

CONFERENCE AND SYNERGY NETWORK MEETING
**“A COMMON VOICE TOWARDS A WORLD WITHOUT GBV-INTERVENTION
MECHANISMS AND GOOD PRACTICE MODELS ON GENDER BASED
VIOLENCE”**

A common voice towards a world
without gbv-intervention mechanisms and
good practice models on gender based violence



AGENȚIA NAȚIONALĂ
PENTRU EGALITATEA DE ȘANSE
ÎNȚRE FEMEI ȘI BĂRBAȚI



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1. BACKGROUND OF THE COMPENDIUM

The Agreement on the European Economic Area (EEA) allows the EEA- EFTA member States (Norway, Iceland and Liechtenstein) to participate in the internal market of the European Union (EU) without adhering to it.

Since the EEA Agreement entered into force in 1994, the EEA - EFTA have contributed to social and economic progress in different EU countries. To do this, the financing mechanisms of the EEA ("EEA Grants" and "Norway Grants") are intended to reduce economic and social inequalities in European countries and strengthen cooperation with the beneficiary countries.

On 13 October 2016, the Government of Romania signed Memorandum of Understanding with the EEA States (Norway, Iceland and Liechtenstein) for the implementation of the EEA Financial Mechanism and of the Norway Financial Mechanism 2014-2021. The latter establishes a Bilateral Relations Fund that will finance initiatives to develop bilateral relations with the aim of stimulating and developing long-term cooperation within all areas listed in the MoU and to strengthen bilateral cooperation at political level and European level in areas of common interest such as for example the EU Presidency held by Romania in 2019.

Activities aimed at enhancing cooperation and exchange of experience and best practices between program operators and similar entities in recipient and donor states as well as international organizations such as networking, exchange, knowledge transfer, experience and good practices can be funded under the Bilateral Relations Fund.

The bilateral initiatives target the following priority sectors and areas:

- Innovation, research and competitiveness
- Social Inclusion, Youth Engagement and Poverty Reduction
- Environment, energy, climate change and a low-carbon economy
- Culture, civil society, good governance, fundamental rights and freedoms
- Justice and home affairs

Romania has made huge efforts to improve its response to victims of GBV. On 29 January 2018, Mrs. Vasilica Viorica Dăncilă was invested Prime Minister of Romania. For the first time the Romanian Prime Minister is a woman. The Prime Minister has placed gender equality and gender-based violence as key priorities for the Government. Romania has passed recently relevant legislation to mainstream gender perspective in all policies and levels of the administration. It has also approved a law for the implementation of the Istanbul Convention and it's in the process of implementing it. It has also developed a wide service network to provide comprehensive response to victims of domestic and gender-based violence according to the Istanbul Convention standards.

Romania will hold the European Presidency in the first semester of 2019 also for the first time since its entry into the European Union. In consonance with the government priorities, the fight against Domestic and Gender-based Violence and the achievement of Gender Equality are top priorities within its European Presidency.

The present compendium is the result of a bilateral project on GBV undertaken previously to initiate its presidency as the first signal of the great importance of the topic for the Romanian Government. The project consisted on the organization of the International Conference "A Common Voice towards a world without GBV-Intervention mechanisms and good practice models on Gender-Based Violence" aimed at the exchange of good practices in the fight against GBV between the donor and beneficiary countries which are developing different programmes addressing domestic and gender-based violence supported by the EEA and Norway Grants for the period 2014-2021.

This compendium intends to give insights in different models and mechanisms for comprehensive and coordinated response to victims of gender-based and domestic violence shared on the international conference. Hopefully, the compendium will inspire for

improvements on the protection and support given to victims of gender-based and domestic violence in European countries.

The compendium is an activity under the bilateral project “A Common Voice towards a world without GBV-Intervention mechanisms and good practice models on Gender-Based Violence”, financed by the EEA and Norway Grants.

These project has been carried out by the National Agency for Equal Opportunities for Women and Men (NAEO) in Romania and the Norwegian Ministry of Justice and Public Security, in collaboration with the Commission in Portugal, and with participation of the EEA/Norway Grants SYNERGY Network against Gender-based and Domestic Violence and the Council of Europe in project activities.

This Compendium will feed into the discussion that will take place at the High Level Conference in Bucharest on the 4th of June 2019: *Towards a Europe free from violence against women and girls - the Istanbul Convention creating a new horizon and a paradigm change for all stakeholders!* The Conference is organized in the context of the Presidency in order to strengthen and make visible common European values and efforts to prevent and combat gender-based and domestic violence. The conference is also a project activity under an EEA/Norway Grants financed bilateral project.

2. DEFINING THE PROBLEM

2.1. Definitions and conceptual framework

Violence against women, gender-based violence, “sexist violence” or domestic violence are terms used interchangeably in many instances. Comparing cross-country public policies or strategies to combat violence against women is challenging, as national legislations may include different definitions. Thus, it is required to define these concepts and clarify the concept used throughout this Compendium.

Violence against women, as defined by the UN Declaration on the Elimination of Violence against Women¹, “*is any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life*”. In its preamble it states that “*violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women*”.

Violence against women refers to all types of violence both in public and in private, by the community, by the State, in an intimate relationship context or within the family. It covers therefore a broad concept that includes the different forms of violence against women: Female genital mutilation (FGM), forced marriage, domestic violence, trafficking in women and girls for sexual exploitation, harassment, sexual assaults, etc.

Gender-based violence is defined by the UN Committee on the Elimination of Discrimination against Women (CEDAW²) as being “*directed against a woman because she is a woman or that affects women disproportionately.*”

The Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) includes almost identical definitions.

“Violence against women is understood as a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in,

¹ General Assembly resolution 48/104 (1993).

² General Recommendation 19

or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” (Art. 3 a)

“Gender-based violence against women shall mean violence that is directed against a woman because she is a woman or that affects women disproportionately.” (Art. 3 d)

Both terms (GBV and VAW) are very similar, and its difference is that girls, boys and men can also experience GBV. According to Bloom’s definition GBV is a *“general term used to capture violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders, within the context of a specific society³”*.

GBV is mostly perpetrated by men against women and girls, so both terms are usually used interchangeably. But as EIGE’s⁴ points out *“it is important to retain the 'gender-based' aspect of the concept as this highlights the fact that violence against women is an expression of power inequalities between women and men.”*

For the purposes of this report, both terms are understood as violence perpetrated against women as an expression of unequal power relations between men and women and we’ll be used interchangeably.

The Romanian and Norwegian legislation regulates domestic violence, not GBV, and does not include specific provisions for women neither acknowledges that violence is mostly exercised against women and children; hence it is gender blind legislation.

Norwegian legislation on DV is regulated in the Penal Code and the Criminal Procedural Code. It does not have a separated and specific piece of legislation on DV, as it is the case of Romania (Law no. 217/2003 on the prevention and combating of domestic violence amended and completed by Law no. 174/2018).

On the other hand, the Romanian National Strategy for Promoting Gender Equality and Preventing and Combating Domestic Violence for the Period 2018-2021 states that women and children are more vulnerable to experience domestic violence. The Norwegian Government, in its national action plans against domestic violence recognise the fact that victims of violence are mainly women and children.

Even though in Romania and Norway, legislation regulates domestic violence, the Conference was focused on intervention mechanisms and good practice models on gender-based violence. Most of the countries use the term domestic violence according to their legal framework. However, in all the models presented dealing daily with victims of “domestic violence”, the majority of them are women and children. Also, many of the good practice models were focused on intimate-partner violence, but others deal with other forms of violence against women such as FGM, sexual assault, forced marriages, etc.

Hence, for the purposes of this report, when discussing intervention mechanisms and good practice models, we’ll be using the terms of Gender-based Violence (here onwards GBV) or Violence Against Women (here onwards VAW), as it stresses the gender aspect. Where there are summaries of the speakers’ presentations using the term domestic violence or others (family violence, intimate-partner violence, etc.) we have respected the original wording, even though as it’s been said before, the majority of the victims are women and children.

³ Bloom, S. (2008). “Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators”, USAID, Washington DC, p. 14. Retrieved from: <http://www.cpc.unc.edu/measure/resources/tools/gender/violence-against-women-and-girls-compendium-of-indicators>

⁴ <http://eige.europa.eu/gender-based-violence/what-is-gender-based-violence>

2.2. Prevalence of violence: a common European challenge

Violence against women is not a new phenomenon. However, over the last decades this problem has been gaining social attention. In order to know the magnitude of the problem, several studies have been conducted, usually in the form of population-based surveys asking respondents about their experiences of different acts of violence over a determined period of time.

Such surveys are usually conducted at national level and consequently, data are not directly comparable due to the differences in measurement. One of the firsts attempts to provide global and comparable data is the Multi-country study from the World Health Organization (WHO) on women's health and domestic violence against women⁵. The WHO Study interviewed over 24.000 women aged 15-49 from 10⁶ very different countries. Its data shown that, women who had experienced physical and/or sexual violence by an intimate partner in their lifetime ranged from 15% (Japan) to 71% (Ethiopia), but in most sites the proportion fell between 29% and 62%.

A more recent study from WHO (in cooperation with the London School of Hygiene and Tropical Medicine and the Medical Research Council) consistent with the previous report, estimates that *"globally 35% of women have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence. Most of this violence is intimate partner violence. Worldwide, almost one-third (30%) of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner, in some regions this is much higher. Furthermore globally, as many as 38% of all murders of women are committed by intimate partners"*⁷.

The European Union Agency for Fundamental Rights (FRA) has conducted an EU-wide survey⁸, the most comprehensive study in the world so far on violence against women. The survey interviewed 42.002 women aged 18-74 and focused on violence against women by any person (not limited to intimate partners) covering the violence occurred within the family context but also at work, in the public space and on-line. The survey found that globally:

- *1 in 3 women (33%) reported experiencing physical and/or sexual violence since the age of 15. Moreover, 8% of women reported having experienced physical and/or sexual violence in the 12 months before the survey interview.*
- *43% of women has experienced any form of psychological violence by an intimate partner;*
- *1 in 5 has experienced stalking;*
- *Over 1 in 2 have experienced sexual harassment;*
- *1 in 20 has been raped (5%).*

The FRA survey results in Romania found that:

- *1 in 3 women (30%) has experienced physical and/or sexual violence since the age of 15, 7% in the 12 months before the survey interview.*
- *39% of women has experienced any form of psychological violence by an intimate partner since the age of 15;*
- *8% has experienced stalking;*
- *1 in 3 has experienced sexual harassment (32%);*
- *6% has been raped.*

⁵ García-Moreno, C. et al. *Multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses*. World Health Organization, 2005..

⁶ Brazil, Peru, Samoa, Serbia and Montenegro, Ethiopia, Bangladesh, Namibia, Thailand, Japan, United Republic of Tanzania and New Zealand

⁷ <http://www.who.int/mediacentre/factsheets/fs239/en/>

⁸ FRA. *Violence against women: an EU-wide survey. Main results*. Luxembourg: Publications Office of the European Union, 2014

The prevalence of the different forms of violence falls within the EU average. There are some differences with specific countries that showed the highest prevalence on mostly all forms of violence, for example Finland, Sweden, Denmark, Netherlands or UK. One explanation to those differences is that in those countries' women are more aware of violence against women and they feel proper measures and legislation has been adopted to protect women, thus, they are better prepared to identify if they are experiencing any form of VAW and to talk about it as a public issue. Therefore, we cannot conclude that in some countries there is more violence against women than in others, but that in some countries, women have more difficulties to identify that they are experiencing GBV and/or are less willing to discuss it openly.

Norway conduct regularly studies to estimate the prevalence of violence. A nationwide survey on violence⁹ carried out in 2014 by the Norwegian Center for Violence and Traumatic Stress Studies¹⁰ showed that:

- 33.6% of the women (one third) reported some form of sexual abuse or assault lifetime.
- 11.2% of women had experienced severe physical violence where they were afraid of being severely injured or killed.
- Women experience severe violence from a romantic partner or ex-partner more than men, who are more often victims of physical violence from strangers.

Variations in prevalence percentages between the studies just mentioned are normal, because of the measurement differences, the topics of research included (definitions of violence) but even the target population (women only or women and men).

Nonetheless, the data in all the studies show the dimension of the problem. It becomes evident that violence against women is neither a private matter nor isolated events that occur in the sphere of intimate relationships. On the contrary, it confirms that violence against women is a common problem worldwide and throughout Europe.

2.3. The consequences of violence

2.3.1 The human costs

Violence against women is a major violation of human rights. It manifests in different forms: physical, psychological, sexual and economic violence. It affects all facets of women's lives, as it has consequences on their health and well-being, both on the short and long-term, it hinders their ability to work, to earn money and their fully participation in public life¹¹. It affects women's self-esteem, and it make difficult for women to protect themselves and their children properly¹².

The impact that violence has on women's health (thus on their general well-being) is severe, even a long time after being exposed to violence, as it's been demonstrated by many studies. Heise and García-Moreno¹³ (2002) summarize the problems that violence causes on women's health, affecting their physical, psychological and sexual and reproductive health.

⁹ The study was not exclusively about VAW but violence in general. The study included women and men from 18 to 75 years of age.

¹⁰ Thoresen, S., and Hjemdal, O.K. (red) (2014). Vold og voldtekt i Norge. En nasjonal forekomststudie av vold i et livsløpsperspektiv, Nasjonalt kunnskapssenter om vold og traumatisk stress A/S, Rapport nr 1/2014.

¹¹ United Nations General Assembly. 2006. *In-Depth Study on All Forms of Violence against Women: Report of the Secretary General*. A/61/122/Add.1. United Nations, New York. [<http://www.un.org/womenwatch/daw/vaw/v-sg-study.htm>] March 2016.

¹² Krug, E., Dahlberg, L., Mercy, J.A, Zwi, AB and Lozano, R., eds. 2002. *World report on Violence and Health*. World Health Organization, Geneva.

¹³ Heise, L. and Garcia-Moreno, C. 2002. "Violence by Intimate Partners." in Krug et al. eds. 2002. *World Report on Violence and Health*. World Health Organization, Geneva: 87-121.

[http://www.who.int/violence_injury_prevention/violence/world_report/chapters/en/index.html] March 2016.

Pag. 100-102 focuses on the health problems associated to violence.

