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# Compatibility of institutional practices in law enforcement, health and welfare and generic victim support entry points with the standards of the EU Directive 2012/29 on identification, individualised needs assessment and referral of victims of crime

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## Executive Summary

1. Victims of crime require special attention and support from state and non-state institutions such as the police, the prosecution office, the courts, social welfare centres, health institutions and victim support organizations in order to ensure that they receive appropriate information, support and protection.
2. The Report '*Compatibility of institutional practices in law enforcement, health and welfare and generic victim support entry points with the standards of the EU Directive 2012/29 on identification, individualised needs assessment and referral of victims of crime*' is focused on mapping the current practice of main actors interacting with victims in Serbia (law enforcement, health services and victim support services) with regard to the identification, needs assessment and referral of victims.
3. The analysis revealed that only victims of domestic violence and juvenile victims are clearly identified as victims in Serbia; identification is not a clear process in either law or practice across entry points and the timeliness of identification is not an explicit requirement.
4. Serbian legislation does not provide for a generic procedure or standards for the individual assessment of victims' needs in relation to support and protection measures. In practice, clear cut procedures are neither common nor standardized between 'entry points' and although methods and tools are in place for special groups of victims these are not shared within and between institutions. Standards regarding contact and interviews with child victims are well aligned with the Victims' Directive. Specific gaps concern the timely assessment of needs, the involvement of the victim in needs assessment and confidentiality.
5. Referral and coordination is one of the weakest points of victim support services in Serbia. There is no general obligation for public institutions to refer victims of crime to support services, with the exception of victims of domestic violence and juvenile victims. No official referral mechanism is in place, referral is informal and often relies on personal contacts of the involved individuals. No common referral practices were reported.
6. Promising practice in Serbia include the establishment of specialized Victim services within the Prosecution and Courts, provision of special training to police officers and prosecutors in cases of juvenile and domestic violence, the existence of special protocols between law enforcement and medical services including detailed procedures for the treatment of victims of domestic violence, the existence of an interactive map of victim support providers and the multi-disciplinary coordination groups established by the law on domestic violence.
7. Promising practice from the comparative experience includes the establishment of specialised offices for victims within the police and other entry points, the use of checklists and guidelines for uniform recording of victims' needs, the establishment of helplines as entry points to victim support and the establishment of common referral mechanisms and procedures.
8. To conclude, legislative and practical gaps still need to be addressed in Serbia to ensure compliance with the standards of Directive 2012/29. Recommendations focus on the need to strengthen the legislative protection of victims through legislative reform, the need to standardise practice across entry points, to design a common referral mechanism and procedures, to establish a general or single centralized service for assistance and information; to strengthen coordination mechanisms and to establish a single entry point to the victim support system through a 24/7 national phone line and to facilitate the exchange of practice and experience and provide common training of professionals dealing with victims. Privacy and data protection issues need to be explicitly addressed.

# 1. Scope, objectives and method of the study

**1. The aim of the report is to diagnose the extent to which the current practices in identification, needs assessment and referral of victims exercised by state and non-state actors in the Republic of Serbia are compatible with the standards introduced by the Victims Directive.**<sup>1</sup> The report maps the practice of main actors in the victim support system (law enforcement, health and victim support services) with regard to identification, needs assessment and referral of victims; to assess the compatibility of institutional practice with the standards set in the Victims' Directive; to identify model practices and gaps between legislation and practice and to make recommendations for compliant practice in to identification, needs assessment and referral of victims.

**2. The assessment is focused on institutions that are 'entry points' for victims to the criminal justice system.** Entry points, as the institutions that victims are most likely to approach directly or indirectly and whose practice is assessed are: law enforcement (police and prosecution), health and social welfare institutions and organizations providing generic victim support services, mostly NGOs. The report records institutional practice in the daily line of work of frontline practitioners working on the ground.

**3. The report is based on a mixed methodology that combines legal and qualitative field research.** The legislative analysis is focused on the criminal procedure legislation and related legal acts (The Law on Juvenile Criminal Offenders and Criminal Legal Protection of Juveniles, the Law on Prevention of Domestic Violence, the Family Law, the Anti-discrimination Law), the legislation regulating the operation and obligations of the main entry points (the Law on the Police, the Law on Social Welfare, the Law on Healthcare) and bylaws regulating in detail the obligations or operation of the entry points<sup>2</sup>. Qualitative field research involved interviews with front line institutions involved in victim protection: a total of 20 interviews were conducted with police officers from the Crime Police Administration of Belgrade and the Crime Police Administration for Novi Sad, the Service for providing information and support to the injured and the victims of the Basic and the High public prosecution office in Belgrade, representatives of Social welfare centers, representatives of health institutions and representatives of NGOs.

