

# GUIDE

on feminist principles for operating shelters and applying quality standards for specialized day services for victims of violence against women



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Federal Ministry  
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## Message of gratitude

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# I. INTRODUCTION

## 1.1. Specialized services for victims of violence against women in the Republic of Moldova

In the Republic of Moldova, approximately 71% of women have experienced some form of violence during their lifetime.<sup>1</sup> Psychological violence is the most prevalent form of violence, 71%, followed by physical violence - 33%, which is well above the EU average<sup>2</sup>. More than half (55%) of women in the Republic of Moldova, four times more than in the EU (14%), consider domestic violence a private matter that has to be dealt with within the family. Every year in the Republic of Moldova around 40 women are killed by (ex-)partners or other family members.

For girls and women experiencing different forms of violence within and outside the family, access to specialized, urgent and long-term specialized services based on a victim-centered approach is essential to gain confidence that they can leave an abusive relationship and benefit from short and long-term protection and support.

According to the research "Cultural, social and economic factors that discourage or encourage women to talk about violence and get out of abuse", developed by the National Coalition for a Life Without Violence in 2024,<sup>3</sup> women lack the courage to talk about violence and report abuse when - when the violence lasted a long time (39%), the violence was directed against children (38%); when she started to have health problems (39%) and when the violence became very serious (36%).

The research participants mentioned that the most requested and needed services are: *psychological assistance* (almost 90%), *legal, primary and qualified assistance* (76%), *shelters* (74%) and *social assistance* (about 65%).

In the Republic of Moldova, the legal and institutional framework for specialized services has gradually developed, but there are still many challenges and shortcomings related to the availability, accessibility, insufficiency and quality of services, as well as funding and cooperation between authorities, public institutions and organizations.

Day services and shelter services are provided by public institutions and non-governmental organizations. A good number of placement centers, called maternal centers or centers for the rehabilitation of victims of violence were originally created and developed to provide services to victims of trafficking in human beings and/or mother-child couples or families in difficulty (risk of abandonment, domestic violence, homelessness, etc.). The majority so far provide services for a wider range of women in need, not just victims of violence, and are set up by central or local public authorities or religious missions. Vvvv/ (Annex 1 on shelters).

The Maternity Centers are established and operate in accordance with Decision No 129 of February 22, 2010 and Decision No 1200 of December 23, 2010, which approved the Minimum Quality Standards for Social Services for Victims of Domestic Violence.<sup>4</sup>



The public institutions provide placement services, psycho-social services, primary legal counselling, vocational counselling and other services in cooperation with other public authorities and institutions and non-governmental organizations to women in the locality or at regional and national level. Women are referred to the placement centers by the authorities on a referral basis.

Day or placement centers or services provided by non-governmental organizations have all emerged based on feminist principles of response, namely, to develop and provide spaces where women feel safe to talk about what has happened to them, are believed and respected, and are thereby able and encouraged to explore their options and make decisions. From this perspective, all these types of support should be available and free of charge, offered unconditionally without depending on whether the woman turns to the justice system.

In the Republic of Moldova, 60% of the specialized services are provided by non-governmental organizations<sup>5</sup> which face a number of challenges related to: insufficient funding, limited places, low accessibility for women with multiple vulnerabilities and limited support from authorities and funders to support the provision of services in the long term. This is despite the fact that violence is known to have long-term consequences for women and their children such as physical injury and disability; long-term mental health problems, including self-harm and suicide; socio-economic constraints and social exclusion, loss of employability, damage to personal and social relationships.

According to the legislation, social service providers for victims of domestic violence in the Republic of Moldova must be accredited. Accreditation is regulated by several normative acts and procedures. Accreditation is based on the Law no. 129 of 08.06.2012 on accreditation of social service providers and Government Decision no. 95 of 07.02.2014 on accreditation procedure<sup>1</sup>. The National Council for Accreditation of Social Service Providers (CNAPSS) is responsible for the assessment and accreditation of social service providers. It issues accreditation certificates valid for 5 years.<sup>1</sup>

Social service providers must comply with minimum quality standards established by order of the Minister of Labor, Social Solidarity and Family. These standards are essential to ensure an adequate level of services for victims of domestic violence.<sup>2</sup>

The accreditation procedure includes the assessment of the documentation submitted by the provider, on-site evaluation visits and the final evaluation report.

## **1.2. Background and objectives of the Guide**

The Guidelines on feminist shelter operating principles and quality standards for specialized day services for victims of violence against women were developed by the member organizations of the National Coalition "Life Without Violence" that provide specialized services to women affected by violence.





Each organization provides a broader or narrower range of services, depending on available resources, and collaborates with other Coalition organizations and other public organizations/institutions to meet the needs of victims.

Each organization has its own internal working procedures and processes, developed over time. Even though, the processes and working models are more or less uniform, at the Coalition level, there is no single approach, with basic and minimum models and procedures agreed upon by all Coalition organizations.

The guide was developed by a team of specialists from member organizations providing services to victims of violence, women and children in several stages:

- Consultation of international and national standards on existing specialized services, available resources, including resources developed by member organizations, mentioned in the bibliography;
- Participating in workshops and training sessions with international experts on feminist principles in specialized assistance;
- Development of the Guidelines and consultation with member organizations, groups of women survivors and women belonging to different vulnerable groups, including at local level;
- Finalization of the Guide according to comments and validation by member organizations.

## The specific objectives of this Guide are:

In order to have a common understanding and approach, based on the working principles and standards of the Istanbul Convention, WAVE<sup>6</sup> and our own experience and expertise to ensure better coordination of joint cases;

- To clarify the definition and content of specialized emergency services and long-term services;
- To have a single understanding and principles for planning, organizing and delivering services and to provide practical assistance to those planning the creation development and expansion of services from the perspective of women's organizations providing specialized services;
- To assess the quality and impact of the services provided, including the level of satisfaction of victims of violence who have benefited from the services of the organizations;
- For the coordination and collaboration between different institutions and organizations involved in this field and increasing the quality of interventions.
- To establish a common agreement and measurable expectations on minimum quality standards, to define clear criteria and procedures for the provision of services, including counseling, protection and support;
- To ensure an appropriate and effective response in the services provided to protect and support victims and prevent future violence.

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- To ensure an appropriate and effective response in the services provided to protect and support victims and prevent future violence;
- To increase accountability among all parties interested and involved in protecting the rights and safety of victims such as, confidentiality of information, procedures to protect against re-victimization, etc.
- To train the staff involved and the necessary skills training for staff working with victims of violence based on the skills and knowledge requirements;
- To carry out advocacy activities and improve the regulatory framework and public policies;
- To monitor, continuously evaluate and improve services and develop a culture of quality and accountability in service delivery.

**The guide can be used by several institutions and organizations involved in preventing and combating violence:**

1. *The National Agency for Preventing and Combating Violence against Women and Domestic Violence* as the institution that coordinates and supports the implementation of policies to prevent and combat violence against women and domestic violence and implicitly

having the function of proposing to the Government the creation of centers/services for assistance and protection of victims of domestic violence and centers that respond to the specific needs of victims and contribute to reducing violence.

2. *Ministry of Labor and Social Protection* which is responsible for the operationalization and financing of crisis centers and shelters for victims of domestic violence, day centers

3. *Ministry of Internal Affairs (MAI)*: As the institution responsible for managing the public order and public security system, the MAI could use the guidelines to establish protocols and procedures in the field of preventing and combating violence,

4. *Ministry of Health*: Given the physical and mental health issues involved in violence, the Ministry of Health could use the guidelines to develop intervention programs and to train health staff in recognizing and treating victims of violence.

5. *Ministry of Education and Research*: As part of preventive education and training, the guide could be integrated into teacher training to raise awareness and prevent violence in schools and in the community.

6. *Non-Governmental Organizations (NGOs)* that can use this guide to develop and expand their services, improve their practices and evaluate the quality of their intervention.

## 7. International organizations and development agencies:

International institutions and development agencies working in Moldova can provide technical assistance to improve the capacities and skills of professionals.

8. *Level I and II Local Public Authorities* to develop and implement initiatives and services to prevent and combat domestic violence and support victims.

The use of these Guidelines can contribute to increasing the quality of interventions and services offered to victims of violence, as well as to coordination and collaboration between the different entities involved in this field.

At the same time, the Guide is a document that implements at national level the principles of international treaties, in particular the Istanbul Convention and the Recommendations of the expert groups and focuses on the necessary emergency and long-term support and protection of victims, two of the main objectives of the national and international regulatory framework in this field.

In this context, Member States are urged to identify and allocate the necessary resources to ensure the quality and equitable availability of support and protection measures and thus the Guide can also be used as an advocacy tool.

The target group includes individuals, initiative groups, non-governmental organizations planning to create services or already providing services.



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The direct beneficiaries will be girls and women exposed to various forms of violence and their children.

However, the responsibility to provide services for victims of violence cannot be the exclusive responsibility of non-governmental organizations.

In the Republic of Moldova, there are services for victims of gender-based violence and domestic violence created and supported by local and central public authorities.

Thus, another important target group of this manual includes politicians, authorities at all levels, development partners and/or private funders.

Finally, the manual/guide is intended to provide representatives of professional groups, journalists and the public with additional information on the role and importance of minimum quality standards.

## Terms used:

***Violence against girls and women*** - a violation of human rights and a form of discrimination against women and means all acts of gender-based violence or, more simply put, violence directed against women solely because they are women, which results in, or is likely to result in, physical, sexual, psychological or economic harm or suffering, including threats of such acts, coercion (control) or arbitrary deprivation of liberty, whether occurring in public or in private life;

***Domestic violence*** - all acts of physical, sexual, psychological or economic violence occurring within the family or domestic unit or between former or current spouses or partners, regardless of whether the perpetrator shares or has shared the same household with the victim;

***Victim*** - are women who have experienced any form of violence against women or domestic violence. Victim is the term used in the legislation for women who are in need of social or legal assistance and offers a range of rights. It is important to keep in mind that women who have experienced abuse can decide if they want to tell someone about their history of violence and go to law enforcement and victim is not a label and is a temporary condition;

***Survivors*** - are women who have experienced violence and have managed to rebuild their lives and move on and emphasizes the power of overcoming negative experiences and encouraging other women.



## II. GENERAL PART

### 2.1. Quality standards in Europe for women's centers and women's shelters

#### What are specialist support services?

#### 1) Overview of international legislation in Europe that sets standards for specialist support services for women victims of violence:

The **Council of Europe Convention** on preventing and combating violence against women and domestic violence (hereafter mentioned as the Istanbul Convention) is the most far-reaching legal instrument establishing standards and general obligations for state parties on combating violence against women as well as standards when it comes to support women victims along the process and beyond.

The **Istanbul Convention** is to date the most comprehensive legal instrument on the topic, as it encompasses a harmonized response to ensure a life free of violence for all women and girls across and beyond Europe. Its obligations cover four areas of action, often called, **the four "Ps"**: preventing violence against women, protecting victims, prosecuting perpetrators, as well as implementing related comprehensive and co-ordinated policies.

When it comes to the area of action in relation to the protection of victims, the Istanbul Convention is based on a victim-centred approach.





The Convention **promotes the respect and equality for all women and girls who may be subject to violence by offering practical tools to ensure their safety and empowerment.**

As per **Article 4** of the Convention, the **principle of non-discrimination**, requires states that the protection and support provided under the Convention must be available to any woman without discrimination, including with respect to her age, disability, marital status, association with a national minority, migrant or refugee status, gender identity or sexual orientation. Such principle is build and stems from other legal instruments, in particular the European Convention on Human Rights, Article 14 and Protocol No. 12. Such principle is applicable when support is not available for example to vulnerable victims, such as women with disabilities, women with uncertain residence status, among others.

When it comes to victim's protection and support, the Istanbul Convention requires parties to establish **general support services (Article 20)** (such as: legal and psychological counselling, financial assistance, housing, education, assistance in finding employment etc) and specialist support services (**Article 22**).

As per **Article 22** of the Convention, **specialist support services need** to be available in an adequate geographical distribution, need to be immediately accessible and shall be available in the short and long-term to any victim subject to any acts of violence covered by the Convention.



The Convention further mentions in paragraph 2, that parties shall provide or arrange for women's support services to all women victims.

The **Explanatory Report of the Istanbul Convention**, further details the requirements established in Article 22, stating that one of the main aims of specialist support services is to ensure the **empowerment of victims** through optimal support and assistance. Such assistance is to cater to the specific needs of victims, by staff that has in-depth knowledge of gender-based violence. Furthermore, the **Explanatory Report** highlights that women's organizations are best equipped to ensure such services but also support services, provided by "for example, local authorities with specialized and experienced staff with in-depth knowledge on gender-based violence".

Such services need to be sufficiently spread throughout the country and accessible for all victims, and need to address the different types of violence covered by the scope of the Convention.

The type of services covered by the scope of this article include: **shelter and safe accommodation, immediate medical support, the collection of forensic medical evidence in cases of rape and sexual assault, short and long-term psychological counseling, advocacy and outreach services, telephone helplines to direct victims to the right type of service and specific services for children as victims or witnesses.**



As Article 23 and 24 deal in particular with shelters and helplines, it can be concluded that centers fall under the standards and principles established in Article 22.

A special attention is put on establishing support for victims of sexual violence. **Article 25** of the Convention mentions two types of specialized services that parties should establish: **rape crisis centers and sexual violence referral centers.**

According to the Explanatory Report of the Convention, state parties are not obliged to set up both rape crisis centers and sexual violence referral centers. It is recommended that one such center should be available per every 200.000 inhabitants and that their geographic spread should make them accessible to victims in rural areas as much as in cities.

The particularities of rape crisis centers is that they offer long-term help that centers on counselling and therapy by offering face-to-face counseling, support groups and contact with other services. help that centers on counselling and therapy by offering face-to-face counseling, support groups and contact with other services. Such centers support victims during court proceedings by providing woman-to-woman advocacy and other help.<sup>7</sup>

By contrast, sexual violence referral centres, may specialize in immediate medical care, forensic practice and crisis intervention. Such centres can be placed in hospital settings to respond to recent sexual assaults by carrying out medical checks and referring them to other support.



When it comes to **shelters**, a specific article is dedicated to this type of support, namely **Article 23 of the Convention**.

The article requires parties to set up easily accessible shelters, in sufficient numbers to ensure immediate, preferably around-the-clock, access to safe accommodation for victims, especially, women and children.

The Explanatory Report further highlights that specialized women's shelters are best equipped to address these problems. Temporary housing or general shelters do not provide for the specific support women need, nor would they empower them along the process. Minimum standards such as, assessing the security of each victim through an individual security plan as well ensuring that the building has a technical security plan in place are key to secure the safety of the victim.

Shelters are to be set up in sufficient numbers and staff is to be properly trained to respond to each type of violence covered by the Convention. Sufficient numbers refers to ensuring that the needs of the victims are met, both in terms of shelter places and specialized support.

The Final Activity Report of the Council of Europe Task Force to Combat Violence against Women, including Domestic Violence (EG-TFV 2008)<sup>6</sup> recommends safe accommodation in specialized women's shelters, available in every region, with one family place per 10.000 head of population. However, the number of places should depend on the actual need.



## 2) Establishing a common language when it comes to specialist support and the role of women's NGOs in service provision:

To be able to be able to speak about quality standards when establishing specialist support services, it is important to firstly accurately define such services and establish a differentiation between specialist support and general support services. To this regard, the Istanbul distinguishes clearly between general support services in Article 20<sup>8</sup> and specialist support services in Article 22. Other definitions are provided by research and civil society organizations active in the field.

**General support services** refer to help offered by public authorities such as social services, health services, employment services, which provide long-term help and are not exclusively designed for the benefit of victims only but server the public at large. In general services there is a responsibility on public authorities to identify victim-survivors and refer them to specialist support.

As the issue of violence against women has been widely recognized, some specialist response has developed within general services. These are usually staff or teams whose work is with victim survivors.

Examples to this regard would be the some centres established within hospitals, trauma work in mental health with victims, housing or social work teams which specialize in domestic violence.



Women against Violence Europe Network (WAVE)<sup>10</sup>, the largest European umbrella of women's specialist services, has established definitions of specialist support services, based on the international legislation but also through the practice of its members, of women's specialist services.

It is important to note that when referring to **women's specialist services**, WAVE refers to only services which are offered by **women for women (by-and-for)**, clearly separating specialist organizations tackling violence against women from generic organizations.

Such organizations are gendered: they deliver services to women and girls only in women and girls safe space; they developed historically as violence against women organizations under diverse feminist perspectives addressing patriarchy, structural inequality, oppression, disadvantage, marginalisation and exclusion; they centre the voices and representations of women and girls in governance, service delivery and development. Such definitions are in line with the standards of the Istanbul Convention, with GREVIO's interpretation of what it means to establish specialist services<sup>11</sup> as well as the literature that reviews specialist services<sup>12</sup>.

**Women's NGOs** have been at the forefront of service provision for decades, delivering specialist assistance to survivors and shaping the development of service provision. GREVIO furthermore highlights in the Mid-Term Horizontal Review of GREVIO baseline evaluation reports<sup>13</sup> published in 2022, that good practice and research shows that both state parties and civil society organizations are needed to provide support to victims.

GREVIO regards this as good practice as certain victims will hesitate to report their experience to state-run agencies, while many women are more likely to disclose their experience to independent women's NGOs.<sup>14</sup>

Based on the arguments mentioned above and WAVE's decades of experience on women's specialist services, the following definitions have been developed to guide WAVE's overall work:

The WAVE Network defines women's specialist services as: "feminist services that support women and their children experiencing gender-based violence.<sup>15</sup> These services include but are not limited to: women's support centers, shelters, helplines, rape crisis or sexual violence referral centers and primary prevention services.

WSS empower and support women and girls throughout the cycle of violence by putting their needs at the centre of all interventions, applying an intersectional approach and working together with them, recognising their agency. WSS are run by feminist civil society organizations which aim to advance women's and girls' human rights, so they are able to enjoy a life free from all forms of violence."<sup>15</sup>

What distinguishes women's specialist services from any other services provided to victims of any type of violence, is the role they play in empowering women, by putting their needs at the centre of all interventions, accompanying them throughout the cycle of violence, and recognizing their agency.



Such support is key in securing the protection of victims from further violence, as well as as in assisting them in overcoming the multiple consequences of violence.

The term **women's center**, includes "all women's services and combating violence against women and domestic violence that provide non-residential specialist support to survivors, serving only or predominantly women survivors of violence and their children (if any). Women's centers provide empowering short and long-term support, based on a gender-specific approach to violence and focusing on the human rights and safety of survivors.

