

FINAL REPORT
Initial assessment
of the system of
preventing and
combating
domestic violence
in Belarus

2012

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**Initial Assessment
of the System of Preventing and Combating
Domestic Violence
in Belarus**

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ABBREVIATIONS

| | |
|--------|--|
| CCR | Coordinated Community Response |
| CEDAW | Convention for Elimination of All Forms of Discriminations against Women |
| CoE | Council of Europe |
| CR | Crises Room |
| DV | Domestic Violence |
| EPO | Emergent Protection Order |
| EU | European Union |
| GAP | Gender Action Plan |
| GE | Gender Equality |
| IOM | International Organization of Migration |
| M&E | Monitoring and Evaluation |
| MoE | Ministry of Education |
| MoH | Ministry of Health |
| MoI | Ministry of Internal Affairs |
| MLSP | Ministry of Labor and Social Protection |
| MoU | Memorandum of Understanding |
| NGO | Non Governmental Organization |
| PO | Protection Order |
| ToRs | Terms of References |
| UN | United Nations |
| UNCT | United Nations Country Team |
| UNFPA | United Nations Populations Fund |
| UNICEF | United Nations Children's Fund |

Executive Summary

The mission of conducting the initial assessment of the system of preventing and combating domestic violence in Belarus was set forth by UNFPA in the framework of the joint UNFPA/UNICEF/IOM project “Developing national capacity to counteract domestic violence in Belarus”. Another aim of this mission was to provide assistance on drafting the preliminary guidelines for setting up the multidisciplinary task force, in the frame of the project implementation.

The idea of multidisciplinary task force shared by UNFPA is that every actor has particular, separate responsibilities in responding to and preventing domestic violence. However these actors often have duties that are interconnected with those of other agencies and therefore the final outcome of their work will very much be interdependent on the action/inaction of other structures. Therefore UNFPA and other partners in this project (UNICEF and IOM) will support creating of these referral and coordination mechanisms¹ by explaining that this is not an added duty for these actors, but rather a method of carrying out successfully their existing legal duties and ultimately reducing domestic violence cases.

What is a multidisciplinary task force²?

A multidisciplinary task force³ is a team of community professionals who come together to respond to a specific issue. This strategic structure has proven to be particularly effective in addressing the various needs of domestic violence victims. These teams are multi-disciplinary and each member plays a key role in the overall community response to the crime of domestic violence.

The core principles / core components for a multidisciplinary task force:

In keeping with the core component of a multidisciplinary task force, regardless of structure, there are several overarching principles that must serve as a guide to developing and implementing a response. These principles should be thoroughly discussed while creating the structure and procedures. The principles should continue to be addressed in the functioning of the mechanism and its activities. Decisions should be made from the perspectives encompassed in these principles. The principles are:

- **Confidentiality** of the service needs to be maintained. Victims privacy and confidentiality must be respected regardless of how large or small a community;
- **Victim centered.** The services need to be client-oriented; victims’ needs and safety are considered first and foremost;
- **Flexibility** needs to be build into the model so that it can be adapted to each context;
- **Perpetrator accountability.** Perpetrators must be held accountable for their actions. Team members/responders must reinforce this accountability and interventions must consider how to maximize accountability;
- **Sustainability.** Financial and Structural sustainability of the system is very important;

¹ The project will be implemented in three targeted districts: Kamenets, Kobrin and Brest.

² It can be found also as: intersectoral referral mechanism, coordinated community response (CCR), etc

³ The material is adapted from the “Report on Drafting a National Platform for the Coordinated Community Response against Domestic Violence in Albania”, T.Gentle, M.Kocaqi, UNDP, September 2009

- **Ownership.** The mechanism must be owned by the local government/municipalities (they can decide how to tailor it) and they should ensure the participation of NGOs in planning and implementation. The model should build upon the existing capacities and resources of social services provisioning at the municipal level;
- **Standardized Protocols.** Case work should be governed by standardized protocols among multidisciplinary task force members;
- **Consistency.** The model should be consistent with the DV and social services laws.
- **Safety.** When discussing solutions for victims, it is necessary to consider safety as a primary factor for any plan of action. When creating resources and support, for example, it is necessary to evaluate any unintentional barriers or compromised safety issues. Answers to which interventions work and what will endanger or increases the safety of the victim should always be considered when developing protocols and responding to domestic violence cases.
- **Availability.** A key factor in creating any response to domestic violence is to determine clear and easily accessible procedures for each member of the team. Members of the community need to know that there is a multidisciplinary task force in place and to understand what its duties and responsibilities are.
- **Resources.** Resource availability will vary significantly between communities but there must be a core group of support services developed and in place when providing a response to victims.
- **Expansion of response.** A significant part of a multidisciplinary task force is that of improving responses and resources to victims of domestic violence. Once the membership is formed and initial protocols and procedures are in place, the committee needs to establish regular meetings to discuss individual responses to victims. These discussions should focus on the procedures that were followed from the point of contact with the victim through the future stages of case management in place.

The level of response for the multidisciplinary task force:

The decision making structure for the multidisciplinary task force should incorporate both a central and local level.

Functions and Responsibilities of the multidisciplinary task force:

The multidisciplinary task force should be guided by the DV law. Based on the analysis of each individual community interviewed, identifying a specific position to be solely dedicated to domestic violence is considered the best practice. In order to create a strong, consistent and effective response to domestic violence, there must be a designated specialist. This specialist should be solely responsible for addressing domestic violence (acknowledging that this person may not be the first contact point for DV victims) and will have a detailed job description outlining the responsibilities.

The functions that the mechanism should be carried out include:

- (a) Following up and ensuring that victims needs are served including connecting victims to appropriate services;
- (b) Coordination and administration/management;
- (c) Case management;
- (d) Monitoring;
- (e) Development of protocols;
- (f) Capacity building of service providers;

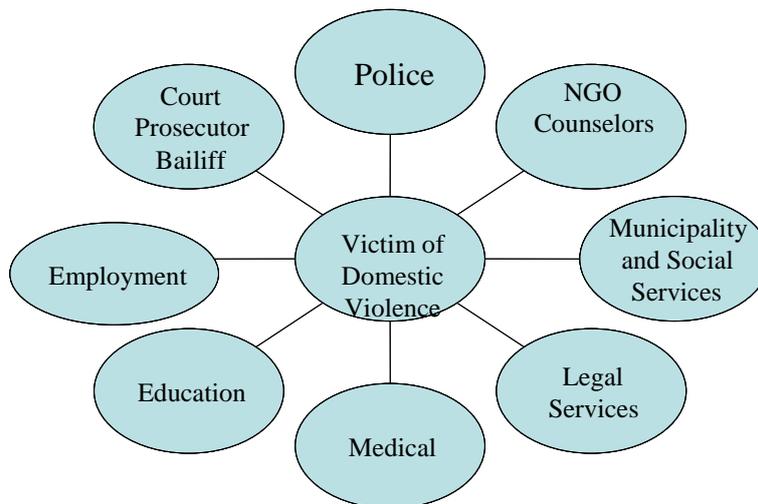
- (g) Communication and outreach;
- (h) Counseling of perpetrators

Benefits of response:

- Focused attention on a community issue;
- Builds collaboration and relationships with all key actors;
- Provides victims with the benefit of many experts;
- Prevents duplication and increases effectiveness of efforts.

Membership of a multidisciplinary task force:

- | | |
|-----------------------|-------------------|
| - Municipal officials | - Police |
| - Bailiff | - NPO |
| - Education | - Social Services |
| - Health | - Court |
| - Employment | - Prosecutor |
| - Survivors | - Clergy |



Monitoring and Reporting.

Many community-based programs are not evidence-based (proven effective by controlled trial) and seek to make long-term changes in behavior, resources, responses and accountability to an issue. These types of outcomes are very difficult to measure. In order to have an effective multidisciplinary task force, two levels of monitoring and reporting are required:

- a) Central government level – responsibilities include:
 - Develop clear lines of data collection and reporting;
 - Monitor and report on implementation of the law.
 - Monitor and report on the standards of service provision established;
- b) Local government level – responsibilities include:
 - Develop clear lines of data collection and reporting;
 - Monitor multidisciplinary task force functioning including response to victims and the implementation of standards of service provision. This includes:
 - Case management – establish and maintaining a standard data base for case management;
 - Monitoring the prevalence and the types of abuse;
 - Monitoring the quality of the services provided.

EXPERT RECOMMENDATIONS:

- Each of the targeted districts⁴ should be prioritized with designated support for implementation of the multidisciplinary task force against domestic violence.
- The implementation of this referral mechanism must be based on the expected changes/improvements of the legislation and should take into consideration the specifics and existing experience.
- Specific Memorandum of Understandings (MoUs) should be designed and signed among partners in each of the targeted districts. Specific activity plans designed based on the project objectives, may be part of these MoUs.
- Clarity should be provided regarding the roles of existing coordination groups in communities and the specific members⁵, protocols and priorities that address all victims of domestic violence.
- Capacity building activities are very important and must be designed based on the specific needs of each of the targeted districts.
- Each entity and member of the referral mechanism should be clear, knowledgeable and committed to their roles and responsibilities included the new proposed ones as designated in the draft law. Accountability to these roles should be included in the initial development of the response process.
- Confidentiality must be strongly reviewed, understood and committed to by all parties. Forms/ releases and training must be done with all levels of membership.
- Each referral model must be driven by a designated coordinator, who will be responsible for ensuring the proper coordination between among all members. This staff person must be fully knowledgeable and experienced in working with all types of domestic violence victims (re: children, elderly, intimate partner violence and minorities).
- Although a new issue not yet professionally practiced in Belarus, counseling of perpetrators should be part of actions against domestic violence.
- A strong monitoring and evaluation process should be created within the initial strategic planning phase and should be a strong, consistent focus of all committee and governmental members and representatives.
- Standards and structures of available services for the victims of the domestic violence, including the availability of the existing hotline services, territorial centers, crises rooms, shelters, self-help groups etc need to be revised and re-organized.
- Mapping of the existing services provided by different NGOs and state organizations are very important.
- Measuring the public perception on the DV phenomenon and the available existing services as well as identification of their needs, as part of project baseline, can be really helpful during the project implementation.
- In order to ensure a better functioning of the coordinated mechanism, all members must have the clear division of roles, duties and responsibilities.

⁴ Re: Kamenets, Kobrin, Brest

⁵ Re: existing experience with the issue of trafficking of human beings, or the existing experience of different NGOs on referring different cases, including some domestic violence ones.

1. INTRODUCTION

BASIC INFORMATION:

| | |
|---------------------------------|---|
| <i>Project Title:</i> | “Developing national capacity to counteract domestic violence in Belarus”. Activity – ACTUNTF123; fund UZJ107, department 50600 |
| <i>Location:</i> | Tirana, Albania and Minsk, Belarus ⁶ |
| <i>Start – end date:</i> | 14 May – 15 December 2012 ⁷ . |
| <i>Name of the institution:</i> | UNFPA |
| <i>Contact details (UNFPA)</i> | Ms. Tatyana Haplichnik, UNFPA Program Analyst. |

2. MISSION’S OBJECTIVES

1. To provide support for start up of the joint UNFPA/UNICEF/IOM project “Developing national capacity to counteract domestic violence in Belarus”.
2. On-going programmatic back-up during the first year of project implementation.

Specific duties:

- Conduct an initial assessment of the system of preventing and combating domestic violence: review existing legislative basis, organizational settings and available systems and mechanisms, scope of NGOs activism and partnership with the government structures on this specific issue – and provide recommendations on the existing gaps and effective ways of addressing them in terms of capacity development, systems and partnerships strengthening.
- Provide assistance on drafting the preliminary guidelines for setting up the multidisciplinary task force, in the frame of the project implementation.
- Provide feedback on the draft questionnaire prepared by the Belarusian State University Sociological and Political Research Centre, in the frame of the sociological survey for the modern family issues.

⁶ According to the SSA/Individual Consultant Contract No: UNFPA 2012-011, signed on May 7th, 2012. The report refers to the field mission in Belarus, where Kamenets, Kobrin and Brest were also included as duty stations.

⁷ The report refers to the planned period for field mission in Belarus, 14 May – 8 June 2012, as well as to the work done for preparation of the guideline to set up the multidisciplinary task force, a draft to be discussed during the first meeting in Brest, 28 June 2012 and the feedback regarding the questionnaire conducting the study on family modern issues, during August 2012.

3. METHODOLOGY

The methodology utilized to meet the objectives of the field mission was a combination of desk review, interviews with key informants, groups' discussion and field's visits.

While as per the preliminary guidelines for setting up the multidisciplinary task force, or regarding the feedback on the questionnaire, the methodology was more based on best practices review (a combination of these experiences with my personal experience on implementing similar project in other countries, including my native country).

4. CONDUCT AN INITIAL ASSESSMENT OF THE SYSTEM OF PREVENTING AND COMBATING DOMESTIC VIOLENCE

The work for conducting the initial assessment of the system of preventing and combating domestic violence started with the review of the existing legislative basis, organizational settings and available systems and mechanisms, as well as scope of NGOs activism and partnership with the government structures on this specific issue.

Based on this work, a set of recommendations is provided in order to be taken into consideration during the project implementation. Details on this component A of my work are provided below.

4.1. DESK REVIEW.

The main documents reviewed for the purpose of this mission were as follow:

- Belarus UNCT project documents;
- Belarus UNCT report to CEDAW;
- Belarus gender legislative analyses;
- National Action Plan to Ensure Gender Equality in the Republic of Belarus for 2011 – 2015;
- Law of the Republic of Belarus (adopted on 10 November 2008 nr 453-3) “On Grounds of Activities Aimed at Prevention of Offences”;
- Draft Law of the Republic of Belarus “On the framework of Activities Aimed at Prevention of Offences”;
- Belarus Snapshot Reform on Child Protection System;
- Belarus Report on the Convention on the Rights of the Child, submitted to the Committee on the Rights of the Child on 13 November 2008, as well as the Concluding Observations by the Committee submitted on 8 April 2011;
- Decree no.18 “On additional measures of state protection for children from troubled families” of 24 November 2006, etc.