**4. Qualitative filed research was conducted on the bases of the semi-structured interviews.** A questionnaire was prepared based on experience with similar exercise in the EU member states and

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<sup>1</sup> EU Directive 2012/29 on the rights, support and protection of victims of crime.

<sup>2</sup> General protocol on acting and cooperation of institutions, authorities and organizations in situations of violence against women in families and in partner relations, General protocol for protection of children from abuse and neglect, Rulebook on method of performing police work, Instruction on treating juvenile and younger persons of legal age by police officers, May 1, 2006, Rulebook on detailed terms and standards for providing services of SOS phones for women who have experienced violence (issued by the Ministry of labour, employment, veteran and social issues, Rulebook on records and documentation on persons who have suffered domestic violence and on persons with imposed protective measure from domestic violence, Special protocol on proceeding of centres for social work – guardianship authorities in cases of domestic violence and women in partner relations, special protocol of the Republic of Serbia Government Ministry of Interior on proceeding of police officers in cases of violence against women in family and partner relations, special protocol on proceeding of medical institutions in cases of violence against women in families and in partner relations, special protocol on proceeding of police officers when protecting juveniles from abuse and harassment, special protocol on proceeding of judicial authorities when protecting juveniles from abuse and neglect, special protocol on protection of children from abuse and neglect in institutions of social welfare, Instruction of the High Court Council on method of access, system of work and method of acting of services for assistance to witnesses and injured parties, High Judicial Council, General obligatory instruction of the Republic Public Prosecution Office on method of proceeding of the Service for informing and supporting the injured party and witnesses in public prosecution office, Republic Public Prosecution Office)

addressed following areas: a) ways for making an assessment whether a person presenting themselves is to be regarded as a 'victim' of a crime (Identification of victims); b) ways to make an assessment of individual needs (Needs assessment); c) assessment of special protection measures are required; Special categories of victims; d) methods for referring that person to other agencies (e.g. police, social services, medical services, victim support agencies – to what degree are there channels of communication between the agencies).

**5. The legislation and practice were analyzed from a vertical (within entry points) and horizontal aspects (across entry points).** Points of compatibility and gaps were identified, including promising practice within the Serbian context and the broader EU member states.

**6. The findings of the analysis and the initial recommendations were validated and discussed with selected beneficiaries from all entry points in an interactive workshop.** Workshop ensured participation of all relevant stakeholders and inclusive process for finalization of recommendations.

**7. The report will ensure informed decision making process for Serbian authorities to develop a highly effective system of victims' rights and support national system that complies with EU Directive 2012/29.**

## 2. Entry points to victim support in Serbia: legislative framework and institutional practice

### 2.1. Entry points to victim support in Serbia

8. **The concept of ‘entry points’ refers to the institutions victims are most likely to approach, directly or indirectly, following their victimisation.** These institutions are de facto the initial point of contact with the victim and their main entry to the victim support system.

#### **Main actors in the Victim Support System in the Serbia**

##### **The police**

The police act upon suspicion that a criminal offence has been committed or when criminal charges are brought against a specific individual. It is often the first point of contact with the victims.

##### **The prosecution office**

The prosecution office acts after a report is filed by the police or the victim on a criminal offence committed. The prosecutor first contacts the victim after the police have collected evidence and initiated investigative activities.

##### **The Courts**

The Courts facilitate victims and injured parties in the exercise of their rights throughout the course of the criminal proceedings, and play a major role in actively preventing secondary and repeat victimization, intimidation and retaliation.

##### **The social welfare centres**

The social welfare centers provide services to persons in need for social care. In the performance of their duties they are often called upon to identify victims of crime and refer them to the competent authorities.

##### **Healthcare institutions**

Healthcare professionals may come into contact with victims of crime during medical examinations.

##### **Civil Society Organisations**

Whether directly engaged with the assistance and support of victims of crime or providing other types of services to different beneficiaries, CSOs are often in a position to identify and refer victims of crime to the competent authorities.

