



Manual on Model Practices for the identification, needs assessment and referral of victims



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1. Introduction

1.1 The Victims’ Directive

The Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, replacing Council Framework Decision 2001/220/JHA (hence the Victims’ Directive), adopted in 2012, is an important pillar of the European criminal law agenda. The Victims Directive was part of a horizontal package aimed to ensure that any victim can rely on a basic level of rights, independently of nationality and place of the crime. The Directive entered into force on 14 November 2012 with a deadline for transposition in 16 November 2015. It is divided in six chapters which introduce measures to respond to the need of victims for recognition and respectful treatment; protection and support; access to justice; compensation and restoration. The Directive introduces several innovative elements in the approach to victims in particular an individualized assessment of victims’ needs, a participatory approach with regard to rights and support services; a child-sensitive approach; and special attention to victims of certain crimes.

1.2 The Project

The project “Developing Directive-compatible practices for the identification, Assessment and Referral of Victims” builds the knowledge basis for the effective implementation of the Victims’ Directive by proposing model practices for institutions in three critical aspects of victim’s rights: a) Victim identification b) Individual assessment of victims’ needs (including special protection needs) and c) Networking and referral practices between institutions involved in victim support and protection.

In specific, the project contributes to the effective implementation of the Directive by a) enabling a cross-fertilization and exchange of knowledge and practices on articles 22 and 26 of the Directive of Victims 2012/29/EU b) developing practical tools that can be used by practitioners and policy makers on three critical issues of the Victims Directive c) providing capacity building (art. 25) and promoting networking among professionals nationally and transnationally d) enabling the exchange and dissemination of good practice; e) and ensuring that the results are transferable and open to free use by any interested party after the end of the project.

1.3 Project activities

The project combines data collection, field research, analysis, capacity building, networking and dissemination. The project activities are organised in 3 Workstreams. Workstream 1 focuses on data collection and research and recorded practices for a) victim identification, b) individual assessment of victims’ needs (including vulnerable victims) and c) effective and low –cost referral mechanisms in the 6 participating member states (AT, BG, CY, ET, GR, IE,



IT) and 5 additional countries (ES, PT, NL, FI, PL). The project focused on the practice of frontline institutions (law enforcement, health authorities, victim support services / NGOs) which are in fact the ‘entry points’ to the victim support system. Following their recording, national practices were scrutinized in the light of the standards introduced in the Directive and ‘model’ practices were identified. A checklist for assessing the compatibility of national practices was proposed.

Workstream 2 focused on capacity building activities for policy makers and professionals involved in victim support at national level (in the partner countries) and transnational level. Specific modules and training materials transferring the knowledge on Directive-compatible practices were prepared and disseminated through two networking and capacity building workshops organized in each partner country. Further, a transnational training – networking event for professionals involved in victim support from across Europe was organized in Athens. Workstream 3 focused on the dissemination of the results of the project through the present Manual on Directive – compatible practices, the project website and awareness events in each partner country.

All information on the project and its outputs is accessible at the website: <http://victimspractices.eu/>

1.4 Partners

The project is implemented by the Centre for European Constitutional Law (GR, www.cecl.gr) in cooperation with the Center for the Study of Democracy (BG), the Province of Livorno Development (IT), the European Training and Research Centre for Human Rights and Democracy (AT), the Institute of Baltic Studies (EE), the Centre for Criminal Justice at the University of Limerick (IE) and the Cyprus Center for European and International Affairs.

1.5 The project approach: mapping the practice of ‘entry points’ to the criminal justice system

The project adopts an innovative approach by focusing on institutions that are the ‘entry point’ of victims to the criminal justice system. These include the police, prosecution, health, legal, and victim support services. Initially the entry points in each country were mapped and interviews were organised with frontline staff. The interviews focused on the way that institutions work to identify, assess the needs and refer victims. A total of 103 interviews were organised in the 7 partner countries.

1.6 Understanding ‘model practices’

Professionals working with victims have to make difficult decisions on a daily basis, prioritizing their clients’ needs and looking for solutions to cover often severe gaps in



national service provision. It comes as no surprise that professionals are often looking for ideas or solutions on how to improve their institutional practice in order to become more efficient, effective and best serve their function.

In this Manual, Model Practices refer to practices identified in the countries participating in the project related to the identification, needs assessment and referral of victims that a) are compliant with the standards set by the Directive b) are easy to implement and have relatively low cost c) are reported as effective d) are victim – friendly and e) present innovative and transferrable features.

Although the project acknowledges that there is not one solution to effective identification needs assessment and referral, it builds on the premise that the knowledge of reliable, feasible and low-cost solutions that are already applied in counterpart institutions across the EU member states is an invaluable resource for innovation and improvement.

1.7 Purpose and target audience of the Manual

The purpose of the Manual is to highlight national practices identified through the project with regard to the identification, individualised needs assessment and referral of victims that best comply with the standards introduced by the Victims Directive.

The Manual addresses a) national policy makers involved in implementing the Victims Directive who can benefit from knowledge on effective practices and ways in which Directive standards can be translated into practice b) front line professionals who come into first contact with victims (law enforcement, health services, victims support services) who benefit from specific Directive –compatible practices related to victim identification, needs assessment and referral.



2. Identification of victims

Identification refers to the action of deciding who falls under the protection of the Directive. This involves every action from the entry points that relates to identifying whether a person is actually a victim or not and whether they are entitled to benefit from existing services.

2.1 Standards introduced by the Directive

Relevant articles from the Directive are:

Art. 2 "Definitions"

Art. 8 "Right to access victim support services"

Art. 9 "Support from victim support services"

Art. 22 "Individual assessment of victims to identify specific protection needs"

Art. 23 "Right to protection of victims with specific protection needs during criminal proceedings"

The standards introduced by the Directive can be systematised as follows:

- 1. Purpose of identification:** collecting a minimum of information to be able to ensure that someone falls under the definition of victim. The definition of victim included in art, 2 of the Directive is very broad. Standards that can be derived from the Directive.
- 2. Definition of a victim:** The definition of a victim needs to be inclusive and common for all entry points accessible by victims. This is important to eliminate inequalities
- 3. Procedure:** The directive does not require a formal identification procedure. Self-identification is common practice that appears to be compatible with the Directive. Identification should be a loose process that allows everyone who self-identifies as victim to be recognized as such
- 4. Link to a criminal offence:** this should be rather loose link to allow for self-identification. This link is not so relevant for the entry points. It is relevant for the prosecution.
- 5. Actors:** specially trained persons/officers
- 6. Location:** The Directive does not prescribe a specific place for identification. This can take place in a variety of ways including through physical contact with the victim, online, through mail, phone etc. All these practices are compatible as long as they respect the dignity and privacy of the victim.
- 7. Timing:** During the first contact with the entry points.
- 8. Outcome:** The minimum outcome is the provision of information to the victim in any form (written, oral, online).



2.2 Findings from national reports

The identification of victims is made at the points of initial reception in collaboration with the administration of first reception services. The identification process has a distinct focus at every entry point (collection of facts and evidence for the case file at the police; medical needs in health services; empowerment in specialised services for women; reporting to prosecutor for children; and a more holistic approach for NGOs offering generic victim services.

Institutional practice recorded in the member states participating in the project showed that identification is often a loose and informal procedure that relies heavily on self-identification of an individual as a victim and often overlaps or cannot be clearly differentiated from needs assessment.

2.3 Healthcare

The healthcare sector as entry point for victims of violence mainly includes three types of institutions:

- a) regular healthcare services, such as hospitals and resident doctors
- b) primary healthcare services for persons in irregular or precarious situations, who face barriers in accessing regular healthcare, e.g. the multi-medical centers operated by NGOs (GR)
- c) specialized healthcare facilities, such as forensic ambulances (AT) or Sexual Violence Centre (NL) or special health services located close to shelter facilities (PT)

The overview of national practices showed that there are two main ways of victim identification in healthcare:

- a) The victim comes to regular healthcare for any reason and in the course of the “routine” checkups victimization comes up
- b) The victim turns to specialized healthcare facilities and identify themselves as such

The definition of “victims” in the entry point healthcare is broad and inclusive; still it is related to injuries or symptoms, be they physical or mental. Findings indicate the awareness and knowledge of healthcare staff on how to identify victims of crimes in their patients. Especially doctors are sensitive to “unusual” injuries and able to recognize traces of violence.

The findings do not indicate severe barriers in identifying victims related to special needs deriving from language skills, migratory background or sensory or mental disabilities. Interpreters are available for all these types of communication barriers. However, psychological and therapeutic skills are required when it comes to identifying victims who are not ready to report due to feelings of fear, shame or guilt or cultural issues.



Furthermore, psychological skills are required to identify victims who repress their experiences of violence or who are not aware that it is crime what happened to them.

Checklists and guidelines for the identification and referral of victims are available to healthcare staff in some countries, i.e. Austria and Italy. However, most participating countries (AT, BG, GR, IT, IE, ET, CY) have adopted checklists and guidelines for the identification and reporting on minor victims.

The outcome of the identification of a victim by healthcare staff depends on the degree of specialization in the relevant institution: regular healthcare services follow a therapeutic approach and treat the victims for the purpose of curing injuries, rather than taking evidence but refer victims to forensic doctors for the latter purpose. Referral of identified victims happens also within healthcare facilities (to the relevant departments) and/or externally to forensic ambulance and victim support services. Forensic doctors refer victims of violence to victim support services or to the police. Doctors of some countries (e.g. PL) are obliged to report identified cases of violent crimes to the police independently from the victims' will. Doctors in other countries (e.g. EE) can only report with the victims' consent and in some countries the doctors' duty to report at the police depends on the severity of wounds (e.g. AT). Again – in case of minor victims of violence, neglect or abuse – healthcare staff of all partner countries is obliged to report at authorities, be it the police (e.g. EE) or the youth welfare authority (e.g. AT, CY). All referrals are documented.

Three model practices were identified:

- 1 Clinical forensic ambulance
- 2 Common Protocol for a Healthcare Response to Gender Violence (Protocolo común para la actuación sanitaria ante la Violencia de Género)
- 3 Guide for General Practice



TITLE OF MODEL PRACTICE:	Clinical forensic ambulance / AUSTRIA
Title of Organisation / Institution (original language)	Medizinische Universität Graz in Zusammenarbeit mit dem Institut für Gerichtliche Medizin und der Ludwig Boltzmann Gesellschaft
Title of Organisation / Institution (EN)	Medical University Graz in collaboration with the Institute for Forensic Medicine and the Ludwig Boltzmann Society
Government / Civil society	Civil Society (University – Research Institutes)
Sector	Health
Theme	Identification
Brief Description of practice	Setting up an investigative body for adult and minor victims of violence and abuse.
Entry point/ target group	Entry point: healthcare staff Target group: victims of all kinds of violence, neglect and abuse
Description of practice	This is an investigative body for adult and minor victims of violence and abuse. Victims can arrange an appointment with the ambulance or show up spontaneously. Then they get a counselling talk and information on support services (VSS, medical examination, reporting at the police, advice). If they give consent, they are referred to other support services. If they give consent they are examined physically by specially trained doctors. These doctors are forensic doctors and they are aware on victims concerns and needs as well as on strategies to prevent secondary victimization. The ambulance also provides a detailed documentation of the injuries, securing and storing the evidence for six months (if violence happens again and/or the victim is ready to report at the police) . The services are accessible for victims of violence and they may remain anonymous, the doctors are bound by confidentiality. Services are available free of charge and independent from reporting at the police
Please explain why you consider this a model practice	It is a very low-threshold accessible service for victims, who are not (yet) identified . It is a 24hours ambulance. Forensic doctors prepare assessments, and they do not work curative. Victims of violence are only examined if there is an order of the prosecution. The prosecution gives this order usually a certain time after the violence has happened and this affects the provability. The forensic ambulance however is available to victims immediately after the violence has happened and it is available for them independently from reporting at the police or the prosecution. Victims, who are not (yet) sure if they are ready to report at the police and if they can stand a legal procedure, may still, have their injuries documented and the relevant evidence stored. They get counselling, referral to VSS and are thus able to think about whether using services or reporting at the police or not. Service users may remain anonymous. Telephonic services are available around the clock. Nothing happens without consent of the victims. Particularly traumatized persons may benefit from the service of the forensic ambulance as they give them time to think about whether or not reporting at the police (with simultaneous evidence storage). Because of the low-threshold accessibility and the service of anonymous documentation of evidence, this practice is considered as a model practice for the identification of victims.



<p>Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to</p>	<p>The model practice is compatible with the definition of a victim in the Directive (Art. 2). This is because the services are available independent from reporting at the police or going to an "ordinary" hospital. The model practice is furthermore compatible to Art. 4 on the right to receive information from the first contact with a competent authority. The specialized doctors inform victims in a simple language on their rights, entitlements and support available to them. Furthermore, the institute is well networked and thus able to establish contacts with VSSs. The victims get informed orally at the first contact with the institute; the doctors furthermore hand out folders about VSSs. This is however initial information, the details are provided at later stages depending on the needs of the victim and the way they want to proceed (see Art. 4 (2)).</p>
<p>Please highlight the measurable impact of the practice</p>	<p>There is no assessment of the measurable impact of the practice in place yet.</p> <p>Possible indicators might be:</p> <p>number of clients (and development of client numbers over a defined period);</p> <p>share of reports at the police in those clients who initially were not ready to report;</p>
<p>Please highlight the elements that make the practice sustainable</p>	<p>The actors are well established institutions (University, research institute) and furthermore, the specialized doctors are commissioned by the court with expert opinions (independent from their ambulance services). Thus contacts between the members of the institute and the court are established and maintained. It is the only such service in Austria. It works with the latest technologies and high standards. It parallel carries out research on forensic medicine and forensic imaging. Consequently, working with the advanced and most elaborate methods and instruments is secured.</p>
<p>Please highlight transferrable elements of the practice</p>	<p>The preconditions are: having a Medical University or a Hospital and public healthcare services. It is assumed that these preconditions may be met in every EU MS.</p>
<p>Budget, sources of financing</p>	<p>Medical University Graz, City of Graz, donations</p>
<p>Reference (hyperlink), information, documentation or contact person</p>	<p>http://cfi.lbg.ac.at/files/sites/cfi/folder.pdf</p>



TITLE OF MODEL PRACTICE:	Common Protocol for a Healthcare Response to Gender Violence (Protocolo común para la actuación sanitaria ante la Violencia de Género) / SPAIN
Title of Organisation / Institution (original language)	Ministerio de Sanidad, Servicios Sociales e Igualdad
Title of Organisation/ Institution (EN)	Ministry of Health, Social Services and Equality
Government / Civil society	Government
Sector	Health
Theme	Identification , Needs Assessment
Brief Description of practice	The Protocol is to establish a standardized and homogeneous action guideline for the National Health System (NHS), for both early detection as well as for assessment and taking action in detected cases and their follow-up.
Entry point/ target group	Women over 14 years old that are victims of GBV.
Description of practice	The protocol targets, <i>"any form of violence or ill-treatment inflicted on women over 14 years of age, regardless of whom the aggressor may be, although the actions it entails, focus primarily on violence inflicted by the intimate partner or ex-partner, as they stand as the most common forms of violence in our country"</i> . It also offers mechanisms for early detection, assessment and action of the children of victims of gender-based violence. The protocol includes recommendations in especially vulnerable cases ¹ and covers detection, assessment and intervention in Primary healthcare, specialised care and Emergency Services. Cases concerning sexual assaults have their own section in the protocol, because of the specificities of these situations. Finally, the Protocol provides guidelines on the legal and ethical obligations that health workers have regarding GBV crimes, as well as ethical dilemmas that could arise and an index of available resources for these victims.
Please explain why you consider this a model practice	The common protocol standardizes the steps to be taken towards victims and allows a harmonized approach
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	<p>The <i>Common Protocol for a Healthcare Response to Gender Violence</i> has been identified as a good practice for the identification of victims and individual needs assessment.</p> <p>Identification:</p> <ul style="list-style-type: none"> - The practice promotes the collection of a minimum of information to be able to ensure that someone falls under the definition of victim; - Defines the victims and takes into account vulnerable groups (i.e. pregnant women, women with disabilities); - Promotes the training of professionals in Primary Healthcare, specialised care and Emergency Services; <p>Individual needs assessment:</p> <ul style="list-style-type: none"> - Takes into account the special needs of vulnerable groups; - Services offered are free of charge and confidential. <p>Referral:</p>

¹ Pregnant women, women with disabilities migrant women, victims of human trafficking for the purpose of sexual exploitation, old women, women with HIV, women in social exclusion situations and women in the rural areas.