It may cause physical problems (such as abdominal and thoracic injuries, bruises, fractures, lacerations and abrasions, fibromyalgia, gastrointestinal disorders, irritable bowel syndrome, ocular damage, chronic pain syndromes, disability and reduced mobility); psychological problems as women exposed to violence are more likely to adopt risk behaviours (e.g. alcohol and drug abuse, physical inactivity, smoking) and to suffer mental health problems (such as depression and anxiety, eating and sleep disorders, phobias and panic disorder, post-traumatic stress disorder, psychosomatic disorders, suicide attempts and self-harm behaviours, including unsafe sexual behaviour) as well as negative feelings (e.g. poor self-esteem or feelings of shame and guilt); and it affects women's sexual and reproductive health as it can cause pregnancy complications and miscarriages, gynaecological disorders, pelvic inflammatory disease, infertility, sexual dysfunction, STD's as well as unsafe abortions and unwanted pregnancies.

Ultimately, violence may have fatal consequences resulting in homicides, maternal mortality, suicides and AIDS-related mortality.

Regarding financial consequences, women's capability to work, hence, to earn money, may be affected by many factors. First, women may experience economic violence. Controlling the money by providing very limited or no financial means to support the family, regardless of whether the woman works or not, is another form of abuse.

On the other hand, in many instances, perpetrators use sabotage tactics such as hiding their work uniform or causing repeated delays, when not directly prohibiting women to work. These tactics aim to increase the woman's economic dependency and social isolation.

Furthermore, poor health condition may prevent women from working (as they may not feel fit to work) or may eventually result in employment loss due to sick leaves or lower productivity.

Violence does not only affect women, it also affects their children whom may be influenced directly and indirectly by GBV¹⁴. Hester & Radford¹⁵ (2006) points out that GBV and child abuse, either physical or sexual, are connected. Jaffe, Wolfe and Wilson (1990) support that idea as they concluded that "*in one-third of the families where there is marital violence there is also child abuse occurring*"¹⁶. Thus, data shown that in homes where there is GBV children may be abused as well.

However, even though not all children living in violent homes are directly targeted, they are considered victims of GBV as they witness the violence. Studies have "*shown that the majority of children living in circumstances of domestic violence witness the violence and abusive behaviour to their mothers*"¹⁷. According to Kolbo, Blakely and Engleman (1996) "*children who have witnessed partner assaults reports harm in several areas of functioning: behavioural, emotional, social, cognitive and physical*"¹⁸. But children may also be influenced indirectly "*by the lack of consistent parenting or by high levels of irritability and tension associated with*

¹⁴ Jaffe, Wolfe and Wilson (1990) cited in: Postmus, J.L. 2005. "Domestic Violence in Child Welfare" in Mallon, G.P., and MacHartt Hess, P. eds. 2005. *Child Welfare for the Twenty-First Century: a handbook of practices, policies and programs*, Columbia University Press, New York: 355-374.

¹⁵ Radford, L. and Hester, M. (2006). *Mothering through Domestic Violence*. Jessica Kingsley Publishers, London and Philadelphia

¹⁶ Cited in: Alksnis, C. and Taylor J-A. (1995). *The Impact of Experiencing and Witnessing Family Violence during Childhood: Child and Adult Behavioural Outcomes*. Retrieved from: [http://www.capacitybuilding.net/CEV%20Research/The%20Impact%20of%20Experiencing%20and%20Witnessing%20Family%20Violence.pdf]

¹⁷ Radford and Hester (2006), p. 53. Op. cit.

¹⁸ As cited in Wolak and Finkelhor. Children Exposed to Partner Violence. Chapter Summary, as it appears in: Partner Violence: A Comprehensive Review of 20 Years of Research. Edited by Jana L. Jasinski and Linda M. Williams (1998) Made available by Sage Publications <http://www.sagepub.com> Retrieved from: [<https://mainweb-v.musc.edu/vawprevention/research/childexposure.shtml>]

violent homes¹⁹ or being used by the abuser in order to keep abusing and controlling the mother once they are separated²⁰.

2.3.2 The economic costs

But violence consequences are beyond the personal level and its human costs, including the pain and suffering caused. Given the deep impact GBV has on victims, it affects their families, the community and the whole society²¹. Violence has significant social and economic costs.

Women victims of DV are more likely to use more public services such as police, health and social services than the general population. These services have a direct cost for the society.

Moreover, lower productivity, and its subsequent loss of benefits have also a cost. Day, McKenna and Bowlus²² (2005) establishes two sets of variables (direct versus indirect and tangible versus intangible) to describe the nature of the social and economic costs of violence.

Direct and indirect costs can be either, tangible or intangible. The main features of the resulting categories and some examples are explained in Table 1.

Table 1. Types of costs

	Tangible (measurable, with monetary value)	Intangible (no monetary value)
Direct (result of the violence)	Health care expenses DV shelter costs such as staff and facilities costs Police and Judiciary costs increased	Pain and suffering Premature death Loss of quality of life
Indirect (not a direct consequence of the violence, but stem from its effects)	Lost income Loss of companies benefits as a result of lower productivity	Negative effects on next generations

Source: compilation by the author. Based on Day et al. (2005).

As Day et al. (2005) indicate measuring the economic costs of violence show how violence drains resources from many sectors, and its pervasive effect in national economies. By making evident that costs are borne by the whole society, it becomes a public issue, no more socially accepted, where the state and social response is required to address it.

However, quantifying the costs of domestic violence is not an easy task. Since Roberts conducted the first study of its kind in Australia in 1988²³, different studies have been undertaken. Studies usually quantify the direct tangible costs imputed to the prevention and response of the violence such as health care costs, social services for women and their children, costs linked to the increased intervention of the judiciary and law enforcement bodies, income support, etc. Many of them also measure indirect tangible costs such as lost wages or the reduction in taxes revenues due to the lower productivity. Nonetheless, due to the lack of systemic data collection it is more difficult to find studies quantifying intangible costs²⁴.

¹⁹ Wolak and Finkelhor (1998). Cited in: Postmus, JL. (2005), p. 314.

²⁰ Radford and Hester, 2006. Op. cit.

²¹ UN, 2006. Op. cit.

²² Day, T., McKenna, K. and Bowlus, A. 2005. *The Economic Costs of Violence Against Women: An Evaluation of the Literature - Expert brief compiled in preparation for the Secretary-General's in-depth study on all forms of violence against women*. United Nations.

²³ Ibid.

²⁴ CoE (2014). *Overview of studies on the costs of violence against women and domestic violence*. Equality Division, Directorate General of Democracy. Strasbourg, October 2012. Updated, October 2014.

“All the studies are not directly comparable because of the differences in criteria and methodologies used. The estimates vary due to the different ranges of costs included in the estimations²⁵”. Despite the problems to compare data, their results still are useful to shed some light on the huge costs that violence against women has on societies. The Council of Europe (CoE) updated in 2014 the document entitled “Overview of studies on the costs of violence against women and domestic violence” which contains the main results from the most recent studies at that time²⁶.

For example, Psytel²⁷ (2006) carried out a study to quantify the costs of DV²⁸ in the European Union (EU25) and concluded that the costs amounted to a total of €16 billion for 2006 or €33 per capita in 25 member states of the European Union. Other studies limited to single countries, estimated the costs of GBV at: €151 million per year (9.2 per capita) in the Netherlands²⁹; €260 million (€35 per capita) in Switzerland³⁰; €101 million (€19.3 per capita) in Finland³¹; €2.5 billion per year in France³²; or between SEK 2.695 million and SEK 3.300 million a year in Sweden³³. In United Kingdom³⁴ the costs estimated for 2001 were £22,869 million and £15,730 million for 2008.

Some studies on economic costs indicate that *“policies specifically aimed at prevention and assistance of victims are a very small part of the overall costs of violence”³⁵* and that investing in public services for prevention and response of GBV is an effective strategy, for the victims and the whole society³⁶.

The European Institute for Gender Equality (EIGE) has also published a report estimating the costs of VAW in the European Union (2014) extrapolating figures from the United Kingdom case study to the whole European Union and to Member States. According to their estimation, the economic costs of violence against women for the European Union amount to almost 225,8 billion Euro, including costs related to lost economic output associated to victims and employers’ losses as well as victims’ personal costs and costs related to health, legal social welfare and specialised services.

It also estimates the economic costs of violence against women for Romania in 8.994.421.745 Euro, which are 41.888.371.229,73 RON.

In Norway, Rasmussen, Strøm, Sverdrup and Vennemoet³⁷ (2012) estimated the total costs of domestic violence for the society in NOK 4.5 – 6 billion for 2010. The study differentiates between the costs estimated for the public sector (police, justice, health and victim support) and the costs for victims in terms of loss of capacity to work.

In that sense the costs for the public sector are estimated at NOK 2 – 2.4 billion in 2010, where most of the costs are generated by the Child Protection Service: NOK 900 million (€107 million

²⁵ Ibid p. 21.

²⁶ For more recent studies see EIGE (2014). *Estimating the costs of gender-based violence in the European Union*. Publications Office of the European Union, Luxembourg, 2014. The report reviews methodologies, but does not offer the final figures of the estimated costs.

²⁷ Psytel (2009); cited in CoE (2014).

²⁸ This study included men, hence the use of the DV term. The rest of the studies, except for the UK, Australia and Norway examples, are all focused on violence against women, usually intimate-partner violence, even though some are broader in its scope than others. For more information, see: CoE (2014).

²⁹ Korf, D. J. et al. (1997); cited in CoE (2014). Its results are probably underestimated, as only women in shelters were included in the study.

³⁰ Yodanis, C.L., and Godenzi, A. (1999); cited in CoE (2014).

³¹ Heiskanen, M. and Piispa, M. (2001); cited in CoE (2014).

³² Nectoux, M. et al. (2010); cited in CoE (2014).

³³ Envall, E. and Eriksson, A. (2006); cited in CoE (2014). Costs estimated for 2004.

³⁴ Walby, S. (2009); cited in CoE (2014). In this study men were also included.

³⁵ Villagómez, E. (2010). *The economic and social costs of domestic violence against women in Andalucía*. Almenara Estudios Económicos y Sociales, Spain, p. 7. Retrieved from:

[<http://www.unece.org/fileadmin/DAM/stats/documents/ece/ces/ge.30/2010/8.e.pdf>]

³⁶ Walby, 2009; Psytel, 2005; as cited in CoE (2014).

³⁷ Cited in CoE (2014).

per year), followed by support services for victims and families estimated at NOK 450 million and the joint costs for police and justice of NOK 300 million.

The costs for women are estimated at NOK 1.1 – 1.4 billion, in addition to NOK 0.7 – 1.9 billion estimated from lost work capacity due to violence against children. Finally Rasmussen et al. calculated the cost of lost lives at NOK 500 million.

2.4. The due diligence standard: the state's responsibility to counteract GBV

“Parties shall take the necessary legislative and other measures to exercise due diligence to prevent, investigate, punish and provide reparation for acts of violence covered by the scope of this Convention that are perpetrated by non-State actors”.

Article 5.2 Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention)

There is a considerable number of international and European legal instruments that not only recognize the obligation of the States to develop active policies and measures to guarantee the right of women to live a life free of violence, but also set up follow up mechanisms to supervise the progress made by States to ensure women's rights.

The due diligence standard was developed and conceptualized in international law as the obligation of the States to respect, protect and promote human rights.

It is the Declaration on the Elimination of Violence against Women (1993) the international instrument that for the first time specifically prescribes the due diligence standard for violence against women. Article 4.c urges States to “exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons”.

Moreover, General Recommendation No. 19³⁸ of the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW) says that “States may also be responsible for private acts if they fail to act with due diligence to prevent violations of rights or to investigate and punish acts of violence”.

At European level is the Istanbul Convention the instrument that laid out the due diligence standard, which has been signed and ratified by Romania and Norway. Article 5.2 states “Parties shall take the necessary legislative and other measures to exercise due diligence to prevent, investigate, punish and provide reparation for acts of violence covered by the scope of this Convention that are perpetrated by non-State actors”.

Romania and Norway have signed and ratified numerous human rights treaties, that endorse the due diligence standard on violence against women. A summary of the most relevant instruments in the fight against GBV with which Romania and Norway have acquired responsibilities are shown in Table 1.

Table 1. Summary: relevant international and regional instruments in the context of violence against women

Instrument	
Universal Declaration of Human Rights (1948)	<i>Article 8. Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.</i>

³⁸ CEDAW General Recommendation 19, ¶19, U.N. Doc. A/47/38 (1992).