9. **The victim support system in the Republic of Serbia depends on both state and non-state actors.** Although both share the same goals, they are largely differentiated in the manner of providing support and protection to the victims. State support and protection to victims is offered through the police, the prosecution office, the courts, social welfare centres, health institutions and other public institutions and organizations. Non-state protection is offered by civil society organizations (CSOs). The activity of victim support CSOs develops in two directions: direct activities that aim to improve the position of the victim and to provide specific protection and assistance; and activities aimed

towards institutional change of the victim protection system and improved protection through legislative reform.

**10. Legislation regulating the operation of the main ‘entry point’ institutions for victims includes limited information on specific obligations and procedures regarding the identification, needs assessment and referral of victims’ rights.**

**11. The law and regulations on the operation of the police do not include generally applicable procedures on the identification, needs assessment and referral of victims.** They include *provisions only on special categories of victims* (juveniles and victims of domestic violence) and provide for special procedures for needs assessment, interaction with the victim etc. Bylaws<sup>3</sup> regulate the procedures and obligations of police officers in more detail, including the treatment of children *only by officials who have specialized knowledge*; the participation of a childhood expert, psychologist or other expert in contact and evidence taking with a child, information on available services providing assistance and support, and obligation to refer them to service providers. These provisions, although of a limited scope, are an important starting point for considering victims’ rights in general.

**12. An important development is the establishment of special services for assistance and support to witnesses and injured parties at the courts and the High Public Prosecution Offices<sup>4</sup>.** This network of specialised institutions mandated to inform and support victims and witnesses covers all phases of criminal proceedings (investigative phase, pre-trial proceedings and main hearing and trial). These services provide *information* to victims and witnesses on their role in criminal proceedings, including preparation for participation in proceedings and *information* on existence of specialized services for support and refer them. This is a good practice that needs to be capitalised.

**13. Social welfare legislation establishes a national social welfare network and consolidates important rights for the recipients of social welfare services** (but not specifically for victims). These include the right *to participate in the assessment* of their condition and needs; the right to participate in decision-making on accepting a service, the timely receipt of information, the need for consent, the right to a free choice of services and service providers, the right to secrecy of all private data, the right to respect of privacy during the provision of social welfare services etc. The network is established and operational. These important rights, that correspond to several standards of the Directive on individualised treatment and protection are not, however, directly associated with the status or condition of a victim.

**14. Healthcare legislation does not include specific obligations on the identification, needs assessment and referral of victims.** The treatment and protection of victims of domestic violence and juveniles is regulated by special protocols. According to these, medical institutions are obliged to refer cases of domestic violence and juvenile victims to the police. However, implementation in practice is poor and there is limited awareness on their existence within the health sector. The existence of these protocols is however a positive starting point for victim protection.

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<sup>3</sup> Ordinance on the manner of performing police duties; Instructions on the conduct of police officers towards juveniles and young adults; Special protocol on the conduct of police officers and cases of violence against women in partner relationships; Special protocol on the conduct of police officers in order to protect minors from abuse and neglect.

<sup>4</sup> The services for assistance and support to witnesses and injured parties at the courts were established in 2015 and those at the High Public Prosecution Offices in 2017.

**15. Legislation on civil society organisations leaves several issues related to service provision unregulated.** The Law allows civil society organizations to gain the status of authorized social welfare service providers, if licensed for this purpose. Licensing procedures require meeting specific standards in the provision of services, the purpose of the service, target group (service beneficiaries), activities, including common and special structural and functional standards (for all or individual services). Despite the fact that civil society organisations are an important provider of victim support services, the regulatory framework leaves important gaps especially with regard to the manner in which they pursue their goals, the qualifications of their personnel, the standards of service provision etc. This fact is reported to lead to a lack of trust in their capacity that does not facilitate their active cooperation with other entry points.

The Law on Prevention of Domestic Violence defines a victim as a person who suffered an act of physical, sexual, psychological or economic violence committed by a perpetrator, with whom the victim is or has been in marital or extramarital or partner relation or is a keen in direct blood line, and in indirect line up to the second degree or is a relative in law up to the second degree or is a step parent, an adopted child, a foster parent or a foster child or is some other person with whom the victim is or has been living in a joint household.

