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MANUAL OF EFFECTIVE AND SECURE REFERRALS OF VICTIMS

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I. Introduction

It is commonly accepted that to best help victims of crime, a victim centric approach is necessary: not only are victims better off and recover more quickly, but justice systems also benefit, particularly through improved victim participation.

To meet the needs of victims, access to support must be ensured as a right. However, regardless of the role appropriate support plays in meeting needs, many victims never reach the services who can help them. Research shows that victims do not always reach the support professionals¹. Whilst support services can enhance their visibility, the direct referral of victims is the most precise means of getting victims in contact with the assistance they need and is based on ensuring that victim support organisations are given the victims' contact details.

Recognising the importance of referral systems, the EU Victims Directive clearly calls upon Member States to facilitate the referral of victims, by the competent authority that first receives the complaint and by other relevant entities, to victim support services².

Recently published results demonstrate that referral systems exist in some EU Member States (BE, BG, CY, DE, EE, ES, FI, FR, HU, LT, LU, NL, SE, SK), although in some of these (CY, LT, LU) they are open to specific victim groups: victims of domestic violence; victims of human trafficking; and child victims.

1 Ivankovic et al. (2019) VOCIARE: Victims of Crime Implementation Analysis of Rights in Europe – Synthesis Report, available at: https://victimsupport.eu/active-app/wp-content/files_mf/1564677465VOCIARE_Synthesis_Reportweb.pdf

2 Article 8, paragraph 2 of 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, and replacing Council Framework Decision 2001/220/JHA

In other Member States there are no, or only informal, referral mechanisms (AT, CZ, EL, HR, IE, IT, LV, MT, PL, PT, RO, SI)³.

A major obstacle to the implementation of referral mechanisms is the lack of well-designed policies and procedures. This is in addition to the absence of professional education on victims needs and the availability of victim support services.

Without a national framework, referral mechanisms may be localised or ad hoc, but are reliant on individual effort. A national framework for comprehensive victim support is required and should include plans for referral mechanisms and multi-agency cooperation, not only with the judicial authorities and law enforcement, but also with the private sector (e.g. corporate social responsibility) and civil services (e.g. entities from the education sector, consulates, social services or medical care). Referral mechanisms must also be established between support providers, to guarantee victims access to generic and specialist services according to their needs.

This preparatory document looks to assist policy makers and victim support organisations in establishing such referral systems.

³ Ivankovic et al. (2019) VOciare: Victims of Crime Implementation Analysis of Rights in Europe – Synthesis Report

II. What is a referral mechanism?

A referral mechanism is the means of connecting victims of crime and the support services that will best help them recover from the events that led to the individual becoming a victim. The efficiency of a referral mechanism depends on different factors and may involve several actors: as stakeholders may be interdependent, referrals can be hindered as well as helped by such involvement⁴.

This chapter provides the definition of a referral mechanism and its different forms, its objectives, and the actors involved in the process.

A. Definition and objectives

A referral mechanism links the first entity in contact with a victim to a relevant victim support provider. Its main objective is to ensure that all those who need and will benefit from support are offered assistance from support services.

The rights of victims of crime include, among others, the right to access victim support services⁵. To this end, Member States are obliged to facilitate referrals to victim support services from either the competent authority that received the complaint or other relevant actors or entities.

⁴ Give, C., Ndima, S., Steege, R. et al. (2019), Strengthening referral systems in community health programs: a qualitative study in two rural districts of Maputo Province, Mozambique. BMC Health Serv Res 19, 263. Available at: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4076-3>

⁵ DG Justice Guidance document related to the transposition and implementation of Directive 2012/29/EU of the European Parliament and Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime and replacing Council Framework Decision 2001/220/JHA, available at: <https://e-justice.europa.eu/fileDownload.do?id=05758a3a-9e2e-49a5-a7ec-3737c3ad6876>.

A referral system can be defined as a comprehensive institutional framework in which a network of various entities cooperate to ensure access to protection and support for victims of crimes. Referral mechanisms are based on efficient communication and defined methods to achieve the purpose of connecting victims to support services⁶.

While Member States are obliged to facilitate the referral of victims to support services, victims are not obliged to take up this offer of assistance. Nevertheless, the first entity in contact with a victim should give information on the services available and then give the victim's contact details to the support organisation, which can then reach out to the victim.

The main objective of a referral system is to ensure that all those who need and will benefit from support are offered assistance. All victims of crime should have access to comprehensive, high quality support services that are: age-, gender-, language-, and culturally appropriate; that are responsive to the victim's needs and respect their right of choice; that are given by trained individuals; and that aim to reinforce the victim's dignity, restore their decision-making power and give them full access to their rights.

The main benefits of a referral system are:

To maximise access to and uptake of support services: a victim is rarely capable of self-assessing needs and necessary help, so may not reach out to support organisations because of the psychological, social, physical and financial consequences of the crime.

⁶ UNFPA (2010), Addressing Violence against Women and Girls in Sexual and Reproductive Health Services, available at https://www.unfpa.org/sites/default/files/pub-pdf/addressing_violence.pdf quoted by Gabriela Dima, Iolanda Felicia Beldianu (coord.) Domestic Violence: coordinated intervention of multidisciplinary team. Manual for Specialists. (Violența domestică: intervenția coordonată a echipei multidisciplinare. Manual pentru specialiști), Timișoara, Editura de Vest, 2015, available at: <http://www.connect-romania.ro/files/06-2016-manual-specialisti.pdf> (Connect Manual)

To reduce the medium and long-term consequences for the victim: and society (in terms of human suffering, burden for health care and social services, loss of earnings, absence from work).

To ensure efficient and straightforward assistance: victims find it hard to take in information given to them immediately after a crime. Assuming the victim has consented, the support organisation will receive the victim's details and connect with them. Staff will then repeat, explain, and clarify the information initially provided by the authorities: improving the overall quality of support by reducing the stress put on the victim to remember what they are expected to do.

B. Different forms of referral

Forms of referral:

- *Self-referral: victims themselves contact a victim support organisation*
- *Provision of information: victims receive information and contact details of a victim support organisation*
- *Opt-in or opt-out system: victims receive information about victim support services, their contact details are sent to an organisation, who will pro-actively contact victims to offer support.*

It must be understood that referral is not the same as simply providing a victim with information about the availability of support. The provision of information on existing services, whether by leaflet or brochure, face or face, or through a website, is a starting point, but falls short of the notion of referral.

Studies have found that it is a far from ideal situation to leave it to the victim to decide on a contact method⁷. While this may respect the autonomous decision of the victim, as a referral model it does not benefit the victim as any decisions made to contact support services are not fully informed.