The following services are subsumed under the term: women's counselling and women crises centres, supporting women survivors of all forms of gender-based violence; regional crises centres on domestic violence; pro-active intervention centres serving survivors as a follow-up to police interventions; specialist services for black, minority ethnic women, migrant and refugee women survivors of violence; outreach services; services providing independent domestic or sexual violence advisors, and other newer types of services.

These centers usually provide the following kinds of support: information, advice, advocacy and counseling, practical support, court/police/social services accompaniment, pro-active support, outreach, and other services."<sup>16</sup>





**Sexual violence referral centres (SVRC)** refers to centres that "may specialize in immediate medical care, forensic practice, storage of evidence and crisis intervention, and can be placed in hospital settings to respond to survivors of recent sexualized violence. These centers can also carry out medical assistance and refer survivors to other specialist community-based centers".

**Rape crisis centres (RCC)** "are understood to be specialist centres for sexualized violence that offer immediate, medium and long-term specialist support to survivors of rape, sexual assault, or any form of sexual violence. They offer survivor-centred empowerment, advocacy and counselling for survivors, both in terms of personal wellbeing and in providing advice, information and accompaniment, including accompaniment to the police, the court and throughout legal proceedings. They may also engage with the community and in an interagency manner to ensure a better response for survivors and to effect prevention.

They may also have a helpline that provides specialist counselling to the aforementioned types of survivors, gives them relevant information about their rights and refers them to other specialist support services, as required by the situation.

The minimum standards from the Istanbul Convention recommend that one RCC/sexual violence referral center should be provided per every 200,000 inhabitants, and in terms of geographical coverage, they should also be accessible in rural areas as much as in cities."



The term "**women-only shelters**" refers to "shelters that are specialist support services for women survivors of violence and their children (if any) and ensure immediate access to safe accommodation.

These provide empowering support, based on a gender-specific approach to violence and focus on the human rights and safety of survivors, therefore the functions of women's shelters go beyond providing an emergency safe place to stay.

They also offer long-term support to provide women and their children, if any, with the opportunity and resources necessary to resume their lives free from violence.

Some examples of services provided by women's only shelters include **counselling, legal advice and assistance throughout legal proceedings, support to enter/re-enter the labor market, and move-on support to find long-term accommodation** after staying in the women's shelter.

To qualify as a women-only shelter, the service must serve exclusively women and their children.

The minimum standards from the Istanbul Convention **recommend that safe accommodation in specialized women's shelters should be available in every region, with one shelter place per 10,000 head of population.** One shelter place is equivalent to one bed in WAVE's methodology.



### 3) Core principles when establishing specialist support

The analysis and definitions above already highlight a few core principles that should guide the establishment of any specialist support for women survivors of violence.

The general principles are fundamental and cross-cutting rules, valid for any type of service offered to victims of violence, that guide the way an organization operates. The following principles are core elements of human rights-based support for women survivors of violence and their children, as enshrined in the international human rights standards outlined above.

- **Human rights based approach**

This approach analyzes and addresses the root causes of discrimination and inequality, ensuring that all individuals have the right to live in freedom and dignity, free from fear of violence, exploitation and abuse. It is a comprehensive approach that aligns with the principles of international human rights law.

- **By and for women-only specialist support services**

Throughout the past two decades, research evidence<sup>17</sup> shows that specialist support services for women victims of violence is best provided by and for women-only organizations. Due to the gendered nature of the violence as well as its traumatizing effects on the victims, and considering the discourse around the enormous cost of violence against women to society, it is essential to highlight the value of services provided by women's specialist services (WSS).



Women's specialist services are rooted in feminist principles, which put the woman and her personal history, specific resources and desires at the center of the professional and empathic support. The support provided respects women's agency, empowers their autonomy and self-determination. Such services provide a comprehensive approach, preventing repeat victimization and ensuring that women and their children can rebuild their lives after experiencing abuse, including re-entering the labour market and continuing their education.<sup>18</sup>

Existing research<sup>19</sup> shows that WSS by ensuring increased economic independence for women survivors of violence, also reduce state benefit spending.<sup>20</sup> Moreover, WSS work with some of the most vulnerable women within society, which often experience multiple forms of violence and discrimination.

Such standard is well enshrined in countries such as England, where the women's network in England developed quality standards<sup>21</sup> that evidence the enormous impact that women's NGOs have when it comes to offering lifesaving domestic abuse services. The Women's Aid Standards encompass the entirety of the specialist domestic abuse service provision, looking at both the expertise and effectiveness of specialist domestic abuse services, as well as their ability to respond to the long-term needs of survivors, enabling their long-term safety. The quality standards developed are referenced in the government's statutory guidance (Domestic Abuse Act 2021) as best practice.



Such approach is also welcomed by GREVIO and the Explanatory Report of the Istanbul Convention, both emphasizing that service provision is best ensured by women's organizations and by support services provided for example by local authorities with specialist and experienced staff.

In its Mid-term Horizontal Review,<sup>22</sup> GREVIO highlights the important contribution of women's NGOs in providing specialist services to women victims of violence, as well as in engaging in prevention efforts.

Promising practices to this regard have been noted by GREVIO in countries such as Albania, Austria, Belgium, Denmark, Finland, France, Monaco, Montenegro, the Netherlands, Portugal and Sweden.

### **Specialized support services exclusively for women, created and run by women**

It involves providing support that respects women's autonomy, empowers and supports their self-determination and decisions. Service provision avoids re-victimization and ensures that women and their children are able to rebuild their lives after experiencing abuse, including reintegration into social life, the labour market and further education.

#### ● **Victim empowerment**

Victim empowerment is one of the core principles that needs to be at the heart of any service provision and setting up any quality standards.



This has been furthermore a recurrent feature in standard literature<sup>23</sup> and highlighted in international standards.

Victim empowerment implies a "certain philosophy method or technique of handling victims in which it is accepted that, rather than being dependent on the expertise and assistance of a professional or someone else, all people have certain skills and competencies which, when facilitated appropriately, can come to the fore to assist individuals to help themselves or to cope better with an incident of victimization".<sup>24</sup>

Such principle is ensured when standards are in place like the respect for her integrity, the provision of information and support that enables victims to make informed decisions and access to provisions that offer the potential for undoing the harms of violence.

Such principle takes into account the dynamics of violence, and recognizes that victims of violence are being subjected to the power and control of the perpetrator.

Support for victims of violence should always be based on the principle of respect and dignity for the victim, as well as to disregard any excuse for violence or victim blaming which can lead to the further traumatization of victims.

Creating cultures of empowerment can be done by beginning with the language used to address victims, as well as by offering a wide range of services and possibilities to avoid social exclusion (such as through employment and vocational training).<sup>25</sup>



Article 18 paragraph 3 of the Convention provides a number of aims and principles which specialist support services should pursue and be based on, among which requiring specialist support services to aim at the empowerment and economic independence of women victims of violence and to avoid their secondary victimization.

### **Victim empowerment and focus on autonomy**

Recognition that women victims have the resources, skills and competences to make decisions independently without being dependent on the expertise and assistance of a professional or anyone else, and these resources, skills and competences need to be properly facilitated to emerge and help individuals to help themselves, to cope better with an incident of victimization and to regain control over their own lives.

**Victims and survivors need to be informed in an accessible and understandable manner** throughout the assistance about their rights and the services available to them to help them make informed decisions.

### ● **A gendered approach when supporting victims**

Article 18 paragraph 3 of the Convention further provides that measures taken by specialist support service should pursue and be based on a gendered understanding of violence against women and focus.

The Convention also requires that a gender perspective is included in the implementation and evaluation of all measures to combat violence (Article 6). Adopting such an approach entails, among others: that the vision and mission of the support service addresses gender equality in all areas, as a key element to end violence; women' organizations are led by female staff; all staff and volunteers are trained in applying a gender perspective; programmes and activities for the empowerment of women are promoted; a gender impact assessment of all measures is carried out regularly to evaluate how policies and measures are supporting women and further preventing discrimination.<sup>26</sup>

"Women's shelters and other specialist women's support services therefore need to include a gender perspective in the management of their services. The "women helping women" approach is an important principle to strengthen women: male dominance and violence lead to a low self-esteem of women and the feeling that they cannot master their lives on their own. Women's shelters serve as a model to women to experience their own ability to lead a self-determined life".<sup>27</sup>





## Gender approach and feminism in service provision

The gender and feminist approach recognizes the importance of personal power and control in the recovery process of survivors and must be included in the planning, management, implementation and evaluation of all services: the vision and mission of the support service is based on gender equality; staff and volunteers are trained in applying a gender perspective; programs and activities are promoted to prevent discrimination and empower women.

### ● Accessibility of specialist services

Services respect the diversity of service users and positively engage in anti-discriminatory practices. Support should be widely available geographically and able to cover short, medium and long-term needs of victims. Services should ensure all women can access support wherever they live and whatever their circumstances. Included here would be the needs of specific groups, such as migrant, young, disabled women and women living in rural areas or those who have been displaced.

Apart from the number of services that need to be available in state parties to answer victim's needs, as per the standards of the Istanbul Convention, services need to be accessible and cater to the actual and individual needs of vulnerable groups of women. Offering support in a non-discriminative manner, but with an intersectional lens tailored to individual's specific needs is key in ensuring services are indeed accessible.



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Such aspects have been highlighted also by GREVIO in its baseline evaluation reports in countries such as Finland, the Netherlands, Serbia and Sweden, GREVIO identifying shortcomings with regards to the provision of adequate intersectional support.<sup>28</sup>

Access further remains problematic for specific groups of women, such as migrant and refugee women and undocumented migrant women. In some European countries migrant women in principle have access to the same services, "but unless their additional needs - for translation, legal advice on immigration status and asylum law...- are met, access is not equitable."<sup>29</sup>

In other countries access to services is conditioned by personal IDs as well as the residency status of the victim. Easily accessible and available specialized support is a fundamental requirement for women across Europe, whatever the circumstances or context of the gender-based violence they experience.

### **Accessibility of services**

It is crucial that services are accessible to different groups of women with different needs, responsive and adapted to the real needs of victims in the short, medium and long term. Services need to be accessible geographically, financially, culturally, irrespective of the circumstances in which the violence occurred.

#### ● **Confidentiality of specialist services**

Services respect and observe service users' right to confidentiality and all service users are informed of situations where confidentiality may be limited.



Confidentiality and data protection are aspects part of a victim-centred and human-rights based approach. Confidentiality is a core principle for example for rape crisis centers in Ireland that work with women to build their trust, respecting survivor autonomy, and collaborating in a survivor-led response.<sup>30</sup> It is to note though that confidentiality cannot be total. The safety of the victim and the principle of confidentiality need to be very well balanced, especially in situations where child protection is an issue or in suicide prevention matters where it is legally and ethically necessary to carefully consider to balance transparency with survivors and the impact on survivors' safety of limitations around confidentiality.

Apart from such scenarios, it is important that victim support services guarantee victims that the information they give is kept confidential and will be shared only with the explicit consent of the victim.<sup>31</sup>

### **Confidentiality**

Respecting confidentiality is crucial to protect the dignity and rights of survivors. Survivors must have control over their personal information and decide to whom they wish to share their experiences. Any disclosure of information should only be with their informed consent, thus protecting their identity and privacy.

- **Safety of the victim and children**

The safety and security of survivors and their children is the first priority.

This means that all measures and interventions must be designed to minimize risks and ensure the physical and psychological protection of survivors. In practice, this may include the provision of safe shelter, legal protection and ongoing emotional support.

- **A co-ordinated response**

Services operate within a context of relevant inter-agency co-operation, collaboration and co-ordinated service delivery. Such response is emphasized also in **Article 18 of the Istanbul Convention**, which calls parties to ensure that there are "**appropriate mechanisms in place to provide for effective co-operation between all relevant state agencies, including the judiciary, public prosecutors, law enforcement, local and regional authorities as well as non-governmental organizations in protecting and supporting victims and witnesses**".

In practice such cooperation entails that for example law enforcement agencies (often the first point of contact for victims) need to be able to refer the victim to specialist support services, which will further support the victim by providing medical care, collect forensic evidence, offer psychological support and legal counseling.

Specialist support services also accompany the victim throughout court proceedings and can support the judiciary in applying a gendered perspective when dealing with women victims of violence. Such a response recognizes the gendered dynamics, impacts and consequences of violence against women and avoids the further revictimization of victims.

GREVIO has consistently stressed in its findings the importance of the role of women's NGOs in the provision of services and their involvement in formal co-ordination structures. In countries such as Denmark, Finland, Italy, Montenegro and Sweden GREVIO identified clear problems in relation to multi-agency co-ordination and emphasized the need to include specialist women's support services run by NGOs in formal co-operation structures.

Participation of women's NGOs in such mechanisms, either formal or informal, has been identified in countries such as Andorra, Belgium, Italy, Serbia. Austria has also been perceived as a promising practice, as it has a long established history of inter-institutional co-operation, between state and feminist groups providing specialist support.

Therefore, a promising practice and widely encouraged by GREVIO is for authorities to involve women's NGOs in inter-institutional co-operation mechanisms by establishing effective channels of co-operation with them.<sup>32</sup>

### **Community-based approach and coordination**

Organizations providing specialized services to victims of violence will involve the community in developing prevention and information initiatives, offering protection and support, sanctioning perpetrators and collecting data, and will coordinate the intervention on violence cases with professionals.

- **Services should not be dependent on the victim's willingness to report**

Such principle should guide the provision of all specialist support for women victims of violence. The principle and standard is enshrined in Article 18 paragraph 4 of the Convention and emphasized by GREVIO in many of its baseline evaluations. To this regard all service provision, be it provided by public authorities or civil society, must be available to victims regardless of whether the victim will report the crime or not. As further explained in the Explanatory Report,<sup>33</sup> the purpose of such a provision is to point out a serious grievance that victims often encounter in seeking help and support.

Many services, public and private, make their support dependent on the willingness of the victim to press charges or testify against the perpetrator. Such problems have been identified by GREVIO in various parties, including countries such as Georgia, Spain and Türkiye. For example in some parts of Spain, women's access to domestic violence shelters will depend on official recognition of her as a victim of intimate partner violence, with women's access barred to such shelters where protection orders are denied.

Such practices, may in fact determine women's decisions to seek support from such services, affecting their rights to receive protection and support. Such practices go against the principle of empowerment and a human rights-based approach and must be avoided.

- **Intersectionality in service provision**

The intersectional perspective is about recognizing and addressing the multiple forms of discrimination and oppression that victims may experience. It involves understanding that factors such as gender, race, ethnicity, social class, sexual orientation, disability and others can interact and create unique experiences of violence and discrimination for each person. Services offered to victims of violence need to be sensitive to these multiple identities and offer personalized support that responds to the specific needs of each victim.

- **Professional ethics - "no power relations"!**

Professionals involved in supporting survivors must adhere to a strict professional ethic that avoids any power relationship. It is important that these professionals treat survivors with respect, empathy and without abusing their position, knowledge, expertise or status. Unequal power relationships can exacerbate trauma and hinder recovery.

- **Long-term support - sustainability and continuity**

Survivors' support needs to be long-term, ensuring sustainability and continuity in service provision. Monitoring of survivors is necessary to identify challenges and to provide other types of support if needed. Long-term support involves ongoing and adaptable support that responds to the changing needs of survivors and what is at its core the survivor-centered approach.

## ● Best interests of the child

Professionals involved in victim assistance will take into account that children are not only witnesses but also victims and will provide services taking into account this perspective and the best interests of the child and of the adolescent not to live in a violent environment.

## 2.2. Quality standards and promising practices when establishing women's centers

Women's centers are a crucial component when it comes to providing non-residential specialist support to victims of violence. Such centers provide short and long-term empowering support, focusing on the safety of survivors as well as a implementing the 'do no harm' approach.<sup>34</sup> Such centers usually provide amongst other, the following kinds of support: information, advice, advocacy, and counseling, court accompaniment, proactive support and outreach. They may also engage in wider community education, awareness raising and prevention work.

There are different approaches to the delivery of specialized services developed throughout Europe, reflecting the diverse histories and contexts in which women's NGOs and governments responded to violence against women. A long standing practice is that shelters run by women's NGOs have connected or **fully integrated non-residential support centers**,<sup>35</sup> which tend to focus exclusively on services for domestic violence survivors. In some countries where non-residential specialist services



were first provided by women's shelters for domestic violence survivors, such as the ones in the United Kingdom, most of the reported centers remain part of the network and most services cater to the needs of domestic violence victims.

Other countries, such as Italy, have a long history of providing these types of services **separately from the shelters**, Italy having a history of women's centers which promote services across for all victims of violence against women.

Other centers have developed to **respond to the needs of different victims**, such as victims of sexual violence. In other contexts these forms of support may be provided by separate organizations.

The following quality standards are the most specific for women's centers:

### 1) Specialisation of women's centres and applying an intersectional approach in their work

As particular groups of women face added barriers to accessing support, specialization is an important quality standard both in relation to the form of violence and the target groups, who are usually marginalized, ignored or underserved women. Even though some centers have been developed through the shelters, and cater mainly to the needs of domestic violence victims, WAVE research reports note that<sup>36</sup> in most countries (out of 46 European countries surveyed) there are at least some centers which can offer



specialist support relating to all forms of violence against women, including sexual violence, honor based violence, forced marriage, and female genital mutilation.

Empathetic and expert services should be tailored to the particular needs of women whose experiences of VAW are mediated and compounded in specific ways by the intersections of oppression and discrimination rooted in racism ethnicity, poverty, age, disabilities, gender identity, and sexual orientation among others. Such designated specialist centers exist in at least 17 countries, as per WAVE Country Report 2023, including Austria, Germany, Scotland, Latvia, North Macedonia and Serbia.

The most widespread are centres for survivors of human trafficking; others are specifically for survivors of forced marriage, centres for migrant and undocumented women, LGBTQI women, for Roma, Sami and other marginalized groups in particular contexts.

## 2) Survivor-centered approach

A survivor-centred approach creates a supportive environment, where survivors' rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect. Such approach is to guide the work of the centers, and is based on the following guiding principles:<sup>37</sup>

- **Safety and security** of survivors and their children;
- **Confidentiality**, survivors having the right to choose to whom they will or will not disclose their story, or any other information;
- **Respect**: all actions are guided by the respect for the choices, wishes, rights and dignity of the survivors;
- **Non-discrimination**: survivors should receive equal and fair treatment, regardless of age, disability, gender identity, religion, ethnicity, sexual orientation etc.

### 3) Advocacy and support

One important standard enshrined in the work of specialized services is the fact that such services provide both case and system advocacy to support and promote the needs of service users.