4.1.1. MAIN FINDINGS - EXISTING LEGISLATIVE BASES.

The Criminal Code and Code of Administrative Offences do not offer adequate definitions of physical and psychological violence. In particular, the Criminal Code stipulates responsibility for the following offences:

- Rape (art. 166);

- Violent acts of a sexual nature (art. 167);
- Sexual intercourse and other acts of a sexual nature with a person who has not attained 16 years of age (art. 168);
- Sexual molestation (art. 169);
- Coercion into acts of a sexual nature (art. 170), etc.

Article 190 of the Criminal Code provides for the prosecution of violations of the equality of rights of citizens stating that "the intentional direct or indirect violation or restriction of rights and freedoms and the establishment of direct or indirect advantages for citizens on the basis of sex, race, ethnicity, language, origin, financial or official status, place of residence, attitude towards religion, beliefs, or membership of public associations resulting in substantial harm to the rights, freedoms and lawful interests of citizens shall be punishable by a fine, attachment of earnings for up to two years, restriction of liberty for the same period, or deprivation of liberty for up to two years, with or without deprivation of the right to hold certain posts or engage in certain activities".

The Code of Administrative Offences, Article 17.1 is also used in domestic violence cases: minor hooliganism, such as swearing in public, insult and other actions that disturb public order is punishable by a fine or administrative arrest of up to 15 days.

Law of the Republic of Belarus “On Grounds of Activities Aimed at Prevention of Offences”⁸ refers main preventive measures aimed at control and prevention of the domestic violence. In the article 1 of this Law is used this definition: *Domestic violence* – willful (intentional) actions of physical, psychological, sexual nature taken by one member of the family towards another member of the family, violating his (her) rights, freedoms, legitimate interests and causing him (her) physical and (or) psychological sufferings.

While the article nr 14 of this Law stipulates, that in order to prevent domestic violence:

(i) internal affairs bodies, in cooperation with educational institutions, health care organizations and labor, employment and social protection bodies, housing and maintenance services shall take measures in order to identify facts of domestic violence and citizens, committing such actions;

(ii) internal affairs bodies, health care organizations, educational institutions, labor, employment and social protection institutions, committees on juvenile affairs, guardianship authorities, other government agencies (institutions), designated to protect the rights, freedoms and lawful interests of children within their competence shall prepare materials to make decisions, according to the established procedure, to recognize limited competence of citizens, abusing alcohol, narcotic substances, psychotropic, toxic or other intoxicating substances thus placing their families into difficult financial situation, to remove the child without depriving parental rights or to deprive parental rights, on measures to ensure safety and treatment of people with mental disorders (diseases) that are prone to delinquent behavior;

⁸ Adopted on 10 November 2008 nr 453-3.

(iii) internal affairs bodies and prosecutors within their competence shall prepare materials for decision-making, according to the established procedure, to take people that allow domestic violence to civil or criminal liability, as well as explain to victims of domestic violence their right to apply for a criminal case or make a statement on an administrative offense.

The Criminal Procedural Code, Article 26, paragraph 5 gives the prosecutor the right to start a criminal case in connection with certain crimes in cases where the victim has not made a report when those crimes concern state interest or are committed against a person who is professionally or socially dependent on the perpetrator.

The Draft Law of the Republic of Belarus “On the framework of Activities Aimed at Prevention of Offences”, proposes:

(a) the improvement of the main terms and definitions, used in the present Prevention Law;

(b) the revision of Major preventive activities, aimed at avoidance of domestic violence;

(c) the introduction of the Protective Order (article 27) as a measure of individual prevention of offenses against a citizen who has committed [an act of] domestic violence, after issuing an official warning to him (her), aimed at protecting the rights, freedoms and legitimate interests of the victim;

(d) Grounds for Recording for Preventive Supervision.

The Law “On Child’s Rights” guarantees the right to inviolability of the personality and the protection of the child from exploitation and violence. Under article 9 of the Law, the State ensures the child’s protection against exploitation of all forms, including sexual, and against physical or mental violence, cruel, inhuman or degrading treatment, and sexual harassment, including by parents, their substitutes, or relatives.

The President Decree no.18 “On additional measures of state protection for children from troubled families”⁹, states that:

(i) Children are subject to state protection and placement under state support¹⁰ if it is estimated that the parents (or single parent) are living immoral life that results in negative impact on the children, are chronic alcoholics or drug abusers or in any other way do not fulfill their obligations of raising and supporting children, therefore placing them in socially dangerous condition.

⁹ Approved on 24 November 2006.

¹⁰ Placing children on state support for the purposes of the given Decree means placing them into children’s boarding facilities (children’s homes, boarding schools, special educational facilities and other facilities providing raising and support of children), state specialized faculties for the underage in need of social assistance and rehabilitation, state facilities providing technical, sub-professional and higher education, children’s homes of family type, children’s camps (villages), tutelary families, foster families.

(ii) Provided that there are causes, listed in the part one of the given article the juvenile commission of the district (city) executive committee of local administration (hereinafter known as juvenile commission) according to the location of the child should in three days arrive at a decision whether to acknowledge the child as one in need of state protection, whether to take the child away from the parents (single parent), whether to grant him/her a status of a child left without the parents' custody, whether to place the child under state support (hereinafter known as decision on taking the child away from the parents). When arriving at the decision on taking the child away from the parents the juvenile commission plays the role of the body of custody.

(iii) A corresponding prosecutor is to be notified in three days about the decision on taking the child away from the parents. In case of any revealed infringements when deciding to take the child away from the parents the prosecutor should submit a representation on its abortion in three days after receiving this decision.

(iv) The decision on taking the child away from the parents is obligatory for execution by state bodies, other organizations, their officials and citizens.

(v) After being take away the child is placed under government according to the procedure, determined by the Law.

(vi) In exceptional cases with immediate threat to health and life of the child the decision on immediate taking away may be ruled by the body of custody according to the part 2 of article 85 of the State Code on Family and Marriage.

(vii) This Decree made it obligatory for the public authorities, other organizations and citizens possessing information about the children whose parents behave immorally (thereby producing harmful impact on children), are chronic alcohol or drug abusers or in some other way unduly perform their responsibilities for educating and caring for children to provide such information to the Commission dealing with minors, trusteeship and guardianship agencies and other state organizations legislatively authorized to protect children's rights and legal interests.

Belarusian Constitution in its article 22, states that all people shall be equal before the law and entitled without discrimination to equal protection of their rights and legitimate interests. The Constitution does not contain a direct prohibition of discrimination on the basis of sex or an explicit provision on gender equality.

The National Action Plan to Ensure Gender Equality in the Republic of Belarus during 2011 – 2015, aim to ensure coordination of state administration, local executive and administrative bodies, public associations in order to prevent gender based discrimination and creating conditions for a more complete realization of personal potential of women and men in all spheres of life.

The main objectives of the National Plan are:

(i) To promote equal representation of men and women at all levels of government;

- (ii) To introduce gender awareness into the education system;
- (iii) To develop public awareness of the need of social equality between men and women in all spheres of public life;
- (iv) To maintain and strengthen reproductive health of women, men and adolescents to ensure the proper reproduction of population and improve the quality of life;
- (v) To strengthen family institution and conjugal relations, to promote marriage and family values, gender equality in family relations, to involve men in housework and upbringing of children;
- (vi) To promote gender equality in economic sphere, further development of entrepreneurship among women, increasing women's competitiveness at the labor market;
- (vii) To transform public consciousness, to eliminate gender stereotypes associated with the idea of superiority and domination of one gender over the other.

As it can be seen from the above analyze, the Belarusian legislation defines general notion of violence, but specifics of domestic violence are not yet reflected/included, although there is a draft Law "On the framework of Activities Aimed at Prevention of Offences". However, practice suggests that some forms of violence are not prosecuted if taking place within the family. For example, the Criminal Code has provision on rape, which does not exclude the possibility of marital rape. Nevertheless, there is no information available to indicate that there have been any prosecutions for rape in marriage or an intimate relationship.¹¹ Victims of gender-based violence have rights for claiming compensation of damages caused by committed crimes. However, no public data is available on number of claims. The psychological damage caused to the victim is underestimated.

Nevertheless, the general principle of equality is embodied in such legislative acts as the Marriage and Family Code (adopted in 1999; last amended 5 January 2008), the Criminal Code (adopted in 1999; last amended 10 November 2008), and the Civil Code (adopted in 1998; last amended 8 July 2008). The Labor Code (adopted in 1999; last amended 24 December 2007) and the Law on the Order and Conditions of Retaining in Custody (adopted in 2003; last amended 24 December 2007) in their respective spheres prohibit discrimination of persons in particular on the basis of sex and other circumstances.

There are **national bodies for protection and promotion of gender equality**: the Department for Population, Family Policy and Gender Issues of the Ministry of Labor and Social Welfare with a task to promote gender awareness, monitor the status of women and analyze the situation with regard to the implementation in Belarus of the relevant international conventions, and the National Council on Gender Policy (NCGP) under the Council of Ministers with a goal to

¹¹ Report of Amnesty International "Belarus. Domestic Violence. More than a private scandal". 2006

promote the development and implementation of gender policy in Belarus. The NCGP consists of representatives of legislative and executive bodies and public associations, and academics; it plays interdepartmental coordinating and advisory role.¹²

4.2. COMMUNITY INTERVIEWS

The field work was focused on personal and/or community interviews. In more details meetings were organized with the following entities:

- **UN Agencies** (UNFPA, UNICEF) and IOM, to clarify and determine specific expectations;
- **Policy Level Authorities** (Ministry of Interior, Ministry of Labor and Social Protection, Ministry of Education), to clarify their expectations and positioning towards the implementation of the project, as well as their potential duties/responsibilities on combating domestic violence;
- **NGOs** (“Gender Perspectives”, “Orthodox Sisterhoods Union”, “Belarusian Young Christian Women Association”, “Club of Business Women”), to take into consideration existing practices, as well as main challenges towards building a referral system for addressing domestic violence;
- **Targeted districts** (Kamenets, Kobrin, Brest), to identify their needs, expectations and feelings towards building a coordinated community response against domestic violence. The meetings/interviews at community level were primarily organized with representatives of District Executive Committee, Departments of Interior, Social Assistance, Health, Education, representatives of sector for Social Support of Population (under Ministry of Labor and Social Protection), Chief doctor, journalists/local media representatives and NGOs;
- **Service providers** (existing Crisis Room) in Kobrin and Brest, to identify their needs, expectations and feelings towards building a coordinated community response against domestic violence.

4.2.1. MAIN FINDINGS - ORGANIZATIONAL SETTINGS AND AVAILABLE SYSTEMS AND MECHANISMS:

The Ministry of Internal Affairs (MoI)¹³ has taken steps to improve access to justice for victims of domestic violence. In 1996, it set up the Domestic Crime Program within the Crime Prevention Department. This program addresses all crimes that occur in the home. It is not specifically aimed at combating domestic violence, although the majority of perpetrators are men and the majority of victims are women. According to the *Recommendations for the organization of work for the prevention of crimes in the context of family relationships* provided by the Crime Prevention Department, each police station carries out work to prevent domestic crimes,

¹² According to the Government Regulation No. 698 of 17 May 2000.

¹³ The meeting was organized with Mr. Oleg Karazey, Officer in Charge of Head of the Department of Prevention, MoI and Ms. Olga Kashevskaya, Senior Inspector on Special Orders of the Department of Prevention, MoI.

identifies and keeps records on perpetrators and, together with other organizations, develops strategies to prevent them from re-offending. These Departments function at the national, regional/oblast level and district/region levels.

From their point of view, for victims, the first and most important point of contact with the legal system is the police. The victim must present all the necessary information to the police, whereas the latter have no obligation to inform the victim of her rights, etc. Thus, in practice, the exchange of information is one-sided. Family conflicts are one of the most common reasons for which the police are called, but their role in dealing with complaints of violence in the family is traditionally one of limited intervention. The offender is, as a rule, only detained on grounds such as drunkenness, resisting a policeman, or hooliganism, as well as bodily harm/ injuries, if police can obtain evidences that his/her behavior disturbs public order.

A violent husband may also be charged a penalty, although in such cases it is the family budget that suffers most. Also accommodating people in remedial labor treatment centers for forced substance abuse treatment is used as a measure of punishment for an aggressor with substance abuse. However, according to the police, such treatment centers are overcrowded and people have to be added to the waitlists to get in.

MoI has prepared new instructions for measuring the effectiveness of the intervention for its' structures. There is a list with 12 criteria based on which is evaluated the work of police offices and 4-5 from these criteria measure directly the household level crimes (including DV). Some of these criteria are as follows:

- a) Nr of offences which are DV incidents;
- b) Nr of criminal cases initiated - the police has the right to initiate cases based on the request of the victim and the process maybe stopped based on his/her request.
- c) Nr of alcoholic abusers and their relation with DV incidents - there are provisions applied to citizens that are abusing with the alcohol, especially in case that these persons are damaging the family' economy. If they are spending all the family money for drinking alcohol than, based on the report of this case, the police initiate a court process and the person firstly receive a notification for stopping the abuse, but if this is repeated the court issue a restriction order which may last until a year.

As per services in district police, there are unit per district and each unit has an officer in charge. When they receive calls for an incident of domestic violence, they proceed by going immediately in the place and trying to solve the situation through the preventive talking; they take into consideration the women's request and apply the foreseen procedures based on their requests (i.e. they may proceed by reporting the case, so the case will be registered and send to the Court; there may be applied a fine as protective measure; or in case of a repeated incident the perpetrator maybe send to the jail; in case of children they apply the procedures based on the Degree no 18, etc).

These structures do not have psychologists or social worker and in fact the representatives of MoI do not think that the presence of such professionals is important, since their duty is not related with the psycho-social welfare of the victims. MoI believes that the officers do receive a lot of calls, so they are trained how to deal with them. They also know how to select the calls that will be proceed, they receive

regular trainings twice per year and they are aware on DV phenomenon, DV forms, on the communication with the victims etc.