In addition to this shortcoming, the referral is inefficient, as it relies on the victim's initiative and self-motivation, victims from specific groups may exclude themselves from making first contact: victims who believe their suffering is not worthy of attention; or is not a priority; or don't think that victim support institutions may help; or do not fully understand the support available.

To support self-referral⁸, information on victim support services should be highly visible and open 24/7: TV, radio, newspaper, internet information campaigns; leaflets in hospitals, doctor and dental surgeries, police stations, town halls; adverts on public transport - buses, at metro stations; flyers in public toilets, bars; notices in schools, universities, etc.

Based on the drawbacks highlighted above, referral is best carried out by the authority first in contact with victim. The victim's details can be securely passed to a victim support service, who will then reach out to the victim. This system can work in two ways, depending on the choice given to the victim:

- An 'opt-in' system, where the police provide information about available assistance and ask victims whether they want their details to be passed on to the support services.

⁷ Wexler DB, Schopp RF. (1992) Therapeutic jurisprudence: A new approach to mental health law. In DK Kagehiro, WS Laufer, (Eds.), Handbook of psychology and law

⁸ Gabriela Dima, Iolanda Felicia Beldianu (coord.) Domestic Violence: coordinated intervention of multidisciplinary team. Manual for Specialists. (Violența domestică: intervenția coordonată a echipei multidisciplinare. Manual pentru specialiști)

- An 'opt-out' system where the police automatically pass the victims' details onto available support services, unless the victims object. Police officers should clearly state that all details will be passed to a victim support service unless the victim formally disagrees.

A Victim Referral Agreement between the Association of Chief Police Officers of England, Wales and Northern Ireland and Victim Support from 2003 gives an example of a standard form of words that can be used when recording details of the crime from the victim "Victim Support is an independent charity which can offer you help. We recommend their services, and it is force policy to refer your details to them unless you ask us not to."⁹

Victims can always refuse the assistance offered by the service at a later point in time.

Practice has shown that the approach with the highest impact is a combination of different requirements:

- The police are obliged to refer victims to a victim support service (generic or specialist). This obligation can be written into law or as a contract between the entities.

- There is an opt-out system in place: the contact details of the victim will be passed to a victim support service, unless the victim objects.

- The receiving entity will pro-actively contact victims within a pre-determined timeframe to talk about the organisation and the support given to victims. The support services are best placed to talk about the scope of assistance available and best placed to refer victims on to specialised services as needed (after conducting an individual needs assessment¹⁰).

⁹ ACPO-Victim Support Victim Referral Agreement, December 2003, available at: <https://www.legislationline.org/documents/id/7379>

¹⁰ How to Identify Victims' Support Needs? Guidelines to develop an individual needs assessment. November 2019. <http://www.victoriaa.eu/guidelines.pdf>

C. The different actors involved

Article 8.2 of the Victims' Directive states: "Member States shall facilitate the **referral of victims**, by the **competent authority that received the complaint** and **by other relevant entities, to victim support services.**"

This identifies the different actors in the referral process: the referring entity (the one who refers), the receiving entity (the ones who receives the referral), and the referred individual (the victim of crime).

1. The referring entity

The Victims' Directive mentions two bodies who can be the referring entities:

- *"The competent authority that received the complaint"*

Generally, the police are the victim's first contact after a crime and for most people, this will be the first time they have heard about victim support services and the range of support available. The police have a key role in referring victims to the relevant support service.

The referral should be carried out in a respectful manner, taking into account any possible effects the crime has had on the victim, while providing information on the existence, accessibility and necessity for victim support services.

- *"Other relevant entities"*

Other relevant entities, who may be the first contact for victims of crime, can include public agencies or entities, such as schools (teachers), embassies, consulates, welfare or employment services, social workers, etc. Efforts must be made to provide these entities with knowledge on how to recognize individuals that are in need of support and on how to refer them to support services.

In many cases, medical staff are the first contact point for victims of violence (gender violence, of domestic violence etc.) and are in a position to identify that they not only need medical assistance, but that they also require referral to other support services. This may include, referral to other hospital specialists or to other medical facilities, or to other services such women's aid shelters or institutions/ organisations that provide legal or psycho-social counselling.

It is important to highlight that generic victim support services can and should refer victims to specialist services or other networks to best serve the needs of the victims. The referral should be based on an individual needs assessment, which aims to deliver specific assistance to victims or to refer the victim to specialist services as needed.

2. The receiving entity

Victims should be referred to organisations that provide generic and / or specialised support services for victims of crime. Unfortunately, there are still six (6) EU Member States without national generic victim support services, rather than specialised services for vulnerable victims, such as child victims of abuse and neglect, victims of domestic violence, and victims of human trafficking.

The Victims Directive states that general and specialist support may be provided by governmental or non-governmental organisations, on a professional and / or voluntary basis. In practice, victim support services are either: run by the state at local or national levels depending on each specific mandate and country (e.g. municipalities, child protection institutions, social assistance institutions / departments, welfare services, national agencies for equal opportunities); or run privately, by NGOs or civil society organisations¹¹.

11 For additional information on the role of NGOs, see The role of Civil Society in the Development of Victims' Rights and Delivery of Victims' Services, Victim Support Europe, 2018, available at <http://documents.worldbank.org/curated/en/681301560861614376/pdf/The-Role-of-Civil-Society-in-the-Development-of-Victims-Rights-and-Delivery-of-Victims-Services.pdf>

Research shows that in many EU member states, NGOs or civil society organisations provide the majority of generic and specialised services¹², particularly those for victims of gender-based violence (in particular domestic and sexual violence, trafficking) and terrorism. NGOs have a long tradition of providing safe, accessible accommodation, legal advice, medical and psychological counselling in addition to running hotlines and other services essential to victims and their families. These specialised services reflect the individualised approach to every victim, considering the nature and severity of crime.

The police and generic victim support services should be aware of all those providing generic and specialized services. Direct case-based collaboration among generic and specialized victim support services must be established.

Victims can be referred to:

- **A generic support service** with the following functions:
 - o Information, advice and assistance relevant to the rights of victims, including accessing national compensation schemes for criminal injuries, and the victim's role in criminal proceedings plus preparation for attendance at a trial;
 - o Information about, or direct referral to, any relevant specialist support services in place;
 - o Emotional (empowerment, understanding, trust) and, where available, psychological (counselling) support;

¹² For reference see: Victims of Crime Implementation Analysis of Rights in Europe (<https://victimsupport.eu/about-us/our-projects/vociare/>), Victim-centered Approach to Improving Support Services – VICATIS (<http://www.hpc.hr/2018/02/14/projekt-unapredenje-sustava-podrske-iz-perspektive-zrtava-kaznenih-djela-victim-centered-approach-to-improving-support-services-vicatis/>) and Victims of crime in the EU: the extent and nature of support for victims”, FRA, 2014 (<https://fra.europa.eu/en/publication/2014/victims-crime-eu-extent-and-nature-support-victims>)

- o Advice relating to financial and practical issues arising from the crime;
 - o 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.
- **A specialist support service** with the following functions:
- o Shelter or any other appropriate interim accommodation for victims in need of a safe place due to risk of immediate secondary or repeat victimisation, intimidation, and retaliation;
 - o Targeted and integrated support for victims with specific needs (sexual violence, victims of gender-based violence and violence in close relationships) including trauma support and counselling.
- **Other public or private services:** medical establishments, health and psychiatric entities.

