding multi-agency co-operation and referral, strategies and action plans, including planning and implementing as well as monitoring and evaluation arrangements, should be developed in a participatory manner and include with inputs from beneficiaries (if applicable).
- i) **Accountability and ownership.** All interventions/organisations have to ensure the accountability (and measures of it) for staff to implement and respect the agreed programmes/rules and to follow these guiding principles in their work. The Mechanism must be “owned” by the local government (municipality/district) in terms of leadership and initiation of the team. The local municipality and other team members should determine how to tailor the mechanism to their own environment and community while maintaining the core components necessary for success.
- j) **Standardised Protocols.** An important part of establishing an effective mechanism is the development, implementation and compliance of standardised protocols for responding to cases of violence against women and domestic violence. These protocols are one of the first orders of business for the mechanism and should be addressed in an open and collaborative way.
- k) **Strategic planning.** The policies that address the phenomenon should be translated into inter-institutional common strategies, with specific objectives and activities.
- l) **Sustainability.** Despite changes (including political ones) and staff turnover/de-motivation, once the mechanism is established, the members should ensure that all conditions are implemented and sustained. The mechanism is composed of agency representatives and should be structured in a way that clearly defines the roles and responsibilities of each agency, the protocols and procedures of the team itself, and the format of meetings, case reviews and other tasks that the members accomplish periodically. One of the responsibilities of persons appointed to represent different mechanism- members is to ensure that others within their agencies are informed about the mechanism and its mission so that there is institutional support and sustainability.

8. THE LEVELS OF MULTI-AGENCY CO-OPERATION

Parties agree to organise their multi-agency co-operation mechanism to operate at decision-making and specialist levels of response:

- a) **the Leading Committee (LC)** – is the decision-making body of the mechanism. The LC will be composed of high-level representatives from each of the parties which agreed to sign and signed this Protocol. The LC has the decision-making power, meets regularly every ____ month [insert the meetings’ frequency for LC; a suggestion may be that LC members meet every three months] and take the necessary decisions depending on the situation and last developments regarding the phenomenon of violence against women and domestic violence. The LC approves joint actions (co-ordinated plans, strategies, resources, etc.), pays specific attention to the regular monitoring of the mechanism’s effectiveness and addresses the major problems at a higher level (if need be, at central government level).
- b) **the Multi-Disciplinary Technical Team (MTT)** – is the specialist body of the mechanism. The MTT is composed of specialised representatives of each party which agreed to be members of the mechanism through the signing of this Protocol. At the core immediate response level (first response level), the MTT is composed of at least a member of the police service, a member of healthcare staff, a social care service staff member and a social worker appointed from the Local Community as MTT Co-ordinator. Depending on the community size and territorial organisation, MTT members may also include in a second level of response: a free legal aid specialist, a school psychologist, a specialist from Centre of Social Care Services for Family, Children and Youth, a prosecutor and a representative from a specialised NGO active at local/regional level [each party to this Protocol should clearly indicate who are the

members of the MTT who are appointed, taking into account the level of services they do have in their territory. In such case, they may simply mention all of them, without specifying the differences between basic level (similar with amalgamated communities) and other levels (city, rayon, oblast)]. The MTT knows how to deal with concrete cases and has the authority to react in order to protect the victim, prosecute the perpetrator, and implement joint preventive action. After dealing with crisis/emergency situations and ensuring the victims' safety (together with other principles of the mechanism's work as clearly presented in section 7 of this Protocol), MTT members dealing with the core immediate response present the cases in question to the other MTT members in charge of longer term needs of the victims through support and resources (employment, education, housing, other supportive social services, etc.). All MTT members meet on a regular basis once a month [change the meetings' frequency based on what is more feasible for you]. However, MTT members responsible for the first level of response meet also on an *ad hoc* basis, depending on the case management.

Both bodies need to be efficiently co-ordinated within them as well as with each other.

The co-ordination of LC members will be initiated by _____ [insert the correct position of the head of the co-ordinating agency part of this Protocol, i.e. Mayor of City of _____ or Governor's Oblast of _____].

The LC will be aware of and involved in monitoring and supporting the mechanism, and when issues presented goes beyond its power, the LC will try to address them through the representatives of government (i.e. the Head of the Rayon or Governor of the *Oblast*). They will act as liaison officials with the Central Government to ensure accurate information exchange on the issues in question and the effectiveness of the response.

The co-ordination of MTT members responsible for the core immediate response may be initiated by the police who notifies the MTT co-ordinator (the specialist appointed by the co-ordinating agency, i.e. the social worker appointed by the Local Community), when it comes to dealing with concrete case management (*ad hoc* meetings). The MTT co-ordinator ensure the adequate co-ordination of the work of all MTT members at their regular meetings (as described in 8/b) . He/she will also be responsible for keeping the minutes of the meetings, as well as for distributing/sharing the necessary information/recommendations resulting from the MTT meetings between all MTT members. The MTT co-ordinator must report to the Elderly/Mayor and must present to him/her all relevant issues and concerns related to the work of the MTT. The Elderly/Mayor will be representing the MTT views at the policy-making level, namely at meetings of the Leading Committee.