Advocates should have sufficient knowledge of other services and staff should be able to provide information, advice and referrals on: support and health services, law enforcement, legal rights and remedies, welfare rights, education, job training, safe short term, transitional and permanent housing, childcare services, child protection, translation services, asylum and immigration status.

Another important element of such work, is that staff should be able to explain criminal and civil justice processes, reporting options for victims as well as their rights.

Staff providing such support should be appropriately trained and through such trainings, they should acquire a gendered analysis of violence against women, crisis intervention techniques, confidentiality aspects, communication skills and intervention techniques, how to engage and make appropriate referrals, information on trauma, coping and survival, an overview of criminal and civil systems, the availability of state and community resources, non-discrimination and diversity, empowerment.<sup>38</sup> A minimum of 30 hours training is recommended for staff that engage in such work.<sup>39</sup>

#### 4) Counseling

Staff of centers should be trained and equipped to respond to the specific needs of survivors. Therefore all counsellors supporting victims should go through extensive trainings which include:

*a gendered analysis of violence against women, crisis intervention techniques, trauma, coping and survival, current understandings of well-being and social inclusion, confidentiality, communication skills and intervention techniques, overview of criminal and civil justice system, update and review of relevant state laws, the availability of state and community resources, non-discrimination and diversity, empowerment.*



Such centers should be able to deal with the immediate needs of women leaving an abusive relationship or provide assistance and advice immediately after an emergency barring order and/or protection order has been obtained. Even though the short term support is very relevant in these situations, it is important that counselling centres are able to respond to the needs of women victims of violence in the long term.

GREVIO identified inadequacies when it comes to the type of services available to victims to achieve empowerment in state parties, in particular when it comes to offer long-term counselling in the area of psychological counselling and trauma care, such services were found to be scarce in several state parties reviewed, including countries such as Denmark or Sweden.<sup>40</sup>

Offering **long term** support is also a matter that relies on allocating appropriate funding. States must consider funding services that offer sufficient support in the long term, without imposing any funding that limits the number of counseling sessions available to each victim. One example to this regard would be Austria. Austria has a long history of offering counseling services through their violence protection centers.

Such centers are run by women's NGOs with the financial support of the Austria state. Despite Austria being a promising practice when it comes to funding women's NGOs, such funding covers only the short term needs of women, but not their long term needs.



For example, trauma care is another service that is largely considered insufficient, as funding is rarely available to cover long-term trauma counselling sessions. Some victims which are foreign-born and do not necessarily have sufficient skills in German, would require also interpretation to make psychological or trauma counselling effective. Such discrepancies have been noted by GREVIO, GREVIO encouraging the Austrian state authorities to enable the longer-term needs of all women victims and their children to be met by providing adequate levels and stability of funding.<sup>41</sup>

## 5) Needs assessment and action plan

Counselors should make individual action plans with the victims which address their safety, support and practical needs.

The counsellor should help the victim to evaluate her and her children's needs and develop a plan of steps to take. If the victim agrees, this plan is written down and can be used by the victim to reflect on her situation, to become aware of her needs and rights, and ways of realising them.

Some women and children can find themselves at particularly high risk as the perpetrator has been assessed as very dangerous. In such situations it is important that the threat posed by the perpetrator is assessed on an individual basis with each woman in particular, and that a security plan is drawn up for her, considering different scenarios.<sup>42</sup>

## A promising practice: Austria's Violence Protection Centers & Women's Centers

The support of women and assistance is offered through violence protection centers in Austria,<sup>43</sup> which are run by women's NGOs and funded by the state. Such support is included in the Austrian Protection Against Violence Bill.

As a result of such an inclusion, a center was established in each of the nine Austrian provinces. The centers have a good cooperation with the police, which is further regulated in the law mentioned above. The staff of the centers support victims and their children in all matters concerning the protection and securing their rights, in civil as well as criminal matters. Centers also have the task to take a variety of legal and social measures to be able to prevent further violence.

Centres take a pro-active approach, this entails that rather waiting for the victims to contact them, they try to engage with victims directly to offer their support, leaving the decision to the victim whether they want to accept the support. One core tasks of the centers is that they assess the situation and potential danger in which the victim finds herself and they plan together with the victim, safety measures to further adopt. To this regard, it is important to analyze if the barring and protection orders will provide with sufficient protection for the victim or whether the victim requires extra support, for example by moving into a women's shelter.



Such centers are also responsible in supporting women throughout legal proceedings: either in supporting women in enforcing their claims, accompanying them in court, among others.

As mentioned above, even though state funding is precarious when it comes to offering long-term support to women, such centers do aim at offering medium and long-term counselling. Such policies are at the core of the counselling centres, these centres pro-actively contacting victims at different time intervals to offer their support, which further enables a relationship of trust between the victim and her counsellor and further offers the victim the possibility to get in touch with the centres in case of an emergency. Apart from the 9 violence protection centers described above, Austria has at least 37 women's centers that are only or predominantly supporting women survivors of VAW and their children and have sub-offices in Austria.

Additionally, Austria has multiple centers that support all survivors, or that are focused on women and girls, but not only for issues related to VAW.

The counselling centres receive funding from national, regional and communal bodies as well as through projects and donations. The counselling is confidential and free of charge and takes place at the counselling centres, by phone or online.





In Austria, all women's centers provide counselling, psychological support, financial and social welfare support, housing advice, employment advice and referrals, advice on legal matters, while some even having a lawyer available to support women in legal representation. Some of the centers further accompany their clients to courts, police and social services if they have the time and human resources.<sup>44</sup>

### **2.3. Quality standards for specialist services for women victims of sexual violence**

Sexual violence is defined as any form of contact or non-contact act (or attempt to obtain an act) of a sexualized nature without a person's freely given consent. Sexual violence occurs in families, intimate relationships, workplaces and educational institutions, as well as online and in public spaces.

Sexual violence has also been widely deployed as a deliberate strategy in war and conflict situations, and as a form of coercion or torture, not least by forces of law and order.<sup>45</sup>

The impact is traumatic on the victims, as the perpetrator undermines victim's integrity, autonomy and self-determination.

Article 25 of the Istanbul Convention stipulates that due to the traumatic nature of sexual violence, including rape, a particularly sensitive type of response should be in place by trained and specialized staff:



"Parties shall take the necessary legislative or other measures to provide for the setting up of appropriate, easily accessible rape crisis or sexual violence referral centers for victims in sufficient numbers to provide for medical and forensic examination, trauma support and counseling for victims."

Although many women's centers do offer support for sexual violence survivors, there is a need for **dedicated and specialist centers offering specific and critical services**: in the immediate aftermath of a rape or other assault, and to address the long-term impacts of such violence. Such approach is further detailed in the Explanatory Report of the Istanbul Convention. Article 25 mentions two types of specialized services to this regard: **rape crisis centres and sexual violence referral centres**.

The recommendation is that at least one such center should be available for every 200.000 women per population, and that their geographic spread should make them accessible to victims in rural areas as much as in cities.<sup>46</sup>

### **A promising practice: the Irish model**

To this regard the approach adopted in Ireland, and overall, in the United Kingdom, can be regarded as a benchmark of promising practice for other countries in developing service provision for victims of sexual violence.



The Irish model has its roots in second-wave feminism and is similar to the model that has been developed in most of the Anglophone world (UK, USA, Canada, Australia and New Zealand). The first Rape Crisis Centres emerged in the late 1970s/early 1980s, and today the rape crisis sector in Ireland consists of 16 independent rape crisis centers and a national advocacy body (Rape Crisis Network Ireland).<sup>47</sup>

Ireland furthermore has 7 sexual violence referral centers alongside and working in partnership with the rape crisis sector, medical and justice professionals. As a general rule they work with survivors of recent and historic sexual assault and abuse, often including adult survivors of child sexual abuse.<sup>48</sup>

In Ireland, rape crisis centres and sexual violence referral centres are very different organizations and/or services. The two types of services exist in Ireland and work alongside each other.

Even though, the Istanbul Convention with its Explanatory report recommends to set up one of the services mentioned above (rape crisis centers or sexual violence referral centers), in practice these two types of services serve completely different needs.

Responding to the needs of survivors would require offering both immediate, short-term support, medical care and forensic examination, and longer-term counselling.<sup>49</sup>

Initiatives noted by GREVIO in some of the European countries as well as recent initiatives noted in the Western Balkans and Türkiye resemble a model of sexual violence referral center rather than a rape crisis center.

Establishing only SVRC without the possibility of any long term support for victims, falls short from GREVIO's understanding of developing comprehensive support for victims of sexual violence as well as from answering to the specific needs of survivors in the long term.

## 1. Sexual violence referral centers (SVRC)

As per the Irish model mentioned above, as well as the standards enshrined in the Istanbul Convention, SVRCs primarily provide for the immediate care of a sexual violence victim. Increasingly, such services also provide medium-term psychological support.

Such services include: **medical/health, forensic, and psychological care as well as provide for the storage of forensic evidence.**

Most SVRC services and professionals are part of existing publicly funded health services.

Such services are used by survivors in the week immediately after an assault, when there is also a high possibility of gathering forensic evidence. They must be trauma informed and specialist in sexual violence aftercare, but do not necessarily need a feminist analysis to deliver a survivor-centred service.

In 2018, Ireland has established national guidelines to support the work of the SVRCs,<sup>50</sup> which place the health care needs of the victim as the primary consideration. For example, the consent of the victim to a forensic examination must precede forensic examinations and what steps to ensure.

When a victim cannot give her consent, there are ethical protocols in place before any forensic examinations can proceed. Protocols and practice together must ensure that all evidence including physical and forensic evidence is always gathered and stored securely until criminal proceedings. Medical and nursing staff should be specifically trained in delivering forensic sexual violence examinations and health care. There should be professional standards and regulations in place that medical staff, nurses should adhere to.

Health, justice and advocacy personnel must be guided by shared understanding of their distinct roles and duties, as well as mutual professional respect.

The SVRC must be capable of storing the forensic evidence and maintaining the chain-of-evidence for a period (6 months to 1 year) to enable victims to have time to decide if they wish to report the violence or not.

Survivors can access such service without having to report the crime to the police.



In Ireland, once a survivor access a SVRC service, an advocate (which is separate from the health and justice parties), must be present to advocate for and provide psychological support to the survivor. In Ireland, this is a trained rape crisis volunteer.

## 2. Rape Crisis Centers<sup>51</sup> (RCC):

One of the main elements of rape crisis centers is that they provide a safe environment for survivors of sexual violence, establishing a relationship of trust, safety and collaboration with the survivors. The **survivor-led/recovery model** implies that the control that was taken during any experience of sexual violence is returned to the survivor, with the emphasis being on promoting the well-being and the growth of the survivor.

Survivor consent is at the core to all support received, the woman being considered an active agent and expert in her own recovery, meaning that recovery will take place on her own pace.

Such services also cater to the needs of survivors immediately after an incident or even after a long period of time. To this regard it is important to note that some victims will not want to engage with services immediately, their journeys being very different.

For this reason, it is important to work with each woman at the point at which they choose to engage.



RCC serve both recent and historical sexual violence, as adults or as children, or a combination.

Support offered by RCC combines services ranging from helplines, counseling, psychological support, advocacy, and accompaniment through legal, medical processes.

Services are offered in **confidentiality**. Confidentiality is a core to the work of these centres in building the trust, respecting the autonomy of the victim, and collaborating with them. Most survivors do not report the crime or access services, but the more a survivor is supported the more likely they are to formally report and remain with the justice process.

**Survivor empowerment** also means that **centers do not pressure survivors to take up a service or report the violence to the police**, but rather provide them with information choice, and non-judgemental support. Such standard is in line with the ones in the Istanbul Convention, Article 18 paragraph 4, which notes that the **provision of services shall not depend on the victim's willingness to press charges or testify against the perpetrator**.

**Therefore providing services should not depend whether the victim will press charges or not. To this regard, GREVIO highlighted a promising<sup>52</sup> practice in its Baseline evaluation report of Denmark.**



As per the report in 2017, in Denmark there were 10 centers for victims of rape and sexual violence, providing medical and forensic evidence. Such services are located within hospitals across the country and provide residential and non-residential support. Victims can seek these services any time after the assault took place, including several years later. The services and counselling offered by these services include immediate examinations, pregnancy tests, treatment for any injuries as well as screening for infections and sexually transmitted diseases.

The forensic examinations include taking of DNA samples and the documentation of other bruises, injuries etc. This procedure is the same regardless regardless if the victims report or not the violence, without any involvement of law enforcement. The DNA is stored for up to 3 months or longer if requested. If the case goes to trial, the center's report may be used as evidence in addition to the DNA, and medical staff may be ordered to testify in court, where the obligation of confidentiality may be lifted. The rape and sexual violence centers also offer psychological treatment for all patients (up to five sessions) and a small number of long-term patients.

Staff and volunteer **have an understanding of sexual violence and sexual violence trauma.**

Staff are specialized in their sexual violence support roles, therefore training programmes for staff and volunteers could include: helpline training, specialist counselling training, court and police accompaniment, victim impact statement writing, legal training,



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SVRC accompaniment training, disclosure training, educators and community empowerment, survivor empowerment, child safeguarding training, data collection.<sup>53</sup>

Such centers engage in education, raising awareness and working with other agencies and professions and ultimately commit to transforming their communities based on what the survivors teach them.

## **2.4. Quality standards and promising practices when establishing women's shelters**

As pointed out above, international law already provides the foundations for standards rooted in women's human rights.

The shelter movement in Europe has its origins in feminist activism in the 1970s, where such response was initiated to respond to the needs of women and their children who needed secure and confidential accommodation. Such shelters were not only offering a free bed but further support the women and their children to take stock of their situation, to assess risks and receive emotional support to overcome the impact of living with a violent, coercive and controlling partner.<sup>54</sup> Over the decades, safe houses all around Europe have been transformative for the lives of women and their children.

The following quality standards are drawn from the work of different women's NGOs running such services across Europa,<sup>55</sup> from the research developed and supported by different European institutions<sup>56</sup> and from the practice and research of women's European networks.<sup>57</sup>



Lastly, the standards enshrined in the Istanbul Convention: Article 4, Article 18, Article 22, Article 23 also offer important guidelines and principles that are at the core of service support.

- Shelters should offer **immediate, round the clock access to safe accommodation and support** . According to the WAVE Country Report 2023, in 30 of 46 countries in Europe,<sup>58</sup> all or most shelters are accessible 24/7. Others may only be contacted during office hours. There is no clear pattern to suggest that shelters in EU or non-EU countries are more likely to be accessible at any time of day or night;
- Shelters should be **free of charge**;
- Shelters should offer in-depth gendered **understanding and expertise** when working with women and their children. Understanding trauma and avoiding re-traumatisation must be a central goal of all measures taken in the context of support services.
- Shelters should be **women-only** so that women and their children can feel safe and develop a relationship of trust with support services, which will further help them to rebuild their lives.
- Shelter services should be offered by women's NGOs which are the best equipped to answer to the specific needs of women. Such shelters should be run by appropriately trained female staff, including qualified childcare workers.



It is recommended that such services should be independent from state institutions, meaning that such services need to represent and promote survivors' interests in front of state institutions.<sup>59</sup>

State institutions and statutory agencies (e.g. social services) are powerful entities but cannot guarantee that survivors' rights are always at the center of their activities.

Therefore, many governments in European countries have developed the good practice of working in partnership with women's NGOs **running specialist support services** and providing full funding for their activities, whilst not running these services themselves.

However, women's NGOs have to be fully accountable to the respective ministry or department regarding the funds they receive, as well as to the survivors.

Such models of partnership between state and NGOs are based on democratic principles and contribute to the development of democracy.<sup>60</sup>

- **Accommodation needs to be secure and confidential and be available** for as long as woman needs to be there. Shelters should provide safety planning and support. The security situation of the each victim should be assessed and an individual security plan should be drawn up on the basis of the assessment. Shelters should have in place effective co-operation mechanisms with the police on security issues. A technical security of the building should be available.



- Shelters should ensure that **legal advice, advocacy, counseling, and rehabilitation services are available**. A counselor/advocate is assigned to the victim quickly at the women's shelter so that the victim knows whom to turn to in confidence. The victim should have the right to change their counsellor in case they are not able to build a relationship of confidence with their counsellor.
- Shelters should be set up in sufficient numbers. The term sufficient sufficient number requires that the needs of all victims are met, both in terms of shelter places and specialized support. A minimum requirement is prescribed by the Istanbul Convention and its Explanatory report of one family place (covering two beds, one for a woman and one for a child) per 10,000 population.
- The Council of Europe<sup>61</sup> also notes that "beds have become the established measure of take-in capacity, recognizing that the number of women who can stay in shelter varies depending on the number of children they bring with them. It refers to the number of persons, women and/or children, who can stay at the shelter at any one time". Important to note to this regard, is that the number of beds available in a specific country does not necessarily reflect the accessibility of the shelters for different groups of survivors. Shelters should be accessible and cater to the needs of all women, also women with uncertain residence status, undocumented women, homeless women (sometimes a direct



correlation can be established between women being homeless and domestic violence), women with disabilities, older women among others.

- Research recommends that women and their children should have the right to stay in a shelter **as long as they need**, and any restriction in the length of time victims can actually stay in a shelter can cause additional stress. Despite this recommendation, the **standard length of stay in most shelters seems to be between three to six months**.<sup>62</sup> Some shelters impose a strict limit, but in general feminist women's shelters allow women and their children according to assessment of their needs, or until appropriate permanent housing is available.
- **Comprehensive support for children** should be one important element for shelters to incorporate into their quality standards. Women usually come to the shelter with their children, who are always affected by the violence their mother experienced. As per the standards of the Istanbul Convention, children can be direct but also indirect victims of violence. Therefore witnessing the violence experienced by the mother is also a form of domestic violence. Children experiencing and witnessing violence have the right to age-appropriate counseling (Article 26).

All victims need to be admitted to shelters without discrimination, this including male and female children under the age of 18.



- To be able to achieve and implement all quality standards mentioned above, there is need to provide **sustainable funding to women's shelters**. Sustainability is one core element that ensures the continuation of such work. Allocation of appropriate financial and human resources for both activities carried out by public authorities and civil society organizations is an important standard further highlighted in *Article 8* of the Istanbul Convention. The Explanatory Report of the Convention further details the obligation placed on parties, emphasizing the obligation to allocate appropriate resources, suitable for the target set or measures to be implemented. Promising practices to this regard have been noted by GREVIO in Austria, Italy, Finland or Albania where states have funds in place for specialized services run by women's NGOs. For example, Austria has a long-standing cooperation between the state and women's NGOs delivering services, in terms of the funding allocated to such services but also when it comes to the ongoing cooperation with NGOs when it comes to policy making. In Italy, GREVIO noted that anti-violence centers and shelters use property seized from the mafia, as well as assets confiscated from organized crime for the benefit of victims.