3. The individual referred

Victims of crime are often left with psychological, social, physical and financial concerns. For some, the crime may cause minor concern, for others it can be an experience that leads to a traumatic crisis. The victim's own history, life situation, resources and method of dealing with events influence the individual's reaction to the crime.

Externally, the victim may seem calm and peaceful, while internally there is chaos¹³, thus ALL victims of crime should be referred to a victim support service to ensure they have the opportunity to access and benefit from the help provided.

13 Victim Support Finland, <https://www.riku.fi/en/services/refer-your-customers-to-rikus-service/why-is-it-important-to-refer-a-victim-of-crime-to-further-support/>

Simply put, assumptions as to whether a victim needs support are often wrong, particularly if based on incomplete information.

As the police are often unable to identify the victims' needs, all victims should be referred to a victim support service for assessment and support. If the police are not obliged to make such referrals, then officers should have the tools to ensure the most vulnerable victims can be identified and given the opportunity to be contacted by a victim support service.

III. Main principles to be applied to a referral system

Important principles should be kept in mind while preparing for and delivering a referral system. This chapter focuses on three overarching ideas, which are necessary to the establishment of an effective and secure referral system. They are:

- Working together as partners, through collaboration and mutual respect;
- Acting in the best interest of the victims, through a victim-centered approach;
- Ensuring victims' safety.

A. Collaboration and mutual respect between all parties involved

A referral system brings together a network of institutions (including the police and judicial authorities), organisations and other entities that provide generic and specialised support services for victims (including medical institutions).

Collaboration between the different entities, which are or will be involved in the referral of victims, is key to fostering a holistic view of the victim and his/her needs as well as ensuring the referral system works efficiently and accomplishes its goals.

As a pathway to achieving such collaboration, institutions that come into contact with the victim, after the crime has taken place, must follow the tenets of complementarity, mutual respect, clarity and transparency.

Complementarity and collaboration: A referral system established with an entity – governmental, non-governmental, private or other – aims to provide standardised quality, free-of-charge, confidential support to victims of crime. As each entity will bring its own resources and competencies to the referral system, each member of the referral network must understand not only the competences and roles of its partners, but how these respond to the needs of the victims as well as how these might complement its own capabilities.

The scope of action of those involved in victim referral is often limited (either by their formal competences or by constraint on resources) and entities are not able to respond to each victim's individual needs. Understanding an organisation's limitations, and knowing that others are better able to respond to the victims' needs, is key to an effective referral mechanism. Professional staff members (psychiatrists, counsellors, etc.) must work to understand the complementary character of all the organisations in the referral system, to maximise the opportunities to effectively respond to victims' needs.

To ensure that victims can navigate the maze of institutions that offer support after a crime has been committed, each service provider – regardless of their own specialty – must look at the overall needs of the victims. Then, to avoid a fragmented response, to ensure victims are treated with respect, and that all their needs are considered, collaboration between the institutions will allow the victim to be referred to the appropriate support provider.

Mutual respect and clarity in roles and responsibilities: Another key factor is that of mutual respect between the parties, allowing for frank dialogue and shared common values. Mutual respect requires all professional staff to appreciate the role and mission of the various entities within the referral system, as well as to be aware of any limitations. Thus, the different network entities will be more open to sharing practices, will respect the work carried out as well as the challenges faced by all professional staff, and will communicate more effectively.

Transparency: Transparency is perceived as being a source of trust¹⁴ and is an essential feature of an effective referral system. The first referral is usually made by the police officer after interviewing the victim of a crime: the officer must ensure that the victim is being referred to the correct service and this will depend on the level of trust and confidence the officer has that the victim will be treated appropriate to his/her needs. Trusting an institution involves trusting its procedures, quality of services, staff experience, etc. and each party engaged in the referral mechanism must be ruled by transparency, responsibility, duty to inform and accountability.

B. Referral system is victim centered

A victim-centered approach is defined as “the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a non-judgmental manner.”¹⁵

It seeks to minimize re-traumatization associated with the criminal justice process by offering the support of service providers, empowering victims as engaged participants in the process, and giving them an opportunity to play a role in seeing their perpetrators brought to justice.

A victim-centered referral system would therefore include three main elements:

- Victims are involved in a transparent manner
- The process minimises secondary victimisation
- Referral is carried out in a timely manner

14 Mabillard, Vincent & Pasquier, Martial. (2015). Transparency and Trust in Government: A Two-Way Relationship. Yearbook of Swiss Administrative Sciences. Available at: https://www.researchgate.net/publication/328439082_Transparency_and_Trust_in_Government_A_Two-Way_Relationship

15 Office for Victims of Crime, Training and Technical Assistance Centre, Human Trafficking Task Force e-Guide, Strengthening Collaborative Responses, available at: <https://www.ovcttac.gov/TaskForceGuide/eguide/>

1. Victims are involved in a transparent manner

While the first entity in contact with victims will assess their needs and identify which services are immediately appropriate, victims must be given comprehensive clear information on all services throughout the judicial process.

Victims must also receive information on the referral system: what information will be shared, with whom/ which service, what do they do, why the referral is important, what will happen if they agree to be referred, etc.?

The provision of this information not only guarantees the involvement of the victim in the referral procedure, by making the victim a subject of the procedure rather than its object and giving him/her the chance to participate in the choosing of the more suitable course of action, but it also ensures that the victim has enough information to provide consent for referral.

Subsequently, another important aspect of a victim-centred approach is covered: respect for the victim's wishes. All interventions centred on the victim must consider their preferences. For example, when contacting a victim support organisation after falling victim to a crime, the victim might not want to submit a formal police report, victim support workers must respect that wish and still provide the best possible support. In the referral of victims, these wishes must also be respected: for example, when reporting a crime to the authorities, the victim explicitly states that he/she does not want to be referred to a victim support service, this request must be accepted.

All individuals have the right to respect and dignity: respecting victims' wishes as part of a victim-centred approach is a continuation of this broader principle. Victims, who have been traumatised and may be dealing with loss, are entitled to be treated with dignity and respect by those they are in contact with, after the crime and during criminal proceedings.