9. AREAS OF ACTION

Parties agree to interact dynamically with each other in order to implement effectively the multi-agency co-operation mechanism in the following areas of action:

1) Prevention: access to information, education, training and awareness-raising. Parties agree to take appropriate measures to address violence against women and the root-causes of domestic violence. Additional activities aimed at changing attitudes and overcoming gender roles and stereotypes will also be part of the preventive function of this mechanism. Specific actions in support of this function include but are not limited to the following:

- a) *Informational and educational work* - by co-operating with media, producing different informative materials/booklets, etc. Informational and educational work shall not only provide (potential) victims with the necessary information on possibilities to be protected and the availability of different services (medical, psychological, legal), but also emphasise educational activities aimed at the "destigmatisation" (avoidance of disapproval) of victims of violence – in order for victims of violence against women and domestic violence to not be afraid of being condemned and blamed by society.
- b) *Capacity building for professionals* - Training activities with different professionals on

how to prevent the occurrence of the phenomenon and raise awareness of the public is of utmost importance. Specific training cycles on victim's identification are also part of the preventive work. Early identification of persons at risk makes it easier to intervene, compared to cases where violence has occurred and is even repeated several times. Training and information on the existing legal framework as well as on national and international standards in dealing with violence against women and domestic violence are also essential and supportive during the prevention stage.

- c) *Regular awareness-raising activities/campaigns* – through the involvement of a variety of actors. Co-ordinated awareness-raising activities are crucial and should not only include a co-ordinated calendar but also co-ordination and sharing of concrete resources and support from all mechanism' members for this purpose. Parties agree to develop specific action plans in this regard [parties should reflect on how to fund the action plans and lobby for budgeting in order for it to be a useful tool, easily put into practice]. NGOs will be involved in carrying out preventive activities.

2) Protection, risk assessment and management and interventions. Parties agree to take appropriate measures to improve the existing services/structures providing protection services as well as to set up specialist support services for victims and their children. Specific steps here include but are not limited to:

- a) *Mapping the existing services* and service providers with a protective function for victims and the family members under their charge. This mapping of the situation may also describe the functions of the service providers and identify the existence of general services and specialist support services²⁰.
- b) *Risk assessment and management* – the parties agree that a mobile team composed of a police officer, a doctor and a social worker (or a psychologist) is entrusted with effectively assessing the safety risks a particular victim and her/his dependents face. *Providing adequate services as needed* – based on a risk assessment, specific measures will be taken in respect of the victim and to meet her/his needs (by following a victim-centred approach). Protection must involve all the necessary steps until the case is considered as solved [Parties to this Protocol may develop additional documents providing support and guidance (e.g. paper on definitions and guidelines for “a successfully solved case”, in with the light of international standards and best practices in this field]. Needs (or gaps) identified through the mapping exercise (step 9/2/a) must be turned into concrete action to establish the necessary specialist support services for victims.
- c) *Developing Standard Operating Procedures (SOP)* – clear SOPs are needed to effectively manage the cases and to provide victims with the necessary protection. SOPs will be developed specifically for intervention by police, health and social services. This does not mean that there is no need for clear standardised procedure on how to act as a mechanism in: (i) emergency/crisis situations and (ii) in other situations, when a potential case of violence is identified or when there is a report of violence against women or domestic violence²¹.
- d) *Updated statistical information on number of cases, case management, etc.* - collecting data and statistics and conducting regular analyses of the situation is an extremely important step for improving the effectiveness of the mechanism as well as for being successful on dealing with the phenomenon in general. Although there is a great need

²⁰ The distinction between general services and specialist support services is based on the provisions of the Istanbul Convention (articles 20 and 22) according to which general support services refer to help offered by public authorities such as social services, health services, employment services, which provide long-term help and are not exclusively designed for the benefit of victims only but serve the public at large. By contrast, specialist support services have specialized in providing support and assistance tailored to the – often immediate – needs of victims of specific forms of violence against women or domestic violence and are not open to the general public. While these may be services run or funded by government authorities, the large majority of specialist services are offered by NGOs

²¹ This type of guidelines/procedures maybe developed from the parties which will sign this protocol, after its entering into force.

to regulate the issue of data collection at national level, parties in this Protocol agree to keep regular records of data on statistics and cases managed in a multi-disciplinary way. In the light of international standards and principles of co-ordinated action (as specified in section 6 and 7 of this Protocol), the way to proceed to deal with the issue will be described in a specific paper providing more guidance, which will be drafted by the parties to this Protocol at a later stage.

- e) *Capacity-building activities* – professionals working in different agencies which provide protection for victims (general and specialist support services in particular) will be regularly trained (on-job trainings), especially as it relates to standards of their field of work and on ways of providing effective treatment and protection.

3) Prosecution of perpetrators and perpetrator programmes. Parties agree to take the necessary measures to ensure that criminal investigations and proceedings continue, even if the victim withdraws the complaint. Perpetrators must be prosecuted and sanctioned pursuant to the national legislation (which is in the process of being amended) and the existing international provisions in this field, in appliance of the principle of “zero tolerance against violence”. Some of the steps that this mechanism may undertake regarding the implementation of this function are:

- a) *Identification of perpetrators* – although there exist some procedures for the identification of a person as a perpetrator (which may need to be reviewed in the future after the approval of legislative changes), all members of the mechanism will support the police work to identify potential perpetrators of acts of violence against women and domestic violence. Medical and social services staff (i.e., a family doctor, or a social worker) will play a very important role in this regard, especially taking into account the work they do within the families.
- b) *Prosecution and conviction of perpetrators* – perpetrators are duly prosecuted by fully trained prosecutors and cases of violence against women and domestic violence are punishable by effective, proportionate and dissuasive sanctions. The improved national legal framework, the international principles in this area as well as the above-mentioned key standards constitute the legal framework of reference.
- c) *Rehabilitation of perpetrators through specialised programmes* – when the perpetrator serves his/her sentence, he/she has the right to be treated through specialised programmes for perpetrators. Working with perpetrators **is not an alternative** but a supplement to legal sanctions, in order to help perpetrators change their violent behaviour, to avoid recidivism, and also to protect victims. Parties to this Protocol will take the necessary steps to map the existing programmes/centres which may provide specialised treatment for perpetrators. The mapped specialised perpetrator programmes will be evaluated in terms of their effectiveness [from the responsible authority to organise the evaluation of their functioning, respectively the Ministry of (please specify the name of the responsible ministry or institution to organise the evaluation of the effectiveness of such programmes)] and depending on the evaluation results, the co-ordinator of the mechanism will encourage co-operation between the mechanism and these programmes. If such programmes are missing, the co-ordinating agency will report to the central government the needs which have been identified and will co-operate with it to set up and support treatment programmes.

4) Co-ordination. Effective co-ordination to better address the issue of violence against women and domestic violence is a key function of this mechanism. Parties agree that, although the mechanism has identified a co-ordinating agency (i.e.: the local community), all its members will support the effective co-ordination between them. The co-ordination described in section 8 of this Protocol is identified by the Parties as the concrete way for an effective co-ordination between members, depending on the bodies they belong to (respectively: the Leading Committee or the Multi-disciplinary Technical Team). Regular information sharing will be followed by clear monitoring and evaluation procedures

of the joint work [Additional details on how to improve the identified co-operation system may be developed in a specific document after the signing of this Protocol. Members must base these rules/guidelines also on specific sections of this Protocol, as well as on international and national standards in the field of co-operation and co-ordination].

10. ROLES AND RESPONSIBILITIES

[Since a legislative reform is currently under discussion in the field of violence against women and domestic violence in Ukraine, it is not possible to go into many details under this section. However, it is very important to highlight that this is a key section of the Protocol. Below is presented an example of this section].

A clear division of roles and responsibilities is a pre-condition for establishing a successful co-operation mechanism and effectively addressing cases of violence against women and domestic violence.

- a) Parties agreed to define clearly the roles and responsibilities of each member part to this mechanism, in addition to the common duties and responsibilities presented in the previous sections of this Protocol.
- b) The roles and responsibilities of each member are based on the legal framework as described in section 2 of this Protocol and specifically on the new improved law _____ [insert the number, data and exact title of the new law on DV after its approval, as well as on the new changes on Criminal Code]
- c) The level of clarity and details provided regarding the roles and responsibilities of each member, depends also on the level of their engagement in different functions of the mechanism.
- d) Parties agree to acknowledge the specific roles and responsibilities of each member as follows:
 - i. **Police** – have the duty and responsibility to respond timely to any calls for violence against women and domestic violence cases. After intervening at the given address and preventing further escalation of violence, the police have the duty and responsibility to deal with the immediate needs of victims and their dependents, as well as to start proceeding for the punishment of the perpetrator. If the victims need medical support, the police will call the respective health unit, which is also a part of this mechanism. If there is no need or emergency in dealing with health issues, the police will call the MTT co-ordinator (or the relevant social service unit, as part of this mechanism), to come and deal with additional needs of victims and to continue the case management. The Local Police must immediately inform the social worker appointed as the MTT co-ordinator, so that he/she can co-ordinate with other actors of the mechanism, for the core immediate response level (immediate needs) as well as for the secondary response level (long term needs). If for any reason the MTT co-ordinator is not appointed or is not available at the time that the incidence is occurring, the Local Police may inform directly the Elderly/Mayor – who is also the Leading Committee' Coordinator. In such case, the Elderly/Mayor has the responsibility to ensure that other MTT members enter into action following the guidelines described in section 8 of this Protocol. While other MTT' members are caring for victims' needs, the local police will continue with specific procedures related to the perpetrator, and will coordinate with responsible actors as described in the relevant legislation.
 - ii. **Health** – when visiting a victim or after being informed by the police, healthcare staff (in case they are the first point of contact) will immediately espond to the medical needs of the victim. When considered important for the victim's health, healthcare staff will hospitalise the victim for one or two nights. In the meantime, they will inform the social services and other members of the referral mechanism that will take any additional steps which are required (access to a shelter, centre providing free legal aid, etc.).

- iii. **Social services** – when receiving a victim (in case they are the first point of contact) or after being notified by the other mechanism’s members, the social services will conduct a risk assessment and take specific measures accordingly. When needed, they will provide psychological and emotional support to victims (through specialised staff). The social care specialist, who is appointed to co-ordinate the MTT’s work, will also be responsible for playing his/her role accordingly.
- iv. **Local council** – will be responsible for fulfilling the co-ordination role, effectively sharing information and creating positive linkage between the mechanism and additional structures at the upper levels (city, rayon, oblast). The Local council will also lobby to ensure the needed support (financial and human resources) to make the work of this mechanism more effective.
- v. **Prosecution services and the judiciary** – prosecutors and judges will deal with cases referred by the police, by fulfilling their duties and obligations as specified in the national legal framework.
- vi. **NGOs** – depending on their level of expertise, NGOs will support the work of the mechanism by providing specific services or support related to information and awareness raising, data collection and analyses, case referral, training and capacity-building activities, etc.