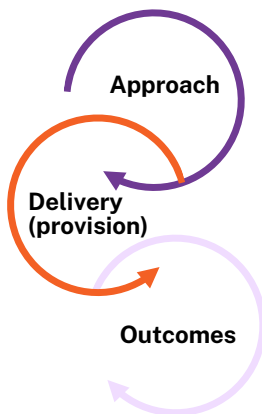
Other states, such as Albania and Finland have increased funds allocated to support services/women's shelters, in particular in Finland to increase service provision including in remote areas of the countries.



# III. SPECIAL PART: PRINCIPLES AND STANDARDS FOR DAY AND PLACEMENT SERVICES

## 3.1. Quality standards in social services

General quality standards are the set of requirements concerning the organizational and material framework, human and financial resources, vision and mission of the centre or service in order to achieve the level of quality and performance that is mandatory for all social service providers. The quality standards should approach the service from three different perspectives: approach, delivery and outcomes.



The organization that runs a day centre or shelter may offer several services.



## Glossary of terms used:

- *Organization*

**Center:** A center is usually a physical facility or location where various services or activities are provided. For example, a crisis center for victims of violence can provide shelter, counseling, and other forms of support for victims. A center may offer several services, and services may be offered both inside and outside a center (online, through mobile teams, etc).

**Service:** A service refers to the action or activity of providing help or support. Services may be provided in a center or may be mobile, such as telephone counseling or community intervention services.

The minimum essential (specialized) services to be provided in a day centre are the following:

- *Prevention, information and education in the community;*
- *Information/informational support, including crisis (office, telephone, online);*
- *Counseling, legal and psychosocial;*





Additional services that can be offered by the day centre independently or in collaboration with other organizations and/or public institutions are:

- *Telephone helpline available 24/7;*
- *Primary legal counseling;*
- *Social assistance;*
- *Short and long-term psychological support;*
- *Services for children;*
- *Qualified legal assistance;*
- *Vocational counseling;*
- *Other.*

In each section, the standards are based on general principles and correspond to key characteristics for services for victims of violence:

### Key - features:



The proposed standards are minimal and accompanied by details of 'aspirational standards'. These are ideal standards to which an organization can aspire, depending on available resources, socio-political context, legislative framework, etc.

## 3.2. Standards for specialized services for victims of violence

### *Standard 1. Prevention, education and community involvement*

**Definition/About:** Continuous information and education of the community through various communication channels on the rights of women and girls, the specifics of different forms of violence, their causes and impact, support services available for them and how to get them, tailored to the needs of diverse and culturally specific groups of girls and women in order to educate a community that is sensitive and supportive of manifestations of violence.

### Availability and accessibility

#### Minimum indicator

- The organization/ Day Centre has a schedule (working hours) available on the website, social networks where contacts and communication channels are indicated;
- Functional website;
- The organization/ Day center has various communication and information channels, adapted to different groups of women: fb, instagram, tik tok, website, etc;
- Phone numbers available and displayed on all communication platforms: mobile number, viber, whatsapp;



- Prevention and education activities are adapted to different language needs (two languages);
- Prevention and education activities take place in urban and rural areas.

## Aspirational indicators

- Prevention and education activities are planned and budgeted annually;
- The organization/ Day centre has a mobile team that regularly carries out prevention activities.

## Confidentiality and informed consent

### Minimum indicator

- The organization/ Day center will responsibly evaluate the involvement of survivors in prevention and information campaigns and will ensure that it does not affect the safety and mental and physical well-being of survivors and their children and that the publicized cases do not contain personal data;
- The organization/ Day Center will ensure that victims are informed and consent to the use or sharing of their data;
- The organization/ Day center has consent forms and privacy practices that are followed by employees.



## Aspirational indicators

### Prioritizing safety

#### Minimum indicator

- The organization/ Day centre will assess security risks in planning and organizing prevention and education activities, especially involving women survivors (e.g. support groups, community discussions with women only, etc.);
- Employees know how to react if safety is compromised.

## Aspirational indicators

### Staff quality and specialization

#### Minimum indicator

- The information provided is up-to-date, relevant, accurate and accessible to diverse groups of women;
- People involved in prevention and education activities have experience and expertise in the field of preventing and combating violence.

## Aspirational indicator

- The organization/ Day centre has:  
*strategy and rules for ethical communication and visibility;*  
*a person responsible for communication and information;*  
*a person responsible for coordinating prevention and education activities;*
- The organization carries out regular support activities for women (support groups, community discussions, etc).

## Coordination with other sectors and agencies

### Minimum indicator

- The organization/ Day centre collaborates with recognized and appreciated professionals in the community in community education, training and awareness-raising activities

### Aspirational indicator

- Prevention and education initiatives are based on innovation, broad community involvement with the media, opinion leaders and professionals who have a strong commitment to the cause.



## • Standard 1 Checklist

Key indicators	Check	Source/ comments
Information with work schedule / days, hours, contacts displayed in a visible place offline and online		
Functional website		
At least two communication channels available, active and functional (phone number, social networks)		
Active cooperation agreements with the police, social assistance and another public institution (indicate which)		
At least two awareness-raising and prevention events per year in collaboration with professionals and community actors (kindergarten, school, youth centers, etc.) in urban areas		
At least two awareness-raising and prevention events per year in collaboration with professionals and community actors (kindergarten, school, youth centers, etc.) in rural areas		
Own information materials, adapted to different groups of women and different forms of violence and distributed at different points		



## • Standard 1 Checklist

Key indicators	Check	Source/ comments
Consent and risk assessment form for survivors involved in information and awareness campaigns		
At least ____ women assisted by the Center		
<b>Aspirational indicators</b>		
Dedicated budget for prevention and education activities		
Strategy and rules for ethical communication and visibility		
Person responsible for coordinating prevention and education activities		
Support activities for women (support groups, community discussions, etc)		
Person responsible for communication and information		
Functional mobile team		



## Standard 2. Access to services

**Accessing services for victims of violence against women and domestic violence means that victims of violence can benefit from a range of specialized resources and support to help them overcome crisis situations and rebuild their lives. Basic (minimum) specialized services are**

### **2.1. Service name: Crisis information support service:**

involves presenting accessible, clear and accurate information in a safe, confidential and friendly manner to help them understand what has happened, to confirm their rights, to assess risks and to develop a safety plan.

The information support includes the presentation of information including about the protection tools, the type and nature of services offered by the organization or by other institutions and organizations and their contacts.

## **Availability, accessibility and adaptability**

### **Minimum indicator**

- The program (working hours) is available on the website, social networks where contacts and communication channels are indicated, the beneficiaries to whom these services are addressed, contact details, address, other relevant information;
- The organization/ Center provides services within a set time schedule, e.g. 8:00 - 17:00 or 9:00 - 18:00 and this schedule is posted and respected;





- Physical accessibility: The Organization/Center is located in a place that is easily accessible by public transportation and is safe in terms of access;
- Affordability: The offered services are free and accessible regardless of financial situation;
- Linguistic accessibility: All services can be offered in two languages, the language of the state and the language of circulation;
- Information materials are translated into several languages and provided in accessible formats (brochures, websites, mobile apps);
- The organization/ Center has a designated person who can answer the phone, online communication channels or provides informational support at the office;
- The organization/ Center has various communication and information channels, adapted to different groups of women: fb, instagram, tik tok, website, etc);
- Phone numbers available and displayed on all communication platforms: mobile number, viber, whatsapp;
- Number of beneficiaries for one year.

## Aspirational indicators

- The crisis information service is accessible 24/7;
- Specialists can provide information support to people with various types of disabilities, including by contracting external experts;

- **Physical accessibility:** The organization/ Center has transportation options to facilitate the victim's access, to transport her from one point to another or can cover reimbursement of transportation expenses . The Center has ramp access for women and children with physical disabilities;
- **Affordability:** The organization/ Center can cover the cost of additional services not provided by the Center (e.g. medical costs, expertise and expert reports, etc.);
- **Linguistic accessibility:** websites, mobile applications are accessible for hearing and visually impaired people;
- The organization/ Center may contract interpreters to facilitate communication between service staff and users who do not speak the language or are deaf-mute.

## Confidentiality and informed consent

### Minimum indicator

- Specialists will assess with the utmost responsibility the involvement of the survivors in prevention and information campaigns and will ensure that they do not affect the safety and mental and physical well-being of themselves and their children and that the cases publicised do not contain personal data;
- Specialists will ensure that victims are informed and consent to the use or sharing of their data;
- Professionals have consent forms and confidentiality practices that are followed by employees;



## Aspirational indicator

### Prioritizing safety

#### Minimum indicator

- Specialists have procedures for assessing risks and drawing up safety plans;
- All employees (specialists and managerial-administrative staff) know how to react if the safety of the victim or their own safety is compromised;
- Organization/ Center has access button, alarm button, contacts with security agencies, etc.

## Aspirational indicator

### Staff quality and specialization

#### Minimum indicator

- All employees (specialists and managerial-administrative staff) are trained and can provide informational support about the victim's rights, the type and services offered by the organization, available resources, other relevant information that must be up-to-date, precise and accurate;
- Specialists can provide informational support in at least two languages;
- All employees (specialists and managerial-administrative staff) are aware of the actions that need to be taken in case of an alleged risk to the life and health of the caller.



## Aspirational indicator

- The organization has a mechanism in place to collect feedback from the beneficiary and to evaluate the quality of the service;
- Specialists are trained in crisis information counseling.

## Coordination with other sectors and agencies

### Minimum indicator

- Specialists work with law enforcement and other professionals to ensure victim referral.

### Aspirational indicator

- The organization has the resources to meet the victim's needs in collaboration and coordination with other professionals.

## • Checklist of service delivery indicators

Key indicators	Check	Source/ comments
Person responsible within the organization for providing the service		
Information with work schedule / days, hours, contacts displayed in a visible place offline and online		
Website and social networking page functional and active		
At least three communication channels available		
Number of beneficiaries for one year		
Procedures for assessing risks and drawing up the safety plan supported and known by employees		
Consent forms and policies on confidentiality and use of personal data		
Security system		
At least two trainings conducted for employees, initial and continuous		



- **Checklist of service delivery indicators**

Key indicators	Check	Source/ comments
Cooperation agreements with police and other institutions		
Number of referrals		
<b>Aspirational indicators</b>		
Access ramp for women and children with disabilities		
Budget for urgent and additional costs		
The organization has a mechanism in place to collect feedback from the beneficiary and to evaluate the quality of the service		
Employees are trained in crisis information counseling.		



## 2.2. Service name: Primary legal assistance

**Definition/About:** providing specialized information on the legal framework that regulates the system for preventing and combating domestic violence and other forms of violence against women.

- Information by case about: the rights and guarantees available to the victim of a crime/misdemeanor committed for reasons of prejudice or domestic violence, the forms of violence criminalized in the penal code, the phenomenon of gender-based violence, legal terms and mechanisms in criminal or civil matters for reparation of the damage committed as a result of the crime, the forms of protection in cases of domestic violence (protection order and the procedure for issuing it, emergency restraining order); the forms of protection in cases where the person is the victim of a gender-based violence crime other than domestic violence (non-relatives or non-family members). Also, depending on the case and the degree of specialization, information can be provided on the legal system of the Republic of Moldova, on the normative acts in force, on the rights and obligations of the subjects of law, on the way of realization and enforcement of rights through judicial and extrajudicial means;
- Elaboration of an individual safety plan, based on the legal aspect, indicating the legal safeguards and protection mechanisms;

- Legal advice: Assessing the legal situation of the beneficiaries and providing information from reliable sources on the current legal situation, identifying potential legal solutions and advising on the legal effects on each intervention segment;
- Legal assistance in the preparation of legal documents: support in the process of drafting complaints or referrals to law enforcement bodies in the order of art. 263 Code of Criminal Procedure, support in the process of drafting applications regarding the issuance / extension of protection orders, appeals against decisions of refusal to issue protection orders; preparation of references for the examination of appeals in the order of appeals; Explanation of the content of legal acts or legal documents issued by law enforcement or judicial bodies or other public authorities (eg. Order for the initiation of criminal proceedings, order of recognition as injured party, decisions, judgments or decisions issued by courts of law, etc.);
- Provision of other forms of assistance which do not fall into the category of qualified legal assistance.

### **Forms of qualified legal assistance:**

- Representation of the interests of the victim/injured party/ the successor/ the civil party in criminal cases (domestic violence, offenses that are part of Chapter IV - Offenses related to sexual life, namely: rape, sexual assault, sexual harassment, sexual intercourse with a person under 16 years, perverse actions);





- Representation of the victim's interests in misdemeanor cases (cases relevant to domestic violence, harassment, acts of persecution or offenses related to the exercise of parental rights)
- Representation of the survivors' interests in civil cases (divorce+establishment of residence of minor children+ collection of maintenance allowance (children and/or victim), setting the schedule for meeting with minor children, collection of material and/or moral damages, division of property);
- Representing the interests of survivors in administrative litigation (cases relevant to domestic violence)

**Qualified legal assistance can be sought at any stage of a civil, misdemeanour or criminal case.**

## Availability, accessibility and adaptability

### Minimum indicator

#### Affordability:

- The provision of the service will be free of charge without any fees for the remuneration of the specialist, office maintenance fees or other related charges;

In his work, it is forbidden for the specialist to accept money or valuable rewards from the beneficiaries as way of appreciation.



If it is decided to refer the case to another service, the legal professional must ensure that the service is provided free of charge, and if it is for payment, the beneficiary must be informed. At the same time it is important to note that it cannot be confused with state fees, levied on behalf of the state from individuals suing under the law on state fee.

### **Physical accessibility:**

- The specialized service must have a legal address;
- The specialized service must be equipped with at least one counseling room, isolated from third persons or other colleagues. The counseling room must be equipped with minimum resources: a table, two chairs, a computer on which a legal document can be typed or drafted. The space should be accessible, bright, clean, warm, with the possibility of ventilation;
- The legal aid service must be located in places that are accessible and convenient for the community in which it operates, offices in central areas, accessible by public transportation and with adequate infrastructure for people with disabilities. The legal aid service will develop randomized solutions in case of inability to secure an accessible space, by still providing open access to the service;
- The specialized service must have a secretariat, which will ensure the possibility of sending or receiving letters or official documents;



- The specialized service must have a dedicated telephone number to ensure that people have access to assistance, including by telephone.

### **Language accessibility:**

- Legal assistance must be provided in the languages spoken by the community served and be culturally sensitive. Program: The legal aid service, must clearly inform the community about the work program and how to address and seek advice. If the service provides a free telephone line for legal advice, the community should know whether it is free of charge or for a fee, and the hours of operation.

Number of beneficiaries for one year

### **Aspirational indicators**

- Other forms of assistance: mobile team, online counseling, 24/7 counseling, and the community is informed about this;
- Specialists can provide informational support to people with various types of disabilities, including by contracting external experts.

### **Physical accessibility:**

- The organization/ Center has transportation options to facilitate access for the victim, to transport the victim from one point to another, or can cover the reimbursement of transportation costs and has ramp access for women and children with physical disabilities;



- The organization/ Center can contract interpreters to facilitate communication between service staff and users who do not speak the language, providing interpretation and translation;
- The organization/ Center has a space for children where children can be accommodated as long as the mother is under legal counsel;
- The organization/ Center has lawyers who can provide qualified legal assistance.

## Confidentiality and informed consent

### Minimum indicator

- Information provided must be treated with sensitivity and protected against unauthorized access or misuse.

The legal professional has an obligation to respect the confidentiality of the information received and to protect that information from unauthorized disclosure. In the intervention process, the specialist may not disclose any information, including referring the case to another specialist without the informed consent of the beneficiary. If the beneficiary refuses, the specialist shall ensure that the beneficiary understands what the consequences of non-disclosure of the information may be;

- The organization/ Center has a clear privacy policy that stipulates how victims' personal data are collected, stored and used;
- Access to personal data is allowed only to authorized persons;



- Staff are initially and continuously trained on confidentiality and data protection as well as specific security procedures;
- The specialized service must have official electronic mail, to which only staff involved in specialized assistance have access, in order to ensure that any person can send documents, audio or video recordings, and they will be kept secure.

In their work, the legal specialist will provide truthful, verified, factual, detailed information about the nature, purpose, benefits and alternatives for intervention and response in a case of domestic violence or family problems.

This information must be presented in accessible language and format to ensure the person's full understanding. If the beneficiary is not able to properly understand the information or express her consent for reasons such as the presence of post-traumatic stress disorder, or illness, incapacity, the legal specialist will take additional measures to ensure access to other specialized services: psychological crisis counselling, social assistance, etc.

- Consent is expressed expressly, actively and in writing;
- The organization has consent forms and privacy practices that are followed by employees .

The beneficiary has the right to withdraw consent at any time. It is important that this option is respected and that individuals are informed about the possible consequences of withdrawing consent. Withdrawal of consent does not preclude the possibility of a repeated request.

## Aspirational indicator

- Encrypted technologies and systems/databases are used to protect data during both transmission and storage;
- Regular assessments of security systems and procedures are carried out.

## Prioritizing safety

### Minimum indicator

- The organization shall have procedures in place to assess the risks and prepare the safety plan,
- Employees know how to react if the safety of the victim or themselves is compromised.
- The organization has access button, alarm button, contacts with security agency, etc.;
- The address where the legal advice service operates is confidential;
- The legal specialist will inform the beneficiary about the danger to her life and safety, her workers and other beneficiaries if the perpetrator would know the place where she receives support;
- Staff will receive training on immediate safety actions (including the importance of calling 112) if a perpetrator enters the room;
- The space must be properly arranged for counseling: bright, isolated so that no one has access to the office during counseling and with the minimum of inoffensive objects: table, 2 armchairs, water, disposable tissues;



## Aspirational indicator

### Staff quality and specialization

#### Minimum indicator

The legal professionals who will provide primary legal assistance to people affected by gender-based violence, including domestic violence, are: paralegals, lawyers or advocates. According to Law No. 198 of 2007, primary legal aid is a service provided by the National Council for State Guaranteed Legal Aid through territorial offices, public lawyers or the network of paralegals. According to Article 17 of the Law, public associations specialized in providing legal aid are entitled to provide primary legal aid services. In this case, a day service specialized in providing legal aid or with a holistic specialization will be developed within the public association.

According to art. 19 of Law no. 198/2007, victims of domestic violence, victims of crimes related to sexual life, regardless of their income are entitled to qualified legal assistance, guaranteed by the state. In this case, the application shall be submitted to one of the territorial offices according to the organization chart. Also according to Article 17 of the Law, public associations specialized in providing legal aid are entitled to provide qualified legal aid services.