	<ul style="list-style-type: none"> - Foresees the provision of information and guidance to health workers regarding legal and ethical obligations they might have regarding GBV crimes.
Please highlight the measurable impact of the practice	The Protocol outlines the guidelines for health workers for handling GBV cases. It has also been a Guideline for subsequent regional protocols.
Please highlight the elements that make the practice sustainable	It allows a consistent and coordinated treatment of victims.
Please highlight transferrable elements of the practice	The practical approach adopted can easily be adapted to other institutions and similar institutions in other countries
Budget, sources of financing	Not available
Reference (hyperlink), information, documentation or contact person	Spain, Ministry of Health, Social Services and Equality (2012), Common Protocol for a Healthcare Response to Gender Violence. Available at: http://www.violenciagenero.msssi.gob.es/profesionalesInvestigacion/sanitario/docs/PSanitarioVG2012.pdf



TITLE OF MODEL PRACTICE:	Guide for General Practice /IRELAND
Title of Organisation / Institution (original language)	Health Services Executive (HSE)
Title of Organisation / Institution (EN)	Health Services Executive (HSE)
Government / Civil society	Government / Ireland
Sector	Health
Theme	Identification
Brief Description of practice	The Guide for General Practice to assist medical doctors in identifying victims of domestic violence
Entry point/ target group	Health sector / victims of domestic violence
Description of practice	The Guide for General Practice to assist medical doctors in identifying victims of domestic violence indicates a positive move towards Directive compliant practice by general practitioners. The Guide describes the intervention whereby a doctor provides a patient with information about the resources available, and encourages her to contact those specialist support or state agencies which are in a position to help her when she is ready to do so.
Please explain why you consider this a model practice	The practice is holistic and encourages health care professionals to move beyond purely medical assessments.
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	To some degree the practice is compatible with standard under Identification, standard 8. Outcome: The minimum outcome if the provisions of information to the victim in any form (written, oral, online).
Please highlight the measurable impact of the practice	It is an internal guideline and a recent development; because of patient doctor confidentiality it is unlikely that it will be easily evaluated in the future.
Please highlight the elements that make the practice sustainable	It is a practice that assists medical doctors when seeing their patients where they have some suspicion that the patient may be a victim, it suggests a more holistic approach rather than simply meeting medical needs and will require awareness raising amongst medical doctors to ensure sustainability of the practice.
Please highlight transferrable elements of the practice	The method of interviews and the examples of pertinent questions could be adapted as a model practice across all health care service provision.
Budget, sources of financing	Not available
Reference (hyperlink), information, documentation or contact person	http://www.tusla.ie/uploads/content/Domestic_Practice_Guide_on_DSG_based_violence.pdf



2.4 Law Enforcement

Identification refers to the action of deciding who falls under the protection of the Victims' Rights Directive. This involves every action from the entry points that relates to identifying whether a person is actually a victim or not and can benefit from existing services. Institutional practice recorded in the member states participating in the project showed that identification is often a loose and informal procedure that relies heavily on self-identification of an individual as a victim and often overlaps or cannot be clearly differentiated from needs assessment.

With regard to law enforcement, police has a leading role in victim identification. The overview of national practices shows that common elements are firstly that in the majority of participating countries, identification relies heavily on victims' self-identification and secondly that there are rarely formal identification procedures, guidelines, or checklists except in specific cases, such as the trafficking in human beings.

Challenges identified include the fact that there are no homogeneous, standardized procedures, there is no special training for law enforcement professionals on identification of victims and identification often overlaps with the individualized assessment of needs.

For example, in Cyprus the term identification is only used in the cases of trafficking of human beings. With regards to the identification process of victims of domestic violence and sexual abuse of children, the identification process begins with the receipt of information at the local police station usually done by a relative or a citizen. Minors are interviewed by specially trained police officers of the Domestic Violence and Child Abuse Office with the presence of a social worker from the Social Welfare Services and a psychologist.

In Italy, the identification of the victims is done through the direct knowledge of the victim and through the evaluation of the risk factors and repeated victimization. In the case of vulnerable victims, such as victims of domestic violence, the identification procedure includes other experts such as psychologists, doctors, social workers. During the identification process a translation service is provided by the police or private organisations, and the features of crime are identified through preliminary verifications and inspection activities. For vulnerable groups, experts are involved who can comfort and comply the victim with her/his needs.

In Estonia, the police fills a specific form on the spot for cases of domestic violence which will later be forwarded to the neighbourhood police officer who will visit the home where the violence took place and talk to the victim. The neighbourhood police officer is the professional who has the role to identify, assess need and refer victim to other services. If the victim is a child, a specialised police unit called the Child Protection Unit will interview a child in a special room.



In Greece, the police are an important entry point for victims, but one that focuses primarily on the collection of evidence and the formulation of the case file. Identification relies mainly on the testimony of the victim. The identification procedures are adjusted to the needs of the victim and the interview is organised on the basis of experience and there are no specific guidelines. During the interview, interpretation is available when necessary and for some victims there is possibility to have a psychologist present. In the case of minors and victims of trafficking, the presence of a psychologist is obligatory.

In Finland, when officers evaluate a situation involving crime victims, they identify them and assess their immediate needs. If the victim reports a crime at a police station, the focus will be on identifying the offence and assessing the security of the victim. If the report is not made by the victim, people affected by the crime will be accounted for. The information received and/or collected is forwarded to the prosecutors along with the pre-trial investigation material.

In Spain, identification is restricted to the Police, the Courts and the Prosecutors. In the majority of cases the identification of victims of gender based violence is a result of prior report from the victim. Usually, victims self-identify or are referred by health services or organizations that work with victims. The report from children victims is rare and they are normally referred from health services, their parents or NGOs. Hate crime victims have specific support services, which basically provide legal support and play an important role in their identification. In the case of trafficking victims, due to the Protocol in place, Security Forces do not wait for the victim to report the situation but go to the places where victims can be found to detect and identify them. Victims who want to report a crime but are in an irregular situation might be subjected to an expulsion order, the only exceptions being victims of gender-based violence and human trafficking who are allowed to stay in Spain. Victims are advised to report the crime in courts and not in police stations.

In Ireland, the main actors for identifying a victim are the Gardaí who are called to the scene of crime. There is no legal procedure for the identification of a victim per se. Victims may self-identify or failing that, they are identified through speaking to the caller when the Gardaí arrive, from their ascertainment of the crime scene and if witnesses are present, through speaking with the witnesses. Since November 2015, all members of the Gardaí have been issued with an aide memoir. The aide memoire was drawn upon since Directive and reflects the key terms of Art. 22. The Gardaí must note any specific characteristics and needs of the victims. All these information are then entered into PULSE system, so the identification of a victim automatically transfers to the Victim Service Office allowing their procedures to be put in train.

In Poland there are different procedures of identification of victim in practice. The most common one starts with the arrival of the victim at the Police station. Police officer assesses whether the person could be regarded as a victim upon the description of circumstances and assigns the status of the victim to her/him but a formal decision on this regard is not



required. Very often though the procedure of identification of a victim is carried out as a result of police intervention.

In Austria, the police do not have the authority to actively identify victims. The police focus lies on perpetrators. Apart from the Victims of Crime Act, there is no legal and constitutional duty for the police to deal with victims. Moreover, all measures and strategies for the identification of victims have been implemented independently of the Victims’ Rights Directive. In cases of sexual violence, victims are often interviewed by a female police officer and some police stations have also special units for victims of sexual violence. Victims of trafficking, undocumented labour or smuggling are identified by the police in the course of raids or preventive inspections. Child victims are never identified in police stations but in children protection centres. Victims’ identification depends on the criminal relevance of the crime.

In Bulgaria, the Police and Prosecutor’s Office identify victims by meeting them directly following the submission of a complaint. Victims can also be identified via meeting and interviewing witnesses as part of an investigation. Police also identify victims by appearing on the scene, where a crime or an act of domestic violence is committed. Victims of domestic violence are also identified when police receive a copy of a protection order by a court. The police have internal methodological guidelines for identifying and treating victims of domestic violence.

In the Netherlands, police is the main place for victims to report a crime, seek help, and pursue a criminal case. Identification of victims takes place during the ‘first contact’ which can take place through phone, internet, or in person at the police station. The police officer on duty to whom the victim will report the crime will be the officer that will proceed with the process of identification. The information collected on the characteristics of the victim, the nature of the crime and circumstances, in conjunction with the observation and professional judgement of the police officer will assist in the identification of specific special groups of victims. The role of the victim at this phase is crucial, as it is the victims’ perception that will affect the identification process.

In Portugal, identification of victims can be done by the National Republican Guard (NRG), the Public Security Police (PSP), the Judiciary Police (JP) and/or the Foreigners and Borders Service (FBS). The NRG professionals assume that every person that reports being victim of a crime is in fact a victim and the identification can be done at a police station or at the crime scene. The identification takes place during the first contact with the victim. There are no concrete steps, checklists or special training available for professionals apart from the initial training on criminal procedures and victimology. If a victim reports to the Prosecutor’s Office, the first contact is with the court officer who identifies the victim.

Three model practices were identified:

- 1 Centres for Prevention of Violence and Crime



- 2 Blue Card
- 3 Domestic violence information sheet" - Police practice for recording information on domestic violence cases



TITLE OF MODEL PRACTICE :	Centres for Prevention of Violence and Crime /BULGARIA
Title of Organisation / Institution (original language)	Министерство на вътрешните работи
Title of Organisation / Institution (EN)	Ministry of the Interior / Bulgaria
Government / Civil society	Joint initiative among the MoI, municipalities and NGOs
Sector	Law enforcement
Theme	Identification, needs assessment, referral
Brief Description of practice	The centres for prevention of violence and crime where victims receive free of charge consultations by social workers, psychologists and lawyers.
Entry point/ target group	Law enforcement/victims of domestic violence
Description of practice	<p>The centres for prevention of violence and crime are joint initiatives among municipalities, NGOs and police departments in several Bulgarian cities. In those centres, victims receive free of charge consultations by social workers, psychologists and lawyers. They are assisted in filling in relevant documents and submitting them to institutions.</p> <p>One such centre, in the capital, was opened in 2007 under a past programme on community policing and has had visiting psychologists and attorneys to give consultations to victims, but currently only hosts an officer from municipal police and a representative from the municipality. Although domestic violence is just part of the centre’s portfolio, it identifies all types of violence victims – women, as well as elderly people, beaten by their younger relatives. It works from 9 AM to 6 PM but victims often come later during the evening. The police officer working there also often meets them at playgrounds, where they can escape the attention of their abusive husbands/relatives.</p> <p>Victims come to the centre and the police officer there, in plain clothes, interviews them in detail about their personal situation and the violence they have suffered from.</p> <p>In another Bulgarian city, a local NGO is a vital part of the work of the local centre, which has been working since June 2009. The centre provides consultations to victims of domestic violence, develops specialized programmes for working with perpetrators and preventive activities for students. The centre’s multidisciplinary team consists of a psychologist, social worker, lawyer, police inspector and a municipal officer.</p>
Please explain why you consider this a model practice	The centres for prevention of violence and crime can be considered a model practice, as they unite the efforts of the municipalities, local police and local NGOs, all very aware of victims’ needs and able to assist them from different perspectives. Their model of work accommodates those different perspectives as well as a high degree of physical and practical closeness to local communities which helps victims come to the centres, share openly their problems and look for help.
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	Right to receive information from the first contact with a competent authority - Article 4 – on the type of support they can obtain and from whom, including, where relevant, basic information about access to medical support, any specialist support, including psychological support, and alternative accommodation; the procedures for making complaints with regard to a criminal offence and their role in connection with such procedures; how and under what conditions they can obtain protection, including



	<p>protection measures; how and under what conditions they can access legal advice, legal aid and any other sort of advice;</p> <p>Support from victim support services - Article 9 - information, advice and support relevant to the rights of victims including on accessing national compensation schemes for criminal injuries, and on their role in criminal proceedings including preparation for attendance at the trial; information about or direct referral to any relevant specialist support services in place; emotional and, where available, psychological support; advice relating to financial and practical issues arising from the crime; unless otherwise provided by other public or private services, advice relating to the risk and prevention of secondary and repeat victimisation, of intimidation and of retaliation.</p> <p>Individual assessment of victims to identify specific protection needs - Article 22</p>
Please highlight the measurable impact of the practice	The measurable impact of the practice covers the number of victims they have assisted throughout their existence, as well as the number of professionals, whose capacity for dealing with victims was raised as a result of the centres' work.
Please highlight the elements that make the practice sustainable	The main factors for the sustainability of the centres for prevention of violence and crime are their physical and practical closeness to the local communities, allowing victims to come freely and share their concerns, and their joint ownership by municipalities, police and local NGOs. This allows victims' needs to be met from a multidisciplinary perspective and to be incorporated in various practical and policy portfolios. The joint ownership also facilitates the practical operation of the centres and the provision of resources.
Please highlight transferrable elements of the practice	The transferrable elements of the centres are their multidisciplinary coverage and the participation of various relevant entities – municipalities, community police, NGO service providers.
Budget, sources of financing	Budgets of participating entities, project financing
Reference (hyperlink), information, documentation or contact person	<p>http://centarzaprevencia.org/bg/index</p> <p>https://www.facebook.com/StolicenCentrPoPreveniaNaPravonarusenjata/</p>



TITLE OF MODEL PRACTICE:	Blue card / POLAND
Title of Organisation / Institution (original language)	
Title of Organisation / Institution (EN)	Multidisciplinary
Government / Civil society	Government / Poland
Sector	Law enforcement, health, specific victim support
Theme	Identification, needs assessment, referral
Brief Description of practice	The Blue Card is a record of practical interventions and information for victims of violence when the victim decides to report the offence.
Entry point/ target group	Multiple entry points/victims of violence
Description of practice	<p>The Blue Card was first introduced as a pilot programme in 1997 and adopted widely in 1998. In 2011 a regulation came into force on the procedure of the blue card and its model forms. The main element of the procedure is the cooperation between the services (social organisations, police, health care institutions, schools) working to combat domestic violence, and the protection of victims of crime.</p> <p>The procedure begins when the form Blue Card-A is filled in by a police officer, a social worker, a representative of the municipal committee on alcohol problems, health or education. This should normally be done in the presence of the person affected by domestic violence. Blue Card – A is a record of the practical interventions related to violence and can provide evidence in the trial proceedings when the victim decides to report the offence. The victim has a right to know what action will be taken and where they can turn for help. Blue Card-B consists of instructions for the person affected by violence on all their rights, obligations of the police and other institutions, it includes also information about all institutions and organizations in the nearest area supporting victims of crime, with contact details. Blue Card A should be passed not later than 7 days from the date of the initiation of the procedure to the Interdisciplinary team handling it.</p> <p>At the subsequent meeting of the interdisciplinary team, the victim is invited and with his/her presence and active participation the form Blue Card-C is filled in by analysis of the situation and decision on proper measures to be implemented. Blue Card D is filled in by the members of the interdisciplinary team in the presence of a person against whom there is a suspicion for commission of violence in the family.</p> <p>All activities of the interdisciplinary team are documented through the Blue Card forms and are passed to the police or the prosecutor's office upon request if a criminal investigation is in progress.</p>
Please explain why you consider this a model practice	This is a model practice as it gives opportunity for all professionals involved in victim protection to keep common documentation and evidence of their efforts, also to be used in criminal proceedings against the perpetrator.
Please highlight the standards of the Directive 2012/29/EU the	Right to receive information from the first contact with a competent authority - Article 4 – on the type of support they can obtain and from whom, including,



<p>model practice is compatible with/responds to</p>	<p>where relevant, basic information about access to medical support, any specialist support, including psychological support, and alternative accommodation; the procedures for making complaints with regard to a criminal offence and their role in connection with such procedures; how and under what conditions they can obtain protection, including protection measures; how and under what conditions they can access legal advice, legal aid and any other sort of advice;</p> <p>Support from victim support services - Article 9 - information, advice and support relevant to the rights of victims including on accessing national compensation schemes for criminal injuries, and on their role in criminal proceedings including preparation for attendance at the trial; information about or direct referral to any relevant specialist support services in place; emotional and, where available, psychological support; advice relating to financial and practical issues arising from the crime; unless otherwise provided by other public or private services, advice relating to the risk and prevention of secondary and repeat victimisation, of intimidation and of retaliation.</p> <p>Individual assessment of victims to identify specific protection needs - Article 22</p>
<p>Please highlight the measurable impact of the practice</p>	<p>The measurable impact of the practice lies in streamlining all procedures, related to victim identification and support.</p>
<p>Please highlight the elements that make the practice sustainable</p>	<p>The practice is sustainable because it is established by legislation and involves all stages of victim support.</p>
<p>Please highlight transferrable elements of the practice</p>	<p>The transferable elements of the practice are the common, multi-part forms used throughout the victim support process.</p>
<p>Budget, sources of financing</p>	<p>State budget</p>
<p>Reference (hyperlink), information, documentation or contact person</p>	<p>Blue card form: http://www.policja.pl/download/1/186459/NIEBIESKIEKARTYen.pdf</p>