11. CONTACT PERSONS

- a) Each party must appoint a contact person to whom all communications (in verbal or written form) must be addressed, electronically and/or officially. The full name and surname of this person, the position in the agency and his/her contact information, must be in the disposition of the co-ordinating institution _____ [insert the full name of the co-ordinating institution, i.e. Municipality of xxx], no later than 5 (five) working days after the signing of this Protocol.
- b) Parties must share the required information on cases of the violence against women and domestic violence with the co-ordinating institution _____ [insert the name of the co-ordinating institution as mentioned in 11/a] in a multi-co-operational way. This information must be sent to MTT co-ordinator - a function which will be covered from the _____ of the co-ordinating agency ._____ [insert the concrete position of the appointed staff to play the role of MTT’ coordinator, i.e. Social Worker of the Municipality xxx], every month [change frequency as you think will be more convenient for your community], and no later than the 5th day of the next month. The information must be sent officially with a formal letter to the address _____ [insert the correct mailing address of the co-ordinating agency], as well as electronically to the address _____ [insert the official e-mail address of the appointed MTT’ coordinator].
- c) The contact persons from each party (member agency) will be responsible to share the necessary information inside their institution/agency as well as to approve the draft of the minutes of the meetings and the lists of participants – which will be prepared by the MTT’ coordinator²²,

12. LAST PROVISIONS

- a) Parties are responsible for reciprocally fulfilling their obligations and conditions set forth in this Protocol.
- b) This Protocol enters into force on the day of its signing by all parties and remain effective during 12 months [instead of 12 months, you may insert the period of time which you think is more appropriate to your community context];

²² The representatives of each mechanism’ member will also be involved on preparation of any draft guideline or draft tool that will be considered appropriate considering the characteristics of their community and the resources available. These should be approved and used from the members of this mechanism, as well as any other additional documents related to the information shared between the mechanism’s members.

- c) This Protocol may be revised and improved based on the requirements of its parties and possible changes in the legislative and policy framework of Ukraine;
- d) Disputes arising between the parties shall be resolved amicably through negotiations between them. If this is not possible, they may refer their situation to _____ [insert the name of the respective institution you think may be the appropriated one to solve conflicts between the parties, members of this mechanism (i.e. Court of _____)];
- e) This Protocol is prepared in ___ copies [insert the number of copies based on the number of members/parties which will sign it], in Ukrainian language, with a copy for each party.

13. SIGNATURES

[List the name of the agency/institution part to the mechanism, as well as the name of the person responsible (the high level representative of each party) who will sign this Protocol. The order of institutions can be decided by the community itself, but it is suggested to start with the co-ordinating agency.]

Appendix II - Strategic planning cycle: Steps to be followed in order to establish an effective co-ordination mechanism

Evaluate existing response to violence against women and domestic violence within the community

- Identify the main interlocutors to whom victims refer, assess their degree/capacity of response and their ability to co-operate, monitor trends and detail areas that need improvement.
- ▶ Map existing services and resources
 - This does not have to be an extensive research study but a way to identify key service providers, their respective contact information and the services currently being provided by them.
- ▶ Identify key partners
 - Gather names and contact details of all those who should be part of the immediate response team, the long-term response team and the policy-level team. Identify a wide range of resources to build the most comprehensive response possible.
- ▶ Identify gaps in services/resources
 - Identify gaps in services available to victims by reviewing and contacting the existing service providers within the community. This is an important step in the strategic planning process as these gaps will be encountered again and again when assisting victims. These gaps should be elaborated on and be discussed at monthly meetings of the MTT and be further addressed at the Leading Committee' meetings with the aim of addressing short-term and longer-term and policy-level issues.
- ▶ Develop a local response plan with detailed protocols
 - The members of the MTT should discuss and agree on a step-by-step response plan that should apply from the moment of the initial contact with the victim to the concrete involvement of all key actors. Specific guidelines, or standard operational procedures, may be developed for this purpose reflecting the characteristics and differences of a specific locality. The system of case management and assistance at the longer term should also be addressed in this document. The plan or tools prepared must be definitely based on national legislation and international standards and must consider also the principles as set out in the Protocol. All members of the MTT must understand and endorse the proposed response plan, which must be further approved from the Leading Committee.
- ▶ Identify guidelines for response
 - Each member of the mechanism must identify its specific response protocols and the co-ordination Committee should integrate these protocols to create a standardised response for the mechanism. Each member should agree and commit to the implementation of these protocols with compatible and mutual goals.
- ▶ Identify training needs and address them
 - To ensure an in-depth understanding of domestic violence by all responders, community service providers and policy makers, there must be developed clear and unified tools to identify the needs of all MTT members for additional capacity building activities and based on them also unified training curricula's for all members on the issues/dynamics of violence against women and domestic violence; best practices for intervening with victims as a joined multi-disciplinary technical team, roles and responsibilities of each member as part of the MTT and the intent and requirement of the law.
- ▶ Improve the informal system of communication while respecting the principle of confidentiality
 - Apart from the periodical formal meetings, the members of the mechanism should

engage in less formal, ad hoc collaboration and communication to better assist victims and meet their needs. In this context, the roles and responsibilities of each responder should be maintained, the principle of confidentiality should be respected and ensuring the safety of the victim should remain the main concern.