But, other actors and professionals (especially from NGOs dealing with DV issues) do not think the same. From their point of view, the police are not well-trained to deal with cases of domestic violence. As a result, they fail to understand that the victim has suffered psychological distress. They believe that a woman victim of violence in the family only wants to put an end to the current incident, and does not want to initiate legal proceedings.

There are additional factors that prevent current or potential victims from approaching the police, including the well-founded assumption of victims that the offender will not be arrested, lack of faith in the legal system, fear that the investigation will be degrading, and a desire not to make their secret public, etc.

Victims of rape and sexual abuses rarely report their case to the police for several reasons. Firstly, rape is a serious trauma with life-long consequences for women. There are various taboos on the subject which are supported by traditional feelings of shame, guilt and fear of being found out, especially in small towns and villages and victims of rape quite often face negative reactions from their families and other people. There is a widespread belief that a woman who has been sexually abused should blame herself, since her sexual behavior provoked the rape and her honor is destroyed. Secondly, women fail to report cases due to the lack of experience or specialized services available to them and the situations they must face in court trials.

MoI sees as a big challenge the fact that other actors do not work in the same working hours, i.e. mostly of the social and supportive services are limited, they are functional until 5 pm, or the existing one, do not have enough capacity and resources to deal with all cases of DV as well as to treat such cases in a professional way.

Regarding the new measures proposed in the new draft on DV Law, as per the process of issuing the Protection Order, MoI support the version that Prosecutor Office has to be the responsible authority to issue it. They base their opinion on the Court structure as well as the Prosecutor structure/collaboration. The issuing of the protection order will be based on the files that the police department will prepare on case basis and the prosecutor have agreed in principle to close the process within 24h.

In terms of statistics, MoI has specific forms to register the cases and each police officer completes this form. The problem remains with the phone calls because the police do not know yet how the case will be proceed, so they are still thinking how to deal with the registration of the phone calls.

The Ministry of Labor and Social Protection¹⁴ has 156 Centers for Rendering Social Services to the Population with divisions of social adaptation and rehabilitation and "crisis rooms". In the Ministry of Labor and Social Protection, DV

¹⁴ The meeting was organized with Ms. Marina Artyomenko, Deputy Head of the Department of Population, Gender and Family Policy, Ms. Elena Komlik – Chief Specialist of the Department of Population, Gender and Family Policy and Ms. Olga Ostrovskaya, Consultant of the Department of External Links and Partner Policy.

issues are within the scope of responsibility of the Department of Population, Gender and Family Policy (2 from 7 employees are in charge of DV issues). In addition, 4 out of 14 employees of the Department of State Social Assistance to Population coordinate the work of Territorial Centers of Social Services, including operations of the Crisis Rooms.

The Centers for Rendering Social Services to the Population are considered as a complementary infrastructure. They do have units of rehabilitation; they do offer psychological support, legal support, information and materials, etc. In accordance with provision the DV victims are treated as a special category, so they are prioritized regarding the social services offered.

For people in extreme difficult situations there exist Crises Rooms – there are 45 of them in all over the country which offer temporary stay. The statistics speak for a number of 100 persons per year using these crises rooms. The number of cases for this year¹⁵ is 33 (thirty-three). People may use the CRs up to 10 days, the accommodation is free but they must pay for their meals. From the MLSP point of view, in principle, offering services for DV victims is not a problem, since these structures exist and the community members are aware about their existence. The CRs are not used with their full potential and this because usually people try to find out other alternatives as solution for their situation and do not count so much on these services. The MLSP accept the fact that the improvement of CR potential especially in relation to DV issues, is very important. The first steps are initiated by participating actively in the campaign “Home without violence”. Working with abusers is another important direction of work from the MLSP point of view and they are thinking to start some steps on this direction.

In terms of coordination, MLSP has a good collaboration with the MoI, MoH, MoE and all other actors that support “Home without Violence”. This Ministry also recognizes the role of NGOs as per coordination, since NGOs work directly with DV cases.

Among the concerns identified, I may mention: (a) there is no disaggregation of data regarding the reason for applying and using the CRs – so it is very difficult to find out how many of the applicants are using the service due to DV reasons. (b) CRs are known by everyone, so there is very difficult to keep confidentiality (this is one of the reasons why usually people try to find other alternatives and do not prefer to use these CRs).

The institutional system of protecting women against domestic violence is fragmented. The network of 156 state-run territorial centers for social assistance provides potential for assisting victims all over the country, 45 centers have daily “crisis rooms”, where victims can receive some kind of assistance, but cannot be accommodated. Limited financial resources and lack of practical experience affect the ability of centers’ to deliver comprehensive, timely and professional services for persons concerned. Most of available services have short-term character and monitoring measures are not developed enough to provide evidence of assistance effectiveness. Safe alternative housing and temporary shelters are not well developed.

¹⁵ Meaning the first four months of the year 2012.

The problems with the Crisis Rooms are related with their way of functioning: mostly are not available 24/7; there is a limitation for duration time up to 10 days; victims/survivors of DV usually do not use these structures due to some reasons such as: (i) the conditions for housing permit sometimes are very strict, women cannot be accommodated if they do not have any identification document¹⁶, and the procedures is cumbersome; (ii) the procedures do not meet women's needs, because usually there are offered services only during the working hours (or in a maximum from 08.00 – 22.00), the type of services offered are more psychological and there is a lack for offering legal ones, even in case of sheltering it may last up to 10 days, while this is not a real solution for the women's situation and the procedures to extend it are difficult and time consuming; etc.

In the future, additional staff members will need to be employed in the frame of the changes in the legislation – this will depend on the needs in the existing centers. The situation as it is right now shows that there are persons in MLSP who are dealing with GAP (2 from 7 specialists), but they are not specifically in charge of gender issues (so they have other duties and responsibilities to accomplish in the frame of their ToRs). According to the GAP, there will be established a Gender Council (a kind of Executive Committee) composed by NGO representatives, scientist, other specialist dealing with the issue, etc who will take decisions at district level.

MLSP thinks that Territorial Centers for Social Services are capable to coordinate activities in the frame of CCR establishment. Regarding the data-base system, MLSP considers it as very important but this system must be accessible from all the actors part of coordinated community response mechanism.

The Ministry of Education has children as its primarily main focus of intervention. There are established 144 social-pedagogical centers and children's refuges run by this Ministry. In order to protect children from violence and cruel treatment Belarus has established a system of rendering assistance to children, who have become victims of violence. Such system includes childhood protection divisions under local administrations, social/pedagogical centers and children social shelters, social/pedagogical and psychological services in secondary schools.

As mentioned previously under the legal framework analyses, the Presidential Decree No. 18 was adopted in order to enhance parental accountability for the rearing and living conditions of their children. Under the Decree, children may be placed under State care, if parents are alcohol or drug addicts, lead an immoral life or otherwise fail to meet their obligation to ensure their children's sustenance and upbringing, thereby placing them at risk.

The Socio-Pedagogical Centers at region level offer assistance at any time. They offer shelter to the children based on the applications they receive. Now the situation is completely different comparing with the years '90 i.e. when mostly of the children in need were staying on the street. Today the number of children staying on the street is quite inexistent. In each of these centers there is a hotline, the contact details of these

¹⁶ According to the explanations given during the visit in the Crises Room as part of the House for Retired and Elderly, in Brest, 25 May 2012.

centers are well-known and published even in the school books, so all children are aware for their existence and the class manager is responsible to provide information on the existing assistance regarding the protection of children. 100% of children without parental care are sheltered in the institutions.

MoE has established the National Commission on the Rights of Children. This commission includes mostly top managers of different agencies or local authorities, academics, NGO representatives, etc. The main focus of this commission is the protection of the rights/interests of children whose life may be in danger.

Regarding children sheltered in the institutions, MoE has psychologists working in the field. They have also educational services where the class teacher and the deputy director of the educational institution are involved together with social pedagogues and sociologists. Outside the institutions, they keep contacts with parents; at the beginning of the new school year they organize a parents meeting and after that the class teacher visit each pupil in his/her family. If the teacher has doubts for the living conditions of any pupil there is organized another visit in the family and in the same time there are informed specialists from MoE, MoI and MoH who evaluates the living conditions. If the living conditions are not considered appropriate than they take the decision to shelter the kid in an institution. If during the visit the specialist in charge has any doubt regarding the parents and the family conditions, he/she prepares an opinion in written form which is presented at the Council for Preventive Work.

Each pupil or teacher may start the procedures near this council. After receiving the opinion, the Council (composed by representatives of children, parents, NGOs and micro-social environment of school) invites the parents and other close familiars in order to decide for the child' needs and his/her best interest. Something important to mention here is the fact that MoE accepts that although the legislative requests include regular visits in the families, sometimes in practical terms this means only a visit per year or even no visits (based on a kind of plan where there are excluded those families which can not be a risk for their children). Although they try to do their best in order to identify children in risk, sometimes the abusive situations are kept hidden and children do not speak about what is happening to them in their families. But if they see abusive signs in children, they address the case to a doctor, who inform the institution for the case and after all examinations and procedures the child is sheltered in an institution.

So the interference in the family issues is related with the fact that there exist violence and the family relations need to be improved. From the MoE pint of view, in many cases, this intervention leads in good results: the mother improve the behavior, she may be divorced, she proceed with the issue of property division and she can improve her living conditions, she may report the case in the police, etc - meaning that she may have the child back and they can live together a better life. During the time that children are sheltered in institutions, parents may communicate with them in the presence of a specialist. In the Socio-Pedagogical Centers there is offered education, accommodation, food. The decision for accepting a child in the center is very important and it must be proved by evidences that the child is living in difficult/abusive conditions.

MoE thinks that they have good results in their work for protecting the rights of children. So, in 5 years they have assisted about 100,000 children living in difficult conditions and 81,000 of them have received special assistance in their families. When they started on the year 2007, from 3000 cases that they have supported, only 40% of the assisted children were turned back in their families, while now, more than 80% are turned back after the family environment is improved.

A form of preventing activity regarding DV is considered the work with children organizations (about 190 organizations) as well as with “Pupils Governance”. There are organized national forums for children when there are invited leaders, heads of governing bodies, head of state institutions who discuss about different issues related to children’s rights and DV.

Regarding the NAP/GE – MoE is responsible only for children and they do not deal with other issues related to DV. MoE has prepared a resolution for children and there are explained also the criteria for so called “abused cases”. In 2011 they have adopted a five years program of permanent education (2011 – 2015), which involves activities at national level as well as institutional activities, class hours, lessons, different meetings, research, surveys, discussions on the rights of children, etc.

MoE involves teachers in different activities, such as trainings to improve their skills on gender issues, round table, conferences and in many activities children are invited as well. They have complementary programs such as gender culture as extra curricula, through which i.e. they try to ensure the principle of equality, they treat gender based stereotypes, etc.

MoE has a project to create innovation facilities for gender culture at national level - the National Centers of Art/Architecture. The first phase of the project is about training of the specialists who will implement the project and the establishment of a model at national level. After the training, in all activities there will be involved teachers and pedagogues of this field and the main questions addressed will be related to gender culture and its improvement. This innovation program will last two years. They will produce manuals, guidelines and different awareness publication which will be distributed all over the country. The project involves three levels: pedagogical staff, children and parents. Each level is involved in different activities, there is information sharing among the three of them as well as evaluation of the results (in each activity there are distributed evaluation questionnaires).

Although regarding the placement of children in institutions, MoE strictly respect the procedures as mentioned in the Degree no.18, a big concern¹⁷ is related with the philosophy of treatment of such cases. We are all aware that VAW/DV incidents affect all family members and especially mothers who are in mostly of the cases abused by their husbands. The abusive environment can not be created in one day and it can not be changed the next day. Mostly of the abused mothers have kids as their weak point, so usually abusive husbands do use this fact against them: they may put the pressure on mothers through the kids, in order to not permit them for undertaking any kind of action against the violence. In many DV situations children are used against their mothers, or as a factor for keeping their voice in silence. The conclusion

¹⁷ The expert’s personal opinion.

of MoE that their work has been in many cases effective – meaning that the mothers have changed their attitude and the family environment is improved - is a big question mark in fact. We can not say and be so sure that the environment can change so easily. Further more, from this point of view, it looks like we are continuing to blame mothers for what is happening in their families – if the family environment is an abusive one, it's the mother's responsibility, since she has not been a “good mother” or “a model wife”. In many cases, such kind of measures (i.e. taking children away from their mothers when the father is abusing the family embers) are extreme measures that has had a very bad influence in the psychological health of the mothers and the children in the same time. So, this immediate changing of attitude sometimes is just for creating the impression that things are improved, because the mothers want to have their kids back. So the only solution they see, is to stop reporting the violence, to “find and excuse” for the abusive behavior of their husbands and further more to start pretending that everything is going well in their families, so children can be back and living in an environment free from violence. This is the reason why the implementation of the Degree no.18 must be in a very careful way and the team must look very carefully all the circumstances before deciding to shelter the kid in an institution away from his/her mother.

4.2.2. THE ENGAGEMENT AND ROLE OF DIFFERENT NGOs ON DOMESTIC VIOLENCE' ISSUES

From the meetings, it resulted that there are NGOs involved partially or directly on the issue of DV. Some of them provide information dissemination, hotline services, training and capacity building activities, awareness raisings, researches on the phenomenon, they do keep data on cases but most of them are not disaggregated by types of violence; they do not coordinate their actions and have identified the need to establish a network of NGOs.

The “Gender Perspective” NGO¹⁸ has in its main focus:

- Direct services for different DV cases, such as information sharing, forensic procedures, empowerment, etc.
- Case analyses and advocacy activities - they analyze the cases, produce statistics and reports and distribute the reports to different ministries. The statistics are combined ones, in principle their focus is on trafficking of human beings, but they do provide combined reports also with DV cases they assist.
- Capacity building for professionals – educational models, teaching professionals regarding different issues for trafficking of human beings as well as regarding DV issues. Students are not their target group they are focused only in professionals.
- The center act also as a coordination body for issues related with trafficking of human beings, but they admit that the coordination is not in a form of a mechanism, so more efforts need to be done in order to improve it.