<p>Convention on the Elimination of All Forms of Discrimination against Women (1979)</p>	<p><i>Article 2. States Parties condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women and, to this end, undertake:</i></p> <p><i>(b) To adopt appropriate legislative and other measures, including sanctions where appropriate, prohibiting all discrimination against women;</i></p> <p><i>(c) To establish legal protection of the rights of women on an equal basis with men and to ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination;</i></p>
<p>CEDAW Committee General Recommendation No. 19: Violence against women (1992)</p>	<p><i>Specific recommendations. Paragraph 24</i></p> <p><i>(a) States parties should take appropriate and effective measures to overcome all forms of gender-based violence, whether by public or private act;</i></p> <p><i>(b) States parties should ensure that laws against family violence and abuse, rape, sexual assault and other gender-based violence give adequate protection to all women, and respect their integrity and dignity. Appropriate protective and support services should be provided for victims. Gender-sensitive training of judicial and law enforcement officers and other</i></p> <p><i>(t) That States parties should take all legal and other measures that are necessary to provide effective protection of women against gender-based violence 24t</i></p>
<p>Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention, 2011)</p>	<p><i>Article 5.2. Parties shall take the necessary legislative and other measures to exercise due diligence to prevent, investigate, punish and provide reparation for acts of violence covered by the scope of this Convention that are perpetrated by non-State actors.</i></p> <p><i>Article 7.1 Parties shall take the necessary legislative and other measures to adopt and implement State-wide effective, comprehensive and co-ordinated policies encompassing all relevant measures to prevent and combat all forms of violence covered by the scope of this Convention and offer a holistic response to violence against women.</i></p> <p><i>Article 12.2 Parties shall take the necessary legislative and other measures to prevent all forms of violence covered by the scope of this Convention by any natural or legal person.</i></p> <p><i>Article 49.2 Parties shall take the necessary legislative or other measures, in conformity with the fundamental principles of human rights and having regard to the gendered understanding of violence, to ensure the effective investigation and prosecution of offences established in accordance with this Convention.</i></p>
<p>Beijing Declaration and Platform Action (1994)</p>	<p>Among all the measures established by the Beijing Platform of Action to be adopted by governments, in particular the application of international human rights instruments, it also highlights, “Adopt and/or implement and periodically review</p>

	<i>and analyse legislation to ensure its effectiveness in eliminating violence against women, emphasizing the prevention of violence and the prosecution of offenders; take measures to ensure the protection of women subjected to violence, access to just and effective remedies, including compensation and indemnification and healing of victims, and rehabilitation of perpetrators". (Paragraph 124)</i>
Vienna Declaration and Programme of Action (1993)	<i>Article 4. States should condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination. States should pursue by all appropriate means and without delay a policy of eliminating violence against women and, to this end, should: (c) Exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons;</i>
Recommendation Rec (2002) 5 Committee of Ministers of the Council of Europe (2002)	<i>II. Recognise that states have an obligation to exercise due diligence to prevent, investigate and punish acts of violence, whether those acts are perpetrated by the state or private persons, and provide protection to victims;</i>
Commission on the Status of Women. Report on the fifty-seventh session (2013)	<i>16. The Commission stresses that all States have the obligation, at all levels, to use all appropriate means of a legislative, political, economic, social and administrative nature in order to promote and protect all human rights and fundamental freedoms of women and girls, and must exercise due diligence to prevent, investigate, prosecute and punish the perpetrators of violence against women and girls and end impunity, and to provide protection as well as access to appropriate remedies for victims and survivors. (Chapter I.a)</i>

In this sense, the Istanbul Convention (IC onwards) is considered the most comprehensive international instrument on GBV and has been signed and ratified by Romania and Norway. The Istanbul Convention follows a structure known as the four "p's":

1. Coordinated and comprehensive **policies**;
2. **Prevention (of violence from occurring or reoccurring)**;
3. **Protection (and support for victims)**;
4. **Prosecution (of the perpetrators)**;

It is a common structure in human rights treaties and specifically in those elaborated and promoted within the Council of Europe which respond to the due diligence standard.

The Conference and Synergy meeting was focused on comprehensive and coordinated protection and support response (mechanisms) to women survivors of violence.

According to the Istanbul convention States shall adopt and implement State-wide effective, comprehensive and coordinated policies to offer a **holistic response to all forms of violence** against women, placing the rights of the **victim at the centre** of all measures which shall be implemented through **effective cooperation** among all **relevant actors** that shall be involved such as government agencies, the national, regional and local parliaments and authorities, national human rights institutions and civil society organizations (Article 7).

The IC also obliges States to “designate or establish one or more official **bodies responsible** for the **co-ordination**, implementation, monitoring and evaluation of policies and measures to prevent and combat all forms of violence” (Article 10).

The IC also sets the obligation to collect data systematically and promote research on all forms of violence to study its root causes, effects and prevalence as well the efficacy of measures taken to prevent and combat GBV (Article 11). In this sense, sharing good practices that have proven to be effective and innovative in the fight against VAW it is a good strategy.

3. THE CONFERENCE AND STRUCTURE OF THE DOCUMENT

The Conference and Synergy meeting was held the days 14 and 15 of November 2018 in Bucharest under the auspices of the Romanian National Agency for Equal Opportunities (ANES) and the Norwegian Ministry of Justice and Public Security with the following agenda:

Agenda

Day 1 – 14 November 2018

09:00 – 09:15	Registration of participants
09:15 – 10:30	<p>Opening Remarks Moderator: Ms. Asta B. Lydersen writer, moderator and senior communications advisor National Agency for Equal Opportunities between Women and Men, <i>State Secretary, Mrs. Grațîela Drăghici</i> H.E. Mrs. Lise Kleven Grevstad, Ambassador of Norway to Romania Vice Prime Minister's office for the implementation of Romania's strategic partnerships, State Secretary, Mr. Tudor Buzatu MP Hungarian Parliament - Rapporteur on Achievements and Challenges on Istanbul Convention, Mrs. Zita Gurmai Deputy Head of Mission to Romania, British Embassy Bucharest, Mrs. Tanya Collingridge Council of Europe, Prof-dr. Mrs Vesna Ratkovic, GREVIO Fundamental Rights Agency, Head of Freedoms and Justice Department, Mrs. Joanna Goodey Ministry of Internal Affairs, General Inspectorate of Romanian Police, Chief Commissar Mr. Mihai Venea</p>
10:30 – 10:45	Coffee Break
10:45 – 12:00	<p>Coordinated Response Spain The Office of the Equality and Anti-discrimination Ombud of Norway - Ms. Rachel Eapen Paul, Policy director - Introduction regarding the initiatives co-financed by the European Economic Area (EEA) Financial Mechanism through the Programme on Gender Equality and Work-Life Balance in Spain. National Government Office on Gender-based Violence, Ministry of the Presidency, Parliamentary relations and Equality in Spain Coordination of public policies on gender-based violence - Ms. Pilar Vilaplana Garc�a, Senior Advisor La Mancha Women's Institute "DULCINEA"- An Information System for Online Single Record Management for Women. - Ms. Cristina Cuevas Mart�nez, Head of Resources and Programs - Ms. Maria Jes�s Jim�nez Arriero, Head of Section Q&A</p>

<p>12:00-12:30</p>	<p>Coordinated Response USA New York City Family Justice Center, Brooklyn - Ms. Maria Zhynovitch, Esq., Senior Staff Attorney, Family Law Project</p>
<p>12:30 – 13:30</p>	<p>Lunch Break</p>
<p>13:30– 14:40</p>	<p>Coordinated Response Netherlands Founder of the EFJCA (European Family Justice Center Alliance) - Mr. Anthony Polychronakis : “Towards an outreaching preventive approach and the Family Center Model”</p> <p>Coordinated Response Norway Head of Project Oslo Police Ms. Hanne Finanger: “Project November” Head of Information, Secretariat of the Shelter Movement in Norway Ms. Lone A. Johansen: “The shelter as the coordinator”</p> <p>Coordinated Response Portugal Senior officer, Department of Domestic and Gender Violence, The Commission for Citizenship and Gender Equality in Portugal Ms. Cláudia Mateus</p>
<p>14:45 – 15:00</p>	<p>Coffee break</p>
<p>15:00 – 16:10</p>	<p>Coordinated Response Poland Ms. Marta Świnecka - Expert in the Prevention Office and member of the Monitoring Team for Prevention of Domestic Violence – advisory body at the Ministry of Family, Labour and Social Policy</p> <p>Coordinated Response United Kingdom Manager of Member Support Services Women's Aid, Bristol Ms. Janet McDermott: ‘Change that Lasts’ model</p> <p>Coordinated Response Romania Project coordinator - East European Institute for Reproductive Health Mrs. Ionela Horga: “Multi-sectoral response to GBV - Romanian good practices rolled out in the countries of Eastern Europe and Central Asia region”</p>
<p>16:10 – 16:45</p>	<p>Coordinated Responses USA Skype session Mayor’s Office to End Domestic and Gender-Based Violence, New York Ms. Jennifer L. DeCarli, Esq., LMSW, Assistant Commissioner for Family Justice Centers and Outreach</p> <p>Coordinated Response Spain Directorate General of Women’s Issues and Equality, Region of Murcia, Spain An approach on Regional Government of Murcia’s public policies against gender-based violence Ms. Cristina García García, Head of Service for Gender Equality and GBV</p>

	Prevention
16:45 – 17:15	Closing Remarks
19:00	Official Dinner

Day 2 – 15 November 2018

09:00 – 10:45	<p>Session IV - Follow-up of the first day of the Conference Moderator: Ms. Lene Nilsen, senior advisor Norwegian Ministry of Justice and Public Security Concluding session on best practices on coordinated and individualized response to protect and support victims of domestic and gender-based violence – what can we extract from the different models presented yesterday? This session will give important input to the Compendium from the Conference Ms. Virginia Gil, Director Spanish foundation Aspacia “Building consensus for policymaking on DGBV”, Group discussion Summary in Plenary Session</p>
10:45 – 11:00	Coffee Break
11:00 – 12:30	<p>Synergy Meeting Meeting for the participants of the EEA/Norway Grants SYNERGY Network against Domestic and Gender-based Violence Welcome by NAEO and NMoJ Presentations of participants in the SYNERGY network</p>
12:30 – 13:30	Lunch
13:30 – 15:00	<p>The way ahead – the 4th P The SYNERGY network will try to develop a Good Practice Guidance for Policymaking on Integrated Policies as result of network activities 2018-2021. “The state responsibility to have integrated policies” Prof-dr. Mrs Vesna Ratkovic, GREVIO, Council of Europe “5 years of implementing the Istanbul Convention in Portugal” Head of Unit, Domestic and Gender Based Violence Unit Mrs. Marta Silva, The Commission for Citizenship and Gender Equality in Portugal “New Conference and Synergy network meeting under the Presidency of Romania Council of Europe 2019” Representative NAEO</p>
15:00 – 15:15	Coffee Break
15:15 – 15:45	Closing Remarks on next steps for the SYNERGY network

During the first day of the conference were exposed all the comprehensive and coordinated response models considered as good practices in the protection and support of survivors of GBV.

The second day of the conference consisted of a concluding session aimed to open up a group discussion on the models presented the previous day that allows participants to reflect on what can they extract from the different models presented and how to adapt it to their work and context. The discussion process provided important input to the present document, the Compendium from the Conference.

According to this, the current document is structured in four sections:

- Common elements identified in the comprehensive and coordinated response models.
- Summary of the comprehensive and coordinated response models presented at the conference by country.
- Closing session. Description of the work in groups and discussion.
- Final conclusions and recommendations.

4. COMMON ELEMENTS IDENTIFIED IN THE PRESENTED MODELS

The Conference and Synergy meeting aimed for participants to know and discuss different approaches to respond to domestic and gender-based violence and to exchange proven experiences across countries, agencies and professionals sectors.

Throughout the 2-days conference several coordinated response intervention models were presented from very different contexts, with different focus and goals.

The differences in the context in which the different models are implemented are not only regarding the legal, social and cultural framework. It also refers to the point of departure and level of implementation/development of the policies to combat GBV in that country at the time of designing each model of coordinated intervention response, as these aspects have determined its current focus, goals and scope.

In that sense, some of the models presented were **Police coordinated** response models, as it was the case of the **Blue Cards Procedure** and the **November project**. In both cases, the model aims to early detect cases of violence to prevent that further and more severe violence occurs by working co-ordinately with other relevant stakeholders during and after the police intervention.

We also find coordinated response intervention models focused on the provision of **social support**, as it is the case of the **Family Justice Centre**'s in USA and the Netherlands, the **Crisis Shelters** as coordinating agency in Norway or the **"Change that Lasts" model** in UK. These models were conceived to better respond to women's needs and to improve the support provided to women experiencing GBV and their children by ensuring easy access of women to all relevant services.

Some other examples deal with **coordination mechanisms** at national/regional level to ensure a coordinated response intervention as it is the case of the Spanish and Portuguese models. Likewise other models were focused in developing **information systems** that enabled a coordinated response among several stakeholders (Dulcinea). And other were really focused on setting up the pillars for a coordinated response intervention by delivering **training systems** to all actors involved in the assistance to women's survivors of violence and **developing guidelines and action protocols**, as it is the case of the multi-sectoral response to GBV developed by Romania in Eastern Europe and Central Asia region or the Core Project in Murcia (Spain).

Despite all these differences, all models had common characteristics.

VICTIM'S CENTRED APPROACH

All the models highlighted its victim's centred approach as a guiding principle in the professionals' work. Listening to women's, to the needs they express in a safe, private and confidential context, giving the time and space to make their own informed decisions and asking them what support they require/want to receive are repeated ideas across the presentations offered.

Such practices are good examples of how to place victims' needs at the centre when providing a coordinated intervention response. It is essential that professionals and agencies are flexible and adaptable to women's needs and priorities, rather than women being forced to accommodate to agencies criteria or protocols. Throughout interventions, professionals and agencies must respect women's autonomy and promote her empowerment.

GENDER ELEMENT

Most of the comprehensive and coordinated response models presented aim to target domestic or family violence but not specifically gender-based violence. Nonetheless, a common element evidenced at the conference among all these models is the gender issue. Throughout all the presentations, it was acknowledged that most victims affected by violence and with whom these professionals and institutions deal with are women and children, while also the suspected perpetrators are mainly men.

The dynamic of power and control that govern abusive relationships was an element pointed out by some speakers, while in other presentations it was specifically highlighted the need for a gender perspective in the intervention with victims of GBV. Also, some speakers would describe the intervention model targeting specifically women victims of GBV, which underlies the notion of violence is based on a gender analysis. In some presentations no mention was made to this aspect other than recognising that most victims were women.

Hence, even though in all models presented victims are mainly women and perpetrators men, the gender perspective was an element pointed out unevenly throughout presentations.

INTER-AGENCY COORDINATION AND COOPERATION

A common feature present in most of the models presented was the cooperation with other agencies. This aspect was pointed out as a key element for the success of a comprehensive and coordinated response. Some models identify benefits for women and children survivors, as well as for the professionals and agencies involved.

Inter-agency coordination and cooperation maximizes resources, as cooperating agencies work in the same direction to achieve common goals, each of one adding towards solving problems. It also provides consistent and coherent response from all operators, reducing women's uncertainty, generating trust between the woman and the professional and safety.

Inter-agency coordination requires an understanding of the role and responsibilities of the actors involved as well as the obstacles they face. In this sense, coordination and cooperation enables global and innovative thinking to cover the gaps and overcome the obstacles, providing women with options rather than limitations.

Some of the models presented highlighted the importance to establish coordination mechanisms that foster and ensure a comprehensive response and cooperation between agencies. Other key aspects pointed out was the need to develop guidelines and action protocols and to set up information systems that enable to share data among relevant stakeholders and collect data.

INTERDISCIPLINARY APPROACH

This aspect is closely linked to the inter-agency coordination, but it is also an intra-agency key element where most of the models operate with interdisciplinary teams (social workers, attorneys, psychologist, etc.). The benefits of a diverse team inter and intra- agency were highlighted repeatedly.