However, a referral system must recognise that victims themselves are not always best placed to understand their needs. Therefore, a referral mechanism using an opt-out system provides the best option – support providers can give detailed information on their services and victims can make informed choices knowing what is available.

2. The process minimises secondary victimisation

Secondary victimisation (or double victimisation) is a well-documented phenomenon, occurring when a victim suffers further harm, not from the criminal act but from interaction with institutions and other individuals¹⁶: resulting from association with the criminal justice system (law enforcement, judicial system, etc.), health system and media, among others. Secondary victimisation may impact the victim, or his/her community, by creating feelings of hopelessness and/or distrust in public institutions, judicial authorities and the police¹⁷.

Referral should require the victim to initiate contact with only one of the institutions in the referral system network¹⁸. It is then up to the individual organisations to ensure that the victim's details are correctly and fully transferred as necessary, avoiding any requirement by the victim to repeat the experience of victimisation each time a new service is encountered. A needs assessment should be carried out by the first support service/institution contacted by the victim, this becomes part of the referral documentation, updated and shared by support services during the criminal proceeding: avoiding any need for the victim to repeat his/her needs.

16 European Institute for Gender Equality, Glossary & Thesaurus – Secondary Victimisation, available at: <https://eige.europa.eu/thesaurus/terms/1358>

17 APAV. (2018). Manual Hate No More – Support to Victims of Hate Crime. Available at: https://apav.pt/publiproj/images/yootheme/PDF/Hate_No_More_Procedures_Handbook_EN.pdf

18 Asian Development Bank. (2008). The significance of referral systems as a response to human trafficking and unsafe migration. Mandaluyong City: Asian Development Bank, p. 3.

3. Act in a timely manner

Timely, accurate information on victims' rights is key to empowering victims and guides them to the most appropriate support services¹⁹.

While everyone responds differently to victimisation, it is widely accepted that victims of crime and trauma should be given appropriate support immediately to avoid the risk of post-traumatic stress disorder, depression and repeat victimisation. Information on victim support services and the referral system will help ensure that victims are more able to cope, take back control of their life, remain positively connected with their family and local community, and are better placed to rebuild their lives.

As studies have demonstrated, individuals experiencing trauma immediately after a crime are not likely to digest information, so information must be continuously repeated. Ideally, referral to a support service should take place as soon as possible after the crime; however, if a victim initially refuses this offer, it should be repeated throughout the judicial process in case the victim has a change of mind and wishes to be referred to a victim support service. This reflects the approach set out in the EU Victims Directive.

Once a victim has been informed about the referral system and informed consent has been acquired, details about the victim and the crime can be transferred to the support service provider. However, trying to obtain a quick referral must not override the provision of clear and complete information nor the provision of consent from the victim.

¹⁹ European Crime Prevention Network, EUCPN Toolbox Series n°7 (2016), Preventing Secondary Victimization policies and practices, available at: <http://eucpn.org/document/toolbox-7-preventing-secondary-victimization-policies-practices>

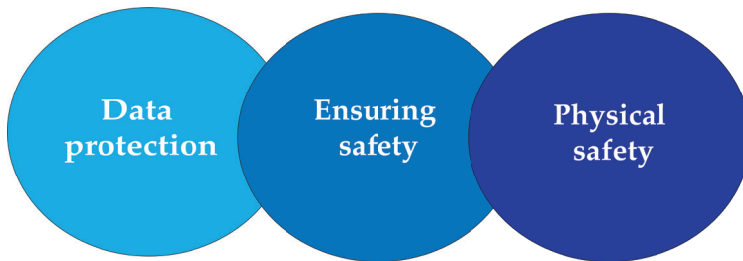
Computerised referral systems – through which the victims’ contact details and relevant information on the case are automatically transferred to victim support services after being registered by the police – are the best means to guarantee timely referrals. When no such system is in place, referral procedures must establish clear guidelines on timing, namely the recommended time limit for a referral and the maximum amount of time between the victims’ consent to referral and the actual referral to the adequate institution/service.

It is likely that services at both ends of the referral may suffer from case overload, especially when there is no computerised system. The referral procedures must recognise this possibility and measures must be set up to mitigate the risk. This can include case prioritisation (by crime, victim or risk to life) and/or establishing security procedures for urgent cases: if referrals are usually by e-mail, allowing a phone referral to be done immediately and then followed by the transmission of all relevant information and documents through the regular channel of communication.

C. Protect victims’ data and ensure victims’ safety

Ensuring the safety of victims during the referral process must be a central principle when establishing a referral system between institutions providing services to victims of crime. This requires guaranteeing victims’ physical safety and guaranteeing that victims’ personal data is protected as per the EU’s General Data Protection Regulation (GDPR)²⁰ and any relevant national laws.

²⁰ Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation)



1. Ensuring protection of victims' data

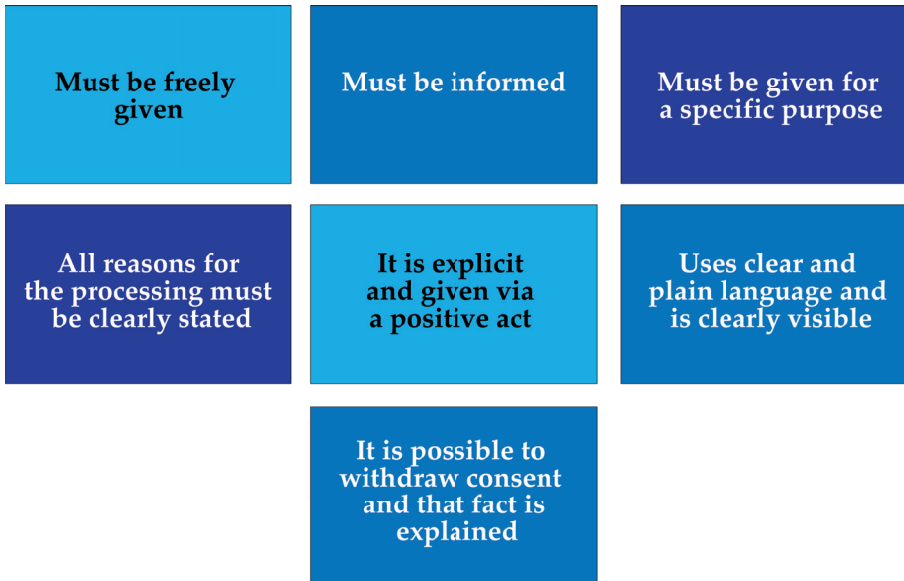
The handling of victims of crime's personal data must comply with data protection law. As victims are most vulnerable immediately after a crime, it is important that they understand what is happening to their personal data and what support is available to them.