TITLE OF MODEL PRACTICE:	Domestic violence information sheet / ESTONIA
Title of Organisation / Institution (original language)	Politsei- ja Piirivalveamet
Title of Organisation / Institution (EN)	Estonian Police and Border Guard Board
Government / Civil society	Government
Sector	Law enforcement
Theme	Combination of Identification, needs assessment and referral
Brief Description of practice	Domestic violence information form
Entry point/ target group	Police/victims of domestic violence
Description of practice	<p>In case of domestic violence, the information collected on the spot is used for assessment of special protection as well as victim assistance needs. The police collect information about victims and perpetrators of domestic violence using “Information sheet for domestic violence”. When police fills in the information sheet, the victim of domestic violence will be asked for the consent to send his or her contact data to the victim support worker. In case the victim agrees, the information about the incident will be submitted to the victim support worker. There are six sections in the information sheet:</p> <ol style="list-style-type: none"> 1. General data <ol style="list-style-type: none"> 1.1. Brief description of the case/call (2 lines) 1.2. Place of violence (home/public space/other) 1.3. Children (present during conflict/violence against child/conflict without presence of a child/number of children) 1.4. Violence (physical abuse/sexual abuse/psychological abuse/weapon/no abuse) 2. Victim <ol style="list-style-type: none"> 2.1. Name 2.2. Date of birth 2.3. Personal ID number 2.4. Gender 2.5. Place of residence 2.6. Phone number 2.7. 2.8. Condition of a person (sober/under influence of alcohol/under influence of drugs/unknown) 2.9. The results/harm (no health damages/health damage/dead) 2.10. Relationship between a victim and a perpetrator (spouse/partner/mother/father/daughter/son/sister/brother/former spouse or partner/other) 2.11. Decision regarding a victim (remained home/sent to become sober/left/brought to the police station/brought to hospital/other) Victim's agreement to refer the contact data to the victim support service....(signature) 3. Perpetrator



	<ol style="list-style-type: none"> 3.1. Name 3.2. Date of birth 3.3. Personal ID number 3.4. Gender 3.5. Place of residence 3.6. Phone number 3.7. Social status (pupil/student/retired/disabled/unemployed/working) 3.8. Condition of a person (sober/under influence of alcohol/under influence of drugs/unknown) 3.9. The results/harm (no health damages/health damage/dead) 3.10. Relationship between a victim and a perpetrator (spouse/partner/mother/father/daughter/son/sister/brother /former spouse or partner/other) 3.11. Decision regarding a victim (remained home/sent to become sober/left/brought to police station/brought to hospital/other) 3.12. Restriction order applied (yes/written/oral/no) 4. Witnesses and children in the family (contact, data, relationship to victim/perpetrator) 5. Additional information/notes 6. Decision on the case (filled in later by neighbourhood police or a contact person) <ol style="list-style-type: none"> 6.1. Procedure commenced (criminal/misdemeanour) 6.2. Procedure terminated (criminal/misdemeanour) 6.3. Information referred to (neighbourhood constable/youth police/social welfare/victim support) 6.4. Additional control done by (neighbourhood constable/youth police/social welfare/victim support)
<p>Please explain why you consider this a model practice</p>	<p>The information sheet helps to identify victims of domestic violence even when no criminal case will be opened. The sheet collects minimal information to assess victim's needs: gender, social status, special needs, language of communication, relation to perpetrator, whether children were present, whether this is repeated case of the violence. The police will also ask whether victim agrees to be contacted by the victim support service. The information about victim and the case will be referred to victim support services and this is the duty of victim support service officer to contact victim to help her.</p>
<p>Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to</p>	<p>Article 2, Article 4, Article 8, Article 9, Article 22</p>
<p>Please highlight the measurable impact of the practice</p>	<p>Because of the proactive approach the number of victims of domestic violence will grow. The information sheet is a good basis to collect statistical information on victims of domestic violence</p>



Please highlight the elements that make the practice sustainable	The information collected in the sheet is brief – just one side of A4 sheet. To fill in the information sheet is obligatory in every case of domestic violence. This is part of police everyday practice.
Please highlight transferrable elements of the practice	The information sheet could be easily translated and used as a model for other countries.
Budget, sources of financing	Just a working tool of police, no special financing is needed.
Reference (hyperlink), information, documentation or contact person	Contact person: Kadri Ann Salla, Police and Border Guard Board, +372 6149066 kadri-ann.salla@politsei.ee



2.5 *Victim Support Services*

Victim support services play an important role for victims of crime to the extent that they are specifically equipped to identify and cater for victims' needs. It needs to be noted however that not all victims know about the existence of these services and the identification process does not always follow specific guidelines.

In Italy, identification requires an ID Card or personal data which is checked in a public database. Different procedures are provided for fragile victims (involving other experts/professionals).

In Austria, victim support services provide psychosocial and legal victim assistance, the extent of which is agreed with the victim while they are also involved in training the police and court personnel on issues related to victim support. The identification process includes the following steps: clarification of criminal relevance, counselling, guiding the victim in case of reporting to the police, psychosocial and legal guidance, support in organizing a new flat, job. Legally, a victim is entitled to legal and psycho-social guidance and the police is obligated to inform the victim about this in the course of the first interview.

In Bulgaria, NGO providers work under the principles of social work making use of interviews, social reports, social action (and security) plans by officials and NGO consultants. The identification starts when the victims are referred to the organizations already identified as victims by other authorities or self-identify as such. Victims of trafficking can identify as such themselves or through border police services or NGOs.

In Cyprus the term identification is used only for victims of trafficking in human beings. In all other cases, there is no reference to identification but to investigation of a claim. The victim is never doubted, an investigation is initiated in collaboration with the police and depending on the severity of the case and the physical signs the victim is immediately removed from the violent environment. The victim is identified through the helplines of the Association for the Prevention and Handling of Violence in the Family (SPAVO) and the Hope for Children.

In Estonia, most entry points rely on victims' self-identification. With the exception of victim support services, each entry point looks at the victim from the mandate of their organisation. This was especially noticeable with the hospitals who provide victims with medical assistance and ignore other aspects of victimisation. Formalised identification of victims is applied to ensure that the victim belongs to a special group like victim of trafficking in human beings or a minor who is a victim of sexual abuse. These groups are eligible for additional state-financed services and in therefore victim identification process is combined with the application of eligibility criteria. Victim support services apply broader definition of victims that is not connected to reporting of crime incident. Victim Support Service is governmental service, available over the country.



In Ireland, the identification of victims is made by staff in victim organisations such as the Crime Victims Helpline on the basis of the caller self-identifying or by family members or friends identifying the victim.

In Spain detection or identification of victims normally depends on characteristics of the victim and features of the crime identified. In most of the cases the identification gender violence of victims is a result of prior report from the victim. A very important part, is that the Awareness raising Tool for Preventing and Detecting Incidents of Racism, Xenophobia and Other Forms of Intolerance in the Area of Healthcare (Sensibilización para la detección de incidentes de racismo, xenofobia y otras formas de intolerancia en el ámbito sanitario)² has been published in 2016 by the Spanish Observatory for Racism and Xenophobia.

A major provider of victim support services in the Netherlands is the Victim Support Netherlands (VSN), although further specialized support services are in place. The VSN does not use a standardized checklist but all employees are trained and base their approach on general guidelines.

In Greece, victim identification at NGOs is usually associated to the recording of the demographic data of the victim of its circumstances. With regard to racist violence, a more specialized identification process takes place that records the details of the racist attack. Identification is usually done through an interview with a social worker or psychologist during first contact with the organization. The identification process is often blurred with the individual assessment of needs. The model practices identified include:

1. Interdepartmental Procedures for Victims of Violence in the Family (IDP)
2. National SOS hotline for children 1056
3. "Home for Hope"
4. Locating victim support service at the police station
5. Children's house

² Spain, Spanish Observatory for Racism and Xenophobia (Observatorio Español del Racismo y la Xenofobia, Oberaxe) (2016) Awarenessraising Tool for Preventing and Detecting Incidents of Racism, Xenophobia and Other Forms of Intolerance in the Area of Healthcare (Sensibilización para la detección de incidentes de racismo, xenofobia y otras formas de intolerancia en el ámbito sanitario) Available at: <https://explotacion.mtin.gob.es/libreriavirtual/detalle.action?cod=WEB0007> Hyperlink accessed on 24 February 2017.



TITLE OF MODEL PRACTICE :	Interdepartmental Procedures for Victims of Violence in the Family (IDP)/ CYPRUS
Title of Organisation / Institution (original language)	Συμβουλευτική Επιτροπή για την Πρόληψη και Καταπολέμηση της Βίας στη Οικογένεια
Title of Organisation / Institution (EN)	Advisory Committee for the Preventing and Combating of Violence in the Family
Government / Civil society	Government / Cyprus
Sector	Other – The Advisory Committee is a committee of experts from relevant services and NGOs foreseen by the Family Violence Laws 2000.
Theme	The model practice promotes all three themes: Identification, Needs Assessment, Referral
Brief Description of practice	The Manual of Interdepartmental Procedures for handling incidents of violence in the family establishes clear procedures and roles for front-line professionals in cases of domestic violence.
Entry point/ target group	Social Welfare Services, the Police, Health Services, Education, Legal Service and NGOs engaged in handling violence in the family
Description of practice	The Advisory Committee for the Prevention and Combatting of Violence in the Family, within the framework of its responsibilities for the promotion of services to address all aspects of domestic violence, prepared the Manual of Interdepartmental Procedures for handling incidents of violence in the family. The main aim of the Manual is to clarify the role and functions front-line professionals in handling cases of domestic violence, as well as to map referral procedures and promote multi-agency cooperation. The aim of the IDP is protect and support the victims of domestic violence, throughout the process, from report/complaint to trial. To achieve this objective, a key prerequisite is the interdisciplinary cooperation of stakeholders, including the public and private sector and non-governmental organizations (NGOs). Where necessary, relevant services may convene interdepartmental meetings to discuss specific cases or interdepartmental cooperation issues. This manual is aimed at officers of the Social Welfare Services, the Police, Health Services, Education, Legal Service and NGOs engaged in handling violence in the family. The beneficiaries include men and women, girls and boys affected by violence in the family. There no gender specificity.
Please explain why you consider this a model practice	The IDP is considered a model practice because it promotes multi-agency cooperation in handling family violence and clarifies the functions and role of front-line professionals in the process of handling cases of family violence.
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	The IDP has been identified as a good practice for the identification of victims, individual needs assessment and referral. Identification of Victims: - The practice promotes the collection of a minimum of information to be able to ensure that someone falls under the definition of victim. - Defines the victims and takes into account vulnerable groups (i.e. children). - Promotes the training of front-line professionals. Individual needs assessment:



	<ul style="list-style-type: none"> - Outlines steps that need to be taken for assessment of needs and determination of measures to meet these needs. - Takes into account the special needs of vulnerable groups (children, women, and people with disabilities). - Services offered are free of charge and confidential. <p>Referral:</p> <ul style="list-style-type: none"> - Promotes the sharing information between entry points or institutions that offer services to victims - Foresees the provision of information and guidance to suitable services as well as procedures for victims to be officially referred to another institution. - Confidentiality and data protection.
Please highlight the measurable impact of the practice	The Manual of Interdepartmental Procedures is currently being updated and revised in order to reflect the feedback provided by relevant services and front-line professionals in a formal evaluation of the impact of IDP in 2004. In order to address the specific needs of victims, two manuals are now being produced targeting children and adults separately.
Please highlight the elements that make the practice sustainable	The IDP outlines the framework and guidelines for professionals for handling domestic violence cases. The IDP was approved by the Ministerial Council for enactment and immediate application by all relevant stakeholders in 2002. The IDP also provides the basic framework for multi-agency cooperation and coordination on domestic violence as it streamlines internal communication among domestic violence services.
Please highlight transferrable elements of the practice	The practice guarantees a structured approach to handling domestic violence cases and continuity over time.
Budget, sources of financing	The IDP were developed by the Advisory Committee for the Prevention and Combating of Violence in the Family and financed by the Ministry of Labour.
Reference (hyperlink), information, documentation or contact person	The manual is available on the Advisory Committee's website at www.familyviolence.org.cy



TITLE OF MODEL PRACTICE:	National SOS hotline for children 1056 / GREECE
Title of Organisation / Institution (original language)	«Το Χαμόγελο του Παιδιού»
Title of Organisation / Institution (EN)	“The Smile of the Child”
Government / Civil society	A Greek registered NGO active in the field of child protection and children’s rights since 1996
Sector	VSS
Theme	Identification/Needs Assessment/Referral
Brief Description of practice	SOS 1056 is a national hotline for the identification, needs assessment and referral of children victims
Entry point/ target group	VSS / Children
Description of practice	<p>Identification</p> <p>When a call is received, a standardized process is followed written in a manual, which has been formulated in cooperation with the prosecution. This includes:</p> <ul style="list-style-type: none"> • recording of the data of the individual that reports (address, facts, relation to the child etc) • their motivation. <p>A report is prepared and the prosecutor is informed.</p> <p>At a next phase, a prosecutorial order is issued for a social service to visit the place of the incident and verify the facts of the report. The social service and the police are informed.</p> <p>Individualized Assessment of Needs</p> <p>The SOS 1056 hotline mobilizes procedures for the immediate offer of protection to children in danger, the care for abused children who are in hospitals (transitional phase).</p> <p>Referral</p> <p>Referrals take place with prosecutorial order. The incident is assessed and all calls are recorded in a data base to facilitate further procedures.</p>
Please explain why you consider this a model practice	The services offered are effective in protecting children victims, cooperating with authorities (prosecution) and referring them based on needs.
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	The Helpline SOS 1056 is compatible with article 21, 22, 23 and 24 of Directive 2012/29/EU
Please highlight the measurable impact of the practice	<p>The lines are officially recognized as Emergency. Furthermore, the Helpline 1056 is interconnected with the 112 European Emergency Number and belongs to the Network of Child Helpline International (CHI).</p> <p>On the logistical level, the Helpline 1056 is equipped with high technology hardware and software tools</p>



Please highlight the elements that make the practice sustainable	The main characteristics of the National Helpline for Children SOS 1056 is that is free, anonymous and confidential. It also provides information and direction in matters concerning children's rights and protection
Please highlight transferrable elements of the practice	The service of Helpline provides: <ul style="list-style-type: none">- Reference to the Telephone Helpline of requests from authorities, organizations, services, or the general public- Training programs using Pod Cast format (Webinars and Video Web Casts) to parents, scientists and the general public, about child protection and well being
Budget, sources of financing	Not available
Reference (hyperlink), information, documentation or contact person	https://www.hamogelo.gr/gr/en/paidia-thimata-vias:sos-1056/



TITLE OF MODEL PRACTICE:	"Home for Hope" / CYPRUS
Title of Organisation / Institution	"Hope For Children" CRC Policy Center
Title of Organisation / Institution (EN)	"Hope For Children" CRC Policy Center
Government / Civil society	Civil Society
Sector	Victim Support Services
Theme	Victim Identification , Needs Assessment
Brief Description of practice	"Home for Hope" is a private children's shelter that accommodates unaccompanied minors under the legal guardianship of the Director of the Social Welfare Services and provides multi-disciplinary and holistic services.
Entry point/ target group	Unaccompanied children arriving in Cyprus that have either lost their parents/guardians or were separated from them.
Description of practice	<p>"Hope For Children" CRC Policy Center in July 2014 established and operation of the private children's shelter "Home for Hope" which accommodates unaccompanied minors under the legal guardianship of the Director of the Social Welfare Services and provides multi-disciplinary and holistic services.</p> <p>The children's shelter operates in close collaboration of the Social Welfare Services of the Ministry of Labour, Welfare and Social Insurance. The children's shelter is staffed with specialized officers in the fields of psychology, social work, law and education.</p> <p>The shelter provides services based on models that are considered good practices in other European countries, adapted to the needs and special circumstances of Cyprus. The services offered by the programme are divided and grouped under three main pillars that form the operating mechanism of the shelter:</p> <p>A) Rehabilitation services</p> <ul style="list-style-type: none"> - Intake of social history - Assisting in the procedure of age assessment - Legal and social counselling services - Psychological support / counselling and therapy (when needed) <p>B) Integration services</p> <ul style="list-style-type: none"> - Legal and social counselling services - Psychological support - Language classes - Afternoon educational classes and entertainment activities - Assisting access to public and/or private education <p>C) Durable solution services</p> <ul style="list-style-type: none"> - Family tracing and assessment, possibility of voluntary return within the framework of family reunification to other member states and/or of return to the country of origin. - Investigation of possibility for placement in foster care - Legal and social counselling services - Psychological support - Support during the transition to adulthood and integration to the society
Please explain why you consider this a model practice	It addresses accommodation needs of a vulnerable group of children



<p>Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to</p>	<p>Hope for Children” CRC Policy Center’s shelters have been identified as a good practice for identification of victims and individual needs assessment.</p> <p>Identification of victims:</p> <ul style="list-style-type: none"> - The practice promotes the collection of a minimum of information to be able to ensure that someone falls under the definition of victim. - Defines the victims and takes into account vulnerable groups (i.e. children). - Promotes the training of front-line professionals. <p>Individual needs assessment:</p> <ul style="list-style-type: none"> - The services offered to victims are confidential, free of charge, available before, during and after proceedings, needs based, in the interest of victims. Services are free of charge and guarantee confidentiality and data protection. - Takes into account the special needs of vulnerable groups. - Promotes the training and specialization of front-line professionals. - Conducts assessment of needs and determination of measures to meet these needs. - Foresees the provision of information and guidance to suitable services as well as procedures for victims to be officially referred to another institution. - Provides multi-lingual support in English and Greek, as well as other languages where necessary.
<p>Please highlight the measurable impact of the practice</p>	<p>Information not available</p>
<p>Please highlight the elements that make the practice sustainable</p>	<p>HRC integrates a holistic approach to support services for unaccompanied minors and receives the financial and other support from the state.</p>
<p>Please highlight transferrable elements of the practice</p>	<p>The idea behind this practice is adaptable to different contexts.</p>
<p>Budget, sources of financing</p>	<p>From July 2014 until June 2015, HFC received funding to cover operating costs from the European Refugee Fund (95%) of the funds of the Ministry of Interior Solidarity and Cyprus (5%). Financial support is also received by the Social Welfare Services.</p> <p>From November 2015 until November 2017, the children's shelter will be funded by the Asylum Fund, Immigration and Integration (90%) and Cyprus (10%) under the "Create and Open Reception Center Function Unaccompanied Minors Project" .</p>
<p>Reference (hyperlink), information, documentation or contact person</p>	<p>Information on “Hope For Children” CRC Policy Center’s shelters for unaccompanied minors is available at http://uncrcpc.org.cy.</p>