NGO “Orthodox Sisterhoods Union”¹⁹, established since in 1997, is a Network of more than 100 sisterhood orthodox churches. In the year 2008 this

¹⁸ The meeting is organized with Ms. Iryna Alhovka.

¹⁹ The meeting is organized with Ms. Antonina Banko and Ms. Elena Zenkevich.

Network is known by state as a legal entity, but in a way they're not legal entity. For the Orthodox Church this is a unique type of organization. The main areas of intervention are:

- Providing assistance²⁰ for people in need, sisterhood activities, some kinds of gender activities but in a specific cleric context as well as activities related with DV and trafficking of human beings.
- Providing trainings, seminars and other capacity building activities²¹ in the issues of trafficking and domestic violence.
- Working with potential victims of trafficking – mainly with children at school.
- Running the shelter for the victims of DV²² – the first and the only shelter run by the Church.
- Conducting studies²³ in the field of prevention.

“Belarusian Young Christian Women’s Association” NGO²⁴, established since 1996, has DV and GE are their primarily focus, together with the issue of leadership for young women. In more concrete terms, this NGO is focused on:

- Women’s leadership as well as on health issues for young women – prevention of cancer, HIV/AIDS etc.
- Assistance to DV victims²⁵ such as social, economical, juridical assistance, based on their needs/requests.
- Surveys²⁶ among refugees and gender education among young people.
- Prevention activities, sharing information on the reduction of violence; social activities, etc.

Red Cross in Brest.

- Focus on the prevention of trafficking²⁷ since the year 2005.

²⁰ This is a kind of resource center which plays the role of coordination, information sharing, initiate activities for sister organizations, and they support the work of other NGOs especially in the issue of trafficking and DV.

²¹ 2000 – 2010 is considered as the decade against DV. In this frame they have organized seminars, they have established a free hotline 24/7, they have offered support for women victims of DV as well as they have opened the above mentioned shelter. They have organized public awareness campaign, they have distributed posters, leaflets, publications, and they have been visible in media, especially in local ones.

²² The shelter is well known, they have phone calls from all Belarus and they have a lot of referrals from Minsk. They have good collaboration with social services as well as with different NGOs. The shelter has four rooms, a room for a family. They have sheltered 126 women and 59 children last year, while for the year 2012 they have offered shelter to 27 women and 21 children. In the sheltering criteria, women who abuse with alcohol are not allowed to receive services.

²³ They have conducted the study “Life without violence”, mostly focused on Christian women. One of the main points of this study was focused on the belief if the husband must rule the family or not. The results showed that the community was not much aware about the DV issues. 88% of the women and girls interviewed, requested support from the Church regarding the DV issues.

²⁴ The meeting is organized with Ms. Olga Yanchuk and Ms. Yulia Ivanushkina.

²⁵ They have established a multidisciplinary team in their organization and in addition to prevention activities; they also assist DV victims – voluntarily assistance, free services on VAW, different activities in the frame of the international campaign of the 16 Days of Activism against VAW, etc.

²⁶ Two years ago they conducted a qualitative sociological study “Domestic Violence against Women in Belarus and women’s life strategies” – a first study of this kind, based on true stories of women – 1500 copies of this study are published and distributed. The publication of the study’s results was appreciated especially from the experts.

- Organize information activities at regional level; they have organized joint meetings with topic on trafficking of human beings.
- Preventive work in different forms - they keep statistics²⁸ for VoT as well as for DV cases.
- Working with victims²⁹, etc.

NGO “Club of Business for Women”. This NGO has worked with “La Strada” so they have created a model how to work with DV cases. Their main services are:

- A hotline³⁰ and a unique data base³¹ (legal one);
- Prevention work focused on trafficking³², violence, HIV/AIDS prevention among the sex workers, etc.
- Women economic empowerment and the development of their capacities to establish their own businesses.

Despite the specifics of the above mentioned NGOs, mostly of them addressed some **common topics³³ which need future attention**, even through the project implementation:

- *NGOs work need to be more visible* – they must use better the internet³⁴ and must create Google groups for faster and better information sharing;
- They may organize *joint seminars and experience sharing especially on the issue of fundraising*.
- Regarding DV issues, they must work also *to involve more man and boys on their activities*.

²⁷ During 2009 – 2011, they have implemented a project between three states: Poland, Denmark and Belarus, they have created a Network against trafficking, and they have established multidisciplinary team for working with VoT, so this model may be used also for working with DV. They are joined together and have created the regional Executive Committee composed by: the person in charge for social issues, the representative from the department of health, department of education, NGOs in Brest, Kobrin and Minsk, Red Cross, Employment structures, Social Protection unit in the level of Ministry.

²⁸ They have assisted 17 victims of DV during the year 2011. They try to monitor the cases and to see if there is any relation between VoT and DV, so in case they see any relation i.e. among children, they try to address the case.

²⁹ They offer to the victims’ psychological support, health support (in collaboration with policlinics), etc. Based on the signed MoU all services are offered free of charge. They have also MoU with pharmacies for offering the medicines free of charge, or they may offer these through Red Cross. They have a standard package of services, which includes food, clothes, different examinations, etc. They may offer to people also different professional courses such as for hair dressing, computer, etc. They offer counseling and also information on employers.

³⁰ The hotline works from 08.00 – 20.00, they work also in holidays and weekends. There are two specialists who work 6 hours each. For 9 years they have received 18454 calls. Since they have not have urgent calls during the night, they have passed the night line to message system, so they call in the morning all messages they found registered.

³¹ They keep statistics for the cases they treat through the hotline and they have assisted 27 victims of DV for this year.

³² For VoT they offer psychological and social assistance, training and employment, and they also work with their families.

³³ According to the concluding comments from the working groups organized during the NGOs roundtable on May 26, 2012 in Minsk.

³⁴ Placing the information on the organizations web pages is very important.

- A data base of the existing organizations is very important (their mission, vision, direct activities target groups, field of expertise, etc).
- For all the NGOs focused on direct treatment of DV cases, a manual for working procedures/standards³⁵ is needed.

4.2.3. IDENTIFIED NEEDS IN THE TARGETED REGIONS:

Mostly of the information under this section is based on the joint meetings organized in the three targeted regions³⁶, with potential members³⁷ of the future coordinated community response system.

As **commonalities between the three targeted districts**, we may mention:

- Despite some doubts on the way how the project will function, as well as how the communities will welcome (or not!)³⁸ the new changes in the legislation, *the project was considered as very important and helpful from the three regions, so the participants promised for their serious future engagement in different project steps.*
- There is a *need to organize intensive awareness raising activities related with the DV issues and especially with the new changes in the legislation upon their approval*, in order to create the opportunity to all community members to know their rights and the way how they can deal with DV cases in different situations (as victims, as witnesses, etc). *Special focus on women is very important*, since many of them as victims of domestic violence, are not coming forward in some communities (especially in small ones).
- Regarding the complementary services to be offered to the victims, *Crises Rooms remain big concerns* for the three targeted districts. This because usually the perception of the community for such centers is not so good³⁹, or the services offered do not meet the real need of women victims of DV⁴⁰, or because the service offered in many of them is not 24/7⁴¹, a part of the service cost has to be covered by the victim themselves⁴², etc. *So it appears as a common request the need to revise the function of the Crises Rooms and*

³⁵ In this frame, the issue of confidentiality is very important. They need to develop trainings, manuals, standards, monitoring activities in order to ensure it.

³⁶ Re: Kamenets, Kobrin and Brest.

³⁷ Participants in the meetings were representatives of districts executives committees, departments of interiors, social assistance, health, education, local media and NGOs.

³⁸ The mentality is very important, especially in the small districts such as Kamenets, people do know very well each-other and the some representatives in the meeting think that changes are difficult when it comes on the issue of reporting DV incidents, issuing of Protection Orders, implementation of the new changes in legislation, etc.

³⁹ These centers are not used with their full capacity; people usually prefer to try to find out other options rather than using the existing crises rooms.

⁴⁰ There are offered more psychological services than i.e. legal ones.

⁴¹ Only in Brest there is a Crises room 24/7, while mostly of the crises rooms usually function from 08.00 – 18.00 or maximum till 22.00. The accommodation in these centers is up to 10 days and there are needed further procedures in order to extend the stay there, if this can be possible.

⁴² I.e. the cost for food, hygienic materials, etc.

Territorial Centers, in order to better use them in the function of DV cases as well.

- Regarding the *intersectoral coordinating mechanism*, the three targeted districts welcomed the idea, but they listed as very important:
 - a) the need for clear division of rights, responsibilities and competencies among different actors.
 - b) the need for capacity building (especially on issues of DV, case management and referral/coordination);
 - c) the need to have a coordination unit composed from representatives of department of interior and department of social assistance.
 - d) the system must be based in previous successful coordination experiences⁴³ but specific manuals and protocols⁴⁴ need to be drafted.

- The issues of *confidentiality and gender stereotypes need particular attention*. In the three communities it appears that the confidentiality is not respected as it has to be, and this is something confirmed even among NGOs which work as service providers. Trainings and capacity building activities are very important in this frame. The members of the coordinating system must prepare specific and clear guidelines as per keeping the confidentiality during the case treatment.

- *A data base system to track DV cases is very important*. Although some actors mentioned that they do keep records on DV cases⁴⁵, a lot of improvements need to be done in practice, in order to have a unified model of tracking the DV cases.

Specifics in each of the targeted districts, are listed below.

KAMENETS.

- DV exist but is not reported, since people know each-other and due to the mentality, DV is considered as an internal problem of the family – no one is speaking loudly about the violence. The mentality is one of the reasons why people here doubt on the success of the intervention. They consider as very difficult to change people’s attitude toward the phenomenon – here the main concerns is for professionals⁴⁶ who have to deal with the cases.

- Specialists, especially social workers, are already overloaded and they can not deal even with DV issues. There are limited resources while at district level

⁴³ I.e. the coordination units on anti-trafficking issues or the coordination as it is mentioned in the Degree no.18, although it is more a political coordination than a practical one.

⁴⁴ I.e. Memorandum of Understandings between the members of the coordinating mechanism, or manuals of politics and procedures for case referrals, guidelines for case treatment, guidelines and models for information and data sharing, etc.

⁴⁵ I.e. the police officers mention that they do keep records for all cases they follow, but in mostly of the cases they just register these as “family incidents”, so there is no clear evidence of DV incidents. The Police Department of Brest had a different experience, they were tracking the DV cases in a separated way, so they were able to produce statistics on DV incidents any time. This can be a good example for other police departments for example.

⁴⁶ Some participants think that the new changes in legislation will create more problems for professionals, i.e. the judges will be overloaded. So they doubt on the implementation of these changes into practice.

everything depends on funds. There are 21 full time employees at social service centers, who deal with different categories like, pensions, elderly people, people with special abilities, etc.

- Public awareness and the role of the police – they have their doubts about the sensitivity of the community members and their collaboration with police, based on cases that they have seen until now. They all know cases of violence but no one is calling the police.
- The representative of police explains that they have cases on which they interfere in collaboration with social services, but only when the abuser is dependent of alcoholism. In the frame of the program “Family without violence” they organize visits/meetings in the families, in “troubled families”, they explain that there has been even an allocation of funds for this purpose, the transportation has been covered, etc. There are organized also seminars with district police officers so they have had the opportunity to take notes and to spread information during their preventive work/talking.
- Regarding the frequencies of the incidents they say that this depends, there might be times when the incidents are happening intensively, or other times when they are happening casually. They have registered 20 cases of males who usually cause problems in their families, they abuse with alcohol; 16 of them are referred to treatment facilities and 4 of them had troubled families. Their age is 45 years and older. There are cases also of young men who may cause problems, but these are sporadic cases and usually they are referred to preventive activities. There are methods to combat the dependence from alcohol, i.e. temporary isolation, or other treatment facilities.
- At regional level, the statistics speak for a number of 30 scandals/month referred to the court (meaning that women have applied and the cases are sent to the court). The problem is that the consequences influence directly the family budget, meaning that in case that the husband repeat some times its behavior, than it will be notified even his employer; or in case of repeated incidents of violence they refer him to day-care services for alcoholics. Mostly of the cases belong to rural areas. Some representatives think that there are cases of DV but women do not report them to the police, or even if they do, the next day they decide to interrupt the process and to “find an excuse” for the abuser for what he did, since they are afraid that the children will judge them for reporting the case, or the family economy will be damaged. This kind of situation happens especially on families with teenagers (especially boys) who have many difficulties to accept this kind of reality. But in general mostly of the abusers are under alcohol influence, so when they realize what they did, they regret⁴⁷.

⁴⁷ Expert’s opinion: this was a clear justification related with GBV and gender stereotypes. Although it was explained to the participants that there is no excuse for DV, in fact some of them try to justify and excuse the perpetrators. The same level of prejudices appears when the discussion was focused on the reaction of children, especially of the teenagers in an abusive situation. The participants were introducing the idea that it’s the mother’s responsibility to take the decision for reporting or not the case to the police – but they should also take into consideration the situation of their children and the

- Transportation is another issue of concern: mostly of the cases are in rural areas while there are limited resources. But who will be responsible for transportation⁴⁸?
- In terms of statistics, the participants explained that they have statistics for “troubled families” but not specifically for DV cases, they have report about the population but they do not separate and make evident the DV cases, DV applications or different kinds of violence faced (maybe the psychologists may divide such cases). Territorial Centers have data-base of cases and they monitor the families of the children who are under their treatment but they do not reflect always as documented the help they offer and everything is based on the applications they receive.
- The participants listed a number of concerns related to the project implementation such as:
 - (a) Despite the training and capacity building activities, they think that the new changes of the legislation will remain only in paper – they doubt if these changes will start to be implemented into practice.
 - (b) They have a lot of difficulties on identifying different forms of violence and especially on dealing with such forms – recommendations and guidelines on this direction are really needed.
 - (c) They think is very important to have clear division of duties and responsibilities among professionals who will be dealing with cases.
 - (d) They are not so much in favor of involving faith based organizations in their work against DV, since they are not sure on the level of awareness of priests towards the issue. The group accepts the importance of sharing information but they explain that in their area it looks like materials are useless. Although they have programs with churches and the priests follow their workshops and receive this kind of information, they are not sure if the priest will really share this information with women. Or another concern is related with the fact that there are not offered enough psychological services, there is a hotline which is not used so much, so people do not use the opportunities that exist maybe because they are living in a very small place and they know each-other.