- Experience and professionalization: primary legal assistance will be provided by legal professionals who have a minimum of 3 years of experience in working with people affected by gender-based violence including domestic violence;
- Specialized qualified legal assistance is to be provided by a lawyer with a minimum of 3 years of work experience in representing victims' interests in civil/misdemeanor /criminal cases;
- The new specialist will receive specialized training on the principles of work and assistance to victims of domestic violence;
- Mentoring: Within the first month of working in the specialized service, they will be mentored by a coordinator of the specialized service who has more than 5 years of work experience. The specialist will consult each case or legal intervention plan minimum of once a week (more often if necessary) with their mentor;
- Specialist assistance task: A primary legal aid specialist will organize initial or repeated sessions with the beneficiary. A session cannot last more than 55 min. The specialist will organize min. 3 counseling sessions per day, and will schedule time for documentation and drafting of legal documents;
- The specialist will ensure that during the time allotted at the meeting he/she will first consult the safety needs established by the assessment questionnaire.





Emergency cases where the victim's safety is jeopardized will be reviewed as a priority. If there are a large number of interventions, the specialist may refer the case to other partners who will intervene promptly, which is done with the agreement of the beneficiary.

- Inadmissibility of conflicts of interest: In case a situation of violence becomes known, and the specialist is a relative/acquaintance or close relative of the family, the specialist will immediately notify the supervisor, and will request to transfer the case to another specialist.

### **Aspirational indicator**

- The organization has a mechanism in place to collect feedback from the beneficiary and to evaluate the quality of the service;
- The organization cooperates with organizations providing qualified legal assistance or CNAJGS territorial offices;
- The organization organizes specialized courses, professional qualification in the field of preventing and combating violence for legal specialists and lawyers minimum 2 times per year min. 40 hours. Training of counselors should cover:

*A gender analysis of violence against women;*  
*Crisis intervention techniques;*  
*Trauma, coping and survival mechanisms;*  
*Current understandings of well-being and social inclusion;*  
*Confidentiality;*



*Communication skills and intervention techniques;*  
*An overview of the criminal and civil justice systems;*  
*An update and review of relevant state laws;*  
*Availability of state and community resources;*  
*Non-discrimination and diversity;*  
*Empowerment.*

- The organization has group or individual supervision services led by an experienced psychotherapist for professionals and lawyers
- The organization has intervision services led by a legal specialist who has 10 years of work experience in the field, professional qualifications in the field.

## **Coordination with other sectors and agencies**

### **Minimum indicator**

- The organization works with law enforcement and other professionals to ensure the protection and safety and referral of the victim;
- The case is discussed in a multidisciplinary team with the involvement of specialists from several fields, including: psycho-social, educational, justice, in order to ensure a holistic approach.

### **Aspirational indicator**



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Violență



Federal Ministry  
Republic of Austria  
Social Affairs, Health, Care  
and Consumer Protection

## 2.2. Name of service: primary legal aid

### Stages of the primary legal aid process

#### Step 1: Initial contact:

- The first contact between the legal specialist and the beneficiary takes place by setting up a meeting. At the parties' discretion, the meeting can take place in the office of the specialized service, or online. If the meeting has been arranged online, the specialist will ensure that the beneficiary has a safe place where she can speak openly without third parties being present;
- Initial contact is necessary to establish trust between the specialist and the beneficiary. If the specialist identifies a medium or high risk of violence towards the beneficiary at the primary session, with her consent, she identifies the forms of protection accepted by the victim. If the victim does not consent to the intervention, or prefers confidentiality, the specialist cannot intervene. At this stage, the forms of protection and safety measures are minimally discussed and the case is referred for psychological counseling or placement. At the primary session, the specialist can: inform, consult, draw up legal documents. If the information is not sufficient to finalize the applications and the case is not medium or high risk, the specialist sets the next session.



**Step 2 Expression of agreement to help:** for any action that the legal specialist may take, it is necessary that the beneficiary understands and accepts the proposed solutions. The beneficiary will express her agreement to receive the specialized service in a standard application. This request will set out the commitments to keep confidential data.

The case will be registered in an electronic case record system. If the specialist identifies a medium or high risk of violence towards the beneficiary at the primary session, with her consent, she identifies the forms of protection accepted by the victim. If the victim does not consent to the intervention, or prefers confidentiality, the specialist cannot intervene. At this stage, at the very least, the forms of protection and safety measures are discussed. Refer the case for psychological counseling or placement.

At the first conversation with the beneficiary, the specialist informs about the problem faced by the person (nature and history of the problem, solutions that have been taken previously), information on personal data that will enable the identification and registration of the beneficiary (Annex no.1).



**Step 3: Risk assessment.** The legal specialist will use the questionnaire for assessment of the degree of risk approved by IGP Order No. 93 of 23.03.2023 on the methodical instructions on police intervention in preventing and combating domestic violence.

The questionnaire is applied only with the informed consent of the beneficiary. The information from the questionnaire will be used for the finalization of the applications in order to avoid double exposure of the beneficiary to reliving the traumatic events. The purpose of the assessment questionnaire is to determine the degree of risk, and can serve as a tool for obtaining protective measures. The questionnaire is attached to the application and kept on file (Annex 2)

**Step 4: Legal Assistance Needs Assessment:** Following the risk assessment, in agreement with the beneficiary and with her participation, the legal specialist will assess the beneficiary's legal assistance needs. If a criminal case/trial has been initiated and the beneficiary has the status of victim, injured party, the legal specialist will refer the case for qualified legal assistance.

The needs assessment must meet the following requirements:

- *Respect the principles of assistance and intervention;*
- *Start from the situation the beneficiary is in at the time of referral;*

- *It should contain a description of the problem and specify the needs with an assessment of the situation, the immediate needs of the victim of domestic violence and her resources, in order to effectively mobilize specialized services to overcome crisis situations;*
- *Informing her about her rights and possibilities to obtain social benefits from programmes offered by other institutions and organizations (Annex no.3).*

### **Step 5: Develop the intervention/safety plan:**

The needs assessment is preceded by the development of an individualized support plan for the victim which involves planning activities and facilitating the victim's access to specialized assistance as needed.

At this stage, it is important to ensure that the beneficiary is involved in the process of identifying the forms of protection acceptable to her and actively takes responsibility for these interventions. The legal specialist cannot act in the beneficiary's interest, only to direct her. The intervention plan implies concrete actions that the legal specialist will carry out, including the drafting of the legal documents agreed with the beneficiary, the deadline for the realization of the service. (Annex no.4).

**Stage 6: Monitoring the situation at the request of the beneficiary:** In the process of assisting the beneficiary, there is periodic monitoring and re-evaluation of the progress made, the decisions and interventions made, checking the implementation of the Individual Intervention Plan in accordance with the expected results.



The monitoring of the implementation of the Individual Intervention Plan is the process of collecting information on the delivery of the services included in the Intervention Plan in order to assess the progress made in achieving the objectives of the plan.

At this stage, the legal specialist sets a deadline for monitoring, as well as the form of contact, so as to avoid worsening the situation of the beneficiary.

The case can be in assistance through monitoring up until the case is closed. In the process of providing services for victims in distress, ongoing information gathering takes place and meetings of the multidisciplinary team are organized on a regular basis, aimed at re-evaluating the victim's situation, to measure progress and review the objectives proposed in the individual intervention plan.

**Step 7: Referral to qualified legal aid or other services:** if in the process of assessment, monitoring or reassessment, the legal specialist finds other needs as legal aid, she refers the case to other specialized services: psychological counseling, social assistance, economic empowerment or qualified legal aid. The referral is made through a referral form with the consent of the beneficiary. (Annex 5) .



**Stage 8: Case closure:** Case closure implies the termination of the assistance relationship between the legal specialist and the beneficiary when the objectives proposed in the individual intervention plan are achieved and the beneficiary is psycho-socio-professionally reintegrated; the beneficiary does not consent to the intervention; the beneficiary has expressly expressed her refusal to benefit from the legal assistance service, the beneficiary's case has been referred to a lawyer providing qualified legal assistance, the beneficiary's case has been referred to another service provider.



## • Checklist of service delivery indicators

Key indicators	Check	Source/ comments
The service has a legal address.		
The service has a dedicated phone number (mobile, viber, whatsapp)		
The specialized service is equipped with at least one counselling office, isolated from third persons or other colleagues		
Specialists Legal service providing primary legal assistance (minimum 1 person)		
Secretariat to send or receive official documents		
Number of beneficiaries for one year		
<b>Aspirational indicators</b>		
Lawyers offering qualified legal advice		
Dedicated budget for hiring lawyers or courses or other needs for the smooth running of the service		
Specialized courses, professional qualification in the field of preventing and combating violence for legal professionals and lawyers minimum 2 times per year min. 40 hours.		



- **Checklist of service delivery indicators**

Key indicators	Check	Source/ comments
Mechanism for collecting feedback from the beneficiary and evaluating the quality of the service		
Cooperation agreements with organizations providing qualified legal assistance or CNAJGS territorial offices		



## 2.3. Crisis and long-term psychosocial support and counseling

**Definition/About:** provision of psychological and psychotherapeutic counseling, individual and group, emergency and long-term, in a safe and confidential setting, by psychologists and psychotherapists specialized in the field of GBV victim assistance.

In this section are not described methods, techniques, specific stages of counseling and psychological and psychotherapeutic counseling and intervention, only the minimum standards, necessary for the functioning of the service in a day center.

### Availability, accessibility and adaptability

#### Minimum indicator

- Psychosocial support and counseling services are available to all persons who apply, within a set time schedule, e.g. 8:00 - 17:00 or 9:00 - 18:00 and this schedule is posted and adhered to;
- Programs are well established with sufficient staff to provide prompt and efficient service;
- The waiting time for emergency psychosocial support and counseling does not exceed 72 hours;
- Psychosocial support and counseling services can be offered in the office, by phone (including viber, whatsapp) and online;
- The service is known and promoted in the community, including among representatives of the authorities;



- The materials are available in a wide variety of languages and accessible formats for people with disabilities;
- Given that women are often accompanied by children, free, age- and needs-appropriate primary psycho-emotional support and appropriate care will be provided to children who have been victims and/or witnesses of various forms of violence in order to protect their rights and well-being and to refer and facilitate access to emergency and long-term services as required by the referral mechanism for child protection;
- The services offered in the center are free and accessible regardless of the financial situation;
- Number of beneficiaries for one year.

### Aspirational indicators

- Psychosocial support and counseling services are widely available, including 24-hour access
- The organization/ Day Center can provide psycho-emotional support to people with various types of disabilities, including by contracting external experts.
- The organization/ Day Center can cover the cost of additional services (e.g. psychiatric, forensic expert reports and expertise, etc.).

### Confidentiality and informed consent

#### Minimum indicator

- Specialists will ensure that victims are informed and consent to the use or sharing of their data in written form, through a consent form.



- Access to personal data is allowed only to authorized persons;
- Staff receive initial and ongoing training on confidentiality and data protection as well as specific security procedures;
- The specialized service must have official electronic mail, to which only staff involved in specialized assistance have access, in order to ensure that any person can send documents, audio or video recordings, and they will be kept secure.

### **Aspirational indicator**

- Secure electronic system with access allowed only to authorized persons;
- Data collection, storage and archiving policy.

### **Prioritizing safety**

#### **Minimum indicator**

- The organization has procedures in place to assess risks and respond when the safety of the victim or professionals is compromised;
- The organization has access button, alarm button, contacts with security agency, etc.

#### **Aspirational indicator**

- Safety protocols are integrated into all aspects of the service, from initial interactions to therapy sessions for both professionals and victims.

## Staff quality and specialization

### Minimum indicator

- The organization has at least 1 full-time counseling and support specialist for 10-15 women per month;
- Specialists are licensed psychologists;
- Specialists draw up psychological assessment reports at the request of the authorities or for the needs of the victim in prejudicial and judicial proceedings.

### Aspirational indicator

- Specialists hold a master's degree;
- Specialists have extensive professional training in psychotherapy, including at least 500 hours of professional training, 250 hours of personal development and 150 hours of supervision;
- The organization provides professional supervision to ensure the quality and ethics of psychological interventions;
- The Center's specialists are invited as experts in court.

## Coordination with other sectors and agencies

### Minimum indicator

- The organization works with law enforcement and other professionals to ensure referral of the victim

### Aspirational indicator

- The organization has the resources to meet the victim's needs in collaboration and coordination with other professionals.

## • Checklist of service delivery indicators

Key indicators	Check	Source/ comments
The organization has at least one licensed specialist in the field of clinical psychology, family counseling		
Services are offered within a set time schedule, for example 8:00 - 17:00 or 9:00 - 18:00		
Psychosocial support and counseling services can be offered in the office, by phone (including viber, whatsapp) and online		
Waiting time for emergency psychosocial support and counseling does not exceed 72 hours		
Number of beneficiaries for one year		
The materials are available in a wide variety of languages and formats accessible for people with disabilities		
Specialists cooperate with organizations providing services to child victims of violence and responsible authorities (directorates and child protection specialists)		
Consent forms and personal data privacy and use policies are known and applied		



## • Checklist of service delivery indicators

Key indicators	Check	Source/ comments
An official electronic mailbox, accessible only to staff involved in specialized assistance,		
Security protocols and systems including physical security are known and applied		
Specialists participate as experts in court, multidisciplinary teams		
Collaboration agreements with police, other institutions, organizations: placement centers, community mental health centres. Sheltered housing, organizations working with children		
Specialists provide training and training sessions for organizations and institutions in the field of preventing and combating violence against women		
<b>Aspirational indicators</b>		
The organization offers continuous training, participation in specialized conferences, supervision, etc		
Budget for urgent and additional costs		
The organization has a mechanism in place to collect feedback from the beneficiary and to evaluate the quality of the service		





## 2.4. Assistance Service towards economic independence, recovery and autonomy

**Definition/Description:** - Providing immediate individual support to meet the basic needs of victims and their children, including emergencies and essentials such as: free access to emergency transportation, food, basic personal hygiene products and medicines, cash, support in completing identity documents, etc. Ongoing support for at least six months to ensure full recovery, reintegration into education, including vocational, employment, facilitating access to social assistance, financial or economic and business opportunities.

### Availability, accessibility and adaptability

#### Minimum indicator

- Programs, services and types of support available and accessible to different groups of women in the short term;
- Programs are well established with sufficient staff to provide prompt and efficient service;
- The service is known and promoted in the community, including among representatives of the authorities;
- The materials are available in a wide variety of languages and accessible formats for people with disabilities;
- The services offered in the center are free and accessible regardless of the financial situation;
- Number of beneficiaries for one year.



## Aspirational indicators

- Programs, services and types of support available and affordable in the medium and long term;
- The organization/ Day Center can cover the cost of additional services (e.g. vocational courses, document processing, etc).

## Confidentiality and informed consent

### Minimum indicator

- Specialists will ensure that victims are informed and consent to the use or sharing of their data in written form, through a consent form;
- Access to personal data is allowed only to authorized persons;
- Staff receive initial and ongoing training on confidentiality and data protection as well as specific security procedures;
- The specialized service must have official electronic mail, to which only the staff involved has access, in order to ensure that any person can send documents, audio or video recordings, and they will be kept secure.

### Aspirational indicator

- Secure electronic system with access allowed only to authorized persons;
- Data collection, storage and archiving policy.

## Prioritizing safety

### Minimum indicator

- The organization has procedures in place to assess risks and respond when the safety of the victim or professionals is compromised;
- The organization has access button, alarm button, contacts with security agency, etc.

### Aspirational indicator

- Safety protocols are integrated into all aspects of the service.

## Staff quality and specialization

### Minimum indicator

- The organization has at least 1 vocational counseling specialist, full-time social worker for 10-15 women per month;
- Specialists have a degree in social work.

### Aspirational indicator

- Specialized initial and continuing training in victim assistance is provided to professionals;
- The organization provides professional supervision;

## Coordination with other sectors and agencies

### Minimum indicator

- Collaboration with ANOFM, business associations, the private sector, etc.;
- Participation in multidisciplinary teams.

### Aspirational indicator

- The organization has resources to meet the needs of the victim in collaboration and coordination with other professionals.



## • Checklist of service delivery indicators

Key indicators	Check	Source/ comments
Total amount of funds allocated for immediate material aid and emergency financial assistance: per capita (adult victim and child victim)		
Number of beneficiaries for one year		
Types of aid offered		
Coverage of basic needs: food, housing, health care and education.		
Duration of short-term support up to 3 months		
Consent forms and personal data privacy and use policies are known and applied		
Security protocols and systems including physical security are known and applied		
Number of collaborations with multidisciplinary teams, ANOFM; private sector, etc.		



## • Checklist of service delivery indicators

Key indicators	Check	Source/ comments
Aspirational indicators		
Duration of long and medium term support 3 - 6 months		
Budget for urgent and additional costs		
The organization has a mechanism in place to collect feedback from the beneficiary and to evaluate the quality of the service		



## Standard 3. Case Management

**Definition:** Case management refers to a coordinated and organized process of identifying, assessing, planning, providing and coordinating the services and support needed by victims and their children to ensure access to legal, psychosocial, educational, medical, etc. services that meet their needs in an effective and integrated manner. The objectives of case management are:

- to ensure that victims and survivors are informed about their rights, all available options, resources and services;
- to identify the needs and problems faced by a victim and to provide specialized services in a holistic, integrated and coordinated manner based on the victim-centered approach;
- provide the victim and the survivor with emotional support throughout the process.

*A case manager* - social assistant's responsible for coordinating care and service delivery. The role of a case manager is to assess the needs of the victim and her children, develop the individual care plan, coordinate service delivery and monitor its progress in order to improve the child's life;

*Individual support plan:* a document that sets out the short, medium or long term objectives, the services provided and the intervention and support arrangements for victims of violence.