GBV is a complex problem that affects all facets of women's lives. Therefore, it is necessary to support women survivors of GBV and their children at social, psychological, physical and economic level. Such support requires the participation of professionals from different disciplines and sectors that contribute with specific technical knowledge and skills.

TRAINING AND CAPACITY BUILDING

Within all comprehensive and coordinated response models, training and capacity building was outlined as a present element within the different models. The complexity of this issue, its sensitivity, requires well trained and capable professionals to deal with GBV and to provide an appropriate, effective and sensitive response to the victims. Initial and on-going specialization training programmes were mentioned as necessary components of the models.

However, the contents of such training and capacity building programs were not described.

CONTEXT IN WHICH THE MODEL IS EMBEDDED

Another aspect that has been highlighted in all the presentations is the context in which the model described was originated and is embedded. The legal framework is important to understand the circumstances that frame that specific model/policy/measure. In many instances, the law, although not explicitly, was considered positive, as it creates the necessary conditions to ensure a comprehensive and coordinated response.

In other cases, models originate from past experiences and mistakes, when becomes clear that victims were not getting support appropriate to their needs and new responses/models are required. In that sense, evaluation processes may be behind these processes.

Another recurring issue throughout presentations was the funding: how programs were funded or the need to ensure funding, etc.

5. MODELS OF COMPREHENSIVE AND COORDINATED RESPONSE PRESENTED AT THE CONFERENCE BY COUNTRY

Spain

The office of the Equality and Anti-discrimination Ombud of Norway.

Ms. Rachel Eapen Paul, Policy Director. Introduction regarding the initiatives co-financed by the European Economic Area (EEA) Financial Mechanism through the Programme on Gender Equality and Work- Life Balance in Spain.

The Agreement on the European Economic Area (EEA) allows the EEA- EFTA member States (Norway, Iceland and Liechtenstein) to participate in the internal market of the European Union (EU) without adhering to it.

Since the EEA Agreement entered into force in 1994, the EEA - EFTA have contributed to social and economic progress in different EU countries. To do this, the financing mechanisms of the EEA ("EEA Grants" and "Norway Grants") are intended to reduce economic and social inequalities in European countries and strengthen cooperation with the beneficiary countries.

The November 15th, 2011 was signed the "Memorandum of Understanding" between the EEA States (Norway, Iceland and Liechtenstein) and the Kingdom of Spain on the implementation of the EEA Financial Mechanism 2009-2014, which is instrumented through six programs.

One of them is the "Program of Gender Equality and Reconciliation of work and family life", which aimed to develop projects promoting equality between men and women in the labour market; improve the employability, career development and entrepreneurship of women; equal representation on companies' boards; reconciling work and family life; socio-professional integration of women from vulnerable groups; reduce the gender pay gap; combating gender-based violence and finally, to facilitate and strengthen **bilateral relations**, through the exchange of experiences and good practices between Norway and Spain.

70 projects were successfully implemented, as well as several bilateral relations actions within the Gender equality and work life balance programme with a total budget of 11,989.706€. These projects were developed with the involvement of the Central Government, Autonomous Communities and Municipalities, Social agents, universities and NGO's.

The results of the programme exceeded the expectations created, as the projects implemented had a high impact on the empowerment, self-esteem and motivation of the women who have participated (15.000 women as direct beneficiary) and the programme became a cultural transformation agent creating awareness about issues such as gender stereotypes, gender pay gap and GBV and supporting women in innovation and entrepreneurship processes. It strengthened women's associations participating in the Programme.

It also allowed establishing national and transnational networks for the exchange of information that led to new projects and collaborations beyond the Programme that continued in Norway.

Among the projects implemented within the Programme were:

- The realization of a study for the exchange of good practices and legal instruments between Norway, Iceland and Spain in the fight against gender-based violence and include, for contextualization, compilation of the legislation in the countries of the European Union in this area.
- 6 projects to develop coordinated responses for the protection of GBV victims in the

Autonomous regions in Spain. Two of which will be presented at the Conference:

- “CORE”-A Coordinated and individualized response for victims of GBV in Murcia.
- “DULCINEA” An Information System for Online Single Record Management for Women.

These are success, transferable and sustainable stories.

National Government Office on Gender based violence, Ministry of the Presidency, Parliamentary relations and Equality in Spain. Coordination of public policies on gender - based violence. Ms. Pilar Vilaplana García, Senior Advisor.

Combating violence against women requires a unified action and maximum coordination, collaboration and cooperation in the measures developed, which entails:

- Involvement of many actors (public and private).
- Different areas of competence with different approaches in a cross-cutting, multidisciplinary and comprehensive manner.

To deal with gender- based violence in Spain, it is necessary to understand the complex system of competencies distribution between the State, the Autonomous Communities and the Municipalities. There’s no generic and unique competence regarding gender-based violence.

The Organic Act 1/2004 (OA) on Integrated protection measures against gender-based violence, under the 4 P’s model, includes preventive, educational and raising awareness, judicial, security, employment and social assistance and victim support measures to provide an integrated and multidisciplinary response.

It creates institutional protection and coordination mechanisms at National level: the National Government Office on Gender-based violence, the State Observatory and provides the legal framework for the impulse of collaboration plans and protocols across the sectors, institutions and levels of government.

1. The National Government Office on GBV is created by the art. 29 of the OA 1/2004.

The main goals of the mission of this Office are:

- To propose the Government’s Policy against all forms of violence against women
 - To promote and coordinate actions related to violence against women
2. **The State Observatory on GBV** is a specialized body in which national, regional and local administrations converge together with organizations from the civil society (women’s organizations, social agents, etc.) Its main functions are:
- Institutional collaboration
 - Data collection, analysis and dissemination
 - Improving indicators and information systems
 - Impact assessment
 - Preparation of reports and studies

Both coordination bodies seat under the Ministry of Presidency (previously it was under the Ministry of Health, Social Services and Equality) to ensure that violence against women is a cross cutting theme in all government policies.

3. Plans, Strategies and Protocols on VAW:

The OA includes specific provisions on the drafting of collaboration plans and protocols across institutions and levels of government to ensure a coordinated and

comprehensives response to victims of GBV. It also establishes the obligation to draft national prevention strategies.

- 3.1. National Strategy for the eradication of VAW (2013- 2016). This Strategy was developed according to the participation principle. Road map for public authorities involved in the fight against gender-based violence for the 2013-2016 period. It contains 282 measures.
- 3.2. Plan to combat trafficking on women and girls for the purpose of sexual exploitation (2015-2018).
- 3.3. Protocols of attention and coordination in different spheres, such as: health, education, security, labour market, social assistance, media...

At regional and local level similar coordination mechanisms and protocols have been created to ensure once again an effective coordination and multi-agency, multi-sectoral response across the 3 levels of government. As an example, State, Autonomous regions and municipalities meet regularly at the Sectorial Conference on Equality to discuss the necessary measures to be adopted in coordination based on the competence-distribution system of the country. There are Coordination and Violence Units of the National Government Representations in the Autonomous Regions who coordinate with the Violence Units from the Autonomous Regions. And so on.

It has also been created a protocol for the assistance of Spanish women experiencing GBV abroad, with the involvement of the Ministry of Foreign Affairs, Ministry of Employment and Migration and the Ministry of Presidency and Equality as another example of inter-institutional coordination.

4. In addition to the coordination functions of the Government Office on GBV, Ms. Vilaplana explained many **awareness-raising VAW campaigns** that have been/are being implemented in Spain, which are also made available to the Autonomous Regions for its use.
5. Finally, it was mentioned the **National Pact against GBV** was approved by the Congress and the Senate in 2017. It contains 214 and 267 measures, respectively. It is the road map for the following 5 years and it implies a 1-billion-euro budget. The Pact reflects a triple consensus: the political commitment with all parliamentary groups approving the Pact unanimously, the Territorial governments subscribing also the Pact and the civil society organizations adhering to the Pact in the plenary of the State Observatory where they participate.

“DULCINEA” - An information System for Online Single Record Management for Women. Castilla-La Mancha Women’s Institute. Ms. Cristina Cuevas Martínez, Head of Resources and Programs and Ms. María Jesús Jiménez Arriero, Head of Section.

Ms. Cuenca and Ms. Jiménez started the presentation with a brief explanation of the Territorial Structure of Spain and Castilla-La Mancha as one of the 17 Autonomous Communities in the Regional territorial level. They explained the administrative structure of the Castilla la Mancha Women’s Institute, depending on the first Vice-presidency. Castilla-La Mancha’s legal framework was also mentioned that grants competencies on the prevention and combat of gender- based violence to the regional government on which the Women’s Institute is created.

This Legal Framework is composed by:

At the National Level.

- The Organic Act 1/2004 on Integrated protection measures against gender-based violence.

- Organic Act 3/2007, of March 22, for the effective equality of women and men.

At the Regional Level.

- Act 12/2010, of November 18, on equality between women and men of CLM.
- Act 4/2018, of October 8, for a Society Free of Gender Violence in Castilla-La Mancha.
- Strategic Plan for equal opportunities between women and men.

Currently is in force the II Strategic Plan for equal opportunities between women and men (2019-2024) that among its lines of action includes prevention and action against gender-based violence (Line of action 3).

The Women's Institute has created a wide network of GBV specialised centres. This network consists of 84 women's centres (day care centres), 14 residential centres (emergency and long-term centres) and the hotline 900100114. For the last year there had been attended 256 women and children and 7000 telephone calls.

In addition to the specialised centres, there are complementary services and programmes on GBV: prevention and awareness raising programmes, legal advice and psychological counselling for women and children, specific support programmes for women from vulnerable groups, telephone security devices for victims of GBV, economic support, priority access to public housing and training and capacity building programs for the employment of survivors of GBV.

In order to unify all the information from all the stakeholders and to coordinate the intervention with women, was created Dulcinea. Dulcinea is a unified information system that collects data from the specialized network of centres and services for women victims of GBV.

It is an IT tool, information collection, which has a triple purpose:

- To obtain the necessary data to carry out the professional intervention such as the social, psychological, legal and employment situation of women attending the specialized centres. It allows proper interdisciplinary case management with the involvement of all professionals of the specialized network at all stages and more important, prevents revictimization as all stakeholders have access to women's history of violence and use of specialized services and can share relevant information for the case.
- To collect data on the actions carried out at the community level for the promotion of equality and the prevention of gender-based violence, which allows to obtain and exploit data.
- Statistical exploitation of data.

For this purpose Dulcinea is structured in 4 basic modules which are: Woman's unique file/record (case management), Community actions Registration, Intranet, Administrative issues and Reports-Statistics.

Regarding the woman's file, Dulcinea collects basic information (name, address, telephone, OP in place, etc.). But also, information from every area in which the woman is supported (legal, social psychological, employment and emergency accommodation). It also contains the history of violence and keeps records of all consultation that the woman has made by areas. Finally, it provides a tool for drafting the multidisciplinary intervention plan which gathers woman's demands, needs and expectations, goals to achieve according to her needs, actions undertaken, coordination with other professionals/services, follow-up actions and evaluation.

Based on all the information registered in the case management, the application allows to collect all these data and exploit it, keeping always confidentiality and privacy of clients, to know number of women assisted and their characteristics (place of origin, ages, level of studies, employment situation, civil status, current OP, etc.).

Finally, the application includes an option in which keeping record of all community actions

undertaken by the different specialised centres, services and programmes in line with the regional strategic plan which allows to follow up on the implementation of the strategy as well as to report its progress.

Directorate General of Women's Issues and Equality, Region of Murcia, Spain

An approach on Regional Government of Murcia's public policies against gender-based violence

Ms. Cristina García García, Head of Service for Gender Equality and GBV Prevention

Ms. García started her presentation with a brief explanation of the Territorial Structure of Spain and Castilla la Mancha as one of the 17 Autonomous Communities in the Regional level. She explained the administrative structure of the Directorate General of Women's Issues and Equality Murcia's Region. The Directorate has two areas of work:

- Gender equality: within these the Directorate implement diverse measures and public policies in key sectors for gender equality such as education, employment and entrepreneurship, work-life balance and health.
- Gender-based violence: creating a network of GBV- specialised services, developing prevention programmes and setting up coordination mechanisms.

The principles for building up a coordination strategy are contained in European, national and regional legislation (Istanbul Convention, Article 7; Organic Act 1/2004 on GBV, Article 2; Regional Act against GBV, Article 4) as well as in the Regional Strategy against GBV.

Ms. García identified benefits of a coordinated response for:

- 1.- Women and children: as it provides an individualized and needs-based response, generates trust on women and safety and facilitates early detection.
- 2.- Institutions/agencies: as it requires a good knowledge of all the agencies/actors involved and their roles, to establish protocols (standardization), to implement consistent assessment and improves efficiency as resources work jointly.
- 3.- In society: as it has higher impact on society, increase awareness and allows to target key stakeholders.

To that end, in 2011 it was drafted and adopted the regional multi-agency coordination protocol which aimed to improve coordination among GBV-specialized and generalist agencies of all levels of government (national, regional and local) within the Region of Murcia and to ensure common minimum standards across agencies in service delivery to women victims.

Under the Protocol was created a Permanent Committee to follow up the well-functioning of the protocol and supervise if effective coordinated response is provided. To improve the coordination and multi-agency approach, working groups has been established around topics (protection of GBV-victims, injury report, children, free legal aid, etc.) which provide feedback to the Permanent Committee.

At local level, coordination mechanisms have also been created, called Local Conferences on GBV. The Local Conferences aim to improve early detection, optimize case management and coordination, personalize service provided to GBV survivors and develop awareness raising activities. They are led by the Municipality and they have representation from GBV specialized centres (either, residential and non-residential), local and national police departments, education, health and social services sector and employment agency.

The CORE project was funded by the EEA/Norway Grants. The project was meant to foster institutional and local coordination efforts, to implement individualised/tailored pathways for

the work with GBV survivors and to improve the quality of services delivered.