The police and victim support services will need to determine the lawful basis for obtaining personal information. According to Article 6 of the GDPR, a data controller – law enforcement agencies or victim support organisations – has six grounds on which to process personal data:

- Consent: the individual has given clear consent to access personal data for a specific purpose.
- Contract: the criminal process requires a contract with the individual, or specific steps have been taken prior to entering into a contract.
- Legal obligation: to comply with the law (not including contractual obligations).
- Vital interests: to protect someone's life.
- Public task: to perform a task in the public interest or for official acts, and the task or function has a clear basis in law.
- Legitimate interests: for the legitimate interests of the data controller or the legitimate interests of a third party, unless there is a good reason to protect the individual's personal data, which overrides those legitimate interests.

Research indicates that law enforcement agencies and victim support organisations often act on the basis of the consent of the victims to be able to pass on their contact details and other information related to their case and needs: victims must be able to give informed consent. Victims should only give their consent to be contacted by victim support services, verbally or in writing, after receiving detailed information the types of support available.

According to the GDPR, certain conditions must be met for consent to be valid, as below²¹:



Informed consent, therefore, involves the provision of unambiguous information, the ability to understand this information, autonomy in the decision to give and express consent.

21 Data protection in the EU, https://ec.europa.eu/info/law/law-topic/data-protection/data-protection-eu_en

In the context of victim referrals, and ensuring that the procedure respects victims' wishes and consent, detailed clearly stated information on the referral, how and to whom data is to be transferred and the consequences of the referral, must be provided. Thereafter, the professional working with victims must ensure that they have fully understood the information provided: by asking for questions; by repeating and/or summarising the information; and by giving information in other formats – in writing, etc. Victims must then be given the autonomy to decide whether they wish to provide consent for referral and, if so, this consent must be registered.

Legal grounds, other than consent, should be considered as consent may not be achievable in practice. National authorities might consider designating a well-established victim support organisation as an organisation of public interest, which allows it to process personal details. This does not mean the victim has to accept the referral: in line with victim-centric principles, victims should be informed they can opt-out.

Support services providers and public authorities should consider that there are distinct provisions, which apply to specific categories of personal data as per Article 9 of the GDPR. In addition to the European regulation on data protection, professionals must also consider national rules and any national data regulation authority requirements that may exist.

The following should be noted²²:

- To ensure data quality levels and depending on staff resources and timing, additional checks can be carried out before sharing data with the victim support service.

22 Council of Europe, Consultative committee of the convention for the protection of individuals with regard to automatic processing of personal data, Practical guide on the use of personal data in the police sector, 2018, available at: <https://rm.coe.int/t-pd-201-01-practical-guide-on-the-use-of-personal-data-in-the-police-/16807927d5>

- Communication security: data must only be used for the purpose for which it was shared – contacting the victim to offer support.
- Data security: both referral parties should ensure against risks such as unauthorised access, destruction, loss, modification or disclosure of personal data. In case of security breaches, the competent supervisory authority must be notified immediately.

Ensuring the security of victims' is a prerequisite for an effective and reliable referral. The victims' physical safety is also important to the process.

2. Ensure victims' physical safety

Ideally, a referral system will ensure that all victims are contacted by support services and offered assistance. However, some victims may be vulnerable to re-victimisation or further harm after contact has been made, this is especially true for family violence situations, where victims are controlled by the perpetrator, are trafficked, are in an institution, or if the perpetrator is able to maintain contact with the victim.

Irrespective of the referral system, victim interviews should identify immediate risks and vulnerabilities, including whether the perpetrator is aware that the victim has come forward e.g. in a domestic violence case.

Where referral systems are already established – particularly where these are opt-out systems – security protocols should be linked to the transfer of information to the support organisation. This means that specific consideration should be given to:

- Risks that may exist with respect to the sharing of information and following up of contacts

- Based on those risks, whether it is appropriate to share the specific information, or whether the situation makes referral more important.
- Whether the standard system of information sharing should be used or whether a specific sharing protocol should be applied.
- When sharing is approved, what safeguards should be applied to mitigate risks to the victim, and how will those safeguards be applied across the organisations participating in the referral system.
- How the information will be recorded, communicated and confirmed.

As an example, in a domestic violence case, after contacting the police, the victim may return to the home where he/she cohabits with the perpetrator. The interview process should identify this risk, the police and victim should agree the most appropriate method and timing of any contact by victim support: contact only to be made through a friend or at certain times of the day.

This agreement should be recorded and forwarded to the victim support organisation who will initiate protocols to ensure the agreed approach will be followed. This might require direct contact between police and victim support worker to confirm the high risk situation has been recognised. It may involve incorporated visual aids to flag high risk cases, or confirmation requirements before the contact is made. Whatever approach is adopted for high risk cases, additional safeguards should be established proportionate to the risks and consequences of any failures.

IV. Practical steps to the implementation of a referral system

To establish a national referral system, the policy cycle should be studied – the traditional framework for legislators to introduce new policies. Research shows that a policy cycle comprises of²³:

- **Problem identification:** Identifying an issue that requires intervention
- **Agenda setting:** The challenges identified attract public attention and compel public officials to respond
- **Policy formulation:** Development of policy proposals to resolve and ameliorate the problems. Actions are defined, discussed, accepted or rejected, to assess and develop alternative solutions to the problems on the agenda list.
- **Policy legitimisation:** Governments adopt a course of action or non-action, choosing from the alternative policy options to resolve public issues.
- **Policy implementation:** Translation of plans into practice, significant actions include the allocation of resources and assignment of responsibilities.
- **Policy evaluation:** Evaluation measures output – what the policy achieves, the impact on target and non-target communities, and the degree to which this resolves the problem.
- **Policy change/policy termination:** This stage refers to improving or terminating a policy after evaluation.

23 Solomon Mwije (2013), The Policy Cycle Notion - The Policy Cycle, Its Usefulness, and Criticisms, available at: https://www.academia.edu/17832158/The_Policy_Cycle_Notion_-_The_Policy_Cycle_Its_Usefulness_and_Criticisms

The stages of the policy cycle should be treated a checklist of functions that may not be applied rigidly or in order²⁴. As this manual targets policy makers, who will design a referral system and those who will implement it, focus is on key issues around the planning (problem identification and agenda setting), implementation and evaluation phases. The process has been simplified to focus on the important elements of the decision making and implementation phases.

A. Phase 1 – Problem identification and agenda setting

Firstly the task at hand must be identified, in addition to the decisions and analysis needed to move it forward. The problem identification and agenda setting can be developed through assessment and evaluation processes.