## 2.2. Identification, needs assessment and referral in the legislative framework on victims

**16. Identification of victims is the action of deciding who falls under the statutory protection offered to victims.** It involves every action from the entry points aimed at identifying whether a person is a victim and whether they are entitled to benefit from existing services. Legislative definitions of the term ‘victim’ include the criteria based on which to determine who falls under the protection offered and enjoys the prescribed list of rights. The definition of victims, and the ways in which professionals interpret and apply them in practice, determine who benefits from the provisions in question.

**17. Serbian legislation does not define the term victim in a generic way.** Two similar terms are used to denominate persons whose fundamental human, personal, material or other rights have been violated or endangered: the term “victim” and “injured party”. The two terms are not consistently used: procedural laws, such as the Criminal Procedure Code<sup>5</sup>, the Law on Juvenile Criminal Offenders and Criminal Legal Protection of Juveniles<sup>6</sup> as well as laws such as the Law on Obligations<sup>7</sup> use the term ‘injured party’ to denominate a person whose personal or material rights have been violated or endangered, while the Criminal Code<sup>8</sup> uses both the terms ‘victim’ and ‘injured party’. Specific laws, like the Law on Prevention of Domestic Violence, provides a separate definition. The distinction

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<sup>5</sup> The Criminal Procedure Code (“the Official Gazette of the Republic of Serbia”, Nos. 72/2011, 101/2011, 121/2012, 32/2013, 45/2013 and 55/2014)

<sup>6</sup> The Law on Juvenile Criminal Offenders and Criminal Legal Protection of Juveniles (“the Official Gazette of the Republic of Serbia”, No. 85/2005)

<sup>7</sup> The Law on Obligations (“the Official Gazette of the SFRY”, Nos. 29/78, 39/85, 45/89 – decision of the Constitutional Court and 57/89, “the Official Gazette of the SRY”, No. 31/93 and “the Official Gazette of the Republic of Serbia and Montenegro”, No. 1/2003 – Constitutional Chart)

<sup>8</sup> The Criminal Code (“the Official Gazette of the Republic of Serbia”, Nos. 85/2005, 88/2005 - corr., 107/2005 - corr., 72/2009, 111/2009, 121/2012, 104/2013, 108/2014 and 94/2016)

between these concepts, their definitions and the people who fall under them is not clear and raises issues of compatibility with the broad definition of victims under the Directive.

**18. Victims are not parties to criminal proceedings in a role other than witnesses or injured parties, and most information offered to them concerns their options for that purpose, including their right to submit evidence and argue the facts of the case in their own name or through an attorney etc.** Injured parties, victims who have chosen to actively participate in the proceedings, enjoy a number of procedural rights and certain measures may be ordered for their protection from secondary or repeat victimisation. Nevertheless, most of such measures are reserved for witnesses, whether injured parties or not, who provide information to the Court. Vulnerability is primarily assessed within the context of the notion of an “especially sensitive witness”. The CPC apart from interviews does not set specific standards on how to identify or assess the needs of injured parties or witnesses. Thus, special standards on contact, interviews and protection measures do not concern victims in general but witnesses and injured parties.

**19. Special categories of victims are recognised in specific legislation like juvenile victims of crime and victims of domestic violence.** For the former, legislated protective measures include the provision of legal aid at the pre-trial stage, the prohibition of any type of confrontation between the victim and the offender, and the need for specialised training of public prosecutors, presiding judges and all professionals involved in handling this type of cases. These measures facilitate their safe participation in the criminal proceedings and are indicative of the special status child victims enjoy in Serbia. Special rules apply for interviews with juvenile victims.

**20. Victims of domestic violence, apart from other rights, are entitled to an individualised approach.** In specific, the Law on Domestic Violence includes a number of specialised provisions that are aligned with the provisions of the Directive: the requirement to perform a needs assessment at various levels and stages of the procedure of interacting with the victims; concrete requirements for *coordination and cooperation* among the institutions providing protection and support services; the *protection of the personal data* of the victims, collected for the purposes of their identification and support, and the mandatory specialised training of the officials handling domestic violence cases.<sup>9</sup> An additional requirement is for officers and professionals dealing with victims to have received specialised training, the appointment of deputy public prosecutors with specialised education to prevent domestic violence, the evaluation of risk assessments (prosecution); the appointment of judges with specialized education on the processing of domestic violence cases (courts); assistance to police officers and public prosecutors when assessing the risk and providing necessary emotional and psychological support for the victim (centres for social welfare).