The project included the following activities:

- Training and capacity building actions for professionals working with GBV survivors: training seminars; training materials to be replicated in other regions and municipalities; a 2-days European Conference on GBV; agreement with NGO's working in the field of GBV to conduct training, support and awareness-raising activities.
- Online Information System and Coordination Platform for professionals working with GBV survivors: It is a shared work space for professionals from specialized and non-specialized resources that deal with GBV. It has a specific area for professionals/agencies participating in the Multi-agency Coordination Protocol Committee and the Local Coordination Conferences. The information system enables to share data and information of interest between all the GBV services located in Murcia; data collection and analysis to improve knowledge and policies and is ready to be connected to other databases such as VIOGEN, the National Police Department application tool for case risk assessment.
- Creation and launch of the regional website on gender equality and GBV prevention with information on services and programmes for women survivors of GBV and professionals. The website allows managing appointments with GBV services and is linked with the Information System (only for professionals).
- Drafting of the "Manual for Implementing an Individualized Plan of Care for GBV Survivors" which sets the guiding principles and guidelines for an effective, comprehensive and coordinated response to women with clear definition of itineraries, roles and characteristics of the services.

Ms. García finalised pointing out that the impact of the Core Project lasted beyond its period of implementation. New projects based on the Core Project were developed. Some examples are:

-Adapting the Manual for Individualised Plans of Care for women survivors of GBV with disabilities. Raising awareness materials for women with disabilities as well as guidelines for practitioners to work with these women were designed.

-Development of a European core curriculum training package to train any professional as coordinators on GBV.

-Several activities has been undertaken to improve the coordination with health and social services, developing guidelines for early detection, capacity building seminars for health and social services practitioners, etc.

USA

Mayor's Office to End Domestic and Gender-Based Violence, New York

Ms. Jennifer L. DeCarli, Esq., LMSW, Assistant Commissioner for Family Justice Centers and Outreach

Ms. DeCarli offered a brief remark of the history of the DV movement in the US with the creation of the first DV shelter in 1973 and how it evolved with the approval of federal and state legislation in 1994 (Violence Against Women Act and New York State comprehensive domestic violence law including mandatory arrest). Gradually, the first Coordinated Community Response (CCR's) models appeared based on the Duluth model (Minnesota) which led to more holistic CCR models as it is the Family Justice Centre (FJC). The first JFC opened in 2005 in San Diego, California.

It continued providing information on the number of Domestic Violence Incident Reports

where most of the victims are women (74%).

The Mayor's Office to End Domestic and Gender-Based Violence has created five New York City Family Justice Centres (NYC-FJC), one in every borough (Brooklyn, Queens, Bronx, Manhattan and Staten Island) and it is the largest network of FJC's in the country.

The FJC is an intervention model to provide comprehensive, holistic services to victims of domestic and gender-based violence (intimate-partner violence, sexual assault, stalking, elder abuse, child abuse and sex trafficking). It is a community-wide collaboration of partner agencies (public and private) in a centralized location that provide several services to victims of GBV in one single safe place.

Clients and their children can access in a one safe place:

- Legal assistance on criminal and civil issues including matrimonial/divorce, family law court petitions, orders of protection, immigration, housing legal services, etc.
- Case management, individual and group adult and child counselling; risk assessment and safety planning; assistance with filing police reports; psychiatric services; children's activities; English Second language classes, financial literacy and basic literacy classes; language interpretation and culturally specific services.
- Advocacy on prosecution of GBV crimes; financial counselling; services for the elderly and/or people with disabilities.
- Economic empowerment services-including advocacy with housing, emergency shelter and financial assistance.
- Wellness services.
- A helpful, non-judgmental, and welcoming environment.

The (partner) staff can maintain autonomy and confidentiality while collaborating with other professionals; identify and address system gaps; receive on-going training on immigration law, family court, criminal justice response, etc.; learn about the different roles of professionals in the field.

The goals of the NYC Family Justice Centre's are:

- Reduce burden on survivors to locate services;
- Provide services in a client centred, trauma and informed way;
- Increase number of access point to services;
- Provide comprehensive services in one location;
- Provide culturally, linguistically appropriate services;
- Increase coordination among service providers;
- Implement systems improvements;
- Increase safety of survivors and their children.

The Mayor's Office manages overall administration of the FJC's through on-site staff supervised by the Assistant Commissioner. Their DV bureaus are located at the FJC's. Over 35 non-profit organizations and 6 government agencies work on-site together at the FJC's. Hence, survivors have access to a wide range of information, options and services with one visit. The District Attorney's Offices in each borough are a lead partner agency with Mayor's Office.

FJC Benefits:

- Enhanced interdisciplinary collaboration which maximizes resources in high volume urban environments
- Development of Specialized Programmes according to the needs of the population
- Allows for regular feedback from clients
- Can easily identify and address systemic challenges as FJC's easily find the system gaps
- On-going best practices training for on-site partners. It is required a basic training of 25 hours for all staff working on the FJC's in addition to specific training offered regularly

- Holistic, wrap around service delivery for clients

FJC Challenges

- Meeting the client volume while dealing with staff turnover: case managers are expected to take at least 2 new client referrals a day and ensuring quality service delivery may be sometimes complicated with such high volume. It also needs to be a balance between new clients and repeat client visits prioritising properly.
- Confidentiality: protocols in place that facilitate information sharing between partner agencies while respecting and maintaining confidentiality.
- Respecting each other's different philosophical perspectives and professional duties (i.e. a child abuse case may imply the obligation to report for some professionals (as a social worker) while other may be prevented from disclosing information (civil lawyer)).

Ms. DeCarli finalised her presentation with success cases to illustrate how beneficial is the multi-agency multi-sectoral collaboration to respond to GBV.

Sanctuary for families and the New York City Family Justice Center, Brooklyn

Ms. Maria Zhynovitch. Esq. Senior Staff Attorney, Family Law Project.

Sanctuary for Families is one of the partner agencies providing on-site services in one of the New York City Family Justice Centres located in Brooklyn. It was the first FJC to be opened in NYC in 2005. It provides comprehensive, free and confidential services such as: civil legal assistance; advocacy around prosecution of GBV crimes; case management, risk assessment and safety planning; assistance with filing police reports; individual and group counselling for adults and children (including therapy with dogs); social services and financial assistance.

Sanctuary for Families is dedicated to the safety, healing and self-determination of victims of domestic violence, sex trafficking and related forms of gender-based violence. These goals are achieved through the provision of comprehensive services for their clients and their children, and through outreach, education and advocacy. The Sanctuary for families has a Human Rights approach and is gender sensitive focused on their clients' needs that predominantly are adult, women, migrant (144 countries) and with low income.

Ms. Zhynovitch described the main forms of gender-based violence that are tackled in the Family Sanctuary such as:

- Domestic Violence. Intimate partner violence, dating and/or family violence.
- Trafficking: Sex trafficking and/or labour trafficking.

Client's may have experience physical, sexual, psychological, economic, and legal and cyber abuse as well as stalking. All are manifestations of central dynamic of power and control.

The comprehensive client services provided rest on three main pillars:

1.- Clinical Department offers:

- Emergency DV Shelters
- Long-term DV shelters
- Counselling to adults and children
- Case management
- Child care
- Survivor leadership programmes.

2.- Economic Empowerment Project which consist of 14-week Career Readiness and Tech Training Programme. It's goal is that survivors of violence obtain a living wage job. As part of the programme they receive practical support such as a stipend while studying, metro card,

lunch, emergency child care, business suits and are offered an internship and career counselling.

3.- Legal Department offers legal assistance and advice on issues of criminal law, family law, administrative law as well as situations of international law and asylum. It is focused in vulnerable groups and is formed by different projects:

- The Family Law project that deals with orders of protection, custody and visitation rights, child/spousal support and abduction processes.
- The Courtroom Advocates Project trains and mentors law students, summer associates and newly created law firms to help pro se DV victims obtain protection orders.
- The Matrimonial and Economic Justice Project advocate for public benefits and fair hearings, deals with issues on housing such as non-payment and holdovers and housing violations as well as divorce applications.
- Immigration Intervention Project works with asylum petitions on the grounds of GBV such as DV, trafficking, FGM, LGTB-based persecution, forced marriage and gang violence.
- Anti-trafficking initiative which assists victims of human trafficking providing comprehensive services (legal assistance, counselling, case management, immigration relief, criminal advocacy, victim-witness cooperation and null and void (vacatur) motions.

The Sanctuary's role at the FJC is three-folded:

- Screening: providing legal consultation and detecting clients' legal needs.
- Advocacy and assistance: giving answers to all these legal needs in the criminal, familiar, administrative fields. Either by:
 - Connecting/referring clients to other agencies, such as Police department to file a DV report or attorneys with other specialty areas such as immigration
 - Or by providing legal representation. High risk cases, non-English speaking clients, as well, low income clients are prioritized for legal representation. All attorneys are trained to perform risk assessment and prepare safety planning and will always connect the client to other FJC services.
- Finally, clients with cases pro se (cases without assistance of an attorney) are assisted in filing and /or amending forms, petitions and motions in matrimonial/divorce cases, orders of protection, etc. Some examples of pro se cases were exposed.

The Netherlands

Founder of the EFJCA (European Family Justice Centres Alliance)

Mr. Anthony Polychronakis: "Towards an outreaching preventive approach and the Family Justice Center Model"

Mr. Polychronakis acknowledged that multi-agency approach of DV has shown positive results, but major obstacles remain which hinders full cooperation and makes it hard for victims:

1. It's still complicated to cooperate with many organisations.
2. Victims are still expected to travel to a variety of organisations to get safety, help and support.
3. Victims have to tell their story over and over again.

In order to overcome these obstacles, it is needed a single place to work with victims of domestic and sexual violence and their children. In that sense, the Family Justice Centre, a low threshold one-stop-shop for victims of Domestic and Sexual Violence and their Children, where all services are under one roof, with a central and integrated intake, is the best way to meet the needs of victims.

The FJC's guiding principles are:

- Safety Focused: Increase safety, promote healing, and foster
- Victim-centered: Provide victim-centered services that promote survivor autonomy
- Survivor-driven: Shape services to clients by asking them what they need
- Empowered: Offer survivors a place to belong even after crisis intervention
- Relationship-based: Maintain close working relationships among all agencies
- Offender-accountability: Increase offender accountability, prosecution strategies and/or evidence- based treatment programs.

The European Project was launched in 2011, previous permission from the San Diego model to replicate it, with two main goals:

- To develop a coherent approach of family violence against women, which effectively help to stop violence.
- To create a network of Family Justice Centres in Europe, working with the co-located formula on a client centered base, meeting the needs of the victims of violence and their children and holding perpetrators accountable of committing violence.

In 2013, there were 6 pilot locations in Europe: Tilburg/Venlo (The Netherlands), Milan (Italy), Warsaw (Poland), Berlin (Germany), Antwerp (Belgium). Nowadays there are 22 European countries where the Family Justice Centre is implemented, within the framework of a new NGO: The European Family Justice Centre Alliance (EFJCA). The EFJCA was created as an expertise centre that could collect all questions and needs from the piloting FJC's, respond to them and provide training and their expertise.

Mr. Polychronakis pointed out that the model was very effective to protect victims, but not in preventing violence. Despite the achievements, there were still 4 basic challenges of the FJC Model to reflect on and that had to do with:

1. The Family Justice Centre is not a system approach as it is focused only on survivors and not on the assistance of perpetrators.
2. Mostly cases that appear in the centres were severe cases, what it should be linked to the more need of
3. Building High Risk Teams to reduce and eliminate homicides, and
4. The need of developing a primary prevention framework.

In this sense his proposal is that the preventive approach is necessary and should be specified in many measures such as: Awareness, Sensitization Campaigns, Outreaching approach with volunteers and intervention teams, Training professionals and including DV in university degrees; Empowerment and Positive Parenting programmes; To promote Report and Crisis Centres that provide to victims a first help for 24/7; Join volunteers to the attention that is given to victims and perpetrators; and improve technology systems of behaviour control.

Norway

Head of Project Oslo Police

Ms. Hanne Finanger: "Project November"

Ms. Hanne Finanger has been the last 3 years executive director of the Project. The November Project is a multidisciplinary cooperation pilot Project.

Regarding the background of the Project, she explained that the last few years, instruments and routines have increased domestic violence detection in Norway. Currently there's a maximum 15 years of prison for the most severe cases. Since 1999 many Human Rights laws has been approved, including many international Human Rights treaties and conventions.

SARA has been implemented in every police district, and in 2018, Patriarch, a new risk assessment tool has been implemented in all police districts.

Domestic Violence affects 150.000 people annually in Norway and there are 8.000 Criminal reports. The Partner homicide rate from 2000-2017 was: 142 women and 16 men. The Costs estimated of the Domestic Violence are 4,5- 6 billion NOK annually.

The Project guiding principles are: High quality, coordinated, coherent and sufficient safeguarding for persons living with domestic violence, including perpetrators; Cross-sectorial interaction; Early intervention; Multidisciplinary team with a flexible, offensive, holistic perspective. Flexible multidisciplinary team. For the first time they were early. Without changing the response, they would arrive always after the attack occurred. That is why they have now put a new model where they are bold, flexible and offensive (proactive).

It was decided to tailor the service provided, putting together diverse competencies within the team: police officer; prosecution lawyers; psychologists; social workers and risk assessment experts. Also, confidential places for interview, interrogations in special rooms with video record, were set up. Different professionals work side by side on every case. There's a morning meeting point with all professionals as platform for debate, coordination, programming interventions, etc.

The 20% cases that they know are reported from third parties; In 4 out of 3 cases there's repeated violence, but the 91% of their inquiries has no repeated violence.

There was no gender-based violence perspective at the beginning of the Project. DV is not only inter partner related violence. They also attend child-to-parent violence and child abuse and neglecting.

Too high-quality safeguarding of victims implies working with abusers. The tradition focuses only on victims and children, but it's not enough to protect them. It is needed to work with the perpetrator. Our work with perpetrators has given us a new insight on the concepts of victims and abusers. These concepts are tags and are not absolute. They may be abusers in a situation and victims in another.

Cooperation: When working place things are in terms of yours or mine, working as silos. They don't ask whose case is anymore. They are focused in clients' needs, asking what their needs are and working as clockwork.

Ms. Lone A. Johansen. The Secretariat of the Shelter Movement

"The Shelter as the coordinator"

Ms. Johansen explained that there are 47 shelters opened 24/7 in Norway. There's an experience of 40 years working with women victims and their children and for the last 8 years working also with men. They work with all manifestations of violence against women (physical, psychological, sexual, social and economic violence, forced marriage, FGM, prostitution, and trafficking).