1. Assessment

A comprehensive assessment of the national situation, in terms of provision of support for victims of crime, must be implemented. This should provide a clear understanding of current service provision and existing referral practices as well as giving an overview of the experience and capacity of the actors involved. The assessment should provide guidance on how the existing referral procedures can be modified or strengthened existing and to generate ideas on alternative, improved referral mechanisms, all tailored to the specific national context.

The assessment will include:

- Analysis of the legislative context of the country (policies, strategies and regulations) relevant to referral mechanisms
- Identification of key actors - first contact authorities and associated professionals (police, medical staff etc.)

²⁴ Paul Cairney, Taking lessons from policy theory into practice, available at: <https://paulcairney.files.wordpress.com/2019/12/cairney-book-chapter-taking-lessons-from-policy-theory-into-practice-13.11.19.pdf>

- Identification of the responsibilities and competencies in terms of referral, according to the mandates of all actors and support services.
- Analysis of state actors and organisations, who do or should do referrals (resources, training, existing referrals)
- Identification of entities providing support services (generic/specialised: shelters, hotlines, food and clothing etc.)
- Assess existence, availability, resources, training, quality and sustainability of support services (both generic and specialised; both state-run and privately-run).
- Assess levels of cooperation between the referral authorities (mainly the police) and current support services (generic and specialised, both state-run and private/ NGO – civil society)
- Analyse the options for transferring information from one entity to another
- Identify the best method to refer victims (opt-in or opt-out system)

The assessment will also consider, as a cross-cutting theme, the treatment of vulnerable groups (e.g. sensitivity or victimology training).

2. Consultations

Consultation may “improve the quality of policy decisions through access to relevant information and perspectives, including exchange of problem and solution definitions, alternatives and criteria; ensure understanding, acceptance and legitimacy of proposed policies; promote consensus about policy choices; anticipate challenges to the policy process by providing transparency, accountability and opportunities for participation”²⁵.

During the consultation period, experts and frontline staff submit their expertise from an operational perspective, IT systems specialists streamline the procedure and authorities add their strategic overview.

²⁵ Althaus, C., Bridgman, P., & Davis, G. (2013). *The Australian policy handbook*. Allen & Unwin Australia

A poor consultation process can result in weak decisions that cannot be effectively implemented, or that are out of line with the final goal.

Consultations should include all actors:

- State authorities
- The referring entity: in most of the cases the police forces.
- The receiving entity:
- Other entities already using a referral mechanism
- Victims

Consultations aim to identify the vulnerabilities as well as the strengths of any existing systems, or to identify existing needs and their prioritisation. Consultation methods include surveys, focus groups, special interest networks, interviews, videoconference, teleconference, skype etc.

Once the first phase, problem identification and agenda setting, is complete the implementation phase can begin. It should be noted that the policy cycle has no set duration nor timescale.

B. Phase 2 – Implementation

This manual looks at three elements of the referral system's implementation phase: the establishment of an agreement between the different actors, decisions on safe channels of communication to be used, and training for those sending and receiving referrals.

1. Establishment of a collaboration agreement

Whenever a controller uses an intermediary (processor) to handle personal data, a written contract must be in place between the parties.

Contracts between controllers and processors ensure both understand their obligations, responsibilities and liabilities. Contracts ensure GDPR

compliance, and assist controllers in proving compliance to individuals and regulators as required by the accountability principle²⁶.

During the pilot project, a memorandum of understanding (MoU) can be established between the police and a victim support service. The MoU will describe the parties' common objectives (that victims of crime are referred to victim support service through safe channels of communication) and responsibilities. Such MoUs, or written agreements for coordination and referral, are deemed more appropriate than informal or sporadic agreements, since they form a solid basis for inter-agency cooperation²⁷.

Below are the elements most likely to be included in an MoU²⁸. Regardless of whether it is considered legally binding, an MoU follows certain formal requirements: the clear reference to the parties involved, duplication of the agreement, and all parties having to sign and date the document. The text sets out its purpose in line with the intent of the parties involved, in this case: the coordination of referral mechanisms. Where appropriate, reference can be made to applicable legislative framework, specifically human rights standards and guidelines.

The MoU clearly and comprehensively lists the various roles and responsibilities of each party, focusing on communication methods for referral purposes.

26 Gabriela Dima, Iolanda Felicia Beldianu (coord.) Domestic Violence: coordinated intervention of multidisciplinary team. Manual for Specialists. (Violența domestică: intervenția coordonată a echipei multidisciplinare. Manual pentru specialiști)

27 Adam Graycar and Peter Grabosky (eds.), The Cambridge Handbook of Australian Criminology, Cambridge University Press, 2002, p. 291.

28 Examples of similar agreements in other contexts: College of Policing, Memorandum of Understanding: The Police Use of Restraint in Mental Health and Learning Disability Settings, 2017, available at: https://www.college.police.uk/What-we-do/Support/uniformed-policing-faculty/Documents/ERG_Final_Copy.pdf; ; CBSS, Model Memorandum of Understanding (MoU) for law enforcement agencies and specialist service providers working with victims of human trafficking for sexual exploitation in the Baltic Sea Region, 2011, available at: <https://www.cbss.org/wp-content/uploads/2013/04/CBSS-TF-THB-Model-Memorandum-of-Understanding-Seminar-Report.pdf>.

With a view to facilitating future cooperation, the MoU may foresee the parties developing future initiatives and actions of mutual interest in line with the objectives of the text. Finally, the text sets rules regarding the entry into force, the duration and the renewal options as well as guidelines for criticism.

Apart from MoUs for coordination and referral purposes, other agreements can establish forms of collaboration. An information sharing agreement²⁹ can be drafted to share protocol, identify the basis for information sharing, as well as the extent and nature of the personal information to be shared. The agreement can identify common standards for processing and handling information, including quality, retention and security considerations, and the lawful basis for using personal data.

2. Safe channels of communication

Once referral agreements are in place, further work is needed to ensure that the transfer of information uses secure communication channels. Important measures should be considered for both ends of the referral³⁰:

- Designate the individuals responsible for collecting and collating the data;

²⁹ Examples of such an agreement: Information sharing agreement between Hampshire Constabulary and Victim Support, 2018, available at: <https://www.hampshire.police.uk/SysSiteAssets/foi-media/hampshire-constabulary/information-sharing-agreements/miscellaneous/isa--345--victims-awareness-courses-drivetech-and-victim-support-v2.0.pdf> or YOT and Police Victim Information Sharing Protocol https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKewjk6YfQy6vnAhUN4aQKHxaYBsMQFjAAegQIBRAB&url=http%3A%2F%2Fwww.proceduresonline.com%2Fbromley%2Fyot%2Fuser_controlled_lcms_area%2Fuploaded_files%2F7.9_YOT_and_Police_Victim_Information_Sharing_Protocol.doc&usg=AOvVaw0X0SamPx2X36i9cm-RSe4S

³⁰ UN Women, Virtual Knowledge Centre to End Violence against Women and Girls, Develop confidential and safe information sharing systems, March 2019, available at: <https://www.endvawnow.org/en/articles/1856-develop-confidential-and-safe-information-sharing-systems.html>

- Develop protocols, templates and agreements on information sharing that address each agency's approach to confidentiality;
- Provide victims/survivors with a clear explanation of the information to be shared, with whom, under what circumstances and for what purpose;
- Develop protocols for obtaining informed consent from victims/survivors on the use of data, without pressurising them; and
- Provide credible assurances to victims/survivors that their private data will be protected from electronic or human security breaches, by establishing a secure, controlled-access database.