TITLE OF MODEL PRACTICE:	Locating victim support service at the police station / ESTONIA
Title of Organisation / Institution (original language)	Ohvriabi osakond, Sotsiaalkindlustusamet
Title of Organisation / Institution (EN)	Victim support and conciliation Service, National Social Insurance Board
Government / Civil society	Government
Sector	VSS
Theme	Identification of victims/referral mechanisms
Brief Description of practice	Victim support service offices are located at the police station, ensuring easy access for the victims to the services.
Entry point/ target group	Victim support services
Description of practice	<p>The central institution that is aimed to support victims of crime is the Victim support and conciliation Service that is part of the National Social Insurance Board. The victim support is a free public social service aimed at maintaining or enhancing the victim's ability to cope. The work of the victim support service is regulated by the Victim Support Act. This national victim support institution was created in Estonia 10 years ago.</p> <p>Any person who has fallen victim to negligence, mistreatment or physical, mental or sexual abuse has the right to receive the victim support. Any person who has been subject to suffering or injury has access to counselling regardless of whether the identity of the perpetrator has been disclosed or criminal proceedings have been brought against him/her.</p> <p>When a victim reports crime in the station a police officer on duty can register the report and direct victim to the victim support services. At the police station information booklets for victims are provided at the waiting area and the victim protection worker's room was right in the area, easily visible and accessible. According to the interviews with the victim support services, roughly half of the victims reach them via the police, half of the turn themselves to the services.</p>
Please explain why you consider this a model practice	From the point of view of the Directive, it is important that information about the victims' assistance is aggregated in one institution, the so-called one-stop-shop principle, so a victim does not need to go from one institution to another. The work of the victim support and conciliation service is organised per this principle.
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	Article 2, Article 4, Article 8, Article 9, Article 22, Article 26
Please highlight the measurable impact of the practice	There is a victim support office with at least one worker in every county (18 offices in total). As a rule, the victim support worker's office is in the same building with the police. In total, there are 29 victim support workers in Estonia.



Please highlight the elements that make the practice sustainable	The work of Victim Support services is financed from the state budget and regulated by the Victim Support Act
Please highlight transferable elements of the practice	VSS, either governmental or via NGO exist in many states. Estonian experience demonstrates that placement of such services at the police stations is beneficial for the victims. This is part of the practice that needs little investments and is transferable to other countries with different systems of VSS.
Budget, sources of financing	State budget.
Reference (hyperlink), information, documentation or contact person	http://www.sotsiaalkindlustusamet.ee/et/ohvriabi-huvitis/ohvriabi-ja-lepitusteenus#Ohvriabi Olle Selliov, Head of Victim Support Services Olle.Selliov@sotsiaalkindlustusamet.ee



TITLE OF MODEL PRACTICE:	Children’s house /ESTONIA
Title of Organisation / Institution (original language)	Lastemaja, Sotsiaalkindlustusamet
Title of Organisation / Institution (EN)	CHILDREN’S HOUSE, Social Insurance Board
Government / Civil society	Government
Sector	VSS
Theme	Identification, assessment of individual needs, referral mechanism
Brief Description of practice	A child-friendly interdisciplinary service for children suspected or confirmed to have been sexually abused
Entry point/ target group	One-stop-shop service/ sexually abused children
Description of practice	In January 2017, a pilot project of Children’s House was started in Tallinn. This is a child-friendly interdisciplinary service for children suspected or confirmed to have been sexually abused. Different specialists such as police, child protection workers, psychologists and many others working for the welfare of children are brought under the same roof. Investigations are made on the ground with children that have fallen victim; later they are also provided the help they need. The Social Insurance Board, the Police and Border Guard Board, the Northern District Prosecutor’s Office, the Estonian Forensic Science Institute, the Tallinn Children’s Hospital Foundation and Harju County local governments all work closely together within the framework of the Children’s House service. ...While today a child still needs to tell their story in different locations, it will be no longer necessary in the Children’s House. It is extremely important because secondary victimisation may have dire effects on the child and they may even refuse to speak at all, which makes it difficult to help them. Pre-interview is a predetermined process where a child is encouraged to speak about what happened in a safe environment and in a non-guiding way. During the interview, the suspicion of sexual abuse is assessed and, if necessary, the police starts criminal proceedings. In the Children’s House, the medical condition of the child is evaluated and their need for further help is ascertained. Information on the follow-up services for the child and the family is also available at the Children’s House. The referral to the Children’s House is made by the child protection worker or by the social worker.
Please explain why you consider this a model practice	One-stop-shop is the least traumatizing service that helps to avoid further trauma to children.
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	Article 8, Article 9, Article 18, Article 22, Article 23, Article 24
Please highlight the measurable impact of the practice	Number of child victims referred to the Children’s House
Please highlight the elements that make the practice sustainable	Financed from the state budget



Please highlight transferrable elements of the practice	Model of co-operation between different agencies.
Budget, sources of financing	State budget
Reference (hyperlink), information, documentation or contact person	Children's house. Information brochure. Ministry of Social Affairs, available at: http://www.sotsiaalkindlustusamet.ee/public/Lastekaitse/Lastemaja_ENG.pdf Project leader: Anna Frank-Viron tel +372 5361 1602, anna.frank-viron@sotsiaalkindlustusamet.ee .



3. Needs Assessment

Individual Needs Assessment lies at the heart of the Victims Directive and refers to the process, approach and methods used to assess on a personalised basis the needs of the victims.

3.1 Standards introduced by the Directive

Relevant standards can be derived from arts. 8 (Right to access victim support services), 9 (Support from victim support services), 22 (Individual assessment of victims to identify specific protection needs) and 23 (Right to protection of victims with specific protection needs during criminal proceedings) of the Directive.

The following standards are derived:

1. **Timely:** needs assessment needs to take place as soon as possible after the contact of the victim with the entry point.
2. **Process:** Needs assessment needs to include at least two steps: a) the assessment of needs and b) the determination of measures to meet these needs.
3. **Actors:** Specialized professionals, trained in assessing needs in a holistic way
4. **Involvement of the victim:** The active involvement of the victim is a requirement. This means that available options need to be presented and explained and the victim may select. The right to not use or refuse measures should always be respected. Measures should be assessed and acted upon only with the explicit consent of the victim.

Whenever special procedures are in place for specific groups of victims such as victims of domestic violence, victims of human trafficking, these could be opened for other vulnerable groups of victims. This would ensure the uniform application of high standard needs assessment procedures.

5. **Confidentiality:** respect of privacy, taking into account the personal characteristics of the victim. These include: gender, race, disability (physical-mental), age, sexual orientation, religion or belief). The victim should be allowed not to disclose personal information (relevant for LGBTI victims)
6. **Update:** A regular update of the needs assessment is necessary.
7. **Services to be offered:** The services to be offered to victims should be confidential, free of charge, available before, during and after proceedings, needs based, in the interest of victims.

Services can be differentiated between generalized Victim Support Services and specific Victim Support Services (specialized on victims of hate crime, domestic violence, etc.), offer accommodation (shelters) and trauma support.



3.2 Findings from national reports

The national reports show that although the needs assessment holds a central role in all victim-related procedures, its focus varies significantly depending on the entry point. Overall, holistic needs assessment is rare and ‘entry points’ either do not consider needs assessment to be within their mandate (e.g. the police) or adopt a narrow vision related to their competencies (e.g. health services). Victims support services appear to adopt a more holistic approach.

Procedures for needs assessment are neither common nor standardized within institutions and countries and do not always demonstrate a common mindset between ‘entry points’. Often, even small differences, e.g. in the way that the needs assessment files are recorded and kept, can have an important impact on statistics, on data transferability etc.

The individualised nature of needs assessment is overall respected through the personal interaction with the victim, respect for privacy and autonomy. Although formal legal procedures on needs assessment were rare, in some states checklists or guidance are available. Procedures are more formalised when it comes to vulnerable groups such as children victims or women victims of domestic violence or trafficking.

It needs to be noted that the national reports demonstrate the lack of a multi-agency, interdisciplinary approach to needs assessment and the lack of dedicated training of procedures to harmonise needs assessment across entry points.

3.3 Healthcare

The research conducted in the course of the project demonstrated that the role of the health system in identification of victims, assessment of their individual needs beyond medical symptoms and co-operation with other service providers such as social welfare system, victim support services, NGOs etc varies from country to country.

In some countries, e.g. in Estonia and Austria healthcare staff does not have a lot to do with individualized assessment of special protection needs; this is not part of their mandate. However, in all countries child victims of abuse, victims of rape or victims of other violent crime will receive special attention in addition to identification of injuries and symptoms.

In some countries, hospitals, especially emergency rooms have special procedure that in addition to symptoms and injuries of the patients will assess the situations of occurrences are also charted.

There are different systems in use how to collect, store and update the information on victims ‘needs. In some cases, there is a special form to be filled. In Finland, for example, if the reason of coming into the emergency room is violence or abuse, a PAKE – form will always be filled out. The form includes detailed questions of the situation and the injuries of the client. This checklist is used to carefully document the injuries of the clients and to



secure their protection under the law. The document is the medical evaluation of a situation, which may be used as evidence in investigation. In Italy, special needs for women victim of violence are evaluated by the health services in co-operation with police based on the risk assessment tools such as the S.a.r.a. 'Spousal Assault Risk Assessment'.

In other countries, there will be a specialist appointed who is responsible for the case management. In the Netherlands, once the victim has been identified and received the first (emergency) medical care the case manager will contact the victim the next day of the psychological assessment and assessment of needs. The process is called "watchful month", and is the overall period where the victim will be under the care and supervision of the SVCs and their Psycho Trauma Centre. In Ireland, once the medical needs of the victim have been met in the emergency room of the hospital, assessment would be carried out by a social worker and documented in a separate chart. Special protection needs are noted by the social worker although any measures are ultimately the responsibility of the consultant who is responsible for their care.

One of the important tasks of the health care system related to victim protection is also keeping and saving evidence. Doctors certify injuries and later appear as experts in court. Most of the states have special procedures in cases when the client tells she or he has been victim of rape. In Finland victims of rape will need special examination at the department of forensic medicine for the procedure to be legally valid. This examination could be done either by the special forensic centres or by the doctors following the certain procedures.

Important to note that the individual assessment of needs is victim-centered. The individualized nature of the assessment is covered through the one-to-one interaction with the victim. Delicate personal data is involved when individual needs of the victim are accessed. Therefore, the consent of the victim is crucial. While medical staff sometimes does not have sufficient skills, knowledge and time to assess the needs, involvement of specialist like social workers, psychologists etc is crucial. It is beneficial for the victim that health care system co-operates with other victim support services and NGOs. The existence of formal guidelines or procedures is not necessary to reach the best results for the victim. The results from Greece, where procedures used by different organisations are not common or standardized but rather individualized and victim-centred, proved that no big discrepancies are observed in the way in which victims' needs are assessed.

The model practices identified include:

1. Programme of Evaluation, Diagnosis, and Treatment for Minors who are Victims of Sexual Violence



TITLE OF MODEL PRACTICE:	Programme of Evaluation, Diagnosis, and Treatment for Minors who are Victims of Sexual Violence / SPAIN
Title of Organisation / Institution (original language)	Asociación Andaluza para la defensa de la infancia y la prevención del maltrato infantil (ADIMA foundation)
Title of Organisation / Institution (EN)	Association of Defence for Children and Prevention of and from Child Abuse
Government / Civil society	Civil Society/
Sector	Health, law
Theme	Needs Assessment
Brief Description of practice	The <i>Programme of Evaluation, Diagnosis, and Treatment for Minors who are Victims of Sexual Violence</i> provides services, free evaluation, diagnosis, and treatment of child victims of sexual violence and provides comprehensive and specialised assistance to the minor and his/her family, as well as to other professionals of her/his environment.
Entry point/ target group	Minors who are victims of Sexual Violence
Description of practice	The services provided by the programme have a multidisciplinary character, as they are formed by technical teams of field professionals from Psychology, Social Work and Law, experts in sexual violence to children. Also, the intervention has a holistic character which is not only focused on the child and his/her environment, but also on the study of all the social, family, legal, relational and psychological factors that might pertain to this process and in the development of the treatment. One of the most interesting practices carried out in the context of ADIMA’s intervention with minors, is the practice of pre-constituted tests that allows the minor to be taken to special premises enabled by the Association, allowing them to carry out this test with all the procedural guarantees required by the judicial process, so that the minor’s witnessing can be used as a proof of charge at the trial without the minor needing to go through the experience of testifying at the trial. This done in order to avoid any process of re-victimisation of the child victims of sexual violence.
Please explain why you consider this a model practice	Interdisciplinary and holistic approach on children
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	ADIMA’s intervention with minors has been identified as a good practice for the individual needs assessment. Needs assessment: <ul style="list-style-type: none"> - The practice promotes the collection of a minimum of information to be able to ensure the victims protection of a possible life-threatening assault; - Takes into account the special needs of vulnerable groups (i.e. children); - Outlines the steps that need to be taken for the assessment of needs and determination of measure to meet these needs; - Services offered are free of charge and confidential.
Please highlight the measurable impact of the practice	As manifested by one of the professionals responsible for this programme the majority of children with whom this procedure was used, from the time of the complaint and during the criminal proceedings, did not need to return for a psychological treatment, while those who did testify at trial had to receive specialised treatment again.



Please highlight the elements that make the practice sustainable	The approach towards evaluation, diagnosing and treating can be applied to other type of cases, such as persons who have been victims of human trafficking.
Please highlight transferrable elements of the practice	This practice is easily transferable to other Member States, as in every one of them sexual violence with minors is a complex problem that demands a coordinated and specialised intervention. Furthermore, this way of evaluation, diagnosing and treating could be applicable to other type of cases, such as persons who have been victims of human trafficking.
Budget, sources of financing	
Reference (hyperlink), information, documentation or contact person	ADIMA Foundation Programme of Evaluation, Diagnosis, and Treatment for Minors who are Victims of Sexual Violence of the Association of Defence for Children and Prevention of and from Child Abuse (Asociación Andaluza para la defensa de la infancia y la prevención del maltrato infantil) Available at: http://adima.com.es/programa-de-evaluacion-diagnostico-ytratamiento-de-menores-victimas-de-violencia-sexual/



3.4 Law Enforcement

When law enforcement is the main entry point for victims, the police is the actor involved in making a needs assessment. This is done in all participating member states at the time of first contact or interview. In general, it may be done, at least in a preliminary manner, at the crime scene if that is where the first contact with the victim is made. In some member states a prosecutor undertakes a needs assessment following on from the initial assessment made by the police (PL) while in other countries prosecutors do not perform an individualized assessment of needs (BG). In Portugal, the judicial police may also carry out a further needs assessment.

The practices recorded highlighted a common mindset among police in most of the participating member states, that they view their role as law enforcement officers rather than as having a role in addressing victims' needs. For example, in Bulgaria, police officers give attention mostly to needs relating to medical assistance in accordance with their duty to protect the life and health of citizens and concerns lies in risk assessment rather than needs assessment more broadly. Further, a lack of awareness of the requirement for needs assessment was noted in some countries. For example, in Austria police officers in rural areas were reportedly unaware of this role; in Portugal, they were not aware of the demands of the Victims' Directive, while in Spain there was lack of clarity with regard to the role of the police in needs assessment, given that the Victims Support Office has to do a second, more complete assessment.

In all participating member states, there was no legal procedure on a needs assessment, nonetheless, in some states there is some form of checklist or guidance that police officers work with. In Austria, the police are obliged to assess the special protection needs according to set criteria defined in the law. In the Netherlands, a checklist is given to the officer and to the victim. The checklist was developed as a pilot and currently exists in paper format however the goal is to incorporate it in the digital system the police officer uses to record an incident. In Cyprus, a checklist for risk assessment is used for victims of human trafficking; for victims of domestic violence and sexual abuse, the needs assessment is based on criteria relating to the physical and mental condition of the victim, the special features of the crime, the severity of the crime and perpetrator's risk assessment. The assessment is recorded electronically. Poland also uses a checklist for assessment of needs for all victims, and the results of the needs assessment are entered into the "Blue Card" and an electronic register. In Ireland, all police must carry with them an 'aide memoire' that reflects the key terms of Art. 22. The needs assessment is entered into the electronic database, which acts also as an assurance that all issues in the aide memoire have been addressed. Estonia uses a checklist in relation to victims of domestic violence; the police and other services use the MARAC networking model (Multi Agency Risk Assessment Conference) drawing on the DASH risk assessment model (Domestic Abuse, Stalking and



Honour Based Violence) that has been used by UK police since 2009. Finland uses a handbook principally for victims of sexual offences, though this is aimed at establishing special needs required for the trial. No checklists were reported in Portugal, Spain, Bulgaria, Greece and Italy.