She gave a short summary of the shelter's history. The first shelter was established in Oslo in 1978, with public funding. Soon local woman's groups in different parts of the country started opening shelters. These women's groups constituted the unique and historic Shelter

movement of Norway. Since 1980, the Movement grew with more shelters being started up in different parts of the country.

Shelters provide a safe place of refuge for persons (adults and their children) who have been exposed to violence; support and counselling; connect victims with social services, doctors, lawyers, housing authorities, and other services needed; information and help regarding survivors' rights; counselling and practical follow up during day time or by telephone and a meeting ground for survivors of violence to meet others in similar situations.

Ms. Johansen pointed out several factors that make shelters unique and successful:

- Shelter never mediate - they believe the survivors story and the survivors experience of violence
- The survivor's needs are put first - as opposed to the client needs to be adapted to a system
- Survivors and children are active actors in their own lives
- Closeness to the survivor – the survivor is not a client within a system- is on the survivor's side
- Time - no waiting lists and appointments
- The shelters fill an unmet need in the support system
- Shelters have a clear gender perspective in their work

Shelters have evolved since its' creation. One major change has been the approval of the Crisis Centre Act in 2009 which provides a legal framework for shelters. Before the current law there were no laws governing the tenure or work area of shelters. The only guideline that existed was the Ministry of Children and Equality annual circular, which provided guidelines for state subsidies to the shelters and rape centres and regulated to some extent the professional content and tasks of crisis centres.

Currently, under the Crisis Centre Act, shelters are competence of the Municipalities. According to this Act, municipalities have the obligation to provide care for victims of domestic violence. The purpose of the Act is to ensure the provision of a good, comprehensive crisis centre services for women, men and children. Under the Act it is compulsory to provide the following services: temporary emergency safe housing available 24 hours a day throughout the year, daytime emergency services, 24-hour telephone helplines, as well as support, counselling, assistance and follow-up of the case during the recovery phase. These services are free and must be tailored to the individual needs of the victims.

In 2017: 1.806 adults lived in a shelter; 66 % of the women who stayed in the shelters in 2017 had immigrant background and 25 % of these were married to a Norwegian man. 10.620 persons used day care help; 54 % of the women who use the day care were women with Norwegian background.

Section 4 of the Act, about coordination establishes that the municipality shall ensure comprehensive follow-up by coordinating the assistance provided by the crisis centre service with assistance provided by other parts of the public service system.

In this sense, the co-ordinated and comprehensive response entails that the user should not be a victim of bureaucracy and that there should be clear lines of responsibility within each agency and between agencies and all should have a holistic perspective of all the agencies involved to assist the victim. In order to ensure proper coordination, there must be an authority responsible for coordination.

Additionally, successful inter-departmental multi-agency cooperation must be:

- Anchored in the management priority
- Establish permanent measures and protocols, so that follow up does not rely on personal relations, as when that person changes institutions pathways for coordination need to be set up again.
- Multidisciplinary approach, ensuring respect for the professions and based on

transfer of experience and knowledge

It is in the municipality where people live and where all special needs of women, men and children victims of violence converge, so the municipality has the responsibility of coordinating the comprehensive response. Thus, Ms Lone concluded, in order to provide such coordinated and comprehensive response municipalities need:

- Local action plans on violence against women and domestic violence
- Expertise on violence on close relationships
- Competence on health consequences
- Competence on how to protect victims of violence
- Crisis centre services
- Coordinating the assistance

By establishing local action plans shelters are working co-ordinately with child protection services, healthcare services, sexual assault centres, schools/kinder gardens and police. The shelter, as an specialised service based on and funded by the municipality becomes the ideal service to assume the coordination role with all relevant stakeholders.

Portugal

Senior officer, Department of Domestic and Gender Violence, The Commission for Citizenship and Gender Equality in Portugal

Ms. Cláudia Mateus

The **Commission for Citizenship and Gender Equality (CIG)** is the national body responsible for promoting and defending equality between women and men. Its goal is to ensure the implementation of public policies in the area of citizenship, the promotion and defence of gender equality and the fight against domestic and gender-based violence and trafficking in human beings.

CIG responsibilities, among others, are:

1. Promotion of equality between women and men;
2. Promotion of education for gender equality and citizenship;
3. Protection of motherhood and fatherhood;
4. Facilitating professional, personal and family life balance of women and men;
5. Preventing and combating domestic and gender-based violence and trafficking in human beings and support for their victims.

To that end CIG drafts, implement and/or coordinates global and sectorial policies on citizenship and gender equality; develop legal information; provides services and psychosocial support, especially in cases of GBV and discrimination; receives complaints regarding discrimination and gender-based violence; cooperate with international relevant agencies and counterparts to exchange good practices and promote their implementation at national level;

Some instruments/strategies of CIG to achieve its goals are:

-Coordination of the National strategy for equality and non-discrimination strategy which has 3 main pillars: equality and gender discrimination, LGTB-discrimination, and domestic and GBV with its corresponding action plans that CIG coordinates too. The strategy is under the umbrella of the Istanbul Convention, as Portugal was the first country to ratify it and is aligned with the Agenda 2030. The National Strategy provides a strategic and broad approach that fosters collaboration and cooperation among all relevant stakeholders and draws the main guidelines for the national public policies on the 3 areas mentioned above.

- Mainstreaming Gender Equality at all levels of government (central, regional and local).

-Training and awareness raising activities: in cooperation with other agencies at central, regional and local level as well as with civil society in its areas of competence.

With regard to violence against women, Law no. 112/2009, of 09/16 establishes the legal regime applicable to the prevention of domestic violence, to the protection and assistance of victims. It created the National Support Network for domestic violence victims. This network is composed by all the agencies working to support the victims as CIG, shelters, victim's support services, national helpline and Social security Institute. 80% of victims are women, while 84% of perpetrators are men.

The network, along with the current National Plan for preventing and combating VAW are the core instruments in the fight against GBV. Both, the National Network and the National Plan are based on the cooperation of the State and civil society and all levels of government, that is, a multi-agency coordinated response.

Portugal has made significant efforts to prevent and combat VAW, where the National Plan contains many of the measures implemented.

Some examples of the measures already implemented/in implementation are:

1. Annual information and awareness campaigns targeting specific groups such as elderly women or college students.
2. Development and dissemination of informative and educational materials addressed to educating community (i.e. Guide to Minimum requirements for intervention in DV and GBV cases)
3. Training of professionals involved in the area of domestic violence, in particular judges, security forces and health professionals;
4. Teleassistance protection system: a mobile voice and GPS device connected to a call-center to provide support 24H/7 to victims of violence with high risk of experiencing further violence not living with the perpetrator and with low social support.
5. Free Transportation Service to victims of domestic violence, as well as their personal belongings to the emergency shelters distributed across the country.
6. Free, anonymous and confidential DV national helpline since 1998, 24/7.
7. Social, psychological and judicial support provided by support centres, emergency helplines and shelters that belong to the National Support Network. The Network aims to provide an integrated and coordinated response to victims of domestic violence. National coverage was achieved in January 2009 (18 districts) and there are currently 38 shelters (37 for women, 1 for men) with a total capacity for accommodation for approximately 679 for victims of domestic violence and their children (669 for women, 10 for men). All the national support network is 100% funded and supervised by the government, although run by NGO's.
8. Mapping services all over the country - AppVD and Resource Guide (online tool)
9. The national certification system for National Support Network entities to ensure they are experienced organizations with an understanding of GBV and its power dynamics.

Finally, Ms. Mateus finalised explaining that funding has improved since 2012, when a **percentage of the revenue from social games** (e.g. lotteries) was allocated to implement polices to fight against domestic violence and in the promotion of gender equality.

Poland

Ms. Marta Świnecka - Expert in the Prevention Office and member of the Monitoring Team for Prevention of Domestic Violence – advisory body at the Ministry of Family, Labour and

Social Policy

Counteracting Domestic Violence in Poland-“BLUE CARDS” Procedure

Ms. Świnecka's presentation began with a brief explanation of the Polish current legal framework (Act of July on Counteraction of Domestic Violence and provisions on the Penal Code and the Code of Penal Procedure) and normative that regulates the Blue Cards Procedure (Regulation of the Cabinet of September 13, 2001 on the Blue Cards Procedure and the forms and Guidelines nr 2 on the conduct of police duties while performing the Blue Cards Procedure).

It also provided the definition of family violence regulated under the Polish legislation which includes single or repeated acts of physical, psychological, sexual and economic violence as well as neglect, against family members. The consequences of the different forms of violence were also highlighted.

The Blue Card Procedure is a comprehensive approach to counteract domestic violence. Its aim is to stop violence on a stage that it does not fulfil yet the criteria of a crime and to improve cooperation between the agencies competent to assist victims of violence. The Blue Card Procedure consists of a set of measures undertaken by an interdisciplinary team in cases where violence and abuse are suspected. It standardized the interventions as provide common guidelines to all the professionals involved. Additionally, enables the collection of reliable data on DV incidents in the country.

The interdisciplinary team consists of professionals from different areas that cooperate co-ordinately in order to effectively address DV. The interdisciplinary team is composed by representatives from:

- Social support institutions (i.e. DV crisis centres, family intervention centres)
- Local commissions for solving alcohol related problems
- Police
- Education institutions
- Health care services
- NGO's
- Prosecutors

The role of the interdisciplinary team is to diagnose, monitor, and take measures to solve problems of domestic violence at local level and in individual cases.

In order to solve/assist in individual cases, the interdisciplinary team is organised in smaller operational working groups with representation limited to the social support institutions, local commission on alcohol, police, education and health care services. Its duties are to: develop and perform the support plan, monitor the situation of the family experiencing violence and to document the actions undertaken.

DV is prosecuted ex officio and any person whom witnessed DV must inform the police, prosecutor or any other relevant institution. Therefore, to initiate the Blue Cards Procedure the consent of the victim is not necessary.

Once any competent agency (police, prosecutor, social services, etc.) is informed of a case where DV is suspected/reported, the procedure it's initiated by filling out the relevant Blue Card Form (A) where all information regarding the Intervention/ incident of violence is collected. The data collected in Form A includes information about the victim, perpetrator, witnesses, forms of violence experienced, police actions undertaken, etc. During the intervention, and once the victim is clearly safe and the perpetrator has been subdued, Form B is handed over to the victim containing relevant information on what is domestic violence, safety instructions and support services available.

Form A is forwarded to the chairman of the interdisciplinary team and afterwards to the

interdisciplinary team or working group to assist in the case. The victim then is invited to a meeting with the interdisciplinary team for an interview where it is discussed the most adequate support plan for the victim and agreed upon by filling out and signing Form C.

The interdisciplinary team also organizes a meeting with the perpetrator to encourage changes and participation in corrective and educational programmes. Form D is filled out and signed and contains the corrective and educational measures that the perpetrator has to undertake (if any).

Ms. Świnecka explained the specific duties of the police on a Blue Card Procedure. The first obligation is to provide immediate help to the victim(s), including first aid and/or medical care, and all necessary actions to protect the life, health and property of the victim(s). Other duties are: to conduct an informative conversation with the suspected perpetrators on the penal responsibility for committing domestic violence; perform the necessary legal proceedings to secure evidences on a DV crime; taking all necessary measures to prevent threats that may occur in the family, including regular visits to the victim to follow up and check the security. The head of a Police unit is the person responsible to supervise the Police actions undertaken on a Blue Card Procedure.

In 2017, of the domestic violence incidents reported/attended by the Police, there was physical violence in 36,18% of the cases, psychological violence in 46,56%, other violence amounted to 15,39%, economic violence to 1,13% and sexual violence to 0,74%. 73,47% of the victims were adult women and 14,61% were underage, while 91,9% of the perpetrators were men.

To implement the Blue Card Procedure a training system has been designed which consists of initial police training and a specialist course for police as well as for community officers. Police officers are specifically trained to perform a risk assessment.

The interdisciplinary team is responsible to follow up on the family's situation. The Procedure finalises if violence ceases, there is a reasonable suspicion that will no longer occur and the individual support plan has been accomplished.

England

Manager of Member Support Services Women's Aid, Bristol

Ms. Janet McDermott: 'Change that Lasts' model

Ms. McDermott offered a brief history of Women's Aid Federation of England that includes 180 organisations who provide local lifesaving serving to women and children across England. On top of these services, the Federation run the National 24 hour DV Helpline and has a refuge bed space database. They also conduct research, campaigning, policy and media work.

Women's Aid Federation is associated with Imkaan, a black feminist organization of services led by black and minority ethnic women, in a sustainable partnership. This partnership help women's services to survive financially and build their capacity, measure outcomes and achieve quality standards and build local partnerships of women's organizations fighting against VAW.

The "Change that Lasts" Model has been developing over the last three years now. As organization they felt they needed to create a model able to communicate in a more assertive way what is so special about the services they provide. They realised they needed to move forward from a very focused on high risk management of cases model in which cases are discussed in professional forums but without women's participation, to a more comprehensive approach. They also realised that there is a misunderstanding about the trauma related to DV, which is about the trauma of the trust broken in a relationship. Women who suffered that trauma may not necessarily want to give the full picture. Hence, the model

requires listening to women and knowing what her perception of the problem and the risks is. It also requires putting the survivor at the heart of it and plan the support to be provided based on woman's individual situation and resources available.

This new model approach is needs led, strengths based, and trauma informed.

It comprises three intervention schemes:

1.- 'Ask Me' scheme that consists of a community-based campaign which trains community ambassadors to raise awareness and be a safe point of access to help. It aims to create communities in which survivors can disclose abuse early, and access support quickly. The scheme will create safe spaces in local business and community settings where women experiencing violence can talk to someone and get the help they need quickly.

2.- Trusted Professional delivers specific training for professionals in key public and voluntary services that are likely to have contact with victims of violence- for example a health visitor, children's centre, etc. The training will help these professionals to identify the signs of domestic abuse and violence, provide support and advice including safety-planning and signpost victims accordingly.

3.- VOICES Expert Service Model that provides tools and training for specialist VAW services in the expertise of the women's VAW sector and works with local services to adopt a strengths-based, needs-led, trauma-informed approach, reflective of the Change That Lasts model.

The VOICES Expert Service Model embodies the values of more than 40 years of grassroots practice in which women and children's needs are at the heart of the service provided, it is based on a trusting relationship and giving women time and space to make their own decisions.

The guiding principles of the Change that Lasts model are:

1.- Understanding the connections between women's inequalities and Violence Against Women and girls.