Referral - the process of directing the child and family to social services according to identified needs;

Risk - the likelihood of a danger to the life and health of the victim and children and an assessment of its magnitude and consequences

Essential stages in case management:

## **Stage 1. Introduction and engagement. Developing the relationship with the victim and building a foundation for a healing relationship**

- Greet and start a relationship of trust with the victim;
- Communicating in a warm and open way;
- Obtain informed consent from the survivor to provide case management services:

*Explain the case management process*

*Explaining confidentiality and exceptions*

*Explaining survivor's rights*

*Asking and answering questions*

*Use of the informed consent form*





## **Stage 2. Needs Assessment: Identify and assess the specific needs of the beneficiary to create a personalized intervention plan.**

- Determining whether other specialists are involved;
- Listening to the victim with empathy, validation, compassion and information;
- Identifying the survivor's key concerns and needs
- Document relevant information on:

*admission and assessment form;*

*risk assessment form;*

*the form to assess the different difficulties faced by survivors due to health problems. (The Washington Group Short Set on Functioning Questions).*

## **Stage 3. Intervention Planning: Develop a detailed plan including clear objectives and concrete measures to address the identified needs**

- We summarize our understanding on the survivor's key needs
- We provide information about what services and support are available and what to expect
- Plan with the person how to meet their needs, set personal goals and make decisions about what happens next
- We develop and document:

*individual safety plan and*

*individual assistance plan;*

*the suicide prevention safety agreement is signed;*

- Discuss concerns with supervisor.

**Stage 3. Coordination of Services: Ensuring that all necessary services (medical, social, legal, etc.) are**



accessed and coordinated effectively to avoid duplication of efforts and to achieve outcomes.

### **Stage 4: Monitoring and Evaluation: Monitoring the beneficiary's progress and adjusting the intervention plan according to the evolution of the situation and the feedback received**

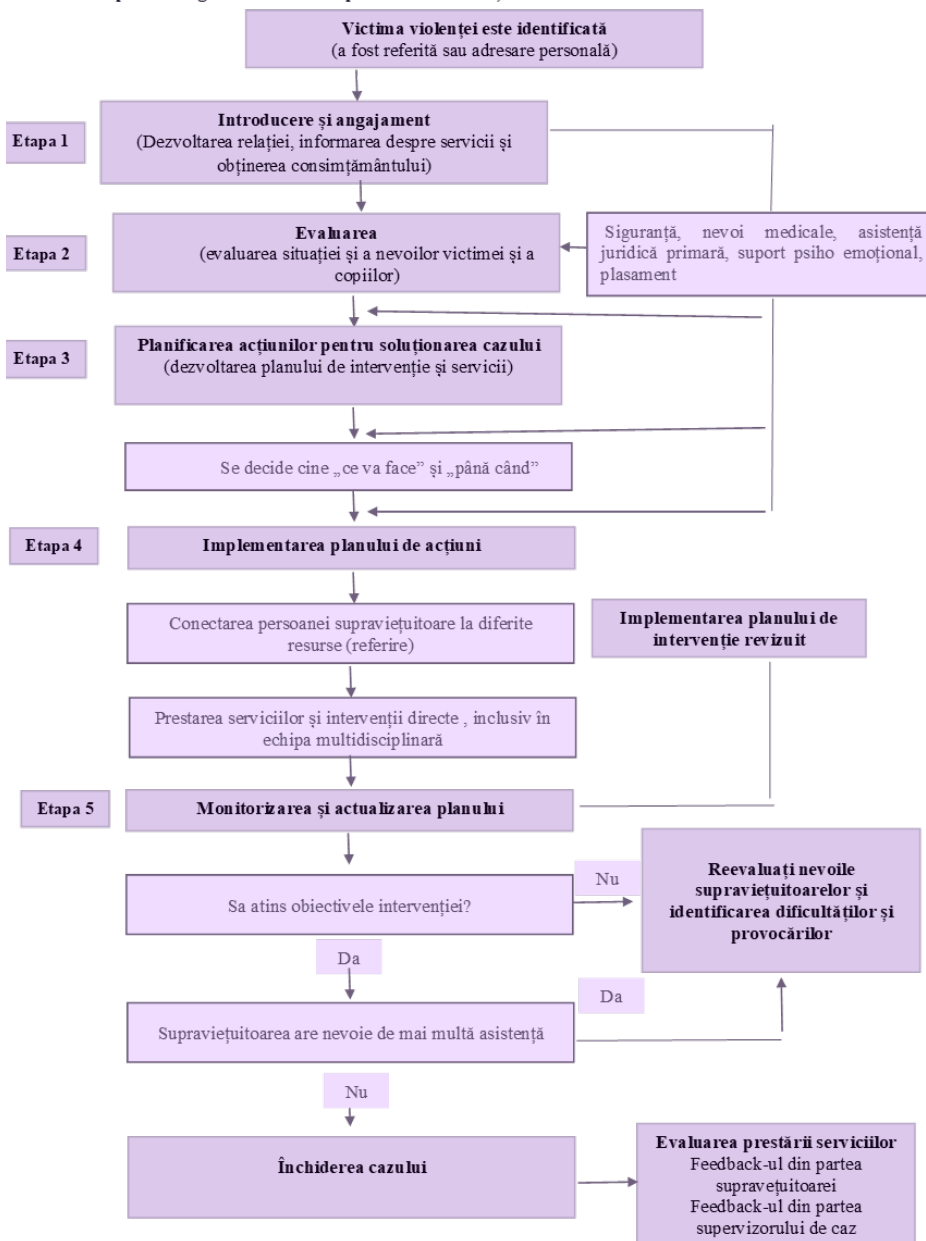
- Meet or contact the survivor at an agreed time;
- Reassessing safety;
- Review the case action plan;
- Implement the revised case action plan;
- Completing the feedback questionnaire.

### **Stage 5: Closing the case**

- We recognize when the assistance process is complete and close the case in a safe and supportive manner;
- Determine if/when the case should be closed;
- We document case closure (Case Closure Form);
- Keep the closed case file safe (transfer the closed file to the archive).



## Etapile managementului de caz pe cazuri de violență



<p><b>Standard case management of GBV: stages and responsibilities</b></p>	<p><b>Crisis case management (the time shown below is approximate)</b></p>
<p><b>Stage 1: Introduction and getting involved</b></p> <ul style="list-style-type: none"> <li>• Greeting formula.</li> <li>• Introduce yourself and your role.</li> <li>• Discuss all aspects of informed consent (confidentiality, mandatory reporting).</li> <li>• Answer the questions.</li> <li>• Get permission to continue.</li> </ul>	<p><b>Stage 1: Short introduction and engagement (5 minutes)</b></p> <ul style="list-style-type: none"> <li>• Greeting formula</li> <li>• Introduce yourself in one sentence: i am ____ and I work with ____ to support people who have suffered from harm/violence.</li> <li>• We strongly believe that we can help you and at the same time what you say will be confidential. You and I will decide together if and who to tell about the violence you have experienced for your own safety.</li> <li>• Can you tell me your most important preoccupation today?</li> </ul>



## Stage 2: Assessment

- Establish whether other specialists were involved in the intervention.
- Understand who the survivor is.
- Invite the survivor to tell you what happened.
- Listen carefully.
- Respond with validation, compassion and information
- Identify the key concerns and needs of the survivor.
- Document the relevant information in an evaluation form.

## Stage 2: Assessment (15-20 minutes)

- Listen (take time to listen to the survivor).
- Assess safety concerns, social services, networks, well-being and needs. Listen as much as possible and do not interrupt the survivor when they are telling their story.
- Respond with validation, compassion and information.
- DO NOT document information in a form or case notes unless there is no opportunity, and for safety reasons.

## Stage 3: Planning actions to resolve the case

- Summarize your understanding About the survivor's needs
- Provide information about what services and support are available and what they can expect.
- Plan together with the survivor how to meet needs, set personal goals and make decisions about what will happen next.
- Develop and document a case action plan.
- Discuss your concerns with your supervisor.
- Discuss monitoring options.

## Stage 3: Safety planning & overview of immediate medical services and covering safety and service needs (15-20 minutes)

- Safety plan.
- Provide information about what services and support are available



#### **Stage 4: Implement the case action plan**

- Make recommendations.
- Guide and empower survivors to access the necessary services.
- Coordinate action to solve the case.
- Provide direct services, by case

#### **Stage 4: Immediate implementation or move to action (5-10 minutes)**

- Inform the survivor about immediate service options for their immediate concerns.
- Make recommendations with consent.

#### **Stage 5: Monitoring and updating the plan**

- Meet and contact the survivor as agreed.
- Reassess safety.
- Review and revise the case action plan.
- Implement the revised plan.

#### **Stage 5: Resources and key messages (5-10 minutes)**

- Provide resources (material support, resources, hotline number, contacts of service providers, location of these services where appropriate, encourage her to stay there).
- Distribute key messages: the survivor is not alone, it is not their fault and affirm/validate the feelings of the survivor.
- For the last few minutes, stabilize the state of the survivor so she doesn't leave your session more traumatized than she came in (Plan actions for the rest of the day, encourage the survivor to be in the present).



## Stage 6: Closing the case

- Determine if/when the case should be closed.
- Document case closure.
- If possible, apply the feedback survey of assisted persons.
- Securely store the closed case file (transfer the closed case file to the institution's archive).



## Standard 4. Management and human resources

### 4.1. Administration and management

The organization operates in accordance with the Law on Public Associations, the Status, the organization and functioning Regulation, other relevant acts.

The organization has a transparent management and administration in accordance with its mission and publishes its annual activity reports on its websites or other communication platforms.

#### Indicators:

- Status of the association
- Organization and functioning regulation
- Development strategy and annual plan
- Annual financial and narrative report published on the website

### 4.2. Organizational chart and staff structure

The organization shall have a staff structure capable of ensuring that specific activities are carried out in accordance with the organization's statutes and regulation of activity, mission, purpose/functions and the needs of victims and can attract contracted specialists, refer to other institutions and organizations for the provision of services.



## Minimum indicators:

- The organizational chart (structure) can cover the provision of minimum and quality specialized services.
- Qualified staff employed with full workload.
- The approved list of posts, employment contracts and service contracts concluded with various specialists are available at the center's headquarters.
- Service contracts with contracted specialists
- Collaboration agreements with public organizations and institutions for the provision of services and referral
- Staff job descriptions (original or copy) are available at the organization's headquarters.

**4.3. Specialists and employees of the organization participate in initial and continuous training programs.** The organization shall develop and budget annually for the implementation of the Initial and Continuing Training and Education Plan. At the recruitment stage, staff undergoes initial training programs (specifics of violence and victimization, coping methods in crisis situations, etc.).

## Aspirational indicators:

- The initial and continuous training and professional training plan with training of at least 40 hours annually;
- Number of people trained, certificates and diplomas obtained;
- Budget planned and allocated annually for the training program.



**4.4. The organization may develop volunteer programs** and involve volunteers in the work of the organization. The organization develops and implements a training and education plan for volunteers.

**Aspirational indicators:**

- Number of volunteers
- Education and professional training plan.

**4.5. All staff carrying out their duties** shall be evaluated periodically, at least once a year, in accordance with the Staff Regulations and/or the Organization and Functioning Regulations.

The evaluation sheets shall describe the person's duties and note the extent to which they have been carried out and their performance. Each evaluation sheet shall be signed by the person who drew it up and by the evaluated person.

**Minimum indicators:**

Staff evaluation sheets are available at the organization's headquarters.

**4.6. Supervision**

- The shelter has an effective evaluation and supervision system in place, with professionals being subject to mandatory on-recruitment and annual evaluations.

**Aspirational Indicator:**

Specialists receive specialized individual or group supervision.



## Standard 5. Space and technical conditions

- The space where the organization provides specialized services for victims of violence should be a safe and friendly space, easily accessible, where women and girls are heard, listened to with empathy and supported through a process of empowerment.

### Availability and accessibility

#### Minimum indicator

- A schedule (working hours) available on the website, social media where contacts and communication channels are indicated and displayed in a visible place;
- Located in a safe and accessible place for transportation, including public transportation and community services: school, kindergarten, polyclinic, etc.;
- The services are provided in clean, naturally lit premises with water, sewage, heating, electricity, natural gas (where applicable), ventilation systems and are provided with the required by law permits;
- The space can be owned, rented or offered for free possession and use by public authorities;
- The space has computers, printers, telephones, internet connection, sufficient and appropriate furniture.



## It has the minimum necessary premises:

- Reception and waiting area: a secure area with controlled access, equipped with armchairs/chairs;
- Private offices/spaces for legal and psychological counseling and intervention where victims can talk safely with specialized staff;
- Children's play area, equipped with games and age-appropriate furniture that can serve as a care area for children accompanying their mothers;
- Staff kitchen and dining room;
- Storages: Areas for the storage of equipment, materials and food;
- Sufficient sanitary facilities for staff and beneficiaries.

## Aspirational indicators

- Facilities for people with disabilities;
- Rooms large enough to accommodate groups and equipped with flexible furniture for group activities (support groups, multidisciplinary team meetings, volunteer meetings, etc).

## Confidentiality and informed consent

### Minimum indicator

- Beneficiaries' files are stored in secure premises with restricted access for authorized persons only;
- A person in charge of filing and forwarding files is designated (usually the case manager);



- The information contained in the file is confidential and is shared with third persons or institutions only on the basis of a written informed consent of the beneficiary which is attached to the file;
- The organization has a personal data regulation/policy and employees are trained.

### Aspirational indicator

- Electronic system (database) for recording, processing, storing information on beneficiaries.

### Prioritizing safety

#### Minimum indicator

- The space is equipped with controlled access systems (automatic doors or card access systems to limit unauthorized access, gates, alarm buttons, etc.);
- The **premises are authorized** for civil protection, health and safety at work, hygiene;
- Staff are trained on how to ensure safety measures for themselves and beneficiaries;

#### Aspirational indicator;

- Mobile app to ensure security.

## IV. FEMINIST OPERATING PRINCIPLES FOR PLACEMENT CENTERS

### Service Name: Shelter

The Council of Europe standards in the field of GBV require one shelter per 10,000 inhabitants. Given the estimated population of the Republic of Moldova of 2 604,0 thousand people, 260 shelter places would be needed in Moldova. The shortage of shelter places is at least 75 places (60 - for women victims of domestic violence and 15 - for victims of sexual violence). Other problems include: - uneven geographical coverage at the district level, with practically no shelters in rural areas and on the left bank of the Nistru River; - there are no specific shelters for women from vulnerable groups (refugees, disabled, ethnic minorities), and in the absence of documentation, they are not eligible for placement; - the financial resources allocated to specialized services from the public budget are limited, not adjusted to the real costs of maintenance, and a separate line is not included in the sectoral budgets.

#### 4.1. General objectives of a shelter:

- Protection of women and children survivors of violence;
- Violence prevention;
- Long-term service provision and women's empowerment.

#### 4.2. Specific objectives of a shelter:

- Ensures the quality of services offered;
- It plays an important role in preventing violence against women and children;



- It aims to prevent further violence by providing survivors of violence with a safe environment and support to stop violence recurring;
- Provides women and children survivors of violence with comprehensive care, practical support and accompaniment during legal proceedings;
- Ensures their counseling needs are met by providing support;
- Provides crisis intervention as well as long-term therapy that is necessary to overcome traumatic experiences;
- Usually participates in the organization of primary and tertiary prevention activities;
- They play a key role in combating and preventing violence against women and their children.

### 4.3. Clearly defined target groups:

- Women's shelters are open to all those women who have become survivors of physical, psychological, emotional, sexual and economic violence perpetrated by partners, ex-partners or family members;
- A shelter has its door open to all women, regardless of age, religion, nationality, ethnicity, sexual orientation, disability, legal, marital or social status, political beliefs or economic situation;
- Women's shelters are also children's shelters because domestic violence also affects children, as they are either direct victims or witnesses of violence against their mother. Both experiences can be traumatizing.

Moreover, women may refuse shelter if they are not allowed to bring their children with them. The limited living conditions and lack of privacy in shelters lead to the imposition of an age limit for boys. However, if boys are not admitted on the basis of their age, it is up to the shelter to find accommodation elsewhere.

- A woman's age can be a problem. If a woman is under 18, this can cause legal difficulties. In this case cooperation with child rights authorities is important. Separate services should be developed for girls and young women, which in some cases is a better solution, since they often have special needs and face special problems;
- Women also become victims of other forms of violence (trafficking, sexual violence, rape). In general, it is up to the shelter to decide which groups of survivors of violence are received in addition to victims of domestic violence;
- Women's shelters may have problems in adequately helping women who suffer from serious medical problems or drug use. Drug abuse and mental health problems are often linked to traumatic experiences of domestic violence and sexual abuse. It is important for the shelter team to decide whether they can adequately help women with alcohol/drug problem or severe mental health problems, or whether they need to work with and contract with specialized services. It is advisable to make decisions on a case-by-case basis, depending on the problem being addressed and the resources of the shelter.





## 4.4. Principles of operation and functioning:

- **Feminist approach.** The way feminist principles are implemented in the shelter must be a model of freedom from violence for women and children. Interventions in the shelter will aim to provide women and children with a setting in which their voices are heard, listened to and empowered to speak out against violence. Men's violence against women is a manifestation of historically entrenched unequal power relations between women and men and a reflection of existing gender relations in society and politics. It must therefore be seen as an essentially social and political problem. Women's shelters must fulfill a political function in the sense of working to raise awareness of the social, historical, cultural and political frameworks that fuel men's violence;
- **Outreach to the community** - this refers to engaging with the public through awareness-raising campaigns to create and influence public discourse, communication and perceptions of domestic violence and the existence of shelters. Domestic violence continues to be a taboo subject in many countries, therefore informational campaigns initiated and managed by shelters/centers play a role of promoting human rights and have an educational impact in terms of non-violent behavior;

- **Women are supported by women.** Abused women suffer as a result of abuse from their partners. Victims of violence suffer from loss of confidence in their abilities and strengths. Thus, the shelter will create conditions for women who want to experience their own abilities leading to an active and independent life. This is also reflected in the structure of the shelter, where women work on both policy changes and household responsibilities, thus helping women in rethinking and overcoming stereotypical gender roles;
- **Representing women's interests** (Advocacy). Acting against violence means taking a firm stand and condemning violence against women in all its forms ("There is no excuse for violence").

Trying to remain neutral about what is happening means accepting violence. Women who come to the shelter do not have to give evidence of the violence they have experienced. It is important to believe what they say and treat them without prejudice. Victims need people to represent their interests, to stand beside them and on their side, to support them every step of the way. Representation of interests and solidarity are essential. The aggressor is always responsible for the violence. Taking a firm stance against any form of violent behavior, demonstrates condemnation of the act not condemnation of the aggressor as a person;



- **Teamwork (and horizontal hierarchy).** The organization of a shelter should reflect the promotion of democratic principles, the separation of powers and the avoidance of excessively bureaucratic or hierarchical structures. In shelters staff work as a team and responsibilities, managerial duties are shared. Even if the shelter has a director, it is important to work as a team, to involve shelter staff in all decisions and to involve staff in service development. These structures ensure that interaction and relationships are not based on the exercise of top-down power, but that people can live and work together in an atmosphere of solidarity and equality;
- **Involvement and democratic structures.** In all shelters there are regular meetings which are the basis for women's involvement. It is important that shelters are not turned into institutions where women's lives are dominated and controlled, but that women are included in all operational processes. The power of the husband must not be replaced by the power of the institution. Staff are called upon to handle power with care and to set shelter rules in such a way that they provide guidance without placing too many limitations on women's individual freedom; Women living in women's shelters and their children should have the right and be encouraged to participate in shelter activities and be involved in the decision-making process for organizing community life in the shelter.