All participating member states have special arrangements for assessment of needs for children victims, ranging from involving specific actors such as a prosecutor, and drawing on the services of psychologists, or using specialist police who have had specialised training to conduct the interviews. In addition, it is generally common practice that dedicated more child-friendly spaces are used for child interviews. Many participating states reported special needs assessment procedures for victims of sexual or gender based violence. It is possible that such practices, when found to work well could be transferred to all categories of victims.

All participating states reported that the victim retains their autonomy in relation to the needs assessment and the application of any special measures deemed appropriate by the authorities. The position in Cyprus allows for the victims consent to be disregarded in cases where the severity of the crime is such as to empower the police to act independently without the consent of the victim.

A common finding from all the participating states was the absence of dedicated training to assist law enforcement officers in meeting the demands of the Directive relating to assessment of needs. Often, specialist training exists only where victims are children or victims of sexual violence. A further finding reflected in many participant states was the absence of a coordinated approach amongst the agencies; a lack of information sharing creates inefficiencies and in addition has implications for follow-up of cases.

The model practices identified include:

1. Protocol on hate crimes and other discriminatory conducts of the Security Forces and Corps.
2. Risk assessment to victims of domestic violence.
3. In-house support to Judiciary Police for a better intervention.



TITLE OF MODEL PRACTICE:	Protocol on hate crimes and other discriminatory conducts of the Security Forces and Corps (<i>Protocolo de Actuación para las Fuerzas y Cuerpos de Seguridad para los Delitos de Odio y Conductas que Vulneran las Normas Legales sobre Discriminación</i>) / SPAIN
Title of Organisation / Institution (original language)	Ministerio del Interior
Title of Organisation / Institution (EN)	Ministry of Interior
Government / Civil society	Government
Sector	Law enforcement
Theme	Identification. Needs assessment
Brief Description of practice	The Protocol facilitates the detection of hate crimes and other discriminatory conducts by police forces.
Entry point/ target group	Victims of hate crimes
Description of practice	<p>The Protocol facilitates the detection of hate crimes and other discriminatory conducts by police forces. It regulates how these situations have to be correctly collected and documented. Moreover, it also states how should victims be supported, protected and oriented. The Protocol is divided in the following chapters:</p> <ul style="list-style-type: none"> • Criminal and administrative offences in relation to hate crimes and discriminatory conducts; • Hate crime indicators. These indicators are essential, because police forces need to include them in their report, so later on judges and prosecutors can have enough evidence to file criminal charges; • Steps to be followed in Police Forces' actuation: initial proceedings, police report, presumed offender, witnesses, relation with the judiciary; • Victims: Support, Protection and Orientation; • Particularities in Internet and Social Media Hate Crimes; • Violence in Sports; • Events/Faults record; • Relations with civil society and NGOs that work with victims of hate crimes. <p>Finally, the Protocol aimed to create a “Social interlocutor”, as a permanent contact point between police forces and social entities.</p>
Please explain why you consider this a model practice	The Protocol facilitates the detection of hate crimes and other discriminatory conduct by police forces.
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	<p>The Protocol has been identified as a good practice for the identification of victims and individual needs assessment.</p> <p>Identification:</p> <ul style="list-style-type: none"> - The protocol promotes the collection of minimum of information to be able to ensure that someone falls under the definition of victims of hate crimes; - Promotes the training of front-line professionals. <p>Needs assessment:</p> <ul style="list-style-type: none"> - Defines how the victims' particular necessities need to be addressed, in relation to their support, protection and orientation;



Please highlight the measurable impact of the practice	There is no assessment of the measurable impact of the practice.
Please highlight the elements that make the practice sustainable	Easy to use, consolidated and guides the practice of institutions in the lack of specific detailed provisions
Please highlight transferrable elements of the practice	Transferrable to similar institutions in other countries and easy to use for a multi-agency approach
Budget, sources of financing	No information available
Reference (hyperlink), information, documentation or contact person	Security States' Scretary (<i>Secretaría de Estado de Seguridad</i>) (2015): Police Forces' Protocol on hate crimes and other discriminatory conducts (<i>Protocolo de Actuación para las Fuerzas y Cuerpos de Seguridad para los Delitos de Odio y Conductas que Vulneran las Normas Legales sobre Discriminación</i>), published the 7 January 2015, Available at: http://gestionpolicialdiversidad.org/PDFdocumentos/PROTOCOLO%20ODIO.pdf



TITLE OF MODEL PRACTICE:	Risk assessment to victims of domestic violence / PORTUGAL
Title of Organisation / Institution (original language)	Guarda Nacional Republicana / Polícia de Segurança Pública
Title of Organisation / Institution (EN)	National Republican Guard / Public Security Police
Government / Civil society	Government
Sector	Law Enforcement
Theme	Needs Assessment
Brief Description of practice	The practice of police authorities of following up risk assessment and security plan that has been established
Entry point/ target group	Law enforcement; domestic violence victims
Description of practice	There is a risk assessment applicable to victims of domestic violence only. This assessment is undertaken by the guard on duty at the police station when the victim reports the crime. The needs assessment is recorded. The re-evaluation of risk is undertaken within a few days. The guards convey the information to the Prosecutor’s Office. If the assessment reveals that the victim of domestic violence is in imminent danger the guard removes the victim from the presence of the offender or detains the offender.
Please explain why you consider this a model practice	Reporting domestic violence situations can increase the risk of danger to the victim and the needs may change quite rapidly; hence a re-evaluation at early stages further assists giving effect to the right to protection of a victim.
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	The practice corresponds with standard 6. Update: A regular update of the needs assessment is necessary. This practice is compatible with both Arts 22 (Individual assessment of victims to identify specific protection needs) and 23 (Right to protection of victims with specific protection needs during criminal proceedings) of the Directive.
Please highlight the measurable impact of the practice	The risk assessment applicable in cases of domestic violence is considered to work well by those at the frontline.
Please highlight the elements that make the practice sustainable	
Please highlight transferrable elements of the practice	While it is currently confined to domestic violence, it could equally be applied to other vulnerable groups such as victims of human trafficking, elderly victims in care homes/private dwellings, and any other groups that may be subject to re-victimization by way of reprisals following reporting an offence.
Budget, sources of financing	No information available
Reference (hyperlink), information, documentation or contact person	www.psp.pt www.gnr.pt



TITLE OF MODEL PRACTICE:	In-house support to Judiciary Police for a better intervention / PORTUGAL
Title of Organisation / Institution (original language)	Polícia Judiciária
Title of Organisation / Institution (EN)	Judicial police
Government / Civil society	Government
Sector	Law Enforcement
Theme	Needs Assessment
Brief Description of practice	Trained psychologists assist the judicial police in their assessment of needs of particularly vulnerable victims.
Entry point/ target group	Law enforcement / vulnerable victims.
Description of practice	The Judicial Police has a Psychology Office that gives support to officers so that they know how to intervene in cases that involve particularly vulnerable victims. If assistance is needed, the Psychology Office is on hand.
Please explain why you consider this a model practice	Police force personnel will in general not have the requisite expertise that trained psychologists will have for interacting with particularly vulnerable victims. It makes sense to ensure that police forces may conduct their investigations side by side with such trained professionals by having such expertise readily available within the same institutional setting.
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/ responds to	This corresponds to standard 3. Actors: Specialized professionals, trained in assessing needs in a holistic way. This reflects Art 22 Directive (Individual assessment of victims to identify specific protection needs)
Please highlight the measurable impact of the practice	The number of officers who have received support by the Psychology Office.
Please highlight the elements that make the practice sustainable	The practice is adaptable to all MS Judiciary Police Offices as well as Officers who interact with victims.
Please highlight transferrable elements of the practice	No information available
Budget, sources of financing	No information available
Reference (hyperlink), information, documentation or contact person	www.pj.pt



3.5 *Victim Support Services*

Victim support services, although a requirement for the comprehensive and holistic support to the needs of victims is far from homogeneous in the participating countries. In some countries, like Austria, victim support services are a robust and well established network of services while in the majority of countries victim support is provided through a loose network of civil society organisations that offer fragmented and uncoordinated services. In this sense, practices for needs assessment differ greatly.

In general, all participant states provide free of charge services, financed mainly by public authorities and often provided through volunteers. During needs assessment, the privacy of victim is a major issue, especially for minors, as well as the prevention of secondary and repeat victimization. Needs assessment usually takes place through interviews.

In Italy victim support services are managed by private bodies, working together and often with public authorities, which ask their support based on the long experience in the field. The needs assessment takes place after the first contact. The Police at local level and the Phone call services provide usually the most quick evaluation, but all the other services are ready to do the same. The steps related to the needs assessment and determination of measures are decided during the same meeting/phone call. At local level the two steps of evaluation could be done in different time and by different persons. There is no common model of survey. The victim is always involved in the process of evaluation, especially by the phone call operator in the Helpline Services for Women and Children.

In Greece, needs assessment often takes place through Helplines where the first contact and evaluation on victim's needs is done by the operator at the phone call. Other associations and bodies with tasks on vulnerable groups – children, women - use checklists, but not common procedures, in any way the operator decides immediately the risk factors for the person, with referral to other services (hospital, police, shelters). The procedure is very detailed (physical and emotional health, behavior, etc) and recorded for minors; for women is monitored till three years. The personnel is trained by a wide preparation on the field, in order to give answers to many target groups. Moreover the NGOs in Greece evaluate the victims' needs during the first meeting, and by standardized procedures, personalized per target group. The NGO examines the circumstances of the crime in order to give characterization, the victim's involvement is ensured, also if the victim want to make a complaint against the author of the crime. The procedure is based on the victim's will, who is totally free to follow or refuse it. For special group of victims there are specialized services, and scientific teams to properly evaluate the situation.

In Bulgaria, NGO's providing support have internal guidelines, cooperate with social services and institutions, provide victim with psychological support by own resources and update constantly the individual assessment procedures. For special protection needs they take in consideration the psychological care needs, risk of repeat victimization and security risks.



These include support for social reintegration, psychological counselling and assistance in finding job.

In Estonia the VSS assess the psychological needs through an evaluation survey and provide psychological counseling with requires specific costs and the victim can apply for the compensation of them.

In Cyprus, there is no proper integration among different bodies, but only within departments of the same body, so the systems are not unified and there is a lack of coordination among bodies that causes delays and ineffectiveness. NGOs and Support Centers provide individualized assessment plan and the creation of a personal care path, based on the personal characteristics of the victim and its involvement. The SPAVO association (violence in the family) work with the first contact by phone, in a similar way of the national helplines in Greece and in Italy, and with an operator as a second step for the needs' evaluation.

Austria has guidelines only for "generic" VSS institutions. The assessment for victims of sexual violence is carried on by police officers, and by informal procedures. Personal characteristics are take in consideration, there is a specific medical protocol to support victims of sexual violence, and a cooperation with the welfare authority for child victims. The victim is involved from the first meeting but this does not mean that the victim must accept the support measures. Update of the procedure is provided only for specific supporting paths (sexual violence etc).

In Ireland the need assessment is provided by the Victims' agencies, which do not have any formal procedure. They have an interview with the victim and family members and give advice. The assessment usually is conducted by relevant member of victim's organization, and it happens for people in normal mental condition (not for children); the decision making criteria take in consideration age, gender and offence. Special protection needs and measures are provided for refugees on court protection orders, and for children: the Tusla Agency is strongly specialized on this target.

The model practices identified include:

1. Psychosocial and legal assistance
2. Victims Support Programmes to prevent and handle Violence in the Family
3. Help line for CHILDREN
4. Help Line for Women
5. Network Guidelines and Checklists



TITLE OF MODEL PRACTICE:	Psychosocial and legal assistance (Psychosoziale und juristische Prozessbegleitung) / AUSTRIA
Title of Organisation / Institution (original language)	Opferhilfe- oder Beratungseinrichtungen
Title of Organisation / Institution (EN)	Victim Support Services / Austria
Government / Civil society	The Federal Ministry of Justice has assigned NGOs in the area of victim protection and assistance with the task to provide assistance and support to victims of violence. Quality standards for service provision and the service providers' qualification are implemented. The VSSs themselves carry out the distribution of these services. Service users do not need to formally apply for these services, they are low threshold accessible.
Sector	VSS
Theme	Needs assessment
Brief Description of practice	NGOs that provide assistance and support to victims of violence
Entry point/ target group	<p>Either VSSs are the entry points for victims or the victims get referred by the police. The following groups are entitled to these services and are thus the target group:</p> <p>Persons</p> <ul style="list-style-type: none"> - who have been affected by violence in a premeditated crime (e. g. victims of physical injury, stalking or robbery), - who have been affected by a serious threat (e.g. death threat), - whose sexual integrity has been impaired (e. g. victims of rape or sexual abuse). <p>Under specific circumstances, persons who have lost a relative in a crime (murder) or traffic accident may also be entitled to these assistance services, i.e. if court assistance is indispensable for asserting their rights in court proceedings.</p>
Description of practice	<p>The services are divided into legal and psychosocial assistance and they include</p> <ul style="list-style-type: none"> - counselling on the criminal procedure, the consequences of a report at the police, e.g. forewarning regarding disturbing probing questions of the police and the suspect offender's defense lawyer and explaining why they are necessary - accompanying the victim (as trusted support person) to the police or court and providing psychosocial support - legal representation and claiming for victims' rights and entitlements - attendance before, during and after court proceedings - assistance in translating the logic of the court and legal procedures into everyday language for better understanding. <p>The purpose of the legal assistance is counselling and representing the victim in the criminal procedure (support in the civil procedure may be provided too) including claiming for the victim's entitlements.</p> <p>The purpose of the psychological services is preparing the victim for the reporting at the police and also the legal proceeding. This includes all details, the burdens and the prospective of the outcome. The amount and concrete kind of support is agreed with the victim's needs and situation.</p>



<p>Please explain why you consider this a model practice</p>	<p>It is a holistic service for victims that is accessible low threshold.</p> <ul style="list-style-type: none"> - No formal application is needed, victims just have to say: "yes, I want to use these services" and the services are granted; they are available to all victims of crime quickly and un-bureaucratically. - Support is not linked with a court procedure, not even with the victim's report at the police (but it is only cost free then). - The assistance services ensure that all victims' rights are met in the course of the legal procedure and they effectively prevent secondary victimization (through guidance and attendance in the whole criminal procedure). - The service provision is clearly oriented on the needs of the victims and is thus carried out needs-based and not formalistic.
<p>Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to</p>	<p>The Austrian psychosocial and legal assistance services (psychosoziale und juristische Prozessbegleitung) are a model practice for Art. 8 of the Directive:</p> <ol style="list-style-type: none"> 1. and 2. These services are compulsory (starting with the initial counselling even before reporting to the police and ending after the proceeding) and they act in the interests of the victims (nothing happens without the victim's consent). Victims are informed about these services and their right to use them by the police. 3. Specialist support services are available for victims of sexual violence, domestic violence, human trafficking, child victims of violence, victims of honor crimes and forced marriage. 4. These services are provided by NGOs and paid by the Federal Ministry of Justice. Quality standards for service provision are implemented. 5. Access to these services is not dependent on a victim making a formal complaint with regard to a criminal offense to a competent authority. <p>The Austrian psychosocial and legal assistance services are compatible to Art. 9 of the Directive insofar as they provide the comprehensive information that is requested in Art. 9 (1) of the Directive. They pay particular attention to the specific needs of victims (related to the crime and related to personal characteristics, such as disability, age, migration background) as requested in Art. 9 (2) and Art. 9 (3) of the Directive. They also cooperate with shelters and are able to refer victims to them if needed.</p>
<p>Please highlight the measurable impact of the practice</p>	<p>The impact of the practice is difficult to measure. There exists an evaluation of the psychosocial and legal assistance services, however it has been carried out already in 2007³ and it focuses on child victims of violence as service users. Another study has been carried out more recently and it asks for the accessibility of these services for persons with disabilities and other special needs due to migratory background, lacking language skills, social status, etc.⁴ Another study evaluates the training of psychosocial and legal assistance service providers from an adult education perspective.⁵</p>

³ Haller/Hofinger (2007), Studie zur Prozessbegleitung, Vienna, available at: https://www.justiz.gv.at/web2013/file/2c94848535a081cf0135bdec5753010a.de.0/studie2007_prozessbegleitung_ikf.pdf (accessed 29 March 2017).

⁴ Amesberger/Haller (2016), Polizeiliche und gerichtliche Schutzanordnungen bei Gewalt in engen sozialen Beziehungen. Länderbericht Österreich, Vienna, available at: http://www.ikf.ac.at/pdf/Bericht_Oesterreich_101016.pdf (accessed 29 March 2017).