2.- Open Door: Services recognise the impact of trauma and meet the woman where she is; no woman is turned away from a service because of her identities or coping strategies.

3.- Inclusion: Women see themselves reflected in the staff, leadership and environment and services respond to the intersecting oppressions they face

4.- Collaboration Trust is placed in women's knowledge of what they need, support planning is done with, not to, women; creating space for action and lasting change

5.- Empowerment: Services are led by and for the women they serve; women using, and working in, services share their skills and build their confidence, self- esteem and resilience

6.- Self -help: Peer support and connection are central to resistance and recovery; women share their life skills and strengths to help themselves and other women

Accordingly, new tools and training packages has been designed to cover each of these guiding principles and ensure that all professionals and volunteers involved share the same language, values and have proper tools.

Romania

Project coordinator-East European Institute for Reproductive Health

Mrs. Ionela Horga: "Multi-sectoral response to GBV- Romanian good practices rolled out in the countries of Eastern Europe and Central Asia región"

Mrs. Ionela Horga introduced the main differences between the traditional models of intervention in gender-based violence as multiple uncoordinated stakeholders and a comprehensive framework as a multi-sectoral response to gender-based violence (GBV). In that sense multi-sectoral response means a holistic approach based in coordination and inter-institutional cooperation by the partners involved, sharing common: language, values, principles and the same framework and standards.

In this way she defined multi-sectoral response to GBV as a holistic and coordinated approach in order to harmonize and correlate the programmes and actions developed and implemented by different relevant institutions. It is based on inter-institutional partnership and cooperation. Multi-sectoral response requires a common philosophy to address GBV and follow the principles and standards convened by involved parts, integrating agreed inter-institutional working rules and tools. It leads to an increasing level of efficiency in the interventions getting access to a coordinated service provider's network, increase women trust in the institutional response and also can give more information having more accurate data among the interventions.

The guiding principles of multi-sectoral response to GBV are:

- Victim-centred approach. Services are focused on women needs and rights.
- Partnership that means cooperation and coordination between main stakeholders.
- Participative management. The whole methodological process, from the designing until the assessment of the service provided, has to be in a participatory manner, including victim's feedback.
- Strategic planning. It must be a legal framework and policies to address GBV that guide programmes and services implementation.
- Integrated services. Multidisciplinary approach and unified work methodology.
- Prevention.
- Accountability and commitment to implement and respect the guiding principles and framework of the GBV response.
- Sustainability. It must be a compromise to maintain all the commitments and agreements in time despite the political and economic changes.

A multi-sectoral response to GBV requires a mainstreaming framework which is composed by 6 basic functions, that are:

1. Service provision. It is necessary to give a comprehensive and coordinated response avoiding re-victimization. It is also necessary to design and implement protocols and guidelines of intervention that specify all roles and responsibilities of service providers (from the health care system, rights and law enforcement, psycho-social services...)
2. Referral and reporting. It's important to build a referral system, establishing pathways to victims from the first stage until the end of the intervention and giving the survivor complete and correct information about who is going to support her, what should she wait and where is going to be attended.
3. Documentation, reporting, transmitting and data analysis. Disclosure of GBV marks the first positive step towards change.
4. Training programmes (initial and continuous) for all service providers to share the same language, values and way of understanding GBV. These programmes should be focused in building technical and functional capacity on GBV response, improving GBV knowledge and changing attitudes. Also is important to exchange knowledge between different countries and/or actors.
5. Changing the future through prevention and awareness campaigns taking into account that values, attitudes and behaviours are not easy to change and it last for long. It has to address common roots of GBV related with the dynamic of power and gender inequality and discrimination. It is not enough to develop awareness raising campaigns; the impact of these campaigns in the communities has to be measured. For the purpose of changing attitudes and behaviour it is needed to involve men in this change, making them aware that GBV is also their problem and that it is necessary to act altogether, the whole society.
6. Finally, coordination and Governance of coordination. Set-up an inter-institutional framework comprised of laws, policies and strategic regulations about GBV. A

coordination mechanism is needed to monitor the whole process, measuring progress and to make policies. It is necessary that it fixes a schedule with regular face to face meetings and appointments to agree protocols and interventions. Proper and sustainable resources (funding) has to be allocated

6. CLOSING SESSION: DESCRIPTION OF THE WORK IN GROUPS AND GROUP DISCUSSION.

The closing session was conducted based on the experience of a previous project funded by the EEA/Norway Grants in Spain in the past funding period under the Programme Mainstreaming Gender Equality and Promoting Work-Life Balance. That project consisted in conducting a study for the exchange of good practices and legal instruments in the fight against gender-based between Norway, Iceland and Spain.

The two main goals of the study were:

- To generate, disseminate and exchange knowledge of good practices in tackling GBV between Norway, Iceland and Spain;
- To carry out a state-of-the-art legislative approach on GBV at a European level.

The legal study made a review of the 28 EU countries' plus Norway and Iceland DGBV legislation. It analysed: the different types of law, whether it was a sectorial or comprehensive law; the type of violence criminalized; If legislation had a Human Rights and gender framework, considering violence as an expression of discrimination and inequality; whether legislation complied with State responsibilities (4p's model) and its specific provisions. It also offered complementary information of the legal context such a gender equality laws or existing national action plans.

However, the main goal of the study was to identify good practices worthy to be exchanged. The concept of 'good practice'³⁹ refers to the identification of models of efficiency in the management of public resources, through the analysis and evaluation of applied experiences which goal is to progress or improve.

The term was originated within the private sector to organize and manage companies. Its goal was to improve its efficiency and to increase the productivity through the establishment of criteria and minimum standards of quality. Since then, the concept has been used in many different contexts, from business and banking activities to health, education, NGO's management, public policies, etc. Consequently, it is not easy to define what good practices are. Many good practices compendiums contain compilations of experiences that are considered good practices, but no explanation is offered on the evaluation criteria or standards to decide why that particular experience is considered a good practice.

Defining, conceptualizing and systematizing good practices particularly in the context of gender-based violence policies remains as one of the main challenges in States' common agenda. To determine "whether a practice is 'good', 'promising' or 'effective' depends both on the standards that are used in evaluation and on the local context" (United Nations, 2006:101).

Regarding GBV multiple definitions were found. In order to be able to assess good practice examples many definitions developed a whole set of criteria.

³⁹ Although we have adopted the term 'good practices', needs to be mentioned that terms such as 'best practices', 'lessons learned' and 'promising practices' are terms used throughout the bibliography. Such terms not necessarily involve the same criteria or meaning, and it will depend on the objectives to adopt one term or the other

Given such a variety of definitions, it was necessary to define what a good practice is in the context of policies to combat GBV. But more important, the definition of good practice had to be useful and relevant for the three countries participating in the research. It was necessary that the definition or criteria used to assess whether a policy/service/centre/protocol was considered a good practice were agreed upon all the experts on GBV in each country. Otherwise, the good practices would have been imposed by a third party and not necessarily felt as relevant and adequate by national experts.

In order to reach a consensus on the criteria to be used to assess what policies were good practices, it was decided to undertake a consultation process using the Delphi method (also known as Delphi technique or panel). This method represents a structural communication technique which aims to achieve a group consensus based on a panel of experts. Its operation is based on answering, individually and maintaining anonymity with the other participants, but not with the research team, to successive rounds of questionnaires (in this study it was just 2 rounds and is called abbreviated Delphi panel). The key elements of the method are that: keeps the identity of the participants anonymous to the other participants, which facilitates free expression of opinions without feeling any group pressure or change in opinions based in peers acceptance/desirability; there is a controlled feedback of information in recurrent rounds, so that the research team can focus on emerging issues; and allows a group response in statistical terms.

It took a long process as it comprises many steps. The first one was the identification of relevant experts on the topic in each country (57 experts were contacted, and 42 experts selected based on the level of expertise, years of experience, etc.). All of them were representatives from relevant fields: Academia, Governmental institutions responsible for planning and implementing policies to combat violence, and NGO providing care services and in direct contact with victims.

Once experts were chosen, they were invited to participate in the first round of questionnaires. A first questionnaire was sent with a list of 20 criterions chosen by the research team after thorough bibliography review on GBV good practices and standards. Among the list of criterions, were included general (basic) criteria used for defining good practices on any topic such as efficiency, impact, etc., and also specific criteria only relevant for defining good practices on the topic of GBV, such as women's participation or gender perspective. They were asked to respond if they agreed with all the criteria or not, with their definitions (and if not in what sense and what would they change) and to choose and rank from most to least important 4 of the 20 criteria, so that if a practice to be evaluated does not meet these criteria, it would not be susceptible to be considered good practice

Once the responses were analysed, feedback was provided to participants and the second questionnaire was sent through. Based on the results of the first questionnaire, they were asked again to choose among the remaining criteria, the four most important criteria. The outcome was that 4 DGBV specific criteria were chosen by the participants where over 80% agreed upon those four criteria.

Based on these criteria, through interviews with national experts of the 3 countries and desk review of relevant reports/documents, 11 good practices were identified, comprising the fields of justice, security, health, employment, social support and education.

Group discussion

After this explanation, participants were asked to work in groups. The aim of this exercise was to open a group discussion that could help to find common ground to the meaning of the concept of comprehensive and coordinated response.

To do so, 4 working groups were set up: 2 English speaking groups comprising all foreigners attending the conference and 2 Romanian speaking groups, including all participants from Romania.

In order to provide a basis for the discussion, the facilitators distributed among the participants the list with the 20 initial criteria that were used in the first questionnaire of the Delphi method described above. They were asked to read carefully and individually the full list and afterwards to discuss in group and reach a consensus on which 5 criteria are indispensable to decide if a specific policy/measure is a good practice. They were also encouraged to identify possible new criteria not included in the list that could emerge during the debate.

The second task they were asked to perform was to identify which of the proposed criteria, ideally the most important ones, were present in the models shown during the conference.

These 20 criteria with their definitions that participants were offered is as follows:

CRITERIA TO DEFINE GOOD PRACTICES ADRECING GENDER-BASED VIOLENCE
1º. IMPACT
Promotes medium-to-long-term social change/ progress in the fight against gender violence
2º. INNOVATION
Introduce new approaches and methodologies posing an improvement in programs and policies already in implementation in the fight against gender-based violence
3º. CHANGES IN LEGAL FRAMEWORK
Clear public policies and laws that makes gender- based violence illegal, as well as existence of institutional mechanisms with powers to guarantee the right of women and children to live free from violence
4º. WOMEN'S PARTICIPATION
Women's involvement in all project/program stages, taking into consideration their experiences of violence as the starting point to develop policies and programs
5º. INTERNAL COHERENCE
The policy/program/project must be based on proper planning on its design, specifying coherent objectives and methodology and must be embedded within a comprehensive GBV strategy
6º. POLITICAL AND TECHNICAL SUSTAINABILITY
Public and notorious commitment at the highest political level (in each government jurisdiction) to the eradication of gender-based violence, by generating political consensus, providing appropriate technical and specialized human resources, and meaningful budget allocation
7º. ECONOMIC VIABILITY
Meaningful and foreseeable funding allocated through the national Budget
8º. INSTITUTIONAL CHANGES
Inclusion of institutional changes, ensuring that knowledge and practices aimed at the eradication of gender violence are incorporated to all public policies
9º. TRAINING AND CAPACITY BUILDING
Professionals with specialized training that ensures an effective and efficient response in the fight against gender violence from his/her professional field
10º. COMPREHENSIVE RESPONSE
Approaching gender violence as a complex problem that affects all facets of life (economic, social, psychological, health, legal, etc..), and therefore, requires a multi-sectoral, interdisciplinary and cross-institutional approach (social services, judiciary, police, medical personnel must work together)
11º. WOMEN'S SAFETY
Women and children's safety (as well as any other dependent person) must be a guiding principle in the design and implementation of all GBV actions
12º. NETWORKING
Creation of networks for cooperation and exchange of information among all actors / agencies with

responsibilities in the fight against gender violence
13º. ALLIANCES AND COORDINATION MECHANISMS
Strategic institutional alliances and coordination mechanisms between Government, NGO's, civil society, scientific community, entrepreneurs, religious leaders, etcetera, that allow to have a shared discourse and to define fields of joint action to promote the fight against gender-based violence
14º. EVALUABLE
Our action / intervention is evaluable: this means that it has been designed based on a previous diagnosis with proven and systematic information that supports their successful outcomes, that in its design objectives and methodology are established coherently, and expected outcomes and indicators for evaluation are proposed
15º. EFFECTIVITY
Measurable accomplishment of goals, or how capable is our practice of achieving the desired effect (meeting planned target) and that achievement is quantifiable
16º. EFFICIENCY
The capacity of our action / intervention in achieving the set target, with the best possible methods and with the minimum possible resources
17º. TRASFERABILITY
Systematic and well-documented practice that allows, after monitoring the implementation process and evaluation, its replication and transfer to other contexts and situations
18º. WOMEN'S CENTERED APPROACH
Interventions / programs / policies must respect women's autonomy and their decisions, prioritizing and promoting their empowerment
19º. GENDER PERSPECTIVE
Grounded and solid basis of gender analysis: comprehensive, clear and appropriate definitions of gender-based violence (violence by men against women), men's accountability for the use of violence and underlying idea that violence is the result of structural inequalities and definitions as a result of the imbalance of power between men and women
20º. EQUALITY AND DIVERSITY
Identification and removal of multiple barriers encountered by vulnerable groups (such as children, women with disabilities, immigrant women, older women, rural women, etc..) to ensure anti-discriminatory, equal, universal and effective access to services and resources

Once the groups had discussed and reach conclusions, they were asked to share their conclusions in plenary. Due to time constrictions, none of the groups were able to respond to all the questions portrayed. All four groups were able to discuss to some degree criterions and they chose the most important ones. Some groups also proposed new criteria not included in the list provided. There was not time to identify if any of the proposed criteria was present in the models presented at the conference.

Each group followed different pathways and dynamics to reach conclusions with some degree of consensus. A summary on the discussion and the conclusions reached by each group is described below.

I.- English-Speaking group No 1

In this group two clear trends emerged when deciding or prioritising which criteria were the most important. Such trends were defined by the scope and institution in which each participant carry out their work. In this way, for the organizations that work directly with victims, the criterions that were prioritised where those focused and related to women´s needs, participation and safety. While, there was another group, usually linked to academia or policymaking, that prioritised criterion related to effective management, impact and evaluation.