KOBRIN:

- The participants explained that they have started somehow the discussion on DV phenomenon, although is very difficult to do it in an open way. They work specifically with children in order to prevent abusive situation which may happen to them. MoI has the main work to carry out⁴⁹ when it comes for DV incidents. When police receive calls through which a DV case is reported, they register the case and they go to the incident place. Depending on the

way how the children will percept what is happening, how they will accept or not the idea, etc. So in a way, mothers were blaming for reporting the cases.

⁴⁸ This issue needs to be clarified among the members of the intersectoral referral mechanism, in a consensual and written form.

⁴⁹ I.e. only during the first four months of the year 2012, there are registered 600 cases of phone calls to the police in order to report abusive cases – and the statistics show more or less the same trend as last year.

incident they execute procedures such as administrative fine, arrest (from 6 months – 15 years in prison depending on the crime and especially for heavy body injuries), etc taking into consideration also women's requests.

- Territorial Center in Kobrin is a strong point – it has psychologist, a hot-line and the community members know its number, so in case they do have problems, they know where to be addressed.
- In difference from Kamenets, the representatives of the police department in Kobrin think that the new measures which are proposed with the new changes in legislation, are in principle applicable and they will implement them. The problem they do see here is the fact that in many cases, the victim and the perpetrator are living in the same house – a lot of problems happen, women report the case and than they decide to close the case, etc.
- The MoE representative explains that they are mainly focused on children and they work with prevention stage in kindergarten and schools. During their visits in the family, in case they doubt for abusive situations, they firstly try to prove their doubts and when the abusive situations are confirmed, they report and properly address the cases. The psychological punishment is not tolerated in schools so children are raised in a very tolerant, collaborative and free environment. The educational work remained focused on prevention stage (the representative admits that they have to continue doing more in this direction). They offer psycho-social services to children. As per the ones sheltered in institutions, 40% of treated cases reacted positively.
- Regarding the statistics, the participants explained that they register the calls but they do not keep specific records for DV cases. The first four months of the year 2012 they have received 589 notifications. Last year from 1150 cases of preventive records, 1060 belonged to troubled families. This year they have proceed also 6 criminal cases, the number of serious crimes vary from 1-3, while last year was 10-15 cases.
- People under alcoholic disturbs are treated through compulsory work and/or isolation. They are obliged to follow specific courses against alcoholism and they cover the costs for these courses by working on treatment/curative institutions (where they can be also under a treatment therapy against alcohol). They have referred 22 cases in such programs for this year while the number for last year was 54 cases. When the person finish the needed time under treatment, the case is re-evaluated in order to be defined if the person may be back home.
- The community members are aware for the existence of two hotlines (in Kobrin and Brest) so in case of emergency, they have the contacts of these hotlines and they know how to address their problems.
- The cases of violence against children are treated based on the Degree no.18. The main aim is the protection of children in their families. In case of need for isolation, the child will be isolated from the abusive environment and the health professionals take the decision about this. They firstly may shelter the

child in hospital, a safety plan is drafted and in case that the abusive behavior is not changed, the case is addressed in the court aiming at deciding for parental care/custody issues. The social worker work with parents in order to improve their behavior. The parents whose children are sheltered in institutions, have the obligation to reimburse 70% of the costs, so in many cases they start to work and the police control their records at work. Depending on their conditions, some preventive measures are introduced to them and in case they change their behavior, the children maybe back home. But sometimes there are cases on which some mothers accept the reality of paying the reimbursement costs in order to have their children sheltered in such institutions, and the reason behind this is because in their daily life they do not have the opportunity to create for their children the same good treatment conditions, as they do have in institutions.

BREST:

- In difference from two other meetings, the participants of the meeting in Brest raised a lot of questions for the project staff, such as: What kind of practical services will offer the project to the victims? What concretely steps can be done in order to address concrete cases? Which will be the role of the MoE during the project implementation? Etc.
- The participants mentioned the fact that although many forms of violence are known and accepted, only the physical one is easier to be proved – so they doubt what will be done with cases that will report other forms of violence and how these forms will be proved.
- The strong point for this district is the fact that they have 2crises rooms and in one of them the services are 24/7 and the victims do not stay alone even during the night. In Kobrin there is another center where the services are offered from 08.00 – 17.00, but sometimes if its needed the person may stay even after 17.00, till the night – but this can not be considered a real solution for women in need so they are afraid to use this center.
- A combination and a good collaboration between MLSP and MoE is needed, since the first one is for the family and the second for the children.
- Territorial Center has a unit for Social Adoption and rehabilitation through which there are treated individuals who have been in prisons, or the ones without any economic income, etc. The center has workload and limited time frame.
- The participants mentioned the need for collaborating with specialized NGOs - the draft law on Social Order is very important and when this draft will be approved there will be a possibility to subcontract NGOs for many services.
- The participants mentioned the need for human and financial resources, since they have different categories of people in need to be assisted, but they do not have enough persons and other resources to involve on this work.

5. RECOMMENDATIONS

- Each of the targeted districts⁵⁰ should be prioritized with designated *support for implementation* of the inter-sectorial coordination (re: coordinated community response) against domestic violence. The implementation of this referral mechanism in each of them must be based on the expected changes/improvements of the legislation and should take into consideration the *specifics and existing experience*⁵¹. These districts should be considered pilot projects with specific timelines for compliance to intersectorial coordination/referral mechanism and in a later stage, these experiences can be concluded in a final report with lessons learned, successes, and models that can be implemented in each community throughout the country. The model must be standardized and consistent in each community while maintaining necessary flexibility in adapting to inherent local issues and needs.
- *Specific Memorandum of Understandings (MoUs)* should be designed and signed among partners in each of the targeted districts. *The project (UNFPA/UNICEF/IOM) also should sign MoUs with the targeted districts*, in order to clearly define the steps needed to be taken and the desired results. Specific activity plans designed based on the project objectives, may be part of these MoUs. Clarity should be provided regarding the roles of existing coordination groups in communities and the specific members⁵², protocols and priorities that address all victims of domestic violence, specifically intimate partner violence. Without a clear in-depth understanding of this victim population, protocols and responses can serve to inadvertently increase the danger to victims.
- *Capacity building activities* are very important and must be designed based on the specific needs of each of the targeted districts⁵³. Each entity and member

⁵⁰ Re: Kamenets, Kobrin, Brest

⁵¹ In Kamenets i.e. one of the main areas of work will be on awareness raising and on challenging the existing mentality as per DV/GBV and gender stereotypes. This is very important in order to establish the coordinated response system. While in Kobrin and Brest, people are more aware and open minded towards the phenomenon, so here the work can be directly concentrated on the establishment of the mechanism, based on the new changes in legislation and in the same time, more work here can be done also to draft MoUs, guidelines for case treatment, as well as for improving the functioning of Territorial Centers and Crises Rooms.

⁵² Re: existing experience with the issue of trafficking of human beings, or the existing experience of different NGOs on referring different cases, including some domestic violence ones.

⁵³ In more specific term, the capacity building activities must be designated based on the needs of the different group of professional. It is highly recommended that before designing the concrete training modules for each group, a pre need assessment /pre evaluation training process must be in place, since some professionals might have been trained through different institutions/organizations. As per the group of police officers, the training can be focused on the case treatment based not only on the new changes of the legislation but also on the clear perception of the forms of violence, as well as the ways how to deal with them in a multidisciplinary way, how to better react in a multidisciplinary team (the division of duties and responsibilities), etc. For the social workers and psychologists, especially the ones working in territorial centers or crises rooms, the main topic of the capacity building activities has to be the issue of confidentiality. In the same time, they must be equipped with practical tips how to address the cases, how to gather the needed evidences in terms of multidisciplinary collaboration, how to track the DV cases, how to improve the case files, etc. The clear understanding on the phenomenon, the routes and its consequences is supposed to be naturally well-known by these professionals (based

of the referral mechanism should be *clear, knowledgeable and committed* to their roles and responsibilities included the new proposed ones as designated in the draft law. Accountability to these roles should be included in the initial development of the response process. *Confidentiality must be strongly reviewed*, understood and committed to by all parties. Forms/ releases and training must be done with all levels of membership.

- Representation of pertinent intersectorial coordination' members, community focus and clear responses must be developed in a way that *addresses the needs of child victims of domestic violence as well as the needs of victims of intimate partner violence*. Any protocols and responses must understand and address the distinction between the two and ensure that each population is fully considered and supported within the framework of the response. (Advocacy for laws, resources, preventions, etc.)
- Each referral model must be driven by a *designated coordinator*⁵⁴, who will be responsible for ensuring the proper coordination between among all members, for information sharing on a case basis, for keeping the minutes of the meetings and distributing them to the members of the referral mechanism, for updating contacts, lists, protocols, etc, for advocating for the victims rights, for identification of the capacity need among different members, etc. This staff person must be fully knowledgeable and experienced in working with all types of domestic violence victims (re: children, elderly, intimate partner violence and minorities).
- *Counseling of perpetrators*. Although a new issue not yet professionally practiced in Belarus, counseling of perpetrators should be part of actions against domestic violence. It can be easily started as a prevention stage: UNICEF and other interested actors can intervene through educational programs in kindergarten and schools (offering the best models of parenting, the behavior in family relations, the model of good boys and fathers, etc).

on their background) but anyway, some checking questions related to these issues are recommended to be in the pre raining evaluation form, in order to check the level of knowledge between all of them.

Lawyers need to be trained on how to easily implement the new changes of the legislation in order to better represent the interest of the victims, while the educators must be trained on main concepts related to the DV, the influence of DV to the children, how to identify DV cases and how to better refer them in the multidisciplinary team, etc. A very important point to be treated here, is the to make them aware for the real consequences of separating kids from their mothers, as well as for the worse influence of gender stereotypes on deciding how to apply the Degree no.18.

⁵⁴ From the initial discussions with the project staff, this person was supposed to be appointed by the Ministry of Interior in each of the three targeted regions – the one who will work in close collaboration with the project local coordinator. It will depend in the project implementation developments if the person will be appointed from the MoI, or if this issue will be solved during an opening discussion between the project staff and the representatives of the MoI and other ministries involved in the project and responsible to deal with DV issues. Examples in other countries shows that these persons (designated coordinators) or local coordinators are usually appointed by the responsible authorities to deal with DV Law (i.e. in Albania, the Ministry of Labor Social Affairs and Equal Opportunities appoint the Gender Specialist at Prefecture level, while the Municipalities are responsible to appoint the local coordinators – this solution is suggested through the Law as well as through the Council of Ministers Decision on the establishment of the Referral Mechanism).

- A strong monitoring and evaluation process should be created within the initial strategic planning phase and should be a strong, consistent focus of all committee and governmental members and representatives. At a minimum there should be:
 - Consistent, comprehensive data collection between all parties;
 - Goals / objectives / indicators created within measurable deliverables and stated timelines;
 - Consistent reporting mechanisms that will allow for status review and data review by all parties.

- Without the involvement of the local and the central governments the response to domestic violence will remain strained and inadequate. As structures are implemented, increased number of victims come forward and increased needs are identified it will be vital for the government to apply resources and support to this issue. Without these resources, local responders will have little or no ability to impact the incidences of violence occurring in their community.

- Standards and structures of available services for the victims of the domestic violence, including the availability of he existing hotline services, territorial centers, crises rooms, shelters, self-help groups etc need to be revised and re-organized. The supporting services for the DV survivors need to be available 24/7⁵⁵. In case of shelters and crises rooms, special attention have to be paid to the issue of the confidentiality, the procedures for accepting the victims application, the duration stay, etc. These all need to be regulated with proper standards, with clear guidelines and case management procedures in place, with a supportive referral system for addressing victims/survivor long term support, with trained staff members equipped with needed knowledge to address and deal with DV cases. Sometimes, from each targeted districts they may appear new requests related with additional services for the victims, and among these needs the need for a safe place to shelter the victim at least until the protection order can enter into force, is the most important one. In this frame, while in Kobrin and Brest there already exist Crises Rooms which rules can be improved and these centers can be adopted to serve also for the DV victims, in case of Kamenets, this facility is completely missing. The discussion what kind of sheltering service may offer to the victims of DV is a very delicate one, taking into consideration the strong influence of the mentality in this region. While in the Crises Room accommodation facilities can be offered for many people, simply if they need accommodation, a shelter is a discrete place where the DV victims can feel themselves safe, but keeping the secret about this shelter in such small district is quite impossible. By the other side, offering to the DV victims only the option of the accommodation in a Crises Room, is not a good idea, taking into consideration the restrictions in these kind of centers as well as their way of functioning. The decision for the best option regarding the victims safe accommodation remains to the members of the coordination mechanism – by knowing the mentality, the developments as well as by having their full engagement in the issue, they can clearly

⁵⁵ This is highly important now also in the frame of the new CoE Convention on the Prevention and Treatment of VAW/DV.

discuss and decide for the best option for their community. Until that moment, the suggestion for such small communities is to take the needed measures for ensuring the victims' transportation in the nearest center which is providing accommodation opportunities. Although the issue of transportation was raised as a concern from the representatives in Kamenets, this is the only option until taking a decision for opening a shelter⁵⁶ or a Crises Room in this district.