⁵ Stangl (2016), Analyse der Evaluation des 1. Lehrganges für Psychosoziale Prozessbegleitung (2015/16) anhand theoretischer Aspekte der Erwachsenenbildung, Vienna, available at: <http://www.pb-fachstelle.at/wp-content/uploads/2016/08/Evaluation-des-1.-Lehrgangs-f%C3%BCr-Psychosoziale-Prozessbegleitung-Tamara-Stangl.pdf> accessed 29 March 2017).



	<p>Furthermore, there exists an interministerial working group for the implementation of these services (IMAG):</p> <p>Possible indicators for the impact measurement are:</p> <ul style="list-style-type: none"> - Share of convictions in case of service user victims vs. non user victims - Amount of compensation for damage in case of service user victims vs. non user victims - Non-service-users are likelier to make use of their testimonial privilege (Entschlagungsrecht) than service users. Service users are readier to testify in the main trial vs. those who refuse to testify (and make use of their right to refuse to testify against their relatives).
<p>Please highlight the elements that make the practice sustainable</p>	<ul style="list-style-type: none"> - There is a legal right to these services for victims of violence. - The funding of the service providers is secured and not dependent from legislative periods or political majorities - These services are confidential, free of charge, available before, during and after proceedings and they are carried out needs-based. - The usage of these services in victims of violence makes the whole process more victims friendly and ensures that the victims' entitlements are implemented. - Police, prosecutors and judges benefit from these services too. Service-users are more willing to report details, they are more conscious in the whole criminal procedure. The actors of the criminal justice system are free to carry out their tasks (investigating the case), while victim support can be outsourced passed to NGOs. These assistance services make the police's work easier. - The legal and psychosocial guides work together and cooperate with all other actors directly involved into victim protection, namely the police, the prosecution and healthcare staff. They also collaborate with those indirectly involved namely social workers and employers of the victim. - The victim support services are also involved in training the police and court personnel on issues related to victim support.
<p>Please highlight transferrable elements of the practice</p>	<p>All elements of the practice are transferable, because they are in no way related to any Austrian specialties</p>
<p>Budget, sources of financing</p>	<p>Federal Ministry of Justice</p>
<p>Reference (hyperlink), information, documentation or contact person</p>	<p>https://www.justiz.gv.at/web2013/file/2c948485371225d601397bee5b620df3.de.0/folder_pr_ozessbegleitung_englisch_endfassung.pdf(accessed 29 March 2017)</p>



TITLE OF MODEL PRACTICE:	Victims Support Programmes to prevent and handle Violence in the Family / CYPRUS
Title of Organisation / Institution (original language)	Σύνδεσμος για την Πρόληψη και Αντιμετώπιση της Βίας στη Οικογένεια (ΣΠΑΒΟ)
Title of Organisation / Institution (EN)	Association for the Prevention and Handling of Violence in the Family (SPAVO)
Government / Civil society	Civil Society
Sector	Victim Support Services
Theme	Needs Assessment
Brief Description of practice	Provision of support, information and awareness on domestic violence issues.
Entry point/ target group	Victims of domestic violence
Description of practice	<p>SPAVO is a non-profit non-governmental organization that operates to provide support, information, as well as awareness raising and training on domestic violence issues. All services provided are free of charge.</p> <p>SPAVO offers integrated services to victims of domestic violence in Cyprus including:</p> <p>A Call Centre (1440):</p> <ul style="list-style-type: none"> - The 1140 call centre is free of charge, accessible 24 hours and available to the public 365 days a year. - The call center is staffed by psychologists, social workers and volunteers who are specially trained. <p>Line 1440 provides:</p> <ul style="list-style-type: none"> - Counselling. - Information on other relevant services. - Information on the basic rights and the choices of victims of domestic violence. <p>SPAVO Shelters:</p> <p>SPAVO offers shelter to women victims of violence and their children. Shelter can be accessed through the call centre 1440 or by referral from the Police and/or Social Welfare Services. The shelter offers programmes aiming to strengthen women so that they can freely identify their needs and make their own decision to break the cycle of violence. In order for women to stay in the shelter they will have to participate in all the shelter’s programmes.</p> <p>SPAVO Counselling Services:</p> <p>SPAVO provides psychological support and counselling to both victims and perpetrators of domestic violence by specially trained psychologists and social workers. All services operate in an integrated manner. SPAVO programmes target victims of domestic violence including women, men, and children. Shelter services target women victims of violence and their children, taking into account the specific vulnerabilities and needs of this target group. Furthermore, SPAVO offers counselling services to perpetrators of violence through its “Love without Hurt” programme.</p>
Please explain why you consider this a model practice	<p>The services offered are effective in protecting victims, cooperating with authorities (prosecution) and referring them based on needs.</p> <p>SPAVO has been identified as a good practice for individual needs assessment.</p>



<p>Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to</p>	<p>Individual needs assessment:</p> <ul style="list-style-type: none"> - The practice promotes the collection of a minimum of information on victims. - Services are free of charge and guarantee confidentiality and data protection. - Takes into account the special needs of vulnerable groups (children, women, and people with disabilities). - Promotes the training and specialization of front-line professionals. - Conducts assessment of needs and determination of measures to meet these needs. - Foresees the provision of information and guidance to suitable services as well as procedures for victims to be officially referred to another institution. - Provides multi-lingual support in English and Greek, as well as other languages where necessary.
<p>Please highlight the measurable impact of the practice</p>	<p>SPAVO handled 1511 cases of domestic violence in 2015, of which 83% from women/girls. 461 were new cases and 202 involved minors.</p> <ul style="list-style-type: none"> - 514 counselling meetings with psychologists took place - 997 received support through the call centre 1440. - 149 cases were referred to the shelters
<p>Please highlight the elements that make the practice sustainable</p>	<ul style="list-style-type: none"> - SPAVO operates the only 24 hour helpline in Cyprus. - SPAVO operates the only shelter for victims of domestic violence in Cyprus. - SPAVO provides a holistic approach to victim support providing comprehensive services. - SPAVO receives financial support from the State.
<p>Please highlight transferrable elements of the practice</p>	<p>The practice is adaptable to similar contexts in other European MS.</p>
<p>Budget, sources of financing</p>	<p>SPAVO receives financing from the State, EU Programmes, as well as from private sources.</p>
<p>Reference (hyperlink), information, documentation or contact person</p>	<p>www.domviolence.org.cy</p>



TITLE OF MODEL PRACTICE:	Help line for CHILDREN / ITALY
Title of Organisation / Institution (original language)	Telefono Azzurro
Title of Organisation / Institution (EN)	Blue telephone for children and adolescents
Government / Civil society	No profit national association / Italy
Sector	VSS
Theme	Needs Assessment
Brief Description of practice	The Blue Telephone was born on 1987 aimed at giving a listening and access point to children. In 1990 it turned the first line free for children up to 14 years, the number 1.96.96, active throughout the national territory 24 hours on 24, 365 days a year. This was a concrete response to the "right to listening" to the child recognized by the Convention on the Children rights signed by the United Nations last year. Following the listening activity the Blue Telephone intensifies and specialized; operators are also trained due to operational and methodological comparison with similar European experiences. From 2003 it manages the emergency helpline for childhood n. 114, and from 2009 it manages also the number 116.000 for missing children. Today the National Listening Center of Blue Telephone is a call center with 30 phone lines, 40 specialized operators, hundreds of volunteers. A chat line is also available every day from 4 to 8 pm hours. The services are promoted by the Government and managed by the association.
Entry point/ target group	VSS/children and minors
Description of practice	<p>The main idea is to offer listening to children and minors to protect the children's rights inspired by the International Convention on the Children Rights by the United Nations (in 1989, ratified by the Italian State in 1991) and by the European Convention of Strasbourg (1996). The service is aimed at intercept requests for help and give a response to all children, adolescents and adults who contact it, helping them find the best way to confront and overcome a difficult situation. Many services are promoted in cooperation with institutions. The no profit association in 2015 worked thanks to 15 employees (long term contract), 30 external collaborators and consultants, and 409 volunteers.</p> <p>The main steps:</p> <ul style="list-style-type: none"> - the call center/chat operator answers to the child/minor (or to an adult reporting a difficult for a child/minor) listening the small or big problems, without any judgment - the person calling is listened 24hours a day, by a sensitive and careful listening, is supported by empathy and more than a call if necessary - the operator use the dialogue to understand the need of the child, and evaluates to engage a professionals or specialized bodies; he/she evaluates also the evaluates the actions and the protection support measures most suitable for the resolution of problems; the operator involves the network with specialized services (from 2008 to 2012 only 9,5% of the calls were targeted to other institutions, the most of them were managed directly by the helpline).



Please explain why you consider this a model practice	It's a voluntary service promoted by a no profit private association. It's free of charge for all, adults and children. The operators are specifically trained: the call handling is the key-service of the helpline. It's based on a national center and local venues. It ensures the immediate connection to the Police and other supporting services. It cooperates with many institution, also for specific projects related to contemporary problems and practices
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	The practice is a model because: <ul style="list-style-type: none"> - It's a national service and it's free of charge - It's based on the careful and active listening - It ensures the listening and the take on charge - The police is quickly informed if there is an immediate risk for the victim - The operators are specifically trained
Please highlight the measurable impact of the practice	In 2015 the number 19696 received more than 60.000 calls, among which 1993 are new cases managed and 736 consultations provided. The emergency number 114 received n. 114.708 calls, among which 2.067 were the new cases managed (145 by the chat line) and 553 the consultations provided. The chat line had 3421 registered contacts, 687 new cases managed, 284 consultations after the contacts. The number 116.000 had 172 new warnings, 116 new missed children are reported, 56 among them were found.
Please highlight the elements that make the practice sustainable	The Helpline is sustainable, because: <ul style="list-style-type: none"> - It is based on voluntary service, - volunteers are all trained and provide the same services - the network with institutions works in every area - private company or public institutions support specific projects
Please highlight transferrable elements of the practice	The transferrable elements are: <ul style="list-style-type: none"> - most of actions are provided by the voluntary service - there is a direct connection with the Police/institutions/other bodies at the local level - the financial support by private – everyone – or public institutions - the specific training for operators
Budget, sources of financing	The Helpline is mostly managed by volunteers and supported by private resources. For specific projects or initiatives they have the financial support or agreements with public important bodies (ministries, public companies, banks, insurances, etc)
Reference (hyperlink), information, documentation or contact person	www.azzurro.it <ul style="list-style-type: none"> - Helpline number n. 1.96.96 or 114 (available 24h/24, 365 days per year) - Chatline ch@t di Telefono Azzurro every day from 4 to 8 pm.



TITLE OF MODEL PRACTICE:	Help line for Women / ITALY
Title of Organisation / Institution (original language)	Telefono Rosa – Centro di orientamento per i diritti della donna
Title of Organisation / Institution (EN)	Pink Telephone – Center for Guidance to womens’ rights
Government / Civil society	No profit national association / Italy
Sector	VSS
Theme	Needs Assessment
Brief Description of practice	The Pink Telephone was born on 1988 as social public services by a small group of volunteers to listen and give support to women victims of violence. Year by year it became a national association (1990), and a no-profit organization (2006). From 2012 it manages the free number 1522 set up by the Department for Equal Opportunities of the Government, which offers a telephone helpline service multilingual and available 24/24 hours, 365 days a year, to the victims of all forms of violence. Today is a national associations with a network of local associations managed by 88 volunteers among which lawyers, psychologists, cultural mediators, bank officers. It offers active listening, information and first legal support, possibility to access to other services (legal, health care, psychosocial support, residential, social and labour inclusion), activation in emergency situations of a connection procedure with the Police through direct call from the call centre.
Entry point/ target group	VSS/women and minors, and in general all the victims of violence
Description of practice	<p>The main idea is to offer listening and support to women victims of violence – later on to all the people victims – in order to bring to light the hidden violence in society (at home, at work, etc), and to have a direct contact with the Police. From year by year it becomes a national network with 7 venues and many local antiviolence centers offering legal, bank, psychological and mediation support and services for free. From 2012 the association manages the 1522 free antiviolence number promoted by the Department for Equal Opportunities of the Government.</p> <p>The main steps:</p> <ul style="list-style-type: none"> - the call center operator evaluates quickly what kind of help is required, depending on the situation, the urgency, the risk of victim and the geographical area of the violence (served from the closest centre of the network) - he/she directs the person to the local antiviolence center in his/her area, to social and health services, police and private social structures providing protection and support in the same area - he/she contact directly the local antiviolence center thanks to the 1522 database of public and private local services - he/she ensures the direct transfer of the - if a high condition of risk is evaluated for the victim there is the direct transfer to the Police - the data of the interviews are recorded by the operators in a survey - all the data are filled in an archive producing monthly reports and/or specific researches.



<p>Please explain why you consider this a model practice</p>	<ul style="list-style-type: none"> √ It's a voluntary service promoted by a national authority √ It's free of charge for the victims of violence √ The procedure is the same for all the national area √ The operators are specifically trained: the call handling is the key-service of the helpline √ It's based on a national network acting at local level √ It ensures the immediate connection to the Police if the risk for the victim is evaluated √ It ensures general and specific services thanks to the network of public and private bodies
<p>Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/ responds to</p>	<p>The practice is a model because:</p> <ul style="list-style-type: none"> - It's a national public service and it's free of charge - The victim is quickly informed on his/her rights and guided to the closest local services for support or protection - The police is quickly informed if there is an immediate risk for the victim - The personal characteristic of victims are evaluated (race, gender, age, etc) - It provides general and specific support services supplied by more specialized actors - The operators are specifically trained - The procedure is monitored.
<p>Please highlight the measurable impact of the practice</p>	<p>Till December 2013 women victims of violence who called the helpline were 700.000 from Italy and other EU countries.</p>
<p>Please highlight the elements that make the practice sustainable</p>	<p>The Helpline is sustainable, because:</p> <ul style="list-style-type: none"> - Is based on institutional coordination and support - Is managed by volunteers - is supported by networks including public and private actors
<p>Please highlight transferrable elements of the practice</p>	<p>The transferrable elements are:</p> <ul style="list-style-type: none"> - the direct connection with the Police to avoid the risk of violence for victim - the idea of the network including different bodies providing integrated services - the cooperation between volunteers, institutional bodies, public and private local services
<p>Budget, sources of financing</p>	<p>The Helpline 1522 is managed by volunteers and supported by public resources. It's the same for the local networks, a mix between institutional bodies and private voluntary association; moreover specific funds are provided for the dedicated bodies (Shelter homes, Antiviolence centers) by public bodies (municipalities, regions, etc)</p>
<p>Reference (hyperlink), information, documentation or contact person</p>	<p>www.telefonorosa.it</p> <p>Helpline telephone n. 1522 or 06 37518282</p> <p>telefonorosa@alice.it</p>



TITLE OF MODEL PRACTICE:	Network Guidelines and Checklists / ITALY
Title of Organisation / Institution (original language)	Sportello Vis Network della Provincia di Livorno
Title of Organisation / Institution (EN)	Advisor for Equal Opportunities for the Province of Livorno
Government / Civil society	Local public authority
Sector	VSS
Theme	Needs Assessment
Brief Description of practice	Vis Network is an institutional coordinated and voluntary based support service for victims; it includes many institutions, associations, police and health services all working together. The first contact point ensures identification, information and listening services, the first assessment of needs, then it refers to the network bodies for specific support services.
Entry point/ target group	VSS/different targets of victims (women victim of violence, minors, elders, etc)
Description of practice	<p>The main idea is to have an institutional first contact point for the listening and the access to rights by the victims and then a related supporting network providing specific services.</p> <p>The main steps:</p> <ul style="list-style-type: none"> • first meeting/acceptance: a survey with personal data and the problems of the person is completed; it's updated by a monitoring; • listening of the victim, quick evaluation of his/her needs, information of the rights and guidance to the opportunities provided by the services of the network; • evaluation of the situation and victim's needs by the coordinator; • sharing of information among the network bodies and referral to other entry points providing specific support services.
Please explain why you consider this a model practice	<p>It's an institutional reference point and free of charge for victims</p> <p>It's a listening point for victims, based on the his/her needs and will</p> <p>It provides information on rights</p> <p>It's related to general and specific support services (psychological and legal support, psychological and psychiatric paths, health services, shelter services, mediation services)</p> <p>It's based on a local network including different kind of bodies, among which associations based on voluntary services.</p>