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<sup>9</sup> Additional measures and obligations in relations to victims of domestic violence (articles 29-31 of the law) include the establishment of committees for the cooperation and coordination of services within the territorial jurisdiction of the main public prosecution offices, comprised of competent representatives of the police, the prosecution office, the court and centres for social welfare; the keeping of records on cases of domestic violence; the special protection of the personal data of the victim; the establishment of a national committee for the implementation of the Law and the coordination of the competent institutions’ activities; the mandatory specialist education of the police officers, deputy public prosecutor and judges conducting the proceedings in these cases.

## 2.3. Institutional practice on victim support in the law enforcement and judiciary ‘entry point’

**21. The police is the most common victims’ entry point to the criminal justice system.** Victims can report a crime either at a police station or when the police appear at the crime scene. The police do not have specialized services dealing with victims. However, police officers who deal with victims of domestic violence and juvenile victims have received specialized training.

**22. The establishment of Service for providing information and support to injured parties and victims in Higher PPOs and Courts is an important development to personalized information and services to victims.** Their objective is to provide information to victims and witnesses on their rights during the proceedings, to facilitate their access to the court, and to inform them on the possibility of referral and to refer them to service providers. The services do not employ professionals specialized in working with victims, but prosecutorial and judicial assistance performing these functions on top of their daily duties. Victims usually address these services in person or by phone.

**23. A specific procedure for victim identification is not recorded.** In fact, identification de facto takes place with the reporting of a criminal offence either at the crime scene or at the police precinct, when the victim files a criminal report in person. The identification takes place through the statement for the police report, which is oriented to the identification of the crime committed and towards the collection of information for the criminal file rather than the identification of whether the individual falls under the definition of victim. The statement is then given to the victim to read and sign for confirmation.

**24. There is a close link between the reporting of a crime and the information on rights and support services. Although not formal, this might indicate a point of incompatibility with the Victims’ Directive.** The latter does not require a formal link between the reporting of a crime and the access to information or the provision of services.

**25. Interviews are the main method for collecting information from victims.** No general guidelines or checklists for conducting interviews are in place.

**26. Special rules apply for statements from domestic violence and juvenile victims, including special premises for the hearings and the presence of a specialized officer to conduct the interview.**

Existence of guidelines on the information to be collected by the police, and questions for the victim can contribute to a holistic approach of their needs.

Interviews with domestic violence, juvenile victims and victims of trafficking in human beings are conducted by specialized police officers, observing rules and guidelines for their treatment in accordance with their specific needs. Other interviews with victims are generally conducted by non-specialised police officers.

Every police administration has at least two specialized police officers for treating domestic violence victims and juvenile victims. If needed, other professionals, a psychiatrist, a childhood specialist, a sociologist, can be involved in the interaction with the victim.

**27. The prosecution office lacks special rules or checklist for interaction with victims.** Identification is conducted through personal contact. An officer of the Public Prosecutor’s office on duty conducts an *interview* with the victim, either in person, by phone or by email. Special rules apply for the identification of victims of family violence and juveniles, which are carried out by the

specialized Deputy Public Prosecutor, following an indication that the victim falls under one of these categories based on their personal interview.

**28. Practices for individualized needs assessment are not uniform in law enforcement authorities.** In the police, special checklists of questions and the possibility to involve a psychologist or other professionals for the purposes of communicating with domestic violence victims and juvenile victims are foreseen to precisely determine individual needs. Police officers identify the needs of other categories of victims based on the interview with the individual victim. In the prosecution office, individualized needs assessment does not include a checklist with specific questions. Interpretation is available when necessary, and is provided through the engagement of a court interpreter.

Although checklists are not binding, they are a useful tool for practitioners to ensure that most important or relevant issues are covered. The existence of checklists and the involvement of practitioners from other disciplines are a promising practice.

**29. Personalised contact is ensured through interviews with the victim, and this is the main method for needs assessment.** The victim's needs are identified through personal conversation/interaction with the official performing the assessment. The personal characteristics of the victim and the circumstances of the criminal offence committed are taken into account.

**30. Special rules apply only for victims of domestic violence or juveniles.** Namely, a specific body which is part of the police, the Public Prosecutor's Office, or Social Welfare, is competent to perform needs assessment for these categories of victims. In the police and the judiciary officials dealing with victims are specially trained. This practice would need to be extended.