- Mapping of the existing services provided by different NGOs and state organizations are very important. NGOs need to be coordinated and they must start sharing regular information among them especially related with DV issues and different activities they plan to undertake for addressing the phenomenon. Their actions must be combined. They must start thinking for common rules, guidelines, procedures and standards while undertaking different activities. They need to share information and divide the fields/levels of expertise. Their training programs/modules need to be based on the professional need assessment surveys, pre-post evaluation trainings are needed. Their data have to be disaggregated by a set of indicators, including but not limited also to different types of violence, or different actions undertaken in the frame of the intersectoral coordination/referral mechanism.
- Measuring the public perception on the DV phenomenon⁵⁷ and the available existing services as well as identification of their needs, as part of project baseline, can be really helpful during the project implementation and also for project evaluation (measuring the impact of the intervention).
- Setting up the intersectoral coordination mechanism⁵⁸: the Coordination should be initiated and managed by local government authorities, a strategic plan (or any other document) should be designed and approved on the community level describing the roles and responsibilities of the engaged stakeholders. All actors/members of the referral mechanism must meet

⁵⁶ In Albania we have faced the same request in many small districts. They have underline as their urgent need having a shelter for DV victims, in order to keep them in a safe environment at least for the time the issuing of the Emergent Protection Order or Protection Order is under the process (24-48 hours). Since we have similarities regarding the issue of confidentiality, as well as taking into consideration the lack of financial resources, we have suggested to the respective coordinated community response systems, to take the needed measures for ensuring the victims' transportation in the nearest safe place. It's true that this is not the best option for the victim and sometimes it may create more troubles related to the job place, the school for children, etc, but at least for Albania, this is the best option for the moment. Another alternative we have proposed to the Municipalities is to establish Emergency Centers – on which the victims may stay only for a short period of time (until the protection order is issued) – these centers must be under the police protection, with specific criteria and standards, administered by the Municipalities. Such experience has not started yet to be implemented from the state in my country, but there are some NGOs which offer daily services for people, so probably in the future some of them may be transformed in Emergency Centers.

⁵⁷ This recommendation is already being taken into consideration; the questionnaire is already drafted so this second survey on DV will be a good leverage point when discussing it with other national partners.

⁵⁸ The example of this mechanism in Albania: the referral mechanism has two levels: a) the Leading Committee (composed by the heads of all institutions/agencies members of the coordinated community response) and b) the Multidisciplinary Working Team (a group of specialist from each institution part of the coordinated community response, the ones who deal every day with the cases). The Leading Committee meets every three months (normal meeting), while the regular meetings of the Multidisciplinary Working Team are monthly meetings, or based on the case management.

periodically to discuss the cases, the results of action plans, its effectiveness, as well as additional services required. In order to ensure a better functioning of the coordinated mechanism, all members must have the clear division of roles, duties and responsibilities. The division of roles has to be based on their expertise, as well as on the new changes that will be introduced by the Law. The mechanism may be based on the previous successful experiences⁵⁹, but it must reflect a kind of flexibility based on the resources in each of the selected districts⁶⁰.

⁵⁹ I.e. the ones on anti-trafficking issues.

⁶⁰ Please refer to these differences already described in the previous sections for each of the selected target districts.

Annex 1
SETTING UP THE TASK FORCE⁶¹
ON INTERSECTORIAL COLLABORATION

A. DEFINING THE INTERSECTORIAL COLLABORATION

A task force on intersectorial collaboration⁶² is a team of community professionals who come together to respond to a specific issue. This strategic structure has proven to be particularly effective in addressing the various needs of domestic violence victims. These teams are multi-disciplinary and each member plays a key role in the overall community response to the crime of domestic violence⁶³.

Response teams are most often divided into a small group of members who address the immediate and urgent needs of victims and a larger, more diversified group representing a variety of service providers, system responders, and governmental representatives.

The immediate response group generally consists of an advocate/social services staff, a police officer, medical and court personnel as needed⁶⁴.

The broader group includes representatives from a variety of services that can assist a victim of domestic violence in establishing a life without violence through support and resources. These members represent agencies such as employment, housing, childcare, counseling, prosecution, and child protection agencies. To be truly effective in ending and preventing future violence, a coordinated response should address the interconnected social issues of poverty, economic independence, adequate housing, affordable housing and other issues that affect women.

Through the implementation of an intersectorial collaboration, victim safety is increased, as those who respond are trained, knowledgeable and focused on the issue of domestic violence, specifically intimate partner violence. Safety is also affected by the 24-hour, 7 days a week availability of the response team. Crises can and do occur at all times of the day and night and having the ability to meet the immediate needs of a victim is a vital component of any intersectorial collaboration. Additionally, membership and collaboration can lead to increased services and support from a broader range of community members and agencies.

In Urban communities, the response team may have a large number of members and may have more resources to draw upon. Due to the density in population, victims may feel safer and more anonymous in stepping forward for support. There is a general expectation that an urban area provides more resources for the victim and that it is an easier environment for victims to come forward and seek help. However, the reality of urban communities is often that the increased reports and increased needs most often far exceed the actual services that are in place.

Rural communities, while similar in the need for more resources, have additional issues that arise when responding to victims. For example, there is more often a

⁶¹ This draft document was prepared to be discussed in the first meeting in Brest, on 28 June 2012.

⁶² Or as it can be known with the name Coordinated Community Response (CCR)

⁶³ It means all kinds of domestic violence incidents – not only the ones that may be foreseen as crimes in the proper legislation (i.e. Criminal Code).

⁶⁴ In case of Brest this immediate response group may be composed (but not limited to) by representatives from Brest Regional/District Police Department; “Territorial center for social public service”; Regional Executive Committee for Labor, Employment and Social Protection; Brest Regional Institute of Education Development; Red Cross, etc.

severe lack of options for serving victims, there are close and overlapping relationships between victims and police and other service providers, there are strong cultural norms that keep violence from being discussed and there are often issues in protecting the confidentiality of the victim who does step forward.

Regardless of size and location, all teams must take the time to plan and strategize ways to address the concerns that are relevant within their own community structures. When developing and implementing an intersectorial collaboration, it is critical to take the time to address these issues up front. This will result in a far more effective implementation and impact for the coordinated response, the community and the victims of violence.

B. BENEFITS OF THE INTERSECTORIAL COLLABORATION

Many have found that when key responders to the crime of domestic violence coordinate their efforts the response is far more successful. Coordination helps to ensure that each component of the system worked faster and better for victims that more victims experience increased safety and that victims receive and participate more fully in both short-term and long-term community-based services. Another important benefit of an effective victim-centered response⁶⁵ is that batterers are held more accountable. They begin to understand that the victim's will be consistently responded to and that the police, courts and other professionals are serious about the abuse and that there will be clear and unfailing consequences to their behavior. This first level of accountability is key to the understanding that domestic violence is not a crime that will be tolerated.

Additionally, a well-developed intersectorial mechanism provides a clear and focused attention on the issue of domestic violence within the community. Other agencies and professionals become aware of the work accomplished by this mechanism and are more motivated to consider their clientele as possible victims of violence. They often establish training and screening protocols for staff to ensure better identification and services to victims. Community members also begin to learn about and trust the responders to domestic violence and come forward more readily when they experience violence themselves or know of someone experiencing violence. Collectively, community members begin to pay more attention to domestic violence occurring in their neighborhoods, religious institutes and even within their own family. This increased awareness translates to more victims reaching out for help and serves as one step towards the prevention of future violence.

Certainly one benefit of an effective intersectorial mechanism is the building of collaborative partnerships and relationships between the key actors. This collaboration not only improves the response provided to victims but also makes each individual member's job easier as they are able to rely on others to meet some of the needs of the victim. This allows each member to focus more fully on his or her specific role in the response. For example, if by having a team member available to deal with the victim's emotional needs, the police station or at the hospital, the police officer is able to fully focus on interviewing witnesses, investigating the scene and building an accurate and comprehensive incident report that will provide necessary information to the court for

⁶⁵ The idea of the intersectorial collaboration is to put the victim in center and to offer different kinds of complementary services, based on victim's needs.

determining the best course of action. Each member's presence and cooperation provides support to the other members simply by focusing on their specifically defined role. The quality and depth of service that is available to a victim both at the time of an immediate response as well as throughout the follow-up case management is greatly deepened by having a team of experts working together to create the best support plan possible. This collaboration of planning and support also serves to prevent the duplication of services and efforts among responders and maximizes the resources that are available.

In addition to the local level response, there is a distinct benefit to having a broadened response to domestic violence that includes those at the Central Government level. This involvement significantly enhances the effectiveness of the community's response to domestic violence through the implementation of new laws, the additional allocation of resources to support victims and strategic planning for sustainable and effective services. This level of membership has a key role in expanding the impact and efforts within the community. By reviewing and developing consistent protocols across all services there is a clear expectation that everyone has some responsibility to address the issue of domestic violence. By initiating laws that address barriers for victims, developing community outreach and prevention campaigns and by setting a standard of commitment that all aspects of a domestic violence response will be developed and supported, the ability to significantly impact incidents of violence within a community becomes a reality. In order to build an effective intervention that is able to impact an issue such as domestic violence, this mechanism must include all levels of membership and involvement with a strong focus on the individual and collective roles and responsibilities of each member.

Finally, the intersectorial mechanism provides an avenue for increased communication and understanding between team members. Intervention requires a multi-layered, multi-disciplinary approach that works most effectively when coordinated and trust between team members is strong. By having this type of infrastructure in place, there is an available and regulated process for responding to incidents of domestic violence and a structure that ensures each case is addressed consistently and comprehensively. This teamwork and clarity of response lends itself to stronger partnerships and trust that translates into better services for individual victims and better collaboration with the community as a whole in ending the violence.

C. CORE COMPONENTS OF THE INTERSECTORIAL COLLABORATION

This mechanism will take a variety of forms based on the availability of resources, infrastructure and key actors within a specific community. In some communities the immediate response team will consist of municipal employees, police, prosecutors, NGO staff and medical personnel. Other communities may include only the police, prosecutor and court for the core response. It is very important that this mechanism to have a coordinator, who ideally must be part of the immediate team response⁶⁶.

⁶⁶ This person must be a psychologist, social worker or a lawyer – employed in the Municipality, with the main task to be DV Coordinator. He/she must be notified and be present in any situation when violence occurs, although practically sometimes this can be very difficult (due to the limited time, or other resources or even due to the lack of information flow)

Regardless of the variation in staffing, structure or resources, each community can design a mechanism that is most effective for their own needs. It can be adjusted to meet the individual priorities of the community and be structured in a way that reflects that community's infrastructure. Regardless of the different needs of the community, each group should dedicate adequate time and attention to the strategic planning for the structure, procedures and principles of each team. Without these critical discussions and determinations, the intersectorial mechanism will most likely be a group of professionals that meet from time to time but have no unified sense of mission and purpose to their team. Regardless of how large or small a community is or how varied their needs are, there are certain necessary components that must be developed and incorporated to make this a functioning model. Flexibility and individuality aside, each mechanism must have the following core components:

Safety

First and foremost is the safety of the victim. The design and implementation of the response must consider safety in all decisions, protocols and responses that are initiated. While there are times members of the mechanism may prefer to intervene in a certain way, there may be unintended consequences to this decision. In fact, there are times that the intervention can cause increased danger for the victim, especially when addressing victims of intimate partner violence. For example, if the police or social services have heard from neighbors, schools or others that domestic violence is occurring in a family, one choice may be to go to the victim's home and discuss this with the family in hopes of preventing future violence. While this could, in some circumstances, deter an incidence of violence, there is an equal possibility that this intervention could cause a significant increase in the level of violence occurring. The abuser may become angry and suspicious thinking the victim talked with others. They may feel threatened their rule of the house and the victim has been challenged so they are more angry and violent. While there may be situations where early intervention could have a positive impact where the abuser realizes others are aware of the violence and understands there are significant consequences to their choices, many other abusers would find this threatening to their power and control of the victim and the environment. Answers to which interventions will endanger or increases the safety of the victim should always be considered when developing protocols and responding to domestic violence cases. Consideration of safety should be integrated into every level of the intersectorial mechanism' efforts.

Another key component of any response with a victim of domestic violence must include an assessment of current and future safety. The development of a safety plan for each victim should identify levels of violence and the patterns of escalation that have occurred. Victims are not always ready or able to free themselves from the abuser. In fact, when asked, most victims do not want to lose their marriage, family or home. They simply want the violence to stop. Victims can return again and again before they are able to have enough resources to get themselves free from the violence. For this reason, the intersectorial mechanism' members should be prepared for these choices and complete safety assessments and safety planning with each victim they serve. Not only can an assessment shed light no the level of danger currently existing in the relationship but it can provide an opportunity for the victim to identify exactly what has been happening, think through some options for keeping safe and even lay ground work for getting out more quickly and safely in the future.

When discussing solutions for victims, it is necessary to consider safety as a primary factor for any plan of action. When creating resources and support, for example, it is

necessary to evaluate any unintentional barriers or compromised safety issues⁶⁷. Some cases will require alternative placement for the victim while other cases may need additional security observing the home for a few days. Each need and each situation will vary greatly but it is to be underscored, domestic violence is a very dangerous crime that can quickly escalate and led to dearth's. Ensuring that the mechanism provides necessary focus and attention to safety is the primary component of assisting victims.

Availability

A key factor in creating any response to domestic violence is to determine clear and easily accessible procedures for each member of the team so that once activated, a strong consistent response is provided. It is also important that members of the community know the mechanism is in place and be clear on what they offer and how to access them when needed. Due to the emergent nature of domestic violence, the mechanism must be available at all times, particularly the emergency response team members. Once the team is known and is being activated to respond to cases, it is critical that this response be consistently available. Membership can be shifted and adapted based on restrictions of available personnel but there must be a consistent and immediate response to each call. It takes a great deal of strength and courage for a victim to finally reach out for help and finding no support could be more damaging than not reaching out at all.

Victim centered decision making

Any intervention should be first considered through the lens of what creates the most safety for the victim involved. Consistently making decisions that are in the best interest of the victim can be more difficult that one might think. Often times victims can make choices that are not in alignment with the desire of the mechanism' member/s or victims may choose not to pursue avenues that would seem to be in their best interest. These cases can be difficult to work with and there can be a strong sense of frustration and a sense of helplessness on the part of the team members. It is, however, important to understand that the victim is part of a larger system of violence and may not be thinking clearly, may be feeling frightened and overwhelmed by what is being presented as options and the victim may be making a choice based a real understanding of the danger of the situation whether an outsider can understand this or not. It is the responsibility of the mechanism to provide options, support and understanding to the victim but never to take over and force choices based on what they belief may be best for that victim. Members have the responsibility to focus on the needs of the victim from their professional prospective and to provide the best care and intervention possible from that profession.