The following should also be considered when developing information sharing systems and protocols³¹:

- Always respect the victim's privacy;
- Processing personal data of victims of crime must comply with data protection laws;
- Share only essential relevant information, if consent is given by the victim, only with those actors involved in providing assistance;
- A victim's information should only be shared with third parties after seeking and obtaining explicit written consent from the victim;
- All written information must be maintained in secure, locked files.

During the implementation stage, decisions need to be taken on the system used to transfer data from the police to the victim support service and on the information included in the referral.

31 Id.

Selection of a communication channel

Before communication channels are chosen, the above tenets must be considered, notably the victim's right to privacy and data protection. However, the selection of an appropriate communication method requires practical and budgetary considerations. Even if, for example, budgetary constraints require a less expensive means of communication to be selected, improvements can be explored in subsequent years.

Several means of communication can be used in referring victims of crime between organisations. The preferable method is to use a computerised data transfer system between the police IT record systems and the support services' client registration or case management system.

While this means of referral minimises human intervention, thus reducing the risk of errors and/or omissions, it ensures that the referral is time-sensitive and the victims' personal data is secure.

When a computerised system is not available or not established, other communication means can be used; however, when using other means of communication, care must be given to the protection of personal data and other case-related information. These other methods of communication can be e-mail, phone calls or video conferences, and face-to-face referral.

Face-to-face referrals are best when support services are located within the premises of the first contact entity: police stations and/or public prosecutors' offices. Notwithstanding, if the referral is made face-to-face, the victim must still provide consent before the case is referred to the support service.

Selecting any of the above means of communication requires an overall analysis of the practical risks and requirements for each as well as a study on the type of communication best suited to the institutions/ services involved in the victim referral system. Independent of the method finally chosen, victims' privacy, data protection and consent must be at the heart of the discussion.

Selection of a communication channel

Effective referral procedures must explicitly state what information will be conveyed to the receiving institution/ service. This not only upholds data protection, but also guarantees referrals are consistent, prompt and effective.

The quantity and nature of information transferred between entities may vary according to the agreed referral procedures. To define the data to be transferred, one must consider that referrals aim to minimise the victim's administrative burden and to avoid secondary victimisation by keeping to a minimum the number of times a victim must repeat details of the victimisation event.

To initiate a referral, only the name and contact details of the victim are required for the receiving entity to connect with the victim. However, for an effective referral, more details can be included, for example³²:

- Address
- Sex
- Age
- Nature of crime, relationship to the offender,
- Language spoken, interpreter required
- Disability, special needs

32 For an example for a referral form: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=18&cad=rja&uact=8&ved=2ahUKEwj18KH-V9KrnAhWM_qKHOImBLgQFjARegQIBBAB&url=https%3A%2F%2Fwww.mvsc.co.uk%2Fsites%2Fmertonconnected.com%2Ffiles%2FVICTIM%2520SUP-PORT%2520Referral%2520form.doc&usg=AOvVaw2NxfWnAk-UG4tnNKVa6mgp

- Emotional support, criminal injuries compensation, practical support requirements.
- Date of referral
- Actions taken by the entity making the referral (criminal complaint filed, protective measures applied, etc.).
- Contact details of organisation / person making the referral

Other details might be added to this information pack: detailed description of the crime, background information on the victim's family, job situation, socio-economic status, migration status, if applicable, and support needs, if previously assessed by the referring institution / service.

The victim's safety can be ensured by ascertaining the best time for contact to be made, by which means, and whether alternative contact details, of a friend or family member, should be used. This information should be given to the victim support service to confirm victims are free to answer phone calls from the service provider.

Example of practice

APAV's referral forms contain a comment box where the professional first contacting the victim can register any observations related to subsequent contact with the victim: notes on when and how the victim should be contacted so as to guarantee their safety.

Having established an agreement and the security of communication channels, the next step in the creation of a referral system would be initiating a pilot project. This is a preliminary small scale implementation of a larger project, to resolve any problems before the main project is rolled out and allows any unforeseen negative effects to be limited to a smaller group.

In the absence of a systematic national referral mechanism between law enforcement/judicial authorities and victim support services, the Portuguese Association for Victim Support (APAV) has implemented seven pilot referral initiatives with different partner entities.

One partner is the Judiciary Police, which has jurisdiction over the investigation of homicides, and sexual crimes committed against minors.

When receiving a complaint, or when taking the victim's/witness's testimony, the officer in charge of the case must ask the victim (or legal representatives, if the victim is a child) whether personal details can be passed to APAV, who will make contact and offer specialised support via the Network of Specialised Support to Children and Young Victims of Sexual Violence and Network for Support of Family and Friends of Homicide Victims.

If the victim agrees, the police inspector completes a form with the following information:

- *Name of the victim, or family member, or friend of the homicide victim;*
- *Secure contact details (address, phone or mobile phone, e-mail address);*
- *Pertinent observations;*
- *Consent form, signed by the victim, or the family member, or friend of the homicide victim.*

A copy of the form is given to the victim, family member, or friend of the homicide victim and the original is digitalised and forwarded to one of the Specialised Networks via e-mail.

3. Training

Professional training programmes are a cornerstone in both the implementation of a national victim support strategy and in the establishment of referral mechanisms, between victim support services and relevant entities. Article 25, paragraph 1 of the Victims' Directive clearly emphasises that EUMS are required to "(...) ensure that professionals likely to come into contact with victims, such as police officers and court staff, receive both general and specialist 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 impartial, respectful and professional manner". Paragraphs 2 and 3 also state the need to offer both generic and specialist training to judges, prosecutors and lawyers.

The greater the cooperation between, and the more specialised training of, all those interacting with victims (e.g. police, courts of law, medical facilities, NGOs etc.), the greater the likelihood that victims will be aware of existing support services, and be more confident in accessing them to have their needs met³³.

Bearing this in mind, and assuming referral systems and procedures are established with the above entities and actors, training should be designed to include and promote:

- A comprehensive understanding of victims' rights and needs;
- Knowledge of existing generic and specialist support services
- Understanding the function of the referral mechanism.