On the other hand, there was a debate on whether to talk about the needs of the women victim, or rather, about the needs of the client. The question at the bottom was deciding on whether our policies/measures should have gender perspective or be gender neutral. Out of the debate it became clear that not all members in the group shared the same language or same values. In this sense, most of the group agreed that the criteria should be women's needs and gender perspective better than neutrality. The discussion was settled by majority, but there was no consensus.

The 5 criteria chosen within this group after voting were:

- 1. Women´s Centred Approach.**
- 2. Gender Perspective.**
- 3. Equality and diversity**
- 4. Political and Technical Sustainability.**
- 5. Changes in Legal Framework.**

II.- English-Speaking group No 2

The second group did not explain too much of the discussion, other than they have voted to choose the criteria. They added 2 new criteria resulting from the group discussion. These two criteria were:

- Women and girls rights reflected in changes in legal framework, which needs to highlight that violence is a violation of women Human Rights.
- Accessibility to information for all women (in relation to equality and diversity).

The 5 criteria proposed by this group were:

1. Evaluable
2. Comprehensive response
- 3. Changes in Legal Framework**
- 4. Gender perspective**
- 5. Equality and diversity**

III.- Romanian- speaking group No 1

This group expressed they had a very fruitful and formative discussion where they reached consensus on 5 criteria based on the Romanian current situation.

The 5-criterion chosen by this group were:

1. Changes in legal Framework. Romania is a society in transition; the authorities are challenging the problem of Domestic Violence. They are in the process of legal reforms to introduce a new legal framework which harmonizes the criminal code and the law on domestic violence with the Istanbul Convention. There are new penal provisions under which a Police Officer can issue a provisional protection order for 24hs that is send to the Prosecutor and in another 24hs would be in the Judge desk. All this process is starting to improve women's lives and to provide the necessary tools for the professionals to protect and support them.

2. Political and Technical sustainability: without political commitment and the technical resources it is not possible to achieve positive outcomes.

3. Economic viability: policies/measures need to be funded in order to be sustainable.

4. Alliances and coordination mechanisms. It is important to create alliances to give a comprehensive response. There should be a National mechanism working as an umbrella to coordinate all relevant stakeholders.

5. Efficiency. It's important to have good results of the intervention. By good results it was meant that victims get the help they need and do not fall into another abusive relationship. This is achieved by educating victims into understand the cycle of violence and knowing there are other forms of relationships. But also implementing concrete measures to increase perpetrators accountability (prosecution strategies and/or evidence-based treatment programs).

IV.- Romanian- speaking group No 2

This group highlighted the difficulty of the task to prioritize some criterion over others as all of them were relevant. However, they were able to reach a consensus. The 5-criterion chosen were:

1. Impact, generating positive attitudes and changes in the communities.

2. Women's Centred Approach. The response should be focused on women needs. She should be involved in the whole process.

3. Changes in Legal framework. Common values and common ground centred in the 4 p's model. Prevention and education are considered key issues that should be strengthened.

4. Alliances and coordination mechanisms.

5. Equality and diversity. The comprehensive response should include measures targeting the perpetrator and children.

This group proposed another criterion related to professionals' care and preventing they are burnt out as it was reminded how important professionals are in the intervention with women victims of domestic violence.

Conclusions: working towards a (sometimes difficult) consensus

An interesting outcome of the group discussion was to check that some criteria emerge as important criterion for the overall group. For example, 'Changes in Legal Framework' was the most repeated criterion, being chosen within the 5 most important by the 4 groups, even if in different ranking positions. 'Equality and diversity' followed, being selected by 3 out of the 4 groups.

The list of criterion that emerged from the overall group discussion is:

- 1. Changes in Legal Framework.**
- 2. Equality and diversity**
- 3. Women's Centred Approach.**
- 4. Gender Perspective.**
- 5. Political and Technical Sustainability.**
- 6. Alliances and coordination mechanisms.**

It is also interesting to note that three new criterion not included in the list provided were proposed by the participants:

- **Women and girls' rights scope.** It is important to highlight that violence is a violation of women human rights.
- **Accessibility to information for all women.**
- **Professional Care.**

A possible explanation to why all the groups chose the legal framework as the most important criterion is that the legislation provides the frame under which public authorities, hence, professionals must operate. It creates the conditions for a comprehensive and coordinated response, establishing the measures and policies with which the State will fulfil their responsibilities in the prevention and protection of victims and punishment of perpetrator, but also providing shared definitions, common goals, language, values and clear standards and guidelines to deal with GBV.

The work in groups was organized to simulate a process of selection to define assessment criteria. However, the goal was not to achieve a consensus within the groups, nor to obtain a final list of assessment criteria, but rather enabling a group discussion with other professionals involved in tackling GBV to share and exchange points of view. And more important, to make participants aware of the necessity to reflect on the principles, standards and definitions that involve responding to gender-based violence in a comprehensive and coordinated manner and to know where they all stand as professionals.

The most interesting outcome of the closing session was the process of discussion and reflection. Participants were able to identify the difficulty to define common standards and to see that not all relevant stakeholders working in this field understand the same by what comprehensive response on gender-based violence entails.

7. FINAL CONCLUSIONS

As it has been mentioned at the beginning of the present document, this compendium intends to provide insight into different comprehensive intervention mechanisms and good practice models on gender-based violence that allows improving the response to victims of violence in different European countries.

The first issue that arises then is to define the concept of comprehensive response and to this end we need to answer to these questions:

- What do we mean by comprehensive response?
- Why do we need to provide a comprehensive response to victims of GBV?
- In which way do we ensure/deliver a comprehensive response?
- Who has to be participating?

Chapter II of the Istanbul Convention (Articles 7-11) specifically defines the main features of comprehensive and coordinated policies to tackle violence against women. These characteristics are seven (here onwards, the 7 C's):

1. **Centered around the needs and rights of the victim (Art 7)**
2. **Comprehensive, encompassing a multitude of measures and offer a holistic response (Art.7)**
3. **Coordinated, facilitating for effective cooperation among various official bodies and non-state actors (Art.7)**
4. **Contribution from NGOs and civil society in the elaboration and implementation of the integrated policies (Art.9)**
5. **Cover of costs, allocating appropriate financial resources in budgets (Art.8)**
6. **Coordinating body (Art.10)**
7. **Collection of data and research on VAW (Art. 11)**

During the conference, different speakers from different countries with diverse legal, social and cultural frameworks presented various intervention mechanisms and models. Common elements to all models were highlighted as key standards/criteria to ensure a comprehensive response, such as:

- Victim's centered approach
- Gender element
- Inter-agency coordination and cooperation
- Interdisciplinary approach
- Training and capacity building
- Context in which the model is embedded

All these common elements or standards identified throughout the different presentations relate to Istanbul Convention standards. However, in their presentations and during the closing session where participants were able to discuss specific standards or criteria, it became evident the need to define a common framework of understanding for all relevant agencies/professionals involved in combating GBV, as it is the first requirement to provide a comprehensive response to violence against women.

But to define what comprehensive response is, further concreteness is required as the Istanbul Convention standards are not fully detailed. The 7 C's do not explain in detail how a victim's

centered approach is delivered, what implies in terms of practice. Nor the presentations at the conference did offer clear detailed standards, as each speaker offered their own interpretation of comprehensive response and the criteria that define it.

This leads to the need to identify criteria or indicators for assessing/defining a comprehensive response to gender-based violence.

The exercise proposed in the closing session of the conference was the starting point for drawing up a list of evaluation criteria to decide whether a specific practice provides a comprehensive response. And in that sense, some interesting indicators or criteria have been already identified which are included within the Istanbul Convention. However, as it has already been mentioned, the aim was not to obtain a list of assessment criteria that all participants agreed upon. Such process is lengthy and could not be achieved in the timeframe of the conference. The goal was to make evident the need to reflect upon and build up consensus on which assessment criteria define clearly the notion of comprehensive response to GBV.

Nonetheless, still with a detailed list of criteria, the term of comprehensive response is not fully drawn, as there are other constitutive elements to this concept.

As the IC points out, comprehensive response encompasses a multitude of measures (Art.7). Even though the comprehensive response mechanisms presented focused at the intervention level (protection and support), during the presentation of the different models/mechanisms, prevention and prosecution measures were also brought up, as they are complementary. Thus, in the first place, comprehensive and coordinated response entails three levels of action: prevention, protection and punishment.

The IC also sets, and it was a recurring topic in the conference, that coordination among all relevant stakeholders for an effective cooperation is necessary to provide a comprehensive response, which requires multi-agency and multi-sectoral coordination from an interdisciplinary approach.

On the other hand, given the complexity of the phenomenon of gender-based violence, the measures adopted to ensure a comprehensive and coordinated response cannot be limited to the operational level, but also at the structural and institutional level.

To understand the multiple factors that contribute to the complexity of this problem, the Social Ecological Model of human development provides a good framework for the analysis of gender-based violence. According to this model, human development and behaviours are determined by multifaceted and interactive effects of personal and environmental factors. Such factors are structured in several nested layers or structures.

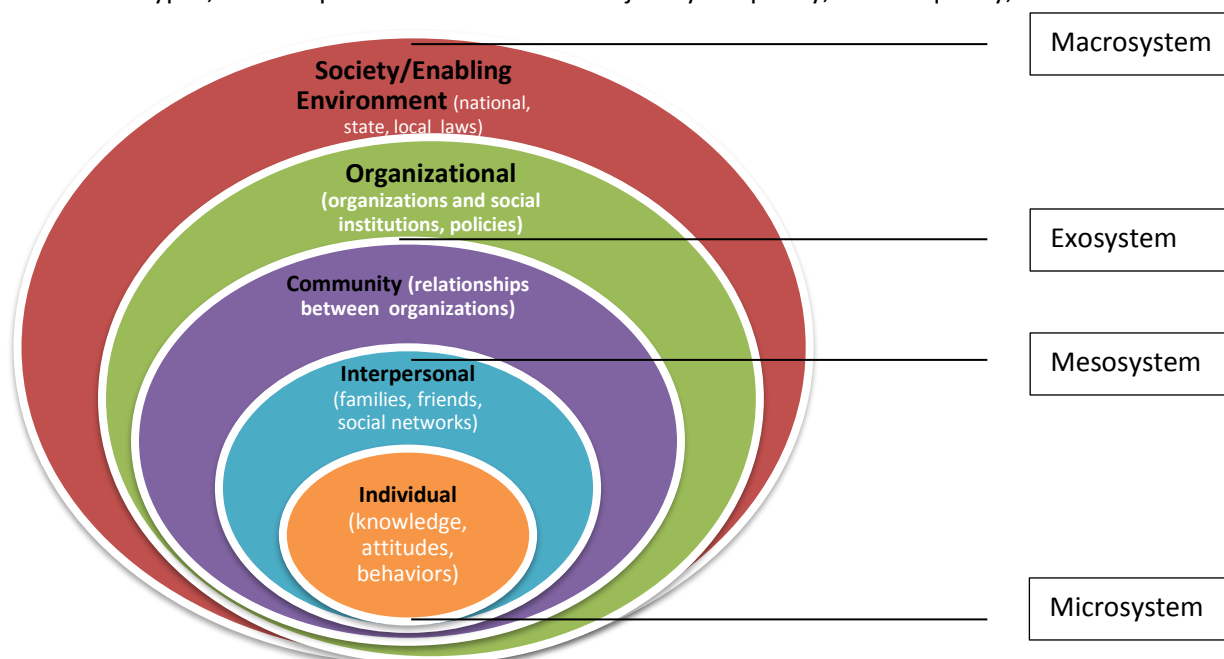
At the centre of the system is the person, influenced by personal, biological, as well as cognitive, behavioural and emotional factors, which constitute the most immediate environment for the person and may result in risk factors to become a victim of GBV. Factors such as age, family history of violence, disabilities, unemployment, etc. may increase likelihood to experience or perpetrate violence. This first level or structure of the model is called microsystem.

At the next level, named mesosystem, includes the relationships with close people: family, intimate partners and friends. Depending on the way to establish these relationships it may increase the risk to become a victim. For example: authoritarian and unequal families, inter-generational violence, gender-based violence, friction over women's empowerment, etc. are risk factors to experience violence.

The third level, exosystem, comprises the community: workplaces, schools and neighbourhood, that means, the contexts or settings where social relationships occur. Some community settings may stimulate the existence of violence if such contexts maintain or generate gender unequal relationships. Institutions that reinforce discriminating stereotypes,

poor safety in public places, schools and workplaces not addressing GBV, etc increase as well the risk of violence.

Finally, the fourth level, or macrosystem, includes broader social factors that tolerate, legitimate and reduce inhibitions against violence. These factors are gender inequalities, gender stereotypes, cultural practices and beliefs that justify inequality, etc. inequality,



The ecological model provides an “*understanding of the complex interplay of biological, psychological, social, cultural, economic and political factors that increase women’s and girl’s likelihood for experiencing violence as well as men’s likelihood for perpetrating violence*”⁴⁰.

This model shows that the different levels are constantly interacting to influence violence against women as there are multiple influences on the person’s behaviors (intrapersonal, interpersonal, organizational and societal) that interact across the different levels described. Hence, multi-level interventions to address GBV should be most effective in changing behaviours, i.e. stopping perpetrating violence or escaping violence.

Consequently, to develop policies to reduce and respond to GBV, it is critical to address all these factors at all levels. The measures adopted to ensure a comprehensive and coordinated response cannot be limited to the operational (micro) level, the one that results from the interpersonal relationships between the professionals and the women survivors of violence. Measures must also be taken at structural and institutional level. Measures at the broadest level to ensure rights are recognized and protected through international, statutory and traditional laws and policies, but also measures to create systems and strategies to monitor and respond when rights are breached which means developing measures at the operational level (micro and meso), but also at the structural and institutional level. In this sense, comprehensive policies require a multi-level approach that involve:

- Measures at three levels of action: prevention, protection and prosecution.
- Response from multiple agencies responsible for combating GBV and across sectors (multi-agency and multi-sectoral response)
- Measures at operational, structural and institutional level.

⁴⁰UNWomen, Virtual Knowledge Centre to End Violence against Women and Girls.
<http://www.endvawnow.org/en/articles/1509-the-ecological-framework.html>