<p>Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to</p>	<p>The practice is a model because:</p> <ul style="list-style-type: none"> - The procedure is prompt - The operators are trained - The victim is informed on his/her rights and involved in the decision of the measures/opportunities to be adopted - The personal characteristic of victims are evaluated (race, gender, age, etc) - It provides general and specific support services supplied by more specialized actors - It's free of charge - The procedure is monitored and updated.
<p>Please highlight the measurable impact of the practice</p>	<p>In 2015 and 2016 the Listening Point managed 35 people, among which some are coming from other services/bodies of the network, some are coming to the listening point by themselves (news from internet, awareness campaign, information materials, etc). Most of them are disadvantaged people and victims of violence, all were redirected to paths of psychological or legal support.</p>
<p>Please highlight the elements that make the practice sustainable</p>	<p>The Listening centre is totally sustainable, because is:</p> <ul style="list-style-type: none"> - is based on institutional coordination and support - is supported by voluntary services - it gains public resources to information and diffusion
<p>Please highlight transferrable elements of the practice</p>	<p>The transferrable elements are:</p> <ul style="list-style-type: none"> - it's an idea coming from an EU funded project piloting/practices - the idea of the network including different bodies with complementary tasks - the cooperation between institutional services and the volunteers associations on the topic
<p>Budget, sources of financing</p>	<p>The listening centre is supported by the institutional service/bodies (Advisor for Equal opportunities and the secretary, police, health services, etc), by the volunteers support, is supported by public financing on specific project (initiatives and projects, information campaign, etc)</p>
<p>Reference (hyperlink), information, documentation or contact person</p>	<p>Information at the listening centre coordinated by the Advisor for Equal Opportunities: Provincia di Livorno (Livorno, Italy), tel. +390586 257229, e-mail sportellovis@provincia.livorno.it (open Monday-Friday h 9-13, Tuesday and Thursday h 15-19)</p>



TITLE OF MODEL PRACTICE:	Partnerships to promote victims' rights / PORTUGAL
Title of Organisation / Institution (original language)	Associação Portuguesa de Apoio à Vítima
Title of Organisation / Institution (EN)	Portuguese Association for Victim Support (APAV)
Government / Civil society	NGO (national non-governmental organisation)
Sector	Victim Support Service
Theme	Needs Assessment/Referral
Brief Description of practice	Interinstitutional partnership to promote coordination of victim services.
Entry point/ target group	Victims of any type of crime
Description of practice	The partnership between APAV and the law enforcement bodies and the partnership between APAV and health care services provides a good model for coordination of victim services.
Please explain why you consider this a model practice	It provides for a more coordinated approach amongst all agencies
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	The practice meets standards identified under needs assessment in standard 3. Actors: Specialized professionals, trained in assessing needs in a holistic way; it also goes towards meeting the standard identified for a coordination-institution for referrals.
Please highlight the measurable impact of the practice	Referral: A lower probability of secondary victimization Needs assessment: a more efficient and strategic way to address the victim's needs; less time consuming; better follow up strategies
Please highlight the elements that make the practice sustainable	Ongoing training and supervision of volunteers and victim support workers towards the need to implement the needs assessment tool and the importance of referral mechanisms
Please highlight transferrable elements of the practice	Referral mechanisms and needs assessment are already implemented whatever the type of crime involved, so it's a transversal practice to any type of victim.
Budget, sources of financing	N/A
Reference (hyperlink), information, documentation or contact person	http://www.apav.pt



4. Referral Mechanisms

Referral is the process of sharing information between entry points or institutions that offer services to victims. The referral process essentially concerns coordination issues but must always respect data protection and privacy. The mechanism of referral depends on the type of victim and its needs. Procedures need to ensure immediate response from the members of the network.

4.1 Standards introduced by the Directive

Relevant standards can be deduced from several articles of the Directive, the preamble and the Guidance. The following standards are derived:

1. **Referral should reply on an accurate mapping of existing services.** This should be available both in a form to be handed out to victims as well as in order for professionals to decide on referrals. One stop shops for referrals can be considered a model practice.
2. **Types of referral:** different types of referral can be identified either within an organization or externally. Referrals can be distinguished between:
 - Internal referral: more open (can be anyone who encounters a victim)
 - External: by a competent person within the organization

Referrals can also be differentiated with regard to their content:

- Referral through the provision of Information and guidance to suitable services
 - Formal referral where a process is followed and the victim is officially referred to another institution
3. **Form and procedure:** the use of common forms for referral can be considered a model practice
 4. **Privacy and data protection:** data sharing and data protection is the major concern during referral, especially given the fact that sensitive data is collected and handled. Specific guidance on data protection and how to handle sensitive data needs to be provided.
 5. **Actors:** Any trained professional identifying a victims needs should be in the position to refer. A coordination-institution for referrals is a model practice especially for accommodation in shelters or sensitive groups like children.
 6. **Timing:** Referrals should be timely and should take place as soon as possible after the individual assessment of needs
 7. **Referral notes:** only if it does not harm the safety of the victim (problematic for certain crimes, such as domestic violence)
 8. **Follow up/monitoring:** central database



In general, referrals rely strongly on a mapping of existing services but also on personal contact between the staff of organizations.

4.2 Findings from national reports

Referral mechanisms are important because they are the ‘connecting link’ between the different elements of the victim support system and the different entry points. Victim support consists of institutions and services of diverse nature which need to be coordinated and linked through consistent referral mechanisms.

The national reports show that referral mechanisms and coordination are one of the weakest points of victim support services in almost all countries participating in the project. Although internal referral (within the same institution) appears to work relatively well, interinstitutional referral procedures are fragmented, non standardized and their effectiveness often relies on personal links between the individuals employed in the different institutions. Data transferability and privacy are major challenges in the referral process.

4.3 Healthcare

Medical services usually refer to the Police – with the consent of the person involved – and from there on the Police undertake the case for investigation and further proceedings. A number of common issues identified in national practice are a) Medical services refer to the Police and Social Welfare Services b) there is a need for the consent of the person for referral c) the referring service is usually not further involved after the referral and d) standardized and formalized procedures are in place only where minors are involved.

The main challenges identified with regard to referral mechanisms concern the protection of privacy and the transfer of personal and sensitive data, the inexistence of homogeneous, standardized procedures and communication problems between the institutions involved.

In Cyprus, referral takes place either by phone and/or in writing by the Doctor involved to the relevant services (Police, Social Welfare Services, etc). It can take place as soon as the examination and evaluation is completed and from there on the Medical Services have no involvement. The entire procedure is based on the victim’s testimony and it is their decision to proceed, except in cases of minors and psychiatric patients.

Similar is the case in Poland, where the Banacha and Praski Hospitals refer the victims to the Police, criminal investigation bodies and social service institutions. In Ireland, where in the residential care setting, the designated officer must refer the case to the Safeguarding and Protection team leader (with the consent of the person involved) and must complete the referral form within 3 days.

In Austria, victims are referred to healthcare institutions by other actors. The same applies in Bulgaria, where the victims are very often referred to forensic doctors by the Police. If



the victims first contact the forensic doctors then the doctors refer them to the Police. In case a minor is involved, the procedure follows the child protection legislation, where everyone who receives a signal about a child at risk should refer it to the Social Authorities and the Child Protection Units.

In Italy, the referral procedure involves Police and security services, social services, health services and anti-violence centers and other private and social associations working on the same area. Starting from the victim's need they can refer the victim to each other. The referral procedure is not written but exists in practice built and consolidated by years of exercise; and is often coordinated by the Social Service.

In Portugal there are no legal or internal standardized procedure, not even guidelines for victim's referral. Everything should be adapted to the specific characteristics of the victim, professional's good judgement as well as the situation and type of crime; the victim's consent is necessary for the referral.

In Estonia, the research group got no response from hospital/doctors. According to doctor's view assisting victims including referral to other institutions is not their task. Many specialists mentioned problem of communication between doctors and victim assisting institutions.

In Finland, a client suspected to be a victim of a crime will always be given information on where to look for help after immediate injuries are taken care of at the emergency care hospital. The contact information of clients may be forwarded to follow-up services and in some cases other services will pick up clients from the hospital.

In Spain, the social system is based on policy of outsourcing services. In the case of gender-based violence, there is a Law that regulates everything. Once the victim is identified, is informed about the available services (legal, social, health) and they can proceed based on their will and wishes. In the case, though, of children victims the procedures and support are developed by each Autonomous Community.

In the Netherlands, referral procedures in the cases of Sexual Violence Centers (SVCs) are often differentiated in two phases: during the first “watchful month”, and primarily in the first stages of the identification and assessment process where the victim will have to go through medical, psychological care, involving potential the police and forensic medical services. The second phase that follows the concept of traditional referral to the other institutions outside the SVCs and health centers take place after the “watchful month” where the victim will be referred to general health practitioners, therapists or the victim support services for a more long-term care. In the cases of referrals to other institutions and professionals the consent of the victim is needed.

Finally, in Greece referrals are more harmonized compared to other practices, especially when done through the National Center for Social Solidarity. A national framework is in place that is followed by all organizations. Outside this framework and with the exception



of public hospitals, referrals take place inside or outside the organizations for support, further medical treatment, legal services or accommodation. In most cases a referral note is used. Referrals are done through personal contact of the staff of organizations while follow up takes place but is neither formalized nor homogeneous. While health is an important entry point for victims, especially those that have suffered violence, formal links between health and the criminal justice system exist only for minors.

The model practices identified include:

1. One stop shop for victims of gender based violence in the Netherlands



TITLE OF MODEL PRACTICE:	One stop shop for victims of gender based violence / NETHERLANDS
Title of Organisation / Institution (original language)	Centrum Seksueel Geweld
Title of Organisation / Institution (EN)	Sexual Violence Centers (SVC)
Government / Civil society	Government
Sector	Focus is health care, but all other sectors are present within the Center.
Theme	Referral
Brief Description of practice	Sexual Violence Centers (SVC) offers integrated medical care to victims of sexual violence and domestic sexual abuse of all ages.
Entry point/ target group	<p>Target Group are victims of sexual violence and domestic sexual abuse of all ages.</p> <p>The SVC combines an integrated medical care approach, that pulls to its center other practices: doctors, nurses, psychologists, social workers, sexologists, police and victim support services are under one roof, with emphasis on the psychological and medical care of the victim.</p>
Description of practice	<p>Sexual Violence Centers (SVC), modeled after the Danish Rape Centers, are located throughout the Netherlands, often close to a hospital. Locating the SVCs near or within hospital wings allows for the immediate medical care of special group victims and facilitate the information exchange among the health practitioners involved,</p> <p>In cases a victim comes in and reports a crime, the SVC will assign a nurse to the victim that will take him/her to the emergency room of the hospital and also notify the police cooperating with SVC (in case the victim consents to it). The approach is that once the victims offered their story to one of the involved actors, coordination will take place among them so as to avoid repetition of negative and intrusive questioning of the victim.</p> <p>The next day the case manager will receive the victim back for assessment of needs and psychological care and psycho-education. The process is called “watchful month”, and is the overall period where the victim will be under the care and supervision of the SVCs and their Psycho Trauma Center. The assessment can take place by the phone or face-to-face meeting, throughout many visits in the SVCs, coordinated with following medical check-ups the victim might need. The case manager is the center of the procedure: each specialized doctor will assess the medical needs of the victim, while the case manager facilitates and coordinate the process and assess in consultation with the victim further needs, including from involving the victim support services, other partners, or referrals to other centers or medical institutions.</p> <p>Within the SVCs the communication and coordination of information will take place under the coordinating role of the case manager and through shared system of information. This is not so much a referral as it is active involvement of the collaborating partners. The file of the emergency room and the doctors that examine the victim will become available to the psychologist of the Psycho Trauma Center when he/she is carrying out the assessment, and communication for inter consultation among the practitioners is possible. In the case of non-medical practitioners, such as the police and victim support services, or referral to professionals outside the SVCs network, the referral and communication will only happen by the case manager, through phone and/or email, and at a second step, the victims will be encouraged to contact them, once their information are shared with them.</p>



	After the first month a referral to long-term care, mostly psychological, will take place. However if the professional believe that the victim needs more care with the same practitioners that treated him/her, this can happen.
Please explain why you consider this a model practice	The SVC, as a one-stop-shop, is centered on the victim and its needs. While being respectful of the wish and needs of the victim, it minimizes the burdens of referral between practitioners. Another important aspect that needs to be highlighted is the proactive approach taken by the practitioners, as described above, that contact and follows –up on the victim needs.
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	Recital 38, Recital 40, Recital 62, Article 8 - Right to access victim support services, in particular § 2 and 5, Article 9 - Support from victim support services, Article 22 - Individual assessment of victims to identify specific protection needs
Please highlight the measurable impact of the practice	The numbers of victims of sexual violence and domestic sexual abuse of all ages that have been cared by the SVCs.
Please highlight the elements that make the practice sustainable	The SVC builds on a broad agreement between health care, police, victims support services, etc.
Please highlight transferrable elements of the practice	SVC, as a one-stop shop, are only dependent on the willingness of states to create such institutions.
Budget, sources of financing	Governmental funding
Reference (hyperlink), information, documentation or contact person	www.centrumseksueelgeweld.nl



4.4 Law Enforcement

Law enforcement systems in the participating Member States display a number of similarities in the manner they refer victims of crime to appropriate services. Differences are also present, as to how country systems rate in terms of safeguards for victims’ privacy and personal data, automation of information sharing, unified documentation accompanying the victim throughout the criminal justice/referral process, informing victims about their rights and entitlements, active or passive role of the victim in the referral process, complexity of the process itself.

Police services are almost universally obliged to inform victims about their rights and the victim services available. Information is given in various forms – folder (Austria) or booklet of credit-card size, containing contact details for the main institutions that provide help to the victims and information on the victim’s rights and the special protection right (Estonia). States attempt to provide information in various languages, besides the countries’ official ones.

Referral mechanisms, however, have a different degree of formality. In some Member States, police just accompanies, or sends, victims to various services (Bulgaria) without a formal procedure (Portugal – formalized only in some regions and with Judicial Police, Bulgaria, Cyprus – formalized notably for human trafficking and domestic violence).

The role of victim in receiving help from victim support services varies. Often victims have to contact them on their own initiative (Austria), or services initiate and keep the contact with the victim (Austria, Ireland, Portugal), or a victim support officer may even be present during police raids where identification is anticipated (Austria) or do home visits together with police (Estonia).

The processing of victims’ data differs throughout the Member States as well. Some Member States have gone a long way in gaining awareness about the importance of victims’ consent in sharing their data (Ireland), while in others the sharing is still done rather informally (Bulgaria). Nowadays, consent forms are signed by victims to allow the passing of their data to services (Austria), or the victims are asked permission for their data to be shared (Finland, Estonia). In other Member States, internal police referrals are reported to be more flexible, while external referrals to other services are characterized with different levels of access to information, but the consent of the victim is still necessary in most cases (Netherlands).

The degree of automation of the referral process varies significantly – some Member States report no electronic tools or databases to support referrals (Portugal, Italy, Bulgaria), while in others police is internally connected with units like the juvenile division, sexual crimes and domestic violence divisions, plus the Victim Support and Public Prosecutor’s Office, and intensive information and data sharing takes place (Netherlands).



Standardised documentation accompanying victims throughout the referral process is a promising practice in a number of Member States – standardized victim letters (Ireland), Poland's Blue Card system, which also includes information about referral points – city social security institutions, NGOs, shelters and crisis centers.

The degree of satisfaction of police officers with their interactions with support services is also variable. Victims support services may be easy to work with (Austria, Portugal, Bulgaria), while other authorities may be more difficult to reach and co-operate with – e.g. youth welfare authority (Austria). NGOs play a crucial role in supporting victims and their relationship with police is often commended (Bulgaria).

The model practices identified include:

1. Integrated Monitoring System for Cases of Gender-based Violence
2. The Aide Memoire
3. Dedicated Victim Support Service within the police institution



TITLE OF MODEL PRACTICE:	Integrated Monitoring System for Cases of Gender-based Violence (Sistema de Seguimiento Integral en los casos de Violencia de Género) /SPAIN
Title of Organisation / Institution (original language)	Ministerio del Interior
Title of Organisation / Institution (EN)	Ministry of Interior
Government / Civil society	Government
Sector (health, VSS, law enforcement, other)	Law enforcement
Theme (Identification/needs Assessment/Referral)	Needs Assessment, Referral
Brief Description of practice	The “Integrated Monitoring System for Cases of Gender-based Violence” is a technological tool for support and prevention in cases of gender-based violence (GBV).
Entry point/ target group	General public as well as victims of GBV.
Description of practice	<p>The rationale behind is to provide updated information on available resources and actors involved in fighting gender-based violence (GBV) at a local level, facilitating their visual placement on Google Maps, physical address, contact information, and URL, when available. In particular, the information that can be found is:</p> <ol style="list-style-type: none"> (1) all state, regional, or local government units or centres that facilitate information and advice; (2) all registered women associations that are somehow involved in prevention; (3) all police and civil guard stations, as well as the special “units for families” created in 2007 for cases of GV and child maltreatment; (4) all courts that deal with GV; (5) many public or private actors who offer legal advice or advocates, either paid or free; (6) NGOs and other associations that facilitate some kind of support for victims or are involved in prevention. <p>There is also an application to propose the registration of new resources, once evaluated by the Government Delegation to fight GV. This application is related to the wish of keeping information as updated as possible. The information can be searched either by the name of the region and the province of interest, or by entering a specific address, so that the Web page finds the resources closest to it.</p>
Please explain why you consider this a model practice	The main strength of the Web application in fighting GBV is that it unifies and systematises information that was quite scattered and as there are many actors involved in fighting GV, it is a useful resource for facilitating specialised and most recent information. It is not particularly costly either.
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	<p>The WEB application has been identified as a good practice for the individual needs assessment and referral.</p> <p>Needs assessment:</p> <ul style="list-style-type: none"> - The practice promotes the collection of a minimum of information to be able to ensure the victims protection of a possible life-threatening assault; - Takes into account the special needs of vulnerable groups (i.e. children); - Enables a regular update on the victim’s situation.