33 Blank K, Rossliher, M, IMPLEMENT Training Manual on gender-based violence for health professionals, available at <https://eeca.unfpa.org/en/publications/training-manual-gender-based-violence-health-professionals>

Comprehensive understanding of victims' rights and needs

Being victim of a crime results in discovering a wide range of needs, varying from victim to victim. Each victim is impacted differently and has needs that must be addressed individually. The common need are:

- recognition and respectful treatment;
- protection;
- access to support from victim support services;
- access to justice and participation in the criminal proceedings;
- information on rights and how to effectively exercise them as a victim of crime;
- compensation.

Victims of crime are provided a set of rights, established in both national and international legal instruments, such as the Victims Directive. These rights can be exercised to meet their emotional/ physical needs and to defend their interest and expectations through criminal proceedings.

Victims must be informed of their rights, including the right to access victim support services, and should accept all efforts to reduce the risk of secondary victimisation. The needs of particularly vulnerable victims: of terrorism, organised crime, human trafficking, gender-based violence, violence in a close relationship, sexual violence, exploitation or hate crime, victims with disabilities and child victims, must be emphasised.

The design of professional training programmes for those involved in the referral system will provide for the establishment of secure communication channels to transmit victim's personal details and assure that the privacy of such data will be protected.

Trainees should be made aware of the requirement of obtaining a victim's informed consent, which can only happen if victims are fully aware of the support services they may be accessing when they wish to be referred.

It is beneficial to establish one or more contact persons within each organisation involved in the referral mechanism, not only to support the protection of victims' details and privacy, but also to speed up the referral.

Knowledge of existing generic and specialist support services

In defining a comprehensive referral system, the actors involved must be made aware of existing generic and specialist services at local, community and national level. Not only is it important for relevant actors in contact with victims of crime to understand the needs arising from crime victimisation, but also to be knowledgeable of the existing services at their disposal to duly and correctly refer victims to services prepared to meet their specific and individual needs.

The different parties of the referral system in first contact with victims, their family and friends, must provide and deliver relevant information on existing victim support services. As stated previously, it can be difficult for victims, relatives or friends to assimilate all data provided as they may be in distress when the victimisation events are first reported. Materials provided at this time should include a brief description of the confidential services offered **free of charge** by victim support organisations. Information should be available in different formats: leaflets, cards, videos, testimonials, etc.

Mapping of the different services available throughout the country / region will allow the police refer victims to the relevant entity.

Functions of the referral mechanism

An important element of the training programme will be on the referral mechanism itself. Frontline police officers should be trained on how to record information in a victim-centered manner³⁴. Training should include the technical systems to be used in the referral, depending on the chosen means of communication (e.g. IT system, encrypted emails, password protected files, etc.).

Training should also include data protection regulations and the consequences of breaches in confidentiality (information to be included in the referral, information considered reasonable, how to deal with security breaches, etc.).

This training programme should not be limited only to the police but should be available to the victim support service receiving the referrals, training both referral partners is important. The victim support workers receiving the victim's details should be trained to handle this information in a victim-centered manner, on how to contact the victim within a specific timeframe, and to retain data in compliance with GDPR rules with the same level of security as that of the police system.

As support services play an important role in the recovery and empowerment of victims of crime, the aim of referral mechanisms is to allow victims access these services, according to their particular needs, as soon as possible. Questions must be raised and systems must be reviewed, if victims are not able to access existing (generic and specialised) support services in a State where referral mechanisms are in place. The stakeholders involved should look at the factors that have reduced the efficiency of the referral system: training of those making the referral, information sharing methods, or the professionalism of the support services.

³⁴ More information on communication and listening skills can be found in How to Identify Victims' Support Needs? Guidelines to develop an individual needs assessment. November 2019. <http://www.victoriia.eu/guidelines.pdf>

C. Phase 3 – Evaluation

Once a referral system has been established, it should be regularly monitored and evaluated to see whether the system is working and how it can be improved. Evaluations then feed back into the policy cycle whereby the referral system is updated. Both quantitative and qualitative data should be examined: hard data on why certain things did or didn't happen, opinions about the quality of the system, etc.

Particularly issues to evaluate include:

- assurance of victims' safety;
- timeliness of referrals;
- compliance with established procedures and guidelines and/or need for their refinement;
- number of victims informed about available support, the number who accepted referral, the number referred, the number contacted by victim support, and the number who take up services;
- changes in take up of support services;
- requirement for training of professionals involved in the referral system due to staff turnover or for further training to consolidate or refresh knowledge;
- victim satisfaction and complaints.

A well-designed monitoring system will allow decision makers track how often referrals are made to the various facilities and services, the types of services victims are most often referred to and if the referral is directed to specialist victim support services, whether victims take advantage of the referrals, and whether adequate follow-up is provided after the referral.

Referral monitoring determines whether services are integrated, whether victims receive comprehensive support information, and whether victims are able to access a wide range of services.

Several means can be used to monitor the referral mechanism:

- Random checks on referrals
- Use a questionnaire or checklist to find if referral system requirements are met:
 - o Victims' confidentiality and safety measures are in place
 - o Victims received referral information in a timely, victim-centered and appropriate manner
 - o Safe channels of communication are used to send victims' data
 - o Victims are referred to victim support services within 24h of reporting the crime
 - o Data quality controls are in place
 - o Referral monitoring is not a burden to police and service providers
 - o Referral data is used to facilitate improvements to the referral system
- Satisfaction survey for victims of crime

After having obtained operational data about the referral system, it is important to identify incipient problems and the reasons behind them. Data alone may not be enough to be able to develop solutions. For example, if there is a low referral acceptance rate, is this is because of poor information provision (and is this is due to lack of knowledge/ training etc.), or has no information been provided at all. Depending on the findings, different solutions would need to be developed. Importantly, this data should be reviewed by area to determine if the issue is localised or systemic at the national level.

According to the evaluation results, decision makers may change or terminate the existing referral system to ensure the highest quality of support and respect for victims. At this stage, the policy cycle can be rethought in order to better serve victims of crime and meet their needs.

Conclusion

This manual provides a starting point for decision makers, State authorities and victim support organisations to develop their own efficient secure referral mechanisms. It offers key principles to consider before creating protocols, safeguards and training programmes that ensure the victims' right to access victim support services and to receive support appropriate to their specific needs in the aftermath of a crime or traumatic event.

After consulting this manual, readers should have a better understanding of the complexities of setting up a victim referral system based on existing national and local infrastructure. Different stakeholders should be identified, their potential contribution assessed, and strategic partnerships created to ensure the success of any referral system that is initiated.