Maintain victim as the primary focus of the work

The victim of domestic violence must be the primary focus of the mechanism. Determining what the most critical services and agencies are for case management and intervention becomes a key factor in choosing membership. Choosing members who work directly with a type of victim that the mechanism will be serving adds to

⁶⁷ I.e. taking into consideration the provision that are expected to enter into force with the approval of changes in the legislation (the Protection Order): If a victim is provided with a protective order and the plan is to return home after the removal of the abuser, the details of the situation must be considered. The home is likely owned by the abuser and can be occupied by his extended family. It is important to assess how the victim will be safe if the abuser is removed.

the successful case management and monitoring of services, specifically when addressing the needs of intimate partner violence. The types of services and the support needed will vary greatly by age, location, residential status and other similar issues and the mechanism must consider the core and extended membership to best meet these needs.

Confidentiality

Victims privacy and confidentiality must be respected regardless of how large or small a community. Victims can be extremely concerned about seeking help out of fear that everyone in their neighborhood, community *or mosque/church will find out. They are often ashamed and certainly afraid of being judged by others. When victims cannot be assured of confidentiality, they are clearly hesitant to seek the help they need and deserve.*

If victims are not provided with the safety of coming forth for help in confidence, they will most likely make the choice to remain in the violence regardless of the consequences. It is important to develop, implement and consistently enforce comprehensive confidentiality policies and procedures across all levels of services to ensure the safety and accessibility for victims. This can at times, require a review and change in the local and national policies regarding the handling of personal information, and procedures and laws that protect victims right to privacy.

Confidentiality is a critical component of creating a safe and accessible environment for victims to reach out to. It is a fundamental component of the relationship with each and every member of the intersectorial mechanism as well as the full system of services that may provide support or services. The victim must always have the choice to determine what they want to share, with whom they will share and how the information will be used by others. Confidentiality is not restricted to mechanism' members only and should be considered within all existing services and responses to domestic violence victims that seek support from any community service. The details of the incident must be kept confidential and respected in each and every level of the services delivered to victims. There are times when existing policies and procedures of services will be in conflict with this need for confidentiality and these discrepancies should be quickly and fully addressed by the members, as well as the Local and Central Government as appropriate.

A **comprehensive confidentiality policy** should include the following:

- Confidentiality policy statement.
- Any exceptions to the policy.
- Procedures for notifying victims of the policy.
- Procedures for ensuring compliance with the policy.
- Procedures for collecting, storing, and disposing of records.
- Procedures for ensuring that victims have given informed consent, preferably in writing, when waiving their right to confidentiality.
- Confidentiality within all community services
- Procedures for providing confidential services to minors.
- Procedures for internal communications and supervision.
- Procedures for responding to subpoenas.

Perpetrator's accountability

Perpetrators must be held accountable for their actions if there will be any hope of changing the dynamic of violence within the home. This accountability comes in many forms and can be supported or mistakenly diminished by the response of the mechanism. One of the most important things in holding the abuser accountable for the violence is the initial response and the seriousness with which it is addressed. Any type of agreement or mediation of the incident of violence can easily be perceived by the perpetrator as collusion and agreement for their own rationales for the violence. It is critical that the mechanism respond in a way that clearly supports the law as well as the right for citizens to live without violence and that in no circumstances, is violence justified.

Beyond this philosophical response to violence are the court and legal sanctions that are in place for the perpetration of violence. It must be demonstrated that violence is not an acceptable option within a family and that there will be consistent and real consequences for that violence.

Beyond the initial response in getting the victim safe, the mechanism will need to focus on the larger picture of domestic violence and as a community begin to determine whether the sanctions or rehabilitation opportunities are desired within their community. Determining the types of interventions to be set up, who will implement and monitor these services and how violations will be addressed, are all complex issues to be determined through much dialogue and care. Although this process takes a considerable amount of time, there are a number of steps that the mechanism can implement within the procedures of victim response that create a foundation of perpetrator accountability. Training on how to address the issues of violence with perpetrators, demonstrating a clear understanding that there is no longer a tolerance from the system of violations and follow through to complaints is all methods of laying the groundwork for accountability.

Coordination with others

Coordination is key to a successful intersectorial mechanism. Each member must be willing to respect, understand, and support the role of all other members. Each member will come to the team with a specific role and responsibility that is different than that of other members. An effective team recognizes this individuality and understands and appreciates the value of each agencies point of view regardless of the differences. The mechanism must apply constant attention to the development of these roles and the respect of each role in order to build an effective and collaborative team that is not controlled nor dominated by any specific entity or perspective.

Flexibility

These models need to be flexible in order to be adapted to each context: urban or rural, small or large municipalities, with experienced or non-experienced members on the issues of domestic violence.

Ownership

The mechanism must be "owned" by the local government/municipality in terms of leadership and initiation of the team. The local municipality and other team members should determine how to tailor the mechanism to their own environment and community while maintaining the core components necessary for success. The municipality should ensure the participation of NGOs in the planning and

implementation of these teams and should build upon the existing capabilities and resources of the social services provisions currently available.

Standardized Protocols

An important part of establishing an intersectorial mechanism is the development, implementation and compliance to standardized protocols for responding to cases of domestic violence. These protocols will be one of the first orders of business for the mechanism and should be addressed in an open and collaborative fashion.

Resources

Certainly, resource availability will vary significantly between communities but there must be a core group of support services developed and in place when providing a response to victims. One solitary portion of the response is not adequate in meeting the needs of the victim⁶⁸. Regardless of the lack of ideal services, each community must identify what is available; collaborate amongst themselves to connect services together for the strongest impact possible and ensure that the services that do exist are effective and in place when the victim does step forward.

Expansion of response

A significant part of an intersectorial mechanism is that of improving responses and resources to victims of domestic violence. Once the membership is formed and initial protocols and procedures are in place, the committee needs to establish regular meetings to discuss individual responses to victims. These discussions should focus on the procedures that were followed from the point of contact to the closed out cases. The review should take into account how the call was initiated, how the team was activated, how the intervention served the victims needs, identify any gaps in how the response was implemented and discuss the services and resources that were provided to the victim. These discussions should be frank and open and should identify any areas that proved effective, any barriers to response that were experienced, any lack in support and services for the victim and how the victim's needs were met.

The mechanism should accept as a major part of its role, the identification of the gaps in resources and responses that exists for victims in their community, discussion of the types of services and supports needed and to strategize collectively as a team for solutions to expanding available resources. This may include approaching other agencies or groups that exist in the community, providing domestic violence training to existing service providers to increase capacity, and develop partnerships with non-traditional service providers to provide a diversified and fully involved community of care for victims.

Beyond focus on individual cases, increasing and expanding services and improving the coordination of the team, the mechanism should look at the more global needs as well. The next phase of steps to be taking in implementing a full community response plan must include addressing issues such as community outreach, prevention campaigns, interventions and sanctions for abusers and identifying any policy level support and change needed to better address the issue as a whole. These additional issues can be addressed within the structure of the regularly scheduled meetings with the local governmental representatives and can develop avenues to bring forth the needs and solutions to the Central government for full participation in addressing all levels of the issue of domestic violence.

⁶⁸ As previously mentioned, i.e. simply filing a protective order may do little to actually change the situation for the victim and, in fact, it may increase the danger for a victim if there is not an adequate response and system of care for the victim to rely on.

Finally, there should also be a mechanism put into place to deliver the information gathered regarding on-going needs and service gaps to these entities at the policy level in order to increase existing support.

Sustainability

Each mechanism must develop a strong infrastructure for the team so that regardless of the turnover in membership and personnel within agencies the team structure remains clear and solidly in place. The mechanism is comprised of agency representatives rather than individual members and should be structure in a way that clearly defines the roles and responsibilities of each agency, the protocols and procedures of the team itself and the format of meetings, case reviews and other tasks that the mechanism accomplishes each month.

It is inevitable that membership of the mechanism will change as staff within agencies move in and out of positions but if the infrastructure of the group is solidly built there will be no significant disruption to the response provided to victims. One of the responsibilities of this team is to ensure that others within their agencies are knowledgeable about the mechanism and its mission so that there is institutional support. Each agency must make a commitment to provide membership to the mechanism that is dedicated and knowledgeable about the process and what the purpose of the mechanism is. By creating agency support beyond the individual members of the team, there will be continued growth and effectiveness in meeting the needs of victims. Decisions and protocols must be established based on the specific member's desires or interests. They must be considered as an agency decision and regardless of what individual is at the table in the future, the mission and the implementation of the mechanism is clear and intact.

A commitment of each agency must be obtained and clarified through memorandum of agreement with each component of the response team. Clarity of roles, responsibilities and protocols for response must be determined for each key agency and must be included in the development and implementation of the mechanism. This clarity ensures that regardless of changes in the individual membership of the team, the agency is clear and committed to their role within the response.

D. HOW THE INTERSECTORIAL COLLABORATION IS ACTIVATED?

A victim may initially come into contact with any member of the team and it is the agreement and responsibility of each team member to assist the victim and direct them to the most appropriate member of the mechanism to address their most pressing need. Once a disclosure of domestic violence occurs through a member, the team should be activated and the response put into place. The response should include an initial conversation with the victim to determine safety and other immediate needs. In the absence of emergent needs the focus should turn to an assessment of the broader longer-term needs that will aid the victim in living free from violence. Each mechanism will develop their own detailed activation protocol, which will be set into motion through a central point of contact. The mechanism can be activated by reports of neighbors, clergy, family members or other community members and does not have to be a direct request from the victim.

The probable activation of the team will be to respond to an urgent situation or occurrence of domestic violence. In these situations, the core immediate response

members of the team will respond. These responders will likely be the DV Coordinator or their designee, a law enforcement officer and a medical examiner. The members of the immediate response team can vary slightly based on individual community structure; however, these entities are critical to the emergent needs of domestic violence intervention.

The broader, working group of the mechanism will likely not be contacted for the initial intervention and will focus more on the case management and longer term needs of the victim. There could, however, be cases where their involvement is utilized in the emergency response so they should remain flexible and prepared. The purpose of the mechanism is to provide a comprehensive response based on individual victim's needs.

There should be a Coordinator/DV Specialist located within the Municipality who serves as the point of contact. If this position is not available, the mechanism must determine who the point of contact will be. This person is responsible for contacting other members and for coordinating the overall meetings and efforts of the mechanism. To have the most effective response possible, all members of the immediate response team should be activated and respond in tandem to the victim. The Coordinator and the police officer should both be contacted immediately and after their initial response and assessment, will activate the medical and legal components.

During the immediate response, there are key elements that should be implemented. Safety of the victim and safety of the responders is of utmost importance and should be considered in each case. Effective response procedures need to be developed to specifically deal with domestic violence calls, specifically intimate partner violence to ensure that the most information possible is available. Procedures such as:

- Interviewing the victim alone;
- Interviewing the abuser alone;
- Interviewing other family/household members;
- Determine facts of incident;
- Determine primary aggressor;
- Assess the level of violence:
 1. Type
 2. Actions
 3. Frequency
- Document facts;
- Complete the standardized intervention form;
- Complete lethality assessment;
- Transport victim to safe place;
- Provide accompaniment to court;
- Referrals and team activation as appropriate;

Each police department should have formalized procedures for dealing with domestic violence cases and all officers who are potential responders should be well trained on these procedures as well as the dynamics of domestic violence and how to best aid victims.

The Domestic Violence Coordinator (or their designee) should accompany the victim throughout the interview process, medical exams, court processes, and all referrals they may be needed during the time of the intervention. The Coordinator should assist the police officer by providing emotional psychological support of the victim.

Most often the Coordinator is provided an opportunity to meet alone with the victim prior to other team members. This is to provide a clear and singularly focused person that is available solely to support the victim. This is a helpful time and opportunity to dispel the fears and concerns the victim may have about safety, the violence that is going on in the family and any concerns regarding increased violence due to reporting. This time would also include a lethality assessment to determine safety need. This contact is not to be viewed as a fact finding mission to gather evidence about the case to obtain new or possibly conflicting information regarding the incident nor seen as an opportunity to address on-going case management issues. This contact is to be seen as an opportunity to be available solely for the victim. This focus on the victim is a critical component of the response as the other response members have a particular task to complete when addressing the victim. Having the neutral, trained, singularly focused responder ensures the victim's needs are considered throughout the initial response as well as in the longer-term response designed with the full mechanism membership.

These two primary responders will determine the additional members and resources needed for the initial and/or emergency interaction. The police officers will likely be the lead agent in contacting and transporting the victim to the medical facility if that is needed. They will also be the liaison with the court process, contacting a prosecutor, judge, or magistrate as determined in the local protocol. In cases where police are not directly involved, other responders may liaison with the court and medical personnel as needed. The Coordinator will accompany the victim throughout both steps and will ensure the victim has referrals and support for additional needs they may have.

It is important to capture necessary data regarding the incident, document the case details fully, obtain pertinent information from the victim regarding needs and concerns, assess the lethality of the domestic violence and to contact team members to make referrals for additional needs. Victims' information on rights and possible steps that will be taken as well as the consequences to these steps according to the domestic violence law should be provided to the victim for their full consideration. To ensure that this process is implemented consistently, it is recommended that the mechanism develop case forms, questionnaires, data sheets and intake forms during the initial structure building phase of the mechanism.

E. INITIAL MEETING FOR STRATEGY/PLANNING SESSION

Intersectorial collaboration has proven to be an effective approach in creating a strong response to domestic violence. To be successful, such mechanism must be well developed and maintained. To begin this collaboration, there must be an overall agreement and understanding of the roles and responsibilities of the committee members and the focus of the committee in moving forward to address their common mission. There are common issues that many coordinating committees address during the initial stages of development as well as on-going issues that will be addressed at each subsequent meeting.