- ▶ Define a system for conflict resolution among participants
 - Conflict among members of the mechanism is inevitable and expected . Each member of the mechanism is committed to playing a well-defined and important role. These roles can often be in conflict with each other within the team. Conflict resolution must be discussed and planned for in the initial strategic planning phase to ensure that it is fully addressed. Without abiding by the ethical rules of engagement on disagreements, concerns and conflicts, the mechanism can quickly deteriorate into an environment of distrust, lack of respect towards other members, and unwillingness to work together. The team then becomes unfocused and loses its ability to address issues of violence against women and domestic violence. The development of a specific strategy to address conflicts and the members' commitment to implementing this strategy are crucial components of an effective team.
- ▶ Prepare job descriptions indicating the roles and responsibilities of each mechanism's member
 - Identifying very specific roles and responsibilities of each member of the mechanism is extremely important. Each member should have a clear understanding of its role and professional obligations in the area of violence against women and domestic violence. Each of these identified roles must be equally respected and considered in the development and implementation of the response.
- ▶ Evaluate the effectiveness of the co-ordination mechanism
 - When establishing response protocols and intervention strategies, the co-ordination team should pay attention to the need for monitoring and evaluating the future success of the mechanism and the overall response to violence against women and domestic violence. Attention should be given to creating a structure to identify the effectiveness of the response and how future needs for resources will be identified.
- ▶ Develop long-term policy level resource
 - The mechanism's members should continuously focus on issues of resources development, fiscal support, legal mandates, and other types of policy level decisions needed to ensure a comprehensive national response to the issues of violence against women and domestic violence.
- ▶ Reflect and agree upon core standards to be applied when intervening in the field of violence against women and domestic violence
 - One of the first and most important discussions the mechanism needs to have concerns the identification of the core standards and ethics which lay down the basis for an effective intervention. Among other areas, the mechanism's members have to adopt a common position to ensure perpetrator accountability, victim empowerment and safety.
- ▶ Determine the frequency of meetings: ad hoc, monthly, quarterly.
 - As the mechanism is developed, the organisation of regular meetings is of particular importance. Members should be clear about their time availability and effort expectations. In addition, co-ordination mechanism's meetings should take priority and attendance and participation of all members should be considered essential.
- ▶ Develop strategies for working together in order to assist victims.
 - Beyond the roles, responsibilities and protocols on assisting victims, there is a need to develop strategies for intervention that can improve the effectiveness of the team (e.g. having female police officers assisting victims, having female lawyers talking to victims first, etc.)

- ▶ Identify the priorities of the co-ordination mechanism.
 - It is important to clearly state the mission and focus of the mechanism so that limitations are known, efforts are concentrated, and priorities are clearly defined.
- ▶ Define common standards for ethical communication.
 - This is an important and helpful component of any work group. Communication should be direct, honest and responsible. Discussing issues indirectly or leaving issues unaddressed leads to dysfunction and ineffectiveness of the team.
- ▶ Adopt a clear strategy - Voting versus consensus.
 - When setting up the mechanism there should be discussion about how critical decisions are made. The members of the mechanisms should determine the process for reaching informal and formal decisions and create a structure for implementing these processes.
- ▶ Establish a Memorandum of Understanding.
 - Memoranda of Understanding are necessary for clarity and consistency of service delivery. Each entity involved should identify its specific role and contribution to the mechanism. Agreements outlining these roles and responsibilities of each entity should be developed and signed at the initial stage. Agreements should be signed by those who have the authority to ensure their compliance.

Addressing existing structures

In Ukraine, some communities already have a co-ordinated team in place. Since these teams often address multiple issues, they should complete a strategic planning process with the focus being solely on violence against women and domestic violence. Additionally, these established groups should consider the following:

- ▶ Involve key actors for violence against women and domestic violence in their work
 - Many existing groups have a primary focus on children's rights or other social issues and do not involve the most pertinent community representatives in the response team. It is crucial to ensure that existing teams include representatives of the police, the court personnel, the social services, and others who are experts in combating domestic violence involving adult victims.
- ▶ Ensure that Parties to the protocols also include those who assist adult women victims of domestic violence.
 - Leadership and membership of the mechanism must be specific to the need of victims of violence against women and domestic violence. If the identified team responds to additional issues, it must be demonstrated that the specific needs of women victims of domestic violence are being met as they are significantly different from those of children victims of domestic violence.
- ▶ Adopt a victim-centred approach
 - Relevant authorities should dedicate time to address issues of violence against women and domestic violence, with specific focus on women victims of domestic violence.
- ▶ Rekindle members' interest in contributing to the work of the co-ordinating mechanism
 - Members should be encouraged to take on the challenges and issues of domestic violence involving women victims and to contribute to discussing and adopting responses to cases of violence against women and domestic violence.
- ▶ Change meeting structure
 - Members of the co-ordinating mechanism should ensure that the agenda of the meeting provides specific time to discuss cases of violence against women and domestic violence. Adequate time should also be allocated to discuss case management and resource gaps.

Appendix III - Review of good practices examples of interagency cooperation in cases of domestic violence and violence against women

There is no one single model of co-ordinated response to violence against women and domestic violence. On the contrary, initiatives differ according to the local and regional context, the type of violence and the human and financial resources at disposal.

While in the U.S., multi-agency initiatives, known as co-ordinated community response, evolved in the beginning of the 1980s, the European models started developing about 15 – 20 years later. The term “multi-agency work” developed in the UK, the European country with the longest tradition in this field. It is not surprising that countries with a long history of women’s services, such as the UK, Germany, Austria and others, are at the forefront in this field. Like in the U.S., the women’s movement against violence has been the main agent that lobbied for a stronger commitment and accountability of State agencies with the view of preventing and ending violence against women and children.