**31. Referral is not a formal practice and relies on personal contacts and knowledge.** Depending on their needs, victims can be referred to other state institutions, or NGOs by the police officer who conducted the needs assessment. This is done by providing available information on the institutions that a victim may address either orally or through information leaflets. For victims who require medical assistance, either the police or a person indicated by the victim can accompany them to the nearest medical facilities. Referral depends on the availability of public institutions or CSOs providing suitable services as well as on the personal knowledge and capabilities of the police officers entrusted with performing the referrals. In the prosecution office, an information officer performs the referral based on information available through an internal database on support service providers. An internal data base is used but this is neither comprehensive nor updated.

**32. No specific procedure for referral was reported, no comprehensive and updated mapping of existing providers, no record keeping of referrals and no follow up procedures.** Especially with regard to the mapping of providers, and despite the existence of the interactive map of victim support providers (<http://www.interaktivnamapa.rs/>), in practice entry points reported that they mostly use their own (internal) lists, which are incomplete and not always up to date.

## 2.4. Institutional practice on victim support in the health and Social Welfare 'entry point'

**33. Social Welfare Centres (SWCs) and medical institutions, although not a formal entry point to criminal proceedings, are important because victims often come in first contact with them.** Victims can access SWCs on their own initiative or might also be referred to them by other institutions.

Medical institutions are important especially for victims who have suffered physical abuse or violence. SWCs employ specialized professionals to work with domestic violence and juvenile victims, while within medical institutions special rules are in place for dealing with same categories of victims. The employees at those institutions have not received specialized training on the treatment of victims.

**34. The identification process is conducted through personal contact with the victim,** either within SWC premises or at another suitable space. The process is conducted either by a reception officer or a SWC expert team, depending on the nature of the services required and the personal characteristics of the victims. Special rules apply to victims of domestic violence and juvenile victims, for whom experts conduct the identification.

**35. The SWC have developed a methodology for victim identification.** This includes interviews with the victim and their family members, interview with the offender, field visits to the family and information collection from other relevant actors. Identification questions relate to family, social and health status, and the reasons for contacting the Center. The competent Ministry has created templates for risk assessment, norms, instructions and guidelines.

**36. Within medical institutions identification takes place at the points of initial reception in cooperation with the administration of the first respondent service.** The main document used is the victim's medical history. A special report is drafted on observed injuries which includes a schematic presentation of the injury, and the manner it was inflicted based on the victim's testimony. The identification is conducted during the *interview* with the patient or the person who accompanied the victim. Special instructions are in place for the victims of domestic violence and for child victims.

**37. Individualized needs assessment is not based on specific questions but depends on the circumstances of each individual case, and the recommendations available.** Interpretation is available when necessary and provided through an interpreter. The SWCs provide support directly to victims, provided that the support required falls within their competences. A support plan is created, considering the familial, economic, social and health characteristics of the victim. Victims' data are protected through data protection rules. These apply to all data collected by the SWCs.

**38. A protocol on treatment of family violence victims<sup>10</sup> applies in medical institutions and provides for individualized needs assessment and treatment of domestic violence and juvenile victims.** The protocol sets an obligation for all health workers to identify a victim and to proceed upon the stipulated detailed procedures. In practice however, identification is done only by doctors at the admission of emergency rooms in cases of visible injuries occurred by violence, when the victim arrives accompanied by the police or based on charges of the victim, and pediatricians in general hospitals and in health centres in cases when injuries have been inflicted on children and juveniles. Many health workers are not aware of the protocol and the specialized procedures in place.

**39. During the *interview* with the victim experts may be included in the assessment process.** Depending on the condition of the victim, a psychologist, social worker or other specialized professionals might be involved in interviews with victims. The basic criteria for individualization are health condition, history of the injury and the testimony of the victim. Rules on data protection apply. Interpretation is not available. The existence of specialised protocols, although limited in terms of scope, is a good practice.

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<sup>10</sup> Special protocol on proceeding of medical institutions in cases of domestic violence against women and violence in partner relations, issued by the Ministry of Health in 2009.

**40. Referral is an option but not a clear obligation for all institutions.** In Social welfare centers, depending on the victim's needs, they may be referred to other state institutions or to CSOs. There is a clear procedure for referral to state institutions by means of official letter, while there isn't any procedure for referrals to CSOs. Referrals to CSOs are conducted based on an existing internal database of licensed providers from the CSO sector, and the personal experience of the person who performs the referral. For any type of referral, the victim's consent is required.