To develop these agreements and common goals and missions, the committee should begin with a strategic planning process. This planning process will address how tasks are prioritized, what the team focus will be, and outline protocols for implementation of the response. To begin this collaboration, there must be an overall agreement and

understanding of the responsibilities and focus of the full committee and how the committee will move forward in their mission to address domestic violence.

This planning process is critical to creating a clear and comprehensive response for all aspects of domestic violence interventions. Interventions to domestic violence require many resources, specialized knowledge and critical follow through so that the safety of victims is not compromised in any way. It is important to have all components of the community involved in this response with the key actors playing the lead role for immediate response to victims needs.

The following outlines the general types of issues that should be addressed and clarified during the strategic planning phase. This is not an exhaustive list and each community should add additional and specific issues to be addressed. This list represents a majority of the core issues to consider as the mechanism is developed, implemented and maintained.

STRATEGIC PLANNING TOPICS:

- Evaluate existing response to domestic violence within the community.
 - Identifying who is currently being contacted, how each component is responding and how members are currently working together, what trends are being seen in cases and detail areas that need improvement.
- Determine services and resources that are available.
 - This does not have to be an extensive research study but rather a process of identifying who key service providers are, what actual services are currently being provided and their pertinent contact information.
- Identify key partners.
 - Gather names and contact information for all those who should be on the immediate response team, the long-term response team and the policy level team. Identify a wide range of resources to build the most comprehensive response possible.
- Identify gaps in services/resources.
 - Identify gaps in services available to victims by reviewing and contacting the existing resources within the community. This is an important step in the strategic planning process as these gaps will be encountered again and again when trying to serve victims. These gaps should be elaborated on and be included within each meeting for discussion of short-term problem-solving and long-term policy level solutions.
- Develop a local response plan with detailed protocols.
 - The full committee should discuss and solidify a step by step response plan that includes the initial contact of the victim, the activation of all key actors, follow-up and case management issues and the longer term systems improvement issues. The response plan should include each component's specific protocols and the commitment and agreement of all members to implement them.
- Identify guidelines for response per component.
 - Each component must identify their specific response protocols and the full committee should integrate these protocols to create a standardized

response for the mechanism. Each member should agree and commit to the implementation of these protocols with compatible and mutual goals.

- Training needs identified and addressed.
 - To ensure an in-depth understanding of domestic violence from all responders, all community service providers and all policy makers there must be a clear standard developed for required training for all members on the issues/dynamics of domestic violence, best practices for intervening with domestic violence victims, roles and responsibilities of each member and the intent and requirement of the law.
- Informal systems of communication.
 - Within the context of developing relationships with each team member, addressing needs of victims outside the monthly meeting structure and enhancing strong collaboration in decision making regarding the best care for the victim, there must be avenues for less formal, ad hoc collaborations and communications about victims and their needs. Within the context of these communications it is important to maintain the roles and responsibilities of each responder and to ensure victim confidentiality and safety.
- Conflict resolution among participants defined.
 - Conflict is an inevitable, expected and even positive situation among members. Each member is committed to a specific, designated and important role. These roles can often be in conflict with others on the team. Conflict resolution must be discussed and planned for in the initial strategic planning phase to ensure that it is fully addressed. Without abiding by the ethical rules of engagement around disagreements, concerns and conflicts, the mechanism can quickly deteriorate into an environment of distrust, lack of respect for other members, and an unwillingness to work together. The team then becomes unfocused and loses its ability to address the issues of domestic violence. The development of specific steps to address conflict and the commitment to adhere to these steps are critical components of an effective team.
- Job descriptions with roles and responsibilities of each component.
 - Developing very specific roles and responsibilities of each member of the mechanism is extremely important. Each component needs to identify what they are required to do within their own area and what their legal and professional obligations are for responding to domestic violence. Each of these identified roles must be equally respected and considered in the development and implementation of the response.
- Evaluation identified.
 - As the team is establishing its response protocols and intervention strategies there should be significant thought given to the need for monitoring and evaluating the future success of the mechanism and the overall response to domestic violence. Attention should be given to creating a structure to identify the effectiveness of the response and how future needs for resources will be identified.

- Long term policy level resource development.
 - The membership should continually focus on issues of resources development, fiscal support, legal mandates, and other types of policy level decisions needed to ensure a comprehensive national response to the issues of domestic violence.
- Develop and agree upon the “philosophical” approach to intervention in domestic violence cases.
 - One of the first and most important discussions the mechanism needs to have is to identify their collective philosophical approach to intervening with cases. Examples of the philosophical issues are topics such as perpetrator accountability, victim empowerment, and priority of safety.
- Determine meeting schedule: ad hoc, monthly, quarterly.
 - As the mechanism is developed, establishment of regular meeting times is of utmost importance. Each member should be clear about their time and effort expectations and prioritize this within their existing work load. Attendance and participation are of utmost importance from all members.
- Strategies for working together to respond to victim.
 - Beyond the roles, responsibilities and protocols for responding to victims, there is an important opportunity to develop strategies for intervention that can improve to effectiveness of the team. (I.e. having female officers respond to certain things, having advocates talk to victims first, etc.)
- Identify direction of the mechanism.
 - It is important to clearly state the mission and focus of the mechanism so that limitations are known, efforts are concentrated, and priorities are clearly defined.
- Ethical communication standards.
 - This is an important and helpful component of any work group. Communication should be direct, honest and responsible. Discussing issues indirectly or leaving issues unaddressed leads to dysfunction and ineffectiveness of the team.
- Voting versus consensus.
 - When setting up the mechanism there should be discussion about how critical decisions are made. Determine the process for reaching informal and formal decisions and create a structure for implementing these processes.
- Memorandum of Understanding’s (MoU) established.
 - MoUs are necessary for clarity and consistency of service delivery. Each entity should identify their specific roles and contributions to the mechanism. Agreements outlining these roles and responsibilities of each entity should be developed and signed in the beginning stages of planning. Agreements should be signed by those with authority to ensure compliance to its content.

ADDRESSING EXISTING STRUCTURES:

In some communities these are some forms of CCR teams already in place. These teams are often addressing multiple issues and should complete a strategic planning process with the focus being solely on domestic violence. Additionally, these established groups should consider the following:

- Key actors for domestic violence against women.
 - Many existing groups have a primary focus on children or other social issues and do not have the most pertinent community representatives on the response team for addressing intimate partner violence. It is critical to ensure that your existing team includes police officers, court personnel, social services, and others who are experts in adult intimate partner violence to ensure protocols, services and case management for victims is appropriately focused.

- Ensure that protocols include those who serve adult women of intimate partner violence.
 - Plan for the pertinent members of the community to be present and involved in the case management of victims from intimate partner violence.

- DV identified personnel.
 - Leadership and membership of the mechanism must be specific to the need of victims of intimate partner violence. If the identified team responds to additional issues, it must be demonstrated that the specific needs of the intimate partner violence victims are being served as they are significantly different than the youth and elder victims of domestic violence.

- Victim focused.
 - Must ensure that existing committees have dedicated time focused on domestic violence victims, specifically intimate partner violence.

- Rejuvenate existing membership.
 - Ensure existing members are ready, willing and able to take on the challenges and issues of intimate partner violence. Members need to participate fully in the discussions, solutions and response to domestic violence of all types.

- Change meeting structure.
 - Ensure the agenda provides specific time to discuss cases of intimate partner violence. Allow adequate time for pertinent case management discussions that address this population's needs. Address resources, gaps, and other issues for victims of intimate partner violence.

F. MEMORANDUMS OF UNDERSTANDING.

A Memorandum of Understanding (MoU) is intended to assist key players in understanding and appreciating each other's responsibilities and to establish clear procedures and protocols for working together. An MoU can be designed to detail

procedural relationships between two or more agencies. Each agency should clearly articulated expectations of their duties under the agreement as well be in full agreement with the roles and duties outlined for the other participating agencies.

This MoU will provide a working document to guide the interactions, collaboration and commitments between the identified partners. The MoU should be reviewed and updated on a regular basis to ensure it contains relevant guidance for agencies. While MoUs can be a simple or as complex as the partners desire, there are key elements that should be clearly outlined within the agreement. The following are suggestions for language to be included into a formal MoU:

- Define the purpose of developing the MoU
- Identify each partner agency that will be adhering to this agreement
- Outline the role and responsibilities for each individual agency
- Define how the agencies will work collectively to address the purpose stated within the MoU
- Describe how communications will be handled among the partners
- Detail any protocols for referrals that should be a part of this working document
- Identify any training requirements, events or needs to be addressed by this partnership
- Define any type of data or statistical information to be gathered by the partners
- Clearly define how conflicts will be addressed within the partnership

SAMPLE MoU:

Section I:

This MoU is entered by and between the following agencies:

- Police
- Municipality
- Courts
- Prosecutors
- Medical personnel
- NGO...etc

(Provide the agency name with a brief description of the agency in this section).

Section II.

The purpose of this MoU is to:

- Establish a collaborative relationship between key agencies to address domestic violence;
- Develop partnerships that improve the outcomes of safety and well being of victims of domestic violence;
- Define agency based protocols and procedures for addressing incidents of domestic violence;
- Articulate procedures for collectively addressing all levels of response to domestic violence within the community;
- Clarify intent and purpose of the mechanism and how each agency will participate within this response team;

- Respond jointly to findings from state and federal program reviews and/or audits
- Identify trends across agencies that impact the issue and/or victims of domestic violence and make recommendations to local and Central government personnel regarding improvements or change needed;
- Engage in training activities to enhance the practices and responses to victims of domestic violence;
- The parties of this MoU agree to create a written plan addressing how specialized training needs will be met;
- Address the 24/7 needs of victims of domestic violence;
- Ensure prompt and comprehensive response to domestic violence and case management flow;
- Develop written qualification standards for members;
- Frequent and regular review of available data, use data to determine needs, identify barriers and create solutions to the issues facing domestic violence victims;
- Regular review and updating of local response system for domestic violence;
- Develop rules and guidelines for pertinent sharing of victim information and the protection of victims' right to privacy. Confidentiality guidelines and protocols must be honored by all parties;
- The parties to this MoU recognize and support the vital role of partnerships with each other and with other agencies who work to improve the response and outcomes for domestic violence within the community. Furthermore, the parties support the concept of shared leadership to address all levels of building a comprehensive domestic violence response;
- All parties agree to address any issues related to working together with a system of care approach within the regularly scheduled committee meetings.

Section III.

Roles and responsibilities of each individual agency.

Section IV.

Terms of Agreement:

This understanding will be effective from the date of signature and will be reviewed annually.

Section V.

Signatures section.

This section should contain the name of each agency, signature of the person in authority within each agency and date signed.

G. STRUCTURE FOR MONTHLY AND QUARTERLY MEETINGS

Regularly scheduled meetings are an important component of a successful intersectorial collaboration. These meetings should be scheduled well in advance and should be prioritized by all members of the response team. These meetings provide a time to address on-going concerns, identify solutions for existing problems, to

improve the response as needed and to plan for the future expansion and success of the mechanism and its response to the issue of domestic violence. The meetings should be well planned and facilitated in a way that best utilizes the time and expertise of each member. To meet the needs of each group it is suggested that meetings fall into the following categories:

Ad Hoc Meetings:

These meetings may be called by the Coordinator to address case management needs of a specific case, to address a response team concern or need, or to address other types of immediate, specifically focused issues. The information from an ad hoc meeting should be brought to the full multidisciplinary working group at the next regularly scheduled meeting as appropriate.

Monthly Meetings:

The emergency response team and the full working group should meet at regularly scheduled times each month. These meetings should focus on specific case management concerns as well as on the overall response from team members. All members of the working group should attend these meetings, participate fully in the case management and procedural discussion as well as provide updates to the group regarding any changes in services available to domestic violence victims. Each member of the mechanism should work towards improving the interactions to and services available to victims of intimate partner violence to ensure the domestic violence response is improved each month.

Example Agenda:

- I. Check-in
- II. Discussion of cases
- III. Overview of how the response is working
- IV. Review of services available for victims
- V. Brain-storming for solutions to concerns raised
- VI. Address open action items
- VII. Establish new action items for month with timelines
- VIII. Address any outstanding business
- IX. Adjourn

Quarterly Meetings:

Quarterly meetings should be held for the local governmental and should be focused on the on-going identification and response to service and resource needs for fully addressing domestic violence, specifically intimate partner violence within the country. This group should review aggregate data regarding the number of calls being received by communities; be provided an overview of resources being used and resource gaps that exist; recommendations for solutions to existing issues and review legal mandates and implementation issues.

This group will continue to be aware of and involved in monitoring and supporting the country's response to domestic violence and will serve as liaisons to the Central Government leaders to ensure accurate information exchange regarding the issue and response to domestic violence.

Annex 2
BEST PRACTICES

1. Resource for identifying the depth of violence in the community, the root causes and the impacts that violence has, specifically to the health of women.

http://www.who.int/gender/violence/who_multicountry_study/en/index.html

WHO Multi-country Study on Women's Health and Domestic Violence against Women:

Initial results on prevalence, health outcomes and women's responses

2. Australian report that provides a comprehensive view of domestic violence programs and strategies.

[http://www.crimeprevention.gov.au/agd/www/rwpattach.nsf/viewasattachmentPersonal/E20A0A3E00553208CA256B43000065C9/\\$file/no5_fullreport.pdf](http://www.crimeprevention.gov.au/agd/www/rwpattach.nsf/viewasattachmentPersonal/E20A0A3E00553208CA256B43000065C9/$file/no5_fullreport.pdf)

Report to National Crime Prevention

3. Conflict resolution site that provides helpful information regarding effective team approaches.

<http://www.innovativeteambuilding.co.uk/pages/articles/conflicts.htm>

<http://www.docstoc.com/docs/8863523/Conflict-Resolution-Strategies-For-Teams>

4. Example of a client satisfaction survey for a District Attorney's Office

<http://www.co.washington.or.us/DistrictAttorney/VictimAssistance/client-satisfaction-survey-english.cfm>

5. Excellent site for resources in all components of programming.

<http://www.vawnet.org/>

National Online Resource Center on Violence against Women