	<p>Referral:</p> <ul style="list-style-type: none"> - Provides information and guidance to suitable services; - Enables referral in a timely and fast manner since the services can monitor the victims' situation; - Provides confidentiality and data protection.
Please highlight the measurable impact of the practice	There is no published statistical information about the number of visits, so it is difficult to evaluate the impact of this resource.
Please highlight the elements that make the practice sustainable	There is an agreement with regional governments to periodically update the available information and to report if there were any changes.
Please highlight transferrable elements of the practice	The WEB application can be adapted by all the MS in Europe.
Budget, sources of financing	The cost of the service in 2012 was about 16,000 Euros
Reference (hyperlink), information, documentation or contact person	<p>Spain, Ministry of Interior (Ministerio del Interior) (2007) Integrated Monitoring System for Cases of Gender-based Violence (<i>Sistema de Seguimiento Integral en los casos de Violencia de Género</i>)</p> <p>Available at: http://www.interior.gob.es/web/servicios-al-ciudadano/violencia-contra-lamujer/sistema-viogen</p>



TITLE OF MODEL PRACTICE:	The Aide Memoire / IRELAND
Title of Organisation / Institution (original language)	An Garda Síochána
Title of Organisation / Institution (EN)	Irish Police Force
Government / Civil society	Government
Sector	Law enforcement
Theme	Needs assessment; referral
Brief Description of practice	The Aide Memoire used by the Gardaí and the recording of all details through electronic PULSE database.
Entry point/ target group	Law enforcement / all victims
Description of practice	Key victim information must be ascertained by Gardaí at the scene and then entered into the PULSE system; as an additional safeguard, the central controller of PULSE that receives the information from the Gardaí for input into the system will ask the Garda all questions relating to everything covered in the aide memoire. The idea behind this is to ensure all aspects of victim needs assessment have been accounted for and provides for clearer referral needs within the institution.
Please explain why you consider this a model practice	This practice ensures accurate recording and also enables follow up and ongoing recording of information relating to developing victim’s needs. It also acts as a point of information where a victim has decided not to pursue a complaint and return at a future stage following a repeat of the incident – especially in domestic violence cases.
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	The practice meets the standard identified under needs assessment standard 2. Process: Needs assessment needs to include at least two steps: a) the assessment of needs and b) the determination of measures to meet these needs. It also meets Referral standard 8. Follow up/monitoring: central database. It provides for a centralized data base within the institution that can be accessed by all members of the institution who encounter the victim, and makes follow up actions more coordinated.
Please highlight the measurable impact of the practice	The aide memoire practice is a recent development and it is not referred to in Garda annual report of which the most recent that is available is 2015; the most recent Garda Inspectorate Report is also for 2015 therefore there is no evaluation of the practice. Members of the police force interviewed expressed satisfaction with the practice, finding that they could be certain that all the issues relating to victims would be addressed.
Please highlight the elements that make the practice sustainable	The practice is by way of standardized instructions to police therefore there are no costs involved; all police officers receive the aide memoire including those who are in early stages of their careers. Since the information is double checked through entry into the electronic system, this ensures the procedure must always be followed.
Please highlight transferrable elements of the practice	The Aide Memoire used by the Gardaí and the recording of all details through electronic PULSE database where they are double checked could be considered



	<p>a model practice since it could be adapted for use by all entry points. Such a standardized checklist ensures that the specific issues relating to needs assessment are addressed.</p> <p>The aide memoire of this kind could be used by other organizations who encounter victims in their professional capacity.</p>
Budget, sources of financing	
Reference (hyperlink), information, documentation or contact person	Internal guidelines not accessible to public



TITLE OF MODEL PRACTICE:	Dedicated Victim Support Service within the police institution / IRELAND
Title of Organisation / Institution (original language)	An Garda Síochána
Title of Organisation / Institution (EN)	Irish Police Force
Government / Civil society	Government
Sector	Law enforcement
Theme	Needs assessment, Referral
Brief Description of practice	A dedicated victim support service within the police
Entry point/ target group	Law enforcement / all victims
Description of practice	The thinking behind establishing victim support offices within grade stations was to improve the position of victims in the process and to ensure that all the information would be contained dedicated victim orientated units. Whenever a crime is reported, the details are entered into the internal electronic Pulse system, any information relating to victims automatically appears in the Victim Service Offices, allowing staff to ensure that all necessary actions are undertaken.
Please explain why you consider this a model practice	The provision of a dedicated service within the institution provides for a more coordinated approach amongst all officers who may encounter the victim and allows for better provision of specific protection measures, in addition to follow up.
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	The practice meets the standard identified under needs assessment standard 2. Process: Needs assessment needs to include at least two steps: a) the assessment of needs and b) the determination of measures to meet these needs. It also is compatible with standard 3. Actors: Specialized professionals, trained in assessing needs in a holistic way
Please highlight the measurable impact of the practice	Victim Support office: Impact: this is a too recent development to permit any evaluation and it has not yet been addressed in Garda Annual Report or Garda Inspectorate Report.
Please highlight the elements that make the practice sustainable	This office does require human resources and will be sustainable only if sufficient funding is allocated; as matters stand, the offices are very busy and in order to offer the service it promises, more staff should be allocated; it would be desirable also to augment staff in the office with personnel with background in counselling, social worker etc.
Please highlight transferrable elements of the practice	
Budget, sources of financing	Not available
Reference (hyperlink), information, documentation or contact person	Not available



4.5 *Victim Support Services*

Referral mechanisms have a different degree of formality and the role of victim in receiving help from victim support services varies. In most Member States the referral of the victim takes place depending on the type of victim and its needs. In Finland, may include crisis emergency services and mother and child homes. Child welfare notifications will be made when needed. Referrals are done by forwarding the clients contact information to the relevant service.

The Network for Racist Violence in Greece facilitates this process and appears to be very effective. Referrals start with the provision of information in relation to the needs of the victim in the broad sense but are limited by the resources and services offered by the existing organisations. A form is used. Practices are not standardized but do not differ significantly.

In Austria, the referral mechanism becomes active if the victim consents. Only if the victim is ready to report to the police, the process of psychosocial and legal guidance starts and the member of the VSS attend reporting. No data is forwarded against the will of the victim. The only exception is domestic violence or violence against minors.

As referral is not officially regulated in Bulgarian law and there is a legally stipulated process only for victims of trafficking, authorities and other stakeholders showed relatively general understanding of the referral process and rather spoke about the co-operation and interaction among themselves.

NGOs as social service providers should usually be the final stage of referral, but they are not, as often social protection directorates send victims to NGOs before doing their own job.

The procedure for moving to the Shelter is immediate in Cyprus and it involves the victim (and the children she has), the Association, the Police and in case minors are involved the Social Welfare Services.

New referral procedures are created in Portugal. The partnership between APAV and the Judiciary Police and the National Institute for Legal Medicine and Forensic Sciences concerning a specific group of crimes, is also considered a good practice once it allows victims to receive multidisciplinary support, useful in a situation where they might feel more vulnerable regarding the crime that affected them. Another good practice is the one implemented by APAV and Lisbon's Psychiatric Hospital as it facilitates the referral and consequently the road to cure of the mentally ill, whether or not they are victims.

In Italy, for the referral procedures can be implemented agreements among bodies and associations, coordinated by the people properly appointed for the engagement of the bodies i.e. who signed the agreements. The participants to the agreement on the topic decide the referral to the agreed venues/bodies. Database and electronic lists are kept.

The model practices identified include:



1. National Council for Assistance and Compensation to Victims of Crime – reception and referral
2. Referral Protocol
3. Network and Referral Common Form



TITLE OF MODEL PRACTICE :	National Council for Assistance and Compensation to Victims of Crime – reception and referral / BULGARIA
Title of Organisation / Institution (original language)	Министерство на правосъдието – Национален съвет за подпомагане и компенсация на пострадали от престъпления
Title of Organisation / Institution (EN)	Ministry of Justice – National Council for Assistance and Compensation to Victims of Crime
Government / Civil society	Government
Sector	Specific victim support – government
Theme	Identification, referral
Brief Description of practice	The National Council for Assistance and Compensation of Crime Victims is an interagency unit with the Minister of Justice
Entry point/ target group	Specific victim support/all types of victims
Description of practice	<p>The National Council for Assistance and Compensation of Crime Victims is an interagency unit with the Minister of Justice that is composed of representatives of all bodies involved in the provision of support and compensation to victims, such as the Ministry of the Interior, the Prosecutor’s Office, the court, as well as NGOs, and decides on victims’ compensation complaints. By having a contact person, responsible to provide victims with information about support and compensation, with set reception hours, it turns into an actual first contact point for victims, when they want to obtain information about their entitlements.</p> <p>The Council’s contact person has very detailed impressions about the work of other entities in supporting victims and practically performs informal identification of victims, as well as referral, as he refers complainants to police and prosecution to submit formal complaints and to victim support NGOs in case they need psychological consultation. By law, he also informs victims about their right to financial compensation after the end of the trial.</p> <p>The Council issues a brochure on victims’ rights in several languages and it is planned with the transposition of the 2012 Directive that all rights of the victims, with contact details of authorities, etc., be listed in detail in a form/brochure, which will be given by all actors, responsible for informing victims about their rights, so that victims can read them in peace at home.</p>
Please explain why you consider this a model practice	The activity of the National Council can be considered a model practice, because it is open to assisting victims in their claims, thus identifying them as such, and in obtaining information and it concentrates multidisciplinary expertise and options for referral in one place.
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	Right to receive information from the first contact with a competent authority - Article 4 – on the type of support they can obtain and from whom, including, where relevant, basic information about access to medical support, any specialist support, including psychological support, and alternative accommodation; the procedures for making complaints with regard to a criminal offence and their role in connection with such procedures; how and under what conditions they can obtain protection, including



	<p>protection measures; how and under what conditions they can access legal advice, legal aid and any other sort of advice;</p> <p>Support from victim support services - Article 9 - information, advice and support relevant to the rights of victims including on accessing national compensation schemes for criminal injuries, and on their role in criminal proceedings including preparation for attendance at the trial; information about or direct referral to any relevant specialist support services in place; emotional and, where available, psychological support; advice relating to financial and practical issues arising from the crime; unless otherwise provided by other public or private services, advice relating to the risk and prevention of secondary and repeat victimisation, of intimidation and of retaliation.</p>
Please highlight the measurable impact of the practice	The practice's impact can be measured by the number of victims who appear at the Council during its reception hours and get identified or referred to proper services. The procedure of receiving and treating those victims can also be used to build a future general victim referral mechanism which Bulgaria currently lacks.
Please highlight the elements that make the practice sustainable	The practice is sustainable as it is implemented by an interagency body established by law, which combines the expertise of all authorities concerned with victim support and compensation.
Please highlight transferrable elements of the practice	The transferable element of the practice is its multidisciplinary basis.
Budget, sources of financing	State budget
Reference (hyperlink), information, documentation or contact person	http://www.compensation.bg/



TITLE OF MODEL PRACTICE:	Referral Protocol / GREECE
Title of Organisation / Institution (original language)	Εθνικό Κέντρο Κοινωνικής Αλληλεγγύης / Υπουργείο Εργασίας, Κοινωνικής Ασφάλισης και Κοινωνικής Αλληλεγγύης / Ελλάδα
Title of Organisation / Institution (EN)	National Centre for Social Solidarity/ Ministry of Labour, Social Insurance and Social Solidarity
Government / Civil society	State Organization
Sector	VSS
Theme	Referral
Brief Description of practice	Common protocol and procedures for referral to accommodation services
Entry point/ target group	VSS/ Women victims of domestic violence and trafficking
Description of practice	<p>The National Centre for Social Solidarity receives victims who are either referred to it by other authorities or who have turned to the Centre on their own initiative. The services provided include counseling as well as information regarding welfare issues at a personal, group & community level emergency and short-term psychological support. According to the Referral mechanism of National Centre for Social Solidarity is followed concerns its hospitality shelters where women victims are referred to when their life is at risk or who need help. Victims are referred to the shelters following a decision taken by the team of scientists (psychologists, social workers etc) of the social services of the National Centre for Social Solidarity. The shelter staff takes care of the rehabilitation of the victims. All actions by the staff and all contacts are recorded in an electronic file to which only social workers and supervisors have access.</p> <p>A platform for inter-agency cooperation is managed by the National Centre for Social Solidarity on issues such as identification, support, protection and promotion of the rights of victims (and presumed victims) of trafficking in Greece and a Permanent Consultation Forum with civil society to ensure better cooperation among different stakeholders and better coordination of the available services offered by them.</p> <p>During emergency situations, it offers services addressing the social needs of vulnerable individuals and population groups, such as adolescents and women (with or without children); victims of domestic violence, abuse, exploitation and illegal human trafficking; as well as adults in emergency situations. At its Shelters, specialized employees offer guarded hospitality and care, advice, as well as psychological and social support.</p> <p>The short-term hospitality shelters provide temporary hospitality (shelter and care) to vulnerable social groups such as adolescents, women victims of domestic violence-with or without children, women victims of violence in general, victims of Trafficking with the purpose of sexual exploitation and adults in general being in an emergency situation. Apart from hospitality, counseling and psychological support is also provided to the people served.</p>
Please explain why you consider this a model practice	Their model of work accommodates those different perspectives as well as a high degree of physical and practical closeness which helps victims come to the centers, share openly their problems and look for help
Please highlight the standards of the Directive 2012/29/EU	Article 4, Article 8, Article 9 and Article 22



the model practice is compatible with/responds to	
Please highlight the measurable impact of the practice	The measurable impact of the practice covers the number of professionals, whose capacity increase the level of protection of victims and also their training to a level appropriate to their contact with victims to increase their awareness of the needs of victims and to enable them to deal with victims in an respectful manner.
Please highlight the elements that make the practice sustainable	The national referral protocol of the National Centre for Social Solidarity was reported an effective common framework for referrals. Due to its existence, referrals are more harmonized compared to other practices
Please highlight transferrable elements of the practice	The transferrable elements are their multidisciplinary coverage and the network of institutions
Budget, sources of financing	State funding
Reference (hyperlink), information, documentation or contact person	http://www.ekka.org.gr/



TITLE OF MODEL PRACTICE :	Network and Referral Common Form / GREECE
Title of Organisation / Institution (original language)	Δίκτυο Καταγραφής Περιστατικών Ρατσιστικής Βίας
Title of Organisation / Institution (EN)	Racist Violence Recording Network (RVRN)
Government / Civil society	The Racist Violence Recording Network (RVRN) was set up at the initiative of the National Commission for Human Rights (NCHR) and the Office of the UN High Commission for Refugees in Greece (UNHCR), and with the participation of non-governmental organisations and bodies in order to record incidents of racist violence in Greece.
Sector	VSS
Theme	Referral
Brief Description of practice	The Racist Violence Recording Network (RVRN) has designed a common form for the referral of victims from one institution to the other (within the network)
Entry point/ target group	VSS / victims of racist violence
Description of practice	<p>Referrals start with the provision of recorded information and use a common form, that is shared with the Network for Racist Violence. The referral of the victim takes place depending on the type of victim and its needs. The main documents used are a questionnaire for social intake, medical history.</p> <p>Follow up takes place by the assistant coordinator that handles the case. Procedures are effective because there is immediate response from the members of the Network. The scientific staff of the reception service makes an assessment on whether the prosecutor needs to be informed and if the victim agrees, the procedure moves on. For specific groups of victims (women victims of violence) the first reception officer is of the same sex as the victim. For children, there is a pediatric department and on the case of abuse direct reference to the social service is made</p>
Please explain why you consider this a model practice	<p>Two important findings resulted in the creation of this network it makes a model practice:</p> <p>a) the absence of a formal and effective racist violence incidents' recording system, and</p> <p>b) the need to bring together all entities, which, on their own initiative, record racist incidents against individuals that resort to their services.</p> <p>The Form has had a harmonizing effect on the internal procedures of the participating organisations</p> <p>The most important part is that also through the Network for Recording of Incidents of Racist Violence the victims' have substantive access to police and judicial authorities.</p>
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	Article 4, Article 22 and Article 23



Please highlight the measurable impact of the practice	The measurable impact of the practice is that despite the fact that there is no provisions for state protection for these victims, certain NGOs, also partners of the above mentioned network, are being very proactive to provide these victims with both legal and medical assistance. Also the important impart is the obligation to support the victims at all stages on the basis of operational planning, by e.g. providing the possibility to communicate with the authorities
Please highlight the elements that make the practice sustainable	The practice is characterized successful, as victims are supported by NGOs and some practical gaps of the police, such as the lack of psychological support, are minimized
Please highlight transferrable elements of the practice	The Network presents the evidence collected about the nature, context and trends of racist attacks, formulates recommendations to the State advocating for the effective institutional combat of racist violence. The transferrable element of this practice is that the creation of this network is for documenting racist incidents to counteract the absence of an official and effective system for the recording of racist violence incidents and to highlight the actual dimensions of this phenomenon.
Budget, sources of financing	
Reference (hyperlink), information, documentation or contact person	http://rvrn.org/