**41. In medical institutions, depending on the victim's needs, they can be referred to other state institutions or CSOs.** In case of family violence, juvenile victims and serious bodily injuries, medical staff who conducted the identification are obliged to inform the police about the circumstances and refer the victim to the police. In other cases, referral is usually done to SWC that is providing information on available NGO who provide specific support services. There are no specific databases of available institutions which provide support, but referral is done based on personal knowledge.

## **2.5. Institutional practice on victim support in the generic victim support services 'entry point'**

**42. Civil Society Organisations offer services to different groups of victims<sup>11</sup> thus being important entry point and service providers.** Victims address those institutions voluntarily or are referred to them by public institutions (the police, the prosecution office, the SWC). There are no general rules of conduct towards victims, each CSO has its own rules. There is no general obligation for these institutions to provide specialized training to staff dealing with or providing support to the victims.

**43. Victim identification is made at the points of initial reception either through live or phone interaction with the victim.** During identification, personal characteristics of the victim (sex, age, language etc.) as well as circumstances of the perpetrated offence are considered. The availability of translation depends on the financial capacity of every NGO. Consent and the presence of parents is required in relation to juvenile victims.

**44. The individualized needs assessment does not include specific questions or procedures, instead, every NGO has its own rules that can vary significantly.** Depending on the structure of the NGO, the individualized needs assessment is conducted by a person leading the case or a team of experts put together by the NGO. NGOs record the process of individualized needs assessment and data protection rules apply to the data collected. During the assessment, the psycho-physical condition and the economic and social conditions of the victim are considered.

**45. Referral is an option but not an obligation, depending on the victim's needs, the victim might be referred to other state institutions, or to another NGO, without specific rules or procedures on how referral takes place.** The most common referral process is based on personal acquaintance of NGO employees and previous positive experiences. The victim is referred to other NGOs when the NGO that the victim addressed does not provide the services needed or requested.

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<sup>11</sup> Women, children, victims of trafficking, victims of domestic violence among others etc.

## 2.6. Compatibility assessment and promising practice on victim identification, needs assessment and referral across entry points

**46. Law enforcement is the most important ‘entry point’ for victims to the criminal justice system.** Although the competent institutions (police, prosecution, courts) focus primarily on the criminal aspects of a case, in particular the collection of evidence, special provisions for identifying victims are not in place. A number of legislative provisions and procedures set special standards for the treatment of domestic violence and juvenile victims and in particular their individualized needs assessment. The tools and methodologies developed to implement these provisions within the police are not shared with the prosecution. The process of referral within the entry points is informal and relies to an important extent on personal networking and contacts.

**47. The Service for providing information and support to the injured and the victims, established at the public prosecution office, is a promising practice.** It operates as a point of contact for the provision of information about criminal procedure rights but also on state institutions or NGOs that provide support and assistance. Within this specialized service no specialized identification or needs assessment tools were reported. Employees of the Service for providing information and support to the injured and victims have not received specialized training on how to interact with victims. Only Deputy Public Prosecutors, who refer victims of domestic violence or juveniles, have taken part in such training.

**48. The existence of a special service is aligned with international good practice and the requirements of the Directive.** It requires specialized staff and clear methods and tools. This could evolve into the main ‘entry point’ to the victim support network.

**49. Social Welfare Centers and medical institutions have important experience in assessing victims’ needs, however, practices are not shared.**

Methodological tools that are in place (tools for conducting personalized interviews, individualized needs assessment, risk assessment, protocols for the treatment of victims in medical institutions etc.) are often not known within the same institution (e.g. hospital). Furthermore, they are shared neither with other sectoral institutions nor with institutions across sectors and entry points. The same stands with regard to data bases on service providers, which are neither common nor shared between institutions. The referral process, when used, is informal and is not based on clear rules.

The existence of a specialized Protocol for victims of domestic violence within medical institutions is aligned with international good practice. It is an important practice that could be extended, transferred or adjusted to cover other actors, i.e. social welfare, police.