As a matter of fact, the main principles of an effective system of co-ordinated response can be drawn from the U.S. experience. The **“Duluth model”** of co-ordinated community response to domestic violence was applied for the first time in the State of Minnesota and has since been adopted in the U.S. and throughout the world, including Europe. Although specific to domestic violence, this model of community intervention may serve as an example of dynamic co-ordination of the response to different forms of violence. This model aimed at pursuing the best interest of the victim and her children while ensuring accountability of the perpetrator. It is grounded on the establishment of flexible agreements between stakeholders at local level, NGOs having a key role. In 2014, the Duluth model was awarded the “Golden award” by the World Future Council as the best policy addressing violence against women and girls.

Other models of multi-agency co-operation have been developed in Europe. The following are the most relevant.

1. Enhancing multi-agency co-operation through formal agreements

Spain

The Spanish model represents a case of co-ordinated response foreseen by the law. The Organic Act 1/2004 of 28 December on Integrated Protection Measures against Gender-based Violence reflects a co-ordinated, interagency approach throughout the law.

According to the law, the public authorities shall draw up collaboration plans to ensure the organised rollout of initiatives for the prevention and prosecution of gender violence and the care of its victims. This model of co-ordinated response involve health care service, judicial authorities, national law enforcement and security agencies, social services departments and equality organisations.

Multi-agency co-operation should not rely on individuals convinced of the benefits of sharing information but requires formal agreements, such as guidelines, protocols and action plans.

Protocols between different authorities are indicated as a tool to ensure a global, integrated response by the various authorities and services involved. Following up on this provision, protocols have been adopted by local authorities entrusted with ending violence against women.

Services shall be organised to ensure their effectiveness by means of staff specialisation and integrated action. Such services will act in co-ordination with each other and in collaboration with the law enforcement agencies, the judges specialised on violence against women, the health care services and the institutions responsible for providing victims with legal counselling, in the corresponding geographical zone.

United Kingdom

In the UK, the Forced Marriage Unit provides information, guidelines and advice to government

departments and professionals dealing with the issue of forced marriage. Policies and practices have been developed in this area since the publication of a National Action Plan on forced marriage.

A national consultation was undertaken in 2005 and, as a result, the decision was taken not to put forward criminal legislation to deal with this matter but to develop civil remedies and to train frontline professionals (such as law enforcement professionals, health care and educational professionals) to enable them to intervene proactively. The Forced Marriage (Civil Protection) Act, passed in 2007, foresees protection orders and civil remedies for victims. The Forced Marriage Unit subsequently published multi-agency guidance and e-learning resources for professionals.

United Kingdom

Police Domestic Violence Units were introduced in early 1990s and were consolidated at a national level with staff specially trained to help people experiencing domestic violence ('Domestic Violence Liaison Officers'). These Units were renamed as Community Safety Units. Police officers are tasked to work closely with other statutory and non-governmental organisations to prevent domestic violence (local Domestic Violence Forums, IDVAs, CPS, ISVAs etc.). The London Metropolitan Police Service for example has a Domestic Violence Working Group with representatives from victim support organisations, advocacy services and other partners.

In 2009, the Association of Chief Police Officers accredited and adopted the Domestic Abuse, Stalking and Harassment and Honour-Based Violence Risk Identification, Assessment and Management Model (DASH) in order to identify and assess the potential danger caused by domestic violence.

The Netherlands

In 2013, the Dutch Parliament adopted a national Plan of Action that aims to combat forced marriages, honour related violence and marital abandonment as part of a government wide approach to violence in dependency relationships.

The purpose of this Plan of action is the prevention and timely detection of (impending) forced marriages through awareness raising measures and trainings for professionals.

In the framework of this Plan of action, municipalities adopt a joined-up governance approach in co-operation with different actors, such as law enforcement agents, public prosecutors, social workers, health care professionals, educational institutions, agencies supporting victims of domestic violence, and women's shelters. The target groups are the (potential) victims of forced marriages (with special focus on young people), their families and the perpetrators.

Under the national Plan of action, several projects have been initiated. Among them, a national co-operation mechanism has been established. The government developed a co-operation protocol between health care professionals, the police and the prosecutors of forced marriage and abandonment. Furthermore, in the interest of increasing knowledge and expertise about forced marriage among professionals, a national co-ordination mechanism will be created, similar to the United Kingdom's Forced Marriage Unit.

Multi-agency case conferences are additional tools for more intensive support that victims need in special situations, for instance during times of high-risk.

2. Enhancing multi-agency co-operation by means of case conferences

United Kingdom

The **Multi-Agency Risk Assessment Conferences (MARACs)** are meetings which bring together public and private institutions/organisations concerned with domestic abuse (e.g. police, schools, victim support agencies, health care services, social services, probation, prison services) to discuss high-risk individual cases and formulate co-ordinated action plans for each of them.

These are monthly meetings chaired by the police whose ultimate goal is to prevent secondary victimisation and potentially lethal violence.

MARACs were piloted in Cardiff in 2003 and evaluation studies indicate that they lead to significant improvements in the safety of victims and their children and promote better standards of professional practice.

There are some 260 MARACs across England and Wales, partially funded by the government as part of its *Call to End Violence against Women and Girls strategy*. They process around 56,500 cases each year at a cost to the public purse of some £1.4 million (€1.7m). The MARACs have been shown to reduce repeated abuse by 60%, and are extremely cost-effective, saving six Euros of public spending for every euro they cost.