- **Right to use a cell phone.** Smartphones are valuable devices for women victims of violence. They provide access to support apps and other information, and allow women to call the police when they are hiding from their abuser in an acute situation of danger. However, smartphones can also be used by abusers to stalk and harass victims of violence. In this regard, some shelters consider smartphones a safety issue and prohibit women from using their cell phones in the shelter or in certain areas. This is understandable but also problematic as it restricts women's freedoms. Therefore, a better way to address the problem might be to train victims on how to use their mobile phones in a way that does not endanger their safety.
- **Non-discrimination** - the shelter must be open to all victims, regardless of race, color, sex, religion, political opinion, nationality, ethnic and social origin, marital status, disability, HIV status, etc.
- **The right to self-determination.** It is important to respect women's right to decide about their own lives. It is often relatives, friends and professionals in support organizations who urge women what to do. Some think she should break up with her abuser, others say she should give him a second chance. Such advice can create even more pressure and is not helpful. It is important that the woman understands that only she is in a position to make decisions and that her decision will be respected.



The aim of an intervention is to stop the violence, not the relationship. How long a woman wants to stay in the shelter and whether or not she wants to separate is entirely her decision;

- **Right to confidentiality.** In order to protect a woman's rights and integrity, it is necessary for her to be able to decide what kind of information should be passed on to other specialists, institutions, etc. Thus, no information can be passed on by the shelter without the woman's consent. Exceptions should only be made if the life or health of the woman or child is in danger. (e.g. attempted suicide, acute partner violence, or women abusing children). Women must also have the right to receive counseling and support without having to reveal their identity;
- **24-hour service and unlimited stay.** A woman who has to leave her husband needs immediate support and protection. She should have access to shelter 24 hours a day, every day. In shelters, at least one person must be at all times ready to receive a woman and children.
- **Diversity.** The diversity of women should not only be respected but also seen as a value to be encouraged. In many shelters, staff reflect the diversity of society. This has several advantages: there is the possibility of providing care in women's mother tongues, learning new languages and understanding the specific cultural experiences of ethnic minority women;



- **Responsibility.** A shelter has a responsibility to women and children, to the organization and its members, and to society in general. The activities and conduct of a shelter must be transparent and understandable to all;
- **Interdisciplinary and multidisciplinary** - protection and assistance is carried out by a professional team, which has shared tasks and responsibilities. Cases are dealt with through a referral procedure, based on a multidisciplinary approach, involving specialists from outside the shelter if necessary;
- **Quality of services.** Professionalism is an essential condition for implementing the principles. Staff must be trained and paid. There must be resources for further training and supervision. The number of staff needs to be adjusted to the number of women and children in order to provide the necessary support and services and to keep up with the demands. Some shelters are dependent on volunteer support. Shelter quality standards will be verified through regular quality monitoring and evaluation;
- **Funding.** Shelters will be run by women's associations that are non-governmental, non-profit and politically independent (WAVE 2017). Good practices include the government providing secure and sustainable funding through multi-year contracts that should define the applicable conditions and standards.



Funding should also be provided for the activities that women's shelters carry out in the areas of awareness-raising, prevention and training for different professionals and groups. It is important to set up and fund national networks of women's shelters and support services, with the aim of jointly evaluating and improving service standards, improving the national data collection system and promoting knowledge sharing.

- **Free services.** This ensures that women in need can benefit from these services regardless of their financial status;
- **The organization of space** and activities offered by the shelter is based on the family model.
- **The founder approves** the Internal Organization and Functioning Regulation, which stipulate the objectives, activities and services offered, the internal organization of the Shelter's premises, the rights and responsibilities of employees and beneficiaries, human resources and management of the Shelter.
- **The administration of the shelter** ensures the familiarization of staff and beneficiaries with the provisions of the Organization and Functioning Regulation.



## 4.5. Types of specialized services offered by shelters

### Services available 24 hours

It is essential that women receive support in crisis situations and can come to shelter at any time, even at night. Accommodation resources can unfortunately be limited. There needs to be a policy to find solutions in cases where the shelter is full. The principle is that no woman who is in acute danger should be forced to return to a situation of violence or to stay with her violent partner. For example, transportation should be free of charge for survivors of violence, so that they can get to the shelter without worrying about money. Shelters would be well advised to set up a special fund to cover these costs (such as taxi fares). Going to the shelter is not usually the first step a survivor of violence takes. The first contact is usually by telephone. It is important for shelters to operate telephone hotlines, open day and night, as well as to provide telephone counseling services. The hotline will be available in a region/city to provide crisis support and information on how the woman can reach the shelter.

### Counseling

Counseling is one of the most important services provided in a shelter. The first meeting serves to build a relationship of trust.





The specialized person (social worker or psychologist) who counsels must listen carefully to the woman and identify her needs. The woman has the right to receive professional, non-judgmental support, whatever decision she makes. The counselor must always guarantee that all information will be treated confidentially and that she can remain anonymous. It is important to assess the violent man's level of aggression and safety planning.

The woman seeking help must also be given information about her rights and possibilities. Some of the information may be in written form. For her own safety, she may need to be advised not to disclose the information to the abuser. It is also important to identify the resources and the social network (family, friends, community services, etc.) that the woman can turn to for support. An individual plan should be developed for each woman, detailing the support available.

Safety planning. The number one priority of counseling and shelter work is ensuring safety for the woman and children. Appropriate safety measures must be planned and implemented whether or not the woman will remain in the shelter.



## Admission to the shelter

Intake of the woman (and her children) is done by a professional shelter worker/counselor. This can be difficult as many shelters do not have enough staff to cover the 24-hour service. In either case the woman should have access to crisis support within the first few hours of her stay in the shelter. Arriving in the shelter can be a frightening experience at first. It is important that the woman is provided with intensive help and assistance at the beginning of her stay and that there is a contact person, ideally the person who has done the admission and provided the first counseling session.

This is an important factor in establishing trust and helping her to find her way around. The stress caused by the crisis situation faced by the woman and her children should not be underestimated, adding to the stress caused by a completely new environment and a multitude of unfamiliar faces.

It is important to have a poster inside on a board with the picture, name and position of all the women who work there to help the woman and children get to know the staff. After the orientation phase, and if in the shelter there is the possibility to have more than one specialized person (social worker, psychologist) then in principle the woman has the right to choose a counselor who will be her contact person during her stay in the shelter.



Usually this person will be the one who has been there for her from the beginning and with whom she has developed a close relationship. If this is not possible (e.g. the person is too busy at the time), a viable alternative must be found together with the woman. The woman and children will need to learn the most important information about the shelter and be familiarized with the rules of shelter life.

### **Accommodation period in the shelter**

During this period the woman familiarizes herself with the shelter and the staff, recovers from the traumatic situation, adjusts to shelter life, reflects on her needs and concerns, and begins to make decisions about her next steps. This phase can last from a few hours to a few days or even weeks. In this phase women need to decide whether to stay in the shelter or go elsewhere, and whether or not to separate permanently or temporarily from their partners.

It is important for the woman to hear that it is up to her to decide and that she has the right to return or leave. It is also important for her to hear that she can return to the shelter at any time, even if she goes home in the meantime. If she goes back to her partner, it is necessary to discuss safety issues with her and to develop with her strategies to protect herself and her children. Also discuss where and how she can find support.



Some women ask if violent men can change, if their partner can change. We will have to see what kind of possibilities there are. There are, for example, programs for abusers in Drochia. In this case, the woman can make her return conditional on her partner's participation in the program of assistance and counseling for domestic abusers. It is recommended to refer violent men to the abusers' program because the program considers safety issues as a priority and this program collaborates with women's services.

In this phase it is particularly important to ensure that the woman receives intensive and well-planned counseling because this is the phase when women decide whether or not to return to their partners.

### **Individual counseling and empowerment**

During individual counseling, the woman's concerns and needs are assessed and priorities are set. An individualized counseling plan is developed for each woman

The professional's role is to discuss all available options with her and support her in achieving her goals.

Women need support in decision making, empowerment and confidence building. They should also have the chance to talk about their experiences of violence and have the chance to reflect on them (when they want to). It should be taken into account that most women need time to develop enough confidence and courage to be able to talk about their experiences of abuse, especially sexual abuse.



Counseling can help her to see her own behavior in relation to her partner as an effort to survive and prevent violence. By understanding the mechanisms of violence, she becomes able to develop strategies to help her resist violence more effectively. Women should receive practical assistance in different administrative matters and be accompanied to the police, hearings, etc. It can be beneficial to discuss the role of women in society, stereotypes and gender (in)equality and other similar topics. Even if we accept that our aim is to empower women, there is a danger of acting for them and not with them. The cause may be the inevitable power imbalance between the woman seeking help and the counselor. It is also important that the counselor constantly reflects on their relationship and ensures that the woman feels supported.

## **Support groups**

Women's shelters offer different forms of groups. Support groups supplement individual counseling, as in the group women realize that they are not the only ones who have suffered from partner violence.

The thematic groups provide the framework to discuss different issues: about violence, but also about any issue that is considered important. As a complement to individual counseling, the group can be an effective tool in helping women to turn their attention to themselves. The aim is to regain self-confidence and encourage interactions with other women. Further it is important that group members feel responsible for the group's development.



Another specific form of the support group is the mothers' group where women have the opportunity to talk about the role of a mother and the problems that arise in raising and educating children, etc. Another form of the support group is the creativity group (art therapy), where women have the opportunity to express themselves by painting, singing, crocheting.

It is recommended that the groups are facilitated by a counselor from the shelter (usually a psychologist or social worker). Women's individual opinions and voices should be respected in these groups.

## Legal advice

Survivors of violence need to be informed about legal rights and possibilities. Each shelter must provide legal information and support in legal proceedings. Legal information covers:

- Specific legislation on immediate and long-term protection of survivors of gender-based violence and domestic violence;
- Protective measures (about restraining orders and protection orders);
- Divorce and Marriage Law;
- Parental rights;
- About social insurance and social benefits;
- Women need to be accompanied to the police, courts and other legal institutions and to receive help in preparing for legal proceedings and trials;



- Referral for state-guaranteed legal services or legal services provided by specialized centres (e.g. Women's Law Centre in Chisinau, Family Justice Centre, Legal Clinic in Balti, etc.).

## Financial assistance

When a woman arrives at the shelter, it is important to help her with financial problems:

- It depends on the organization and possibilities of the shelters.

According to the shelter managed by A.O "Artemida" in Drochia (Assistance and Counseling Center for Victims of Domestic Violence "Ariadna"), women with children temporarily placed in the center receive financial support to cover basic needs (food and hygiene products).

- Also another step is to help her to find resources, referrals to get social help. Assisting women to get social support without time-consuming procedures is one of the important functions of the shelter. To do this it is important that the shelter develops good relationships with social assistance services. The shelter also has the role of helping the women with their financial claims (e.g. food allowance for herself and her children, unemployment benefit, child allowances etc.). The shelter must ensure that the woman's partner does not have access to her money. If, for example, child allowances or other social benefits are in his name, action must be taken to have them transferred into the woman's name.



## Services to help you identify your living space

Women survivors of domestic violence, and particularly women with young children, often face the prospect of poverty if the perpetrator prevents them from accessing financial resources or having an independent income as one of his control strategies.

This means that they have difficulty in finding housing they can afford. Thus together with the placement center assistant/social worker post leaving solutions will be identified.

Could be:

- discussions with the extended family in order to identify a place to live together for a given period of time
- intermediating communication with local public authorities to identify a social space
- intermediation and facilitation of other social services such as community houses/sheltered spaces provided by non-governmental organizations
- identification of financial support in conjunction with non-governmental organizations, foundations, etc. that provide financial support for the payment of housing rent etc

## Health care services

After coming to the shelter the woman may need emergency medical care. The social worker, case manager will accompany her to the medical services and ask for a comprehensive documentation of all injuries. Women should have free access to medical services provided by the state or in medical centers that cooperate with the shelter.



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## **Employment and professional training support services**

Supporting women with work-related problems is one of the important functions of the shelter.

Violence is an obstacle to women's employment and equality. For example, a woman may lose her job if her violent partner harasses her or prevents her from going to work. Sometimes the woman leaves her job or is dismissed because she cannot go to work because of her injuries. Support from the shelter with work-related problems is very important. Another function of the shelter is to encourage and assist unemployed women to find work or improve their qualifications. Women can be supported when applying for a job or preparing for interviews. The shelters work closely with occupational programs of the Employment Agency. Depending on the resources available, the shelters could provide different training and career guidance.

## **Support services for immigrant/refugee and ethnic minority women**

Within the shelter it is important to have information materials in different languages. When working with immigrant/refugee or ethnic minority women we need to be aware of cultural differences and respect them. Counselors (social assistant, psychologist) need to be aware of their own stereotypes and prejudices that may hinder them in providing adequate support.



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If possible, depending on the existing resources of each shelter, ensure that immigrant/refugee or minority women are provided with access to the services of a counselor who speaks the same language, either from within the service if available or from outside, by referral to other services according to the needs of the person assisted.

### **Appropriate services for women with special needs**

Shelters need to be prepared to accommodate women with disabilities. Older women may need special medical care as well as a quiet room in the shelter. Often older women are financially dependent on their husband's pension. That is why it is important to have close cooperation between the shelter and social welfare services. Counselors should try to break the isolation of these people, support them in learning new coping strategies and strengthen their self-esteem. Pregnant women or mothers of newborn babies need a particularly quiet room. The nurse who comes to the shelter to supervise the mother-child couple should be registered as a contact person.

### **Services for children who are placed in shelters with their mothers**

Children of survivors of violence need special attention during their stay in the shelter.

Qualified staff working with children and special rooms are needed. Sufficient budgetary means must be allocated for childcare. Children arriving at the shelter have witnessed, often survived, violence; any of these situations is a traumatic experience. It is therefore necessary to pay special attention to their needs. Research shows that these children as adults are at a much higher risk of becoming perpetrators or victims than children growing up in non-violent families. The aims of services for children are:

- Providing physical and emotional security and creating a sense of safety. Children accompanying their mothers to the shelter may be injured or suffer from various health problems. They may need to be referred for medical care. Safety planning is also an important task of children's services;
- Improving children's mental and emotional well-being and health. This is a long term goal of children's services, but can be prioritized in crisis situations when self-destructive manifestations occur. Support for emotional and mental health problems will also increase child safety.
- Support children to enjoy childhood again. Children who have been exposed to domestic violence may take on adult roles or may be very anxious and tense following their experiences. Through play, relaxation or simply having fun they can enjoy their childhood again.
- Support the mother-child relationship. Mothers are ideally placed to support their children as they recover from the effects of violence. Working with mothers is a good way to meet the needs of the child.



## High quality and comprehensive services for children.

Services for children should include crisis intervention, psycho-social, pedagogical, therapeutic and group dynamics work. Children who have witnessed violence or who have themselves been survivors of violence usually have low self-esteem, in many cases they have problems related to aggression or anxiety. Some children may display self-aggressive behavior. Violence affects children's capacities and slows down their development. Social skills may also be affected. Psychosomatic symptoms are very common (sleep disturbances, tummy aches and headaches, nausea, enuresis, eating disorders, etc.).

For children, entering and staying in a shelter brings new challenges, but it can also entail adjustment difficulties. When mothers decide to end an abusive relationship and use the services of a shelter, their children face at least as intense a crisis as their mothers.

They face a range of emotional and physical difficulties when they encounter the specific shelter conditions:

- *recent crisis as a result of domestic violence;*
- *the breakdown of normal coping strategies and support systems as a result of separation from home, father, grandparents, friends, school, etc;*
- *the need to adjust quickly to a new living situation;*
- *difficult living conditions, which can include lack of privacy and intense emotions from other shelter residents;*



*- the emotional and/or physical unavailability of mothers, due to the emotional turmoil they are going through or the practical demands of the need to reorganize their lives.*

In working with children in shelters it is important to take into account the individuality and uniqueness of each child's experience in recovering from the consequences of violence, while being aware of the commonalities of their experiences and needs. During the stay in the shelter to meet the needs of children often requires crisis intervention and emotional support, medical care, cooperation with the educational system, legal and child protection services, support in school tasks as well as work with mothers in order to improve their parenting skills.

### **Individual counseling for children placed in shelters**

Individual counseling provided in a supportive environment gives the child the opportunity to build a trusting relationship with his or her counselor (social worker or psychologist), which can serve as a model for future relationships. These meetings focus on the child's feelings (fear, confusion, sadness, guilt, anger, etc.) and needs. The counselor helps children to understand their own experiences and to realize that they are not to blame for adult violence. Strengthening the child's self-image is an important aspect of this work. Counseling children individually will help to create a safe therapeutic environment:



- by sending a clear message to the child that they will not be forced to talk about things they don't want to;

- by clarifying privacy issues. Safety is an issue that needs to be addressed from the outset. Safety plans for children should be realistic, simple and take into account the age of the child.

Benchmarks for a safety plan in working with children are:

- how to avoid situations similar to those in which he was abused;
- who to call;
- how to get help in emergencies;
- escape logistics;
- what to do if kidnapped. We develop the safety plans with the mother and child and rehearse them to make sure she has retained them.

The topic of ending the relationship needs to be addressed quite early in the counseling process. Discussing and preparing for separation is an important theme in work with children who have suffered from violence. Children do not always need formal counseling sessions; sometimes they just want to meet with an adult in an informal setting. Having a discussion with an adult who is happy to spend time with the child is a positive, rewarding experience. Working with children varies according to their age. With teenagers we can talk about what they might need to feel safe again or what kind of services they or their mother can contact. Work with young people can address their attitudes to friendships or relationships and their thoughts about domestic violence.



It can be useful to discuss attitudes about domestic violence and the need for social change, that it is a crime, that no one has the right to abuse another person.

## **Child support groups**

Groups are considered to be an effective way of working with children and young people who have been exposed to domestic violence. Many formal or informal groups can be organized in a shelter. The forming of a supportive, accepting environment is encouraged, providing children with opportunities to give and receive support and to learn effective ways of interacting and expressing their feelings, thoughts and needs.