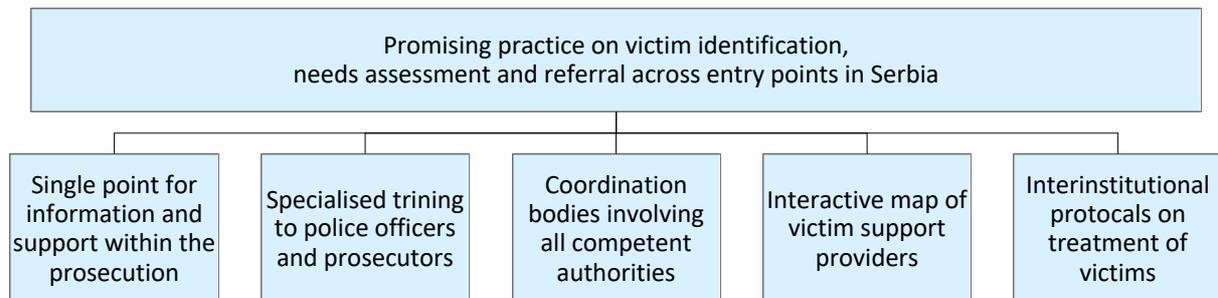
**50. Civil Society Organizations are an important, yet underrated, stakeholder within the victim protection system<sup>12</sup>.** They offer important services and play an important role in filling the gaps when the state cannot intervene. However, NGOs are not always sustainable, their services depend extensively on short term donor funding, quality standards are not uniform while there is a reported lack of trust. This is due to a lack of general unified rules, internal rules and procedures of conduct,

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<sup>12</sup> The MDTF-JSS Report “Overview of existing victim support services in Serbia” (2017) examines what existing services there are in Serbia, and what needs to be done to ensure that all victims of all crimes in the entire territory of the Republic of Serbia can access such services ([http://www.mdtfjss.org.rs/archive//file/MDTF\\_Mapping%20report.pdf](http://www.mdtfjss.org.rs/archive//file/MDTF_Mapping%20report.pdf))

but also on the dependency on external funding and the weak planning on the sustainability of the services offered. Further, NGOs are not sufficiently visible within the Serbian victim protection system.

**51. Assessment reveals promising practices across entry points that should be replicated throughout whole system.** Although learning from comparative experience is useful, replication of promising practices that already exist in Serbian environment has more prospects for smooth implementation.



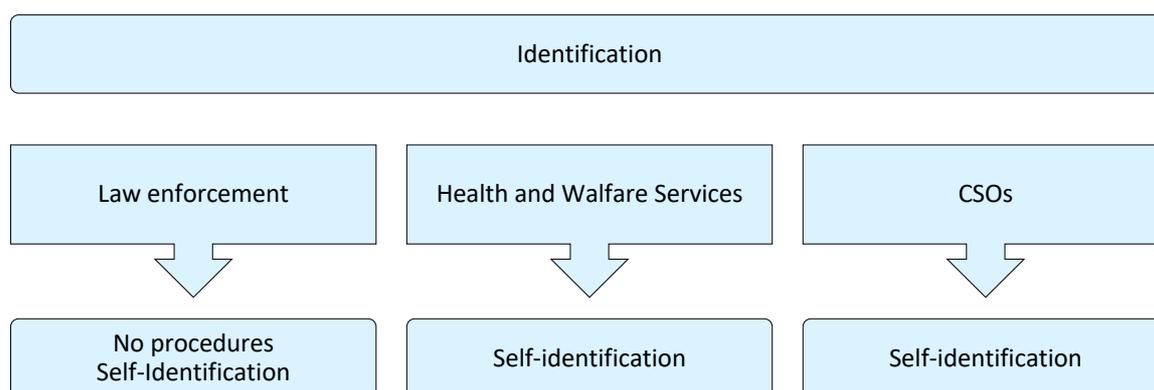
### 2.3.1. Identification

**52. Identification is the action of deciding who falls within the definition of victim.** This involves every action at the entry points which relates to identifying whether a person is actually a victim or not and whether they are entitled to benefit from existing services.

**53. The Victims Directive introduces a number of standards in relation to the identification of victims. Substantive standards** are included in the definition of victims. **Other standards** concern the need for a link between the harm caused to the victim with a criminal offence; access to support services independently of having lodged a formal complaint; the need for general and, where appropriate, specialist training of officials from competent authorities who come into first contact with victims; timely identification at the point of first contact that respects the dignity and privacy of the victim. The identification of someone as a victim should lead to the provision of information, access to services and the enjoyment of the rights enshrined