Ten principles have been identified for an effective MARAC:

1. Identification – All agencies and services identify high-risk victims through completing a risk assessment and/or referral to a specialist agency within safe timeframes once domestic abuse is disclosed.
2. Referral to the MARAC – All high-risk victims who meet MARAC referral criteria are referred to the MARAC by a range of agencies within safe timeframes.
3. Multi-agency engagement – All relevant agencies are appropriately and consistently represented at the MARAC.
4. Independent representation and support for victims – All high-risk victims are consistently supported and represented by an Independent Domestic Violence Adviser (IDVA) or other independent representative who prioritises safety throughout the MARAC process.
5. Research and information sharing – MARAC representatives research cases and share relevant and proportionate information that identifies risk and informs safety planning. Procedures are followed to ensure that safety and confidentiality are maintained at all times.
6. Action planning – Action plans are developed which address the risks identified.
7. Number of cases and capacity – The MARAC has the number of referrals and capacity to ensure that all high-risk victims who meet the MARAC threshold can receive support from their local MARAC.
8. Equality – The MARAC is committed to delivering equality of outcome to all.
9. Operational support – Consistent co-ordination and administration support the effective functioning of the MARAC.
10. Governance – Effective governance oversees the performance, sustainability and accountability of the MARAC.²³

Independent victim advocate could play a cross-cutting role in a system of co-ordinated response. They provide psychological and legal counselling to help the victim reflect on her situation and learn about her rights. They also provide practical support by accompanying the victim to the police or to the court and participate in case conferences. Their action could be crucial in ensuring victims' safety and trust in the system.

3. Enhancing multi-agency co-operation through independent victim advocates

United Kingdom

The **Independent Domestic Violence Advisors (IDVA)** are funded by the Home Office and the non-governmental sector to provide specialist support to victims of domestic violence.

²³ <http://eige.europa.eu/gender-based-violence/good-practices/united-kingdom/effective-co-ordination-between-local-agencies-cuts-repeat-domestic-violence-60>

Their role is defined as follows: — *Serving as a victim's primary point of contact, IDVAs normally work with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans. They are pro-active in implementing the plans, which address immediate safety, including practical steps to protect themselves and their children, as well as longer-term solutions.* The proposal to have experts in the provision of support to victims of domestic abuse (IDVAs) was initially made in the *Domestic Violence: A National Report (2005)* and the years that followed this report have seen a rapid growth in this service, building on, to some degree, existing advocacy services. IDVAs undertake accredited training provided by Co-ordinated Action against Domestic Abuse (CAADA) to equip them for the role. The first major multi-site evaluation of this initiative suggests that this is a very promising development which is making real inroads in managing risk and promoting victims' safety.

United Kingdom

The **Independent Sexual Violence Advisors (ISVA)** provide independent support to victims of sexual abuse through the criminal justice process and are also funded by the Home Office. This service, set up in 2006, works with victims of sexual violence to provide practical, non-therapeutic support both to those victims who access the criminal justice service and those who do not pursue this experience further. ISVAs help victims to live without fear of violence and access the services they need in the aftermath of the abuse and violence they have experienced. The advisors are based in the Sexual Assault Referral Centres or within voluntary organisations. ISVAs build on the experience developed by Independent Domestic Violence Advisors.

4. Enhancing multi-agency co-operation through one-stop-shops

Sweden

The **Karin Project** is a pilot project aimed at strengthening co-operation between the police and the social services in Malmö. Two criminal investigators and two social workers are located in the same premises and collaborate closely so that it is easier for victims, including children witnesses of violence, to maintain contact with both of them.

In addition, both the police and the social workers are constantly in touch with other organizations and public authorities.

When the criminal investigators receive a claim, they immediately inform the social workers. The social workers get in touch with the women within 24 hours to assess their need for support and help them obtain appropriate protection.

The project is implemented through a special physical environment. The furnishings, textiles and the choice of colour receive special attention. The purpose of the setting is to create a sense of security, comfort and well-being, hopefully motivating women to participate in the police investigation.

Thanks to the project, women victims describe the police as kind, pleasant and helpful. They also stated that they had received useful information about the investigations.

United Kingdom

The **Sexual Assault Referral Centres (SARCs)** are safe locations where victims of sexual assault can receive an integrated service of medical help, legal advice and counselling from professionally trained

The term "One-stop-shops" makes reference to the practice of having representatives of different agencies dealing with domestic violence, including branches of law enforcement agencies, located in the same building or in close proximity to one another. This practice has proven to significantly increase levels of satisfaction with services and have, in some cases, increased the willingness of victims to press charges and go through with a case.

staff. Once again, SARCs as a multi-agency approach brings together various legal, medical agencies and departments in one place which helps both the victims and those investigating the crimes. At present, there are over 40 sexual assault referral centres across England and Wales, with a further nine in development. Many referral centres are located in hospitals. For victims, this type of centre helps to reduce the stress of dealing with the abuse. The government has signalled its intention to continue to fund and develop this service in partnership with local providers.

Denmark

In Denmark, the **Centres for rape victims (CRV)** are considered as one of the leading multi-disciplinary public model for treating victims of rape and sexual assault. The Danish model provides free medical treatment, forensic examination, police services, psychological counselling, and a highly structured follow-up procedure, all in one central location in the city. The CRV is open 24 hours a day, 7 days a week, and offers a safe and professional environment in which to receive and assist this vulnerable population, while trying to reduce the risk of secondary victimisation. The CRV works closely with educational institutions, such as Universities, to carry out substantial research and educational activities aimed at better understand this phenomenon and developing and implementing prevention programmes.