The goals of most groups for children include defining violence and responsibility for violence; expressing feelings (including anger); improving communication and other skills; improving self-esteem; developing social support networks; developing safety plans; and experiencing the joy of positive experiences. Educational, information and prevention groups can be provided. The planning of group activities should take into account the age and developmental level of the child, cultural differences as well as the special needs of children with disabilities.



## **Play therapy**

### **Support activities.**

Play therapy is a valuable method when working with children who, for emotional or developmental reasons, have difficulty verbally expressing their feelings, thoughts and experiences. Play is the child's natural medium of communication which he or she uses to "face fears and anxieties about abuse, express feelings about what has happened to him or her and to show his or her understanding of relationships". Through play, the child can symbolically represent events that provoke feelings of fear, anger, grief, sadness or anxiety and help them to process and integrate experiences. Play therapy can be used both individually and in groups.

**Art therapy.** Art therapy can be a useful method of communication, assessment and therapy. The child uses certain forms of artistic expression to express those feelings and thoughts that cannot be put into words. Drawing, painting, music, modeling, poetry, drama help to release accumulated tensions and anxieties. It can be used in individual or group counseling.

**Educational and recreational activities.** Play and recreational activities that do not focus on violence and are organized in an informal setting are good opportunities to promote mutual support between children. Sport, walking, moving, dancing can be facilitated. Some children may need support with school tasks to improve their skills.





**Support during legal intervention.** A child who is to be heard in specialized conditions benefits greatly if the specialized person (psychologist or social assistant) who understands court proceedings prepares him or her for participation in the hearing of the minor and provides him or her with as much emotional and informational support as is necessary to feel comfortable with this part of the court proceedings.

**Supporting children by counseling mothers.** Children's services are not just about concrete work with children; working with mothers is also very important, as they are in a position to respond to children's needs. In some situations the counselor who works with children also works individually with the mother. Meetings will be scheduled at the request of the mother or the counselor (psychologist or social assistant). The aim is to communicate the children's needs, fears and problems to the mother when the child or the situation calls for it (e.g. the child has been affected by an experience of violence in the shelter).

Another possibility to work with mothers is the group (mother's group), in which child counselors convey to the mothers the children's point of view, taking into account their age and of course, the limits of confidentiality. In terms of methods (supportive or confrontational) used in working with mothers the role of child counseling is to communicate to the mother and advocate for the child's needs.



## 4.5. Space for shelter

A women's shelter is more than "a roof over your head". First and foremost, it must be a safe place for women victims of violence and their children. It must also be a place where women and children feel welcome in their temporary home. If the quality of the shelter is poor, this sends a message to women and children that they are not valued. While a good quality women's shelter does not mean that it has to resemble a 4-star hotel, it is important to keep in mind that as women victims of violence, they have suffered injustice, lived in fear and suffering

In order to heal, recover, gain strength and be empowered, society should provide them with the best possible support to restore their health and dignity. To this end, a safe, well-built and adequate infrastructure is a necessity.

- Shelters must have enough space to provide a minimum standard of one bedroom per family (female with one child); if more than one child is staying in the shelter, there should be an extra bedroom, or two extra bedrooms in the case of three children.
- Wheelchair accessible rooms and areas.
- Bathroom for each family, especially if there are older children/boys in the family.
- A shared bathroom for two single women.
- Sufficient cooking facilities and laundry facilities for all women and their children, as well as storage facilities.
- Space for age-appropriate activities.



- Room for studies, lectures and homework, equipped with computers.
- Recreation space for women (living room), if possible a garden.
- Meeting rooms for women to get to know each other, share their stories, raise awareness and find solidarity.
- Counseling rooms (individual and group sessions) and staff to provide childcare during sessions.
- Office room and night shift room for staff.
- A large hall for big meetings, seminars and celebrations.

#### 4.6. Good governance and staff

Each shelter must develop and implement its own management structure. The women's shelter should serve as a role model, aiming to empower victims, which requires participation and teamwork (WAVE, 2004, page 49).

#### Working hour requirements for staff of a women's shelter

**The WAVE manual (2004, page 57) includes a calculation of staff hours for a medium-sized shelter for 10-15 family units, i.e. a total of 25-35 places, operating a 24-hour emergency telephone hotline and providing counseling services. The minimum staffing requirements for such a shelter are:**

- *5 full-time staff members for 24/7 shelter services*
- *2 full-time staff members for counseling and support for 10-15 women*
- *1 ½ full-time staff members to support children in the shelter*



- 1 staff member for administration
- 1 staff member for management, networking and public relations.

An additional staff member is needed to provide the necessary attention and support to children with special needs, e.g. children with disabilities, children with autism or hyperactivity disorders. This means that approximately 10-11 full-time staff members are needed.

## Staff training

Paid staff, as well as volunteers, must be adequately trained in all areas of service delivery, shelter principles and standards. WAVE (2004) suggests an initial basic training of at least 80 hours (approximately two working weeks), followed by specific training modules.

The Council of Europe's Minimum Standards for Support Services (2008, page 49) suggests the following topics for training:

- a gender analysis of violence against women;
- communication and intervention techniques;
- confidentiality;
- child protection;
- accessing translation and disability services;
- appropriate referral procedures;
- information about trauma, coping and surviving mechanisms;
- risk assessment and safety planning;
- non-discrimination and diversity; empowerment.



- **Supervision to ensure quality standards**

Supervision is an important tool for assessing the quality and improvement of services and ensuring staff well-being. Supervision should be mandatory for all staff, including volunteers. Specialists should receive monthly individual supervision; in addition, group supervision should be offered to all team members every 4-6 weeks.

- **Victim-centered assessment, monitoring and data collection**

Ongoing compilation of statistical data is necessary for the evaluation of services. According to the Explanatory Report of the Istanbul Convention (paragraph 74), recorded data should be disaggregated at a minimum by sex, age, type of violence, as well as relationship between perpetrator and victim and geographical location. Service quality standards should be assessed by service users, i.e. women and children seeking help at women's shelters.

- **Rights and responsibilities of shelter beneficiaries**

Women's shelters provide specialized services according to the highest possible professional standards. A certain degree of institutionalization is necessary in order to provide these standards.

However, it should not be forgotten that women's shelters are temporary homes for women and children, where they should feel comfortable and safe and where they are empowered.

Rules are important for living together, but they must be kept to the minimum necessary for pleasant community life and to ensure freedom for each individual beneficiary. Any information provided must be clear and written in plain language so that the beneficiaries can easily understand and memorize it. Beneficiaries need to know that they have rights, which have been recorded in writing and which they can enforce, and responsibilities which they must respect. They also need to know where to go in the event of a complaint.

### *Participation of beneficiaries in the work of the shelter and decision-making processes*

Women living in women's shelters and their children should have the right and be encouraged to participate in shelter activities and to be involved in the decision-making process for the organization of community life in the shelter.

Right to use a cell phone. Smartphones are valuable devices for women victims of violence. They provide access to support apps and other information, and allow women to call the police when they are hiding from their abuser in an acute situation of danger. However, smartphones can also be used by abusers to stalk and harass victims of violence. In this sense, some shelters consider smartphones a safety issue and prohibit women from using their cell phones in the shelter or in certain areas. This is understandable but also problematic as it restricts women's freedoms. Therefore, a better way to address the problem might be to train victims on how to use their mobile phones in a way that does not jeopardize their safety.



## Annexes: Model documents

### Annex no.1

Request for specialized assistance in cases of violence/domestic violence

To:

#### Request for assistance:

I, the undersigned, \_\_\_\_\_ identified by INDP 00000000000000000000 born on \_\_\_\_\_, tel. \_\_\_\_\_, e-mail: \_\_\_\_\_ with domicile at: \_\_\_\_\_,

**I request that you give me specialized assistance on the case of violence.domestic violence:**

- Primary/qualified legal assistance;
- Social assistance, material help;
- Crisis/short-term/long-term psychological counseling;
- Psychological assessment;
- Career guidance/ Vocational guidance



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## Case details:

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## Annexes:

*Copy of identity card;*

*Copy of certificates*

*A copy of the documents necessary to draw up a specialized intervention plan*

Date

Signature: \_\_\_\_\_



## Annex 2

### Consent agreement

on consent to be photographed, filmed, voice recorded, etc. \_\_\_\_\_, and permission to use the product obtained (image, voice etc).

I, the undersigned, \_\_\_\_\_

\_\_\_\_\_, identified by IDNP

IDNP0000000000000000000000, BI series no.\_00000000

with legal domicile established at: \_\_\_\_\_ ,

hereby declare that I agree that the "Name of the service provider organization":

a) to photograph my image (including in my home) as well as use the product for the purpose of \_\_\_\_\_;

b) to film my image (with distorted voice, and blurred image);

c) record my voice (using voice distortion techniques);

d) have the right to use the photo, video and audio material obtained;

e) to process the imagery but without distorting reality, message or context;

f) to share the product obtained in the media information space: website, Facebook page: in the organization's annual reports, or reports to donors.

g) \_\_\_\_\_

h) \_\_\_\_\_



Further, I am aware and have nothing against the fact that, the photographs, video or audio recordings will present my image, including my face and body, my home and will serve as a purpose \_\_\_\_\_by the organization.

I allow the photographs, video or audio recordings obtained to be used by the organization for a period of 2 years (until - \_\_\_\_\_) with the organization's responsibility not to disclose personal identity data: name, surname, IDNP, date of birth, city, locality, contact details of myself and my children.

I declare knowingly, without any compulsion on my part, that the information provided is correct and that I agree to all the above conditions.

Date:

Signature:

## Annex no.3

### APPLICATION for legal aid in domestic violence cases

Approved: Date: \_\_/\_\_/\_\_\_\_

Signature of supervisor

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Case code: \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/

### REQUEST

#### for legal aid in domestic violence cases:

I, the undersigned \_\_\_\_\_/

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INDP: \_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_,

date and year of birth \_\_\_\_\_,

tel. \_\_\_\_\_, e-mail:

----- at the moment I live at

-----, residence visa

----- I request to be granted specialized service for the case of domestic violence to which I have been/am exposed by:

- Legal information on protection measures in cases of domestic violence or other related issues;
- Legal advice on issues related to protective measures in cases of domestic violence or other related issues;
- Support in drafting judicial documents for the court
- Support for the preparation of the complaint in the order of art.264CPP for a criminal offense;



- Monitoring and support in the process initiated by the Criminal Investigation Body or Court;
- Qualified legal assistance (representation of interests by a lawyer).

I also hereby confirm that I have been informed about the personal data processing process, the needs and risk assessment process on domestic violence cases, and I expressly express my free, unconditional, specific and conscious consent to the provision of personal information in order to be granted the specialized legal assistance service on domestic violence cases.

I have been informed about the fact that I have the right to refuse any intervention, and in this case the specialist will not be able to operate with my personal data.

I have been assured that, the specialist will ensure that my personal data is kept confidentially and securely in accordance with the provisions of the **Personal Data Protection Act**.

I have been informed about the fact that the term for processing personal data ceases once the case is closed. Upon expiration of this term, the data are processed in archived form, and kept in the archive of the specialized service, in accordance with the legislation in force in the Republic of Moldova

Annex: Copy of your identity card.

Date

Signature: \_\_\_\_\_



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## **Annex no.4**

### **Safety plan:**

#### **SAFETY PLAN:**

**Name Surname:** \_\_\_\_\_

#### **In an emergency I will call:**

*Trusted person (family member, friend, etc.)*

*Police/ sector inspector:*

*Shelter/emergency assistance service:*

*Emergency Medical Service:*

*Others:*

#### **In an emergency I will go to:**

Place nr.1. (address)

Place no. 2 (address)

#### **I can use some or all of the safety strategies:**

I'll leave the money and a set of keys so I can leave quickly:

I will keep copies and originals of important documents at:

I will keep copies and originals of important documents at:

I can talk about violence in my family, and I'll ask him to call the police if he hears strange noises in my house with

I can use (e.g. a word, a sign) \_\_\_\_\_

as a code in communicating with children or friends so that they call for help in case of danger.



I can pack my emergency bag/purse and keep it:

**If my partner is no longer living with me, I can ensure the security of my home by changing the locks, installing an alarm system.**-----

**In case I leave home in a hurry, I need the following:**

- *Cash money*
- *A set of spare keys from the house*
- *Extra clothes and children's clothes*
- *Means of personal hygiene*
- *Identity documents/ important documents*
- *Mobile phone/ charger*
- *Phone book*
- *Children's favorite toys*
- *Others*-----



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## Annex 5

### REFERRAL TO SERVICES

#### I General dates:

Date of issue:

\_\_\_\_/\_\_\_\_/\_\_\_\_

The person who oriented the beneficiary:

Name First Name:

-----

Phone:

-----

E-mail:

-----

#### II. Identity data of the beneficiary:

Name First Name:

-----

Year

date of birth:

\_\_\_/\_\_\_/\_\_\_\_\_

Residence visa:

Or.-----

Str.-----

Contact phone: -----



## Education level:

- Media
- Specialized media
- Higher
- Postdoctoral

## Occupational status:

- Employee
- Unemployed
- Maternity leave
- Retired

## Marital status:

- Single
- Married
- Divorced

## Presence of minor children

- a child
- 2 children
- 3 children
- 4 and more

## III. Assessment of the case of violence

The status of the beneficiary in relation to the aggressor:

- Wife/ concubine
- Ex-spouse/former concubine
- Relative \_\_\_\_\_
- Other \_\_\_\_\_





## Form of violence identified

- Physical
- Psychological
- Sexual
- Economic
- Spiritual

Has the beneficiary contacted the police or other authorities: yes, no

<p><b>Beneficiary needs</b></p>	<p><b>Legal assistance in drafting an application for a protection order</b></p> <p>Legal assistance in drafting an application for a protection order</p> <p>Legal assistance for the preparation of the application for divorce, establishment of children's domicile, food pension</p> <p>Legal assistance in drafting a complaint or appeal</p> <p>Legal assistance in criminal cases</p> <p>Or misdemeanor</p>	<p>Counseling for adults</p> <p>Counseling for minors</p> <p>Psychological assessment for adults</p> <p>Material aid</p> <p>Vocational guidance</p> <p>Studies</p> <p>Employment</p> <p>Placement</p>
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<p>The beneficiary has identity documents</p>	<p>Identity card</p> <p>Original marriage certificate</p> <p>Children's birth certificates</p>
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# Annex 6

## Case closure sheet

**File code:**

**Case Manager:**

Summarize the reasons why the case is closed. Comment on progress made in achieving the objectives of the action plan. If necessary, include provisions for continuing services, listing agencies and contacts.case.

### Checklist

The Action Plan/Safety Plan is reviewed and implemented.

YES \_\_\_\_\_

NO (explain) \_\_\_\_\_

The person has been informed and knows that they can return for support and services at any

time.YES \_\_\_\_\_

NO(explain) \_\_\_\_\_

The case supervisor reviewed the case closure plan.

YES \_\_\_\_\_

NO (explain) \_\_\_\_\_

Explanatory notes/Details to consider:

Case opened on date\_

Case closed on \_

**Case Manager Signature/Date:**

**Supervisor Signature/Date:**

## Annex 7

### Entry and exit protocol

The protocol for entering and leaving the women's shelter must include information on:

- the range of services available for women and children, the principles of service delivery and
- staff information;
- the rights of service users at the women's shelter;
- procedures for entering and exiting the women's shelter;
- information on complaint procedures;
- access protocol should also explicitly inform victims that they and their children can return to shelter anytime, whenever they need support.

It should also contain privacy rules, including privacy limitations and data protection rules.



## Legislative framework

1. LAW No. 45 of 01-03-2007 on preventing and combating domestic violence
2. Government Decision no. 1200/2010 approving the Minimum Quality Standards for Social Services for Victims of Domestic Violence;
3. DECISION No. HG332/2023 of 31.05.2023 on the approval of the National Program on preventing and combating violence against women and domestic violence for the years 2023-2027.
4. Government Decision No 129/2010 on the approval of the Framework Regulation on the organization and functioning of rehabilitation centers for victims of domestic violence;
5. Government Decision no. 575/2017 on the approval of the Regulation on the organization and functioning of the free helpline service for victims of domestic violence and violence against women and the Minimum Quality Standards;
6. Law on Preventing and Combating Trafficking in Human Beings No. 241-XVI of October 20, 2005
7. Law on State Guaranteed Legal Aid No. 198-XVI of 26.07.2007
8. Law on compulsory health insurance.



9. Joint Order of the Ministry of Health, Ministry of Labor and Social Protection, Ministry of Internal Affairs, Ministry of Justice and the National Council for State Guaranteed Legal Aid on the approval of the Instruction on the mechanism of intersectoral cooperation in cases of domestic violence No. 48/298/298/610/162/5 of June 22, 2022.

10. Guide "Case Management" approved by the Order of the Minister of Social Protection, Family and Child No 96/2016.

11. The Instruction on the intervention of territorial social assistance structures in cases of domestic violence (Order of the Minister of Labor and Social Protection No. 903/2019) describes the procedure for managing cases of domestic violence, listing the documents that need to be finalized in assisting the case, the actions required to be taken, the response in emergency cases, etc.

12. Joint Order of the Ministry of Interior, Ministry of Justice, Prosecutor General's Office, Ministry of Health, Ministry of Labor and Social Protection, Ministry of Education and Research no. 89/22/172/56/20/121 of 28.02.2022 on the mechanism of monitoring and analysis of cases of domestic violence resulting in death or serious bodily harm to the victims.

13. Methodology for the work of the intervention team in cases of sexual violence and the instructions for the work of the intervention team in cases of sexual violence (Government Decision no. 223/2023).



14. Instruction on the inter-sectoral cooperation mechanism for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking approved by Government Decision no. 270/2014.

15. Case Management in Child Protection and the Support Guide for its practical implementation (Order of the Ministry of Labor and Social Protection no. 134 of 15.09.2023),

## Bibliography:

- Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) and Explanatory Report;
- Guidelines on Safe Consultations with Survivors of Violence against Women and Girls [Safe-consultations-with-survivors-of-violence-against-women-and-girls-en\\_ro\\_.pdf](#) (unwomen.org)
- Institute for Family and Social Initiatives, Methodological guide "Methods of psychological intervention for people affected by gender-based violence and domestic violence", Chisinau 2023
- Institute for Family and Social Initiatives "Good practice guide on providing psychosocial support in working with refugees and host communities", Chisinau 2023;
- Ludmila Popovici "The Art of Providing Support. Guide for specialists providing support to victims of gender-based violence, including rehabilitation services", Chisinau 2022 [THE ART OF OFFERING SUPPORT. Guide 2022.pdf](#) (memoria.md)
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- Evaluation of Social Services SEISS Model, Applied study in the field of family violence, Adela Ionela DINU, Mirton Publishing House, Timisoara 2010







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