5. Multi-agency co-operation and health care professionals

Germany

Reducing the impact of sexual violence depends as much on the medical system as it does on the legal system, so it is important that hospitals and general medical practitioners should know how to detect whether their patients may be victims of it. A partnership of German NGOs and university institutes, therefore, decided to develop and pilot a standard for treating violence victims.

It identified a systematic routine screening procedure for doctors to detect domestic violence victims in emergency rooms, and created an intervention model. This covers how to approach women, what the 'red flags' to look out for are, where to find information, what the law is and how to prepare documentation for use in court. It also took the needs of groups, such as migrant women and women with disabilities in the medical context into accounts.

The project ran up against some reluctance from doctors to recognise the need to improve their treatment methods, but these doubts were overcome through personal contact backed up by the views of the medical associations.

The partners knew the need for different agencies to work together on this issue, and therefore also put effort into establishing multi-agency networks involving anti-violence associations, medical organisations and associations of general practitioners. Protocols and agreements were created for the purpose.

The project trained 136 doctors in five areas of Germany, both urban and rural, and received very positive feedback from them. The practice is still under way in some of the pilot areas, with the financial support of the respective Land governments. If it is to be extended across the whole country, it will need to gain the support of the remaining Länder.

Health care professionals and specialised counselling services are key actors of the system of co-ordinated response to violence against women and domestic violence

6. Multi-agency co-operation and specialised counselling services

Austria

In Austria, changes to the Criminal and Civil Procedure Act introduced the pioneering measure of

legally enshrined right to **psychosocial and legal court assistance** for all victims of violent crimes. Its aim is to safeguard the rights of victims and to empower them during legal proceedings. The Austrian government entrusts specialised victim support organisations with its implementation. Positive feedback and increasing uptake by victims of gender-based violence and sexual abuse are testimony to the success and importance of this legal provision.

In 2014, this policy was awarded the Silver award by the World Future Council as one of the best policies addressing violence against women and girls.

7. Multi-agency co-operation and programmes for perpetrators

Germany

Thirty-seven organisations working with violent men across Germany joined their efforts under the aegis of the Federal Association for Work with Perpetrators of Domestic Violence (BAG TäHG) to develop a standard for their work.²⁴ The process took three years of consultations and was sponsored by the Federal Ministry. The initiative was based on the evaluation of previous projects and on the experience of people working with the issue day to day. The results of this work were discussed with organisations providing counselling, help lines and women's shelters which brought in the victims' point of view.

The first standards were adopted in May 2007 in Mainz by all the 37 organisations working with perpetrators in Germany and explain the way they approach their work and their methodology. Since then, a working group of BAG TäHG, the Federal Association for Work with Perpetrators Domestic Violence, has continued to develop the standards and to adapt them to the way the society is evolving.

The standards defined by BAG TäHG became a new tool for work with perpetrators of domestic violence.

A website can be used as a tool to inform victims of the services provided by different agencies while giving information on ways to access these services.

8. Enhancing multi-agency co-operation through web technology

Belgium

In Belgium, the national Action Plan for 2010-2014 foresees the use of the Information and Communications Technology (ICT) to better react to cases of violence against women²⁵.

There exist a number of websites on domestic violence created by different actors and with different focuses. For example, in the French-speaking side of the country, the web site www.ecouteviolencesconjugales.be has been created as a relay to the existing helpline. Another site www.violencesconjugales.be presents the initiative of the Resource Centres (Pôles de ressources). Other initiatives by women's organisations to provide specific information and support through their websites exist. In order to avoid the multiplication of sources of information, the creation of a national information website has been decided by all concerned levels of authorities. It is accessible in French and Dutch.

Spain

The web technology is also used in Spain to provide updated information on available resources and actors involved in fighting gender-based violence at the local level.

Through this website²⁶, the victims can find information concerning: (1) all state, regional, or local government units or centres that facilitate information and advice; (2) all registered women associations

²⁴ <http://eige.europa.eu/gender-based-violence/good-practices/germany/standards-work-perpetrators>

²⁵ http://ec.europa.eu/justice/gender-equality/files/exchange_of_good_practice_es/be_comments_paper_en.pdf

²⁶ <http://wrap.seigualdad.gob.es/recursos/search/SearchForm.action>

that are somehow involved in prevention; (3) all police and civil guard stations, as well as the special “units for families” created in 2007 for cases of gender-based violence and child maltreatment; (4) all courts that deal with cases of gender-based violence; (5) many public or private actors who offer legal advice; (6) NGOs and other associations that facilitate some kind of support for victims or are involved in prevention.

The information can be searched, once the desired type of resource has been specified, either by the name of the region and the province, or by entering a specific address, so that the Web page finds the resources closest to it.

Target groups of this resource are the general public as well as victims of gender-based violence. Unlike the national helpline (016), this service is available only in Spanish. Furthermore, it is not easily accessible for people who are unaware of the availability of this resource. Both circumstances imply that de facto, it is mostly a resource for advice actors.

The web site is hosted in the URL of the Government Delegation to fight gender-based violence, which is linked to the website of the Ministry for Health, Social Services and Equality. In 2012, the cost of the service was about 16,000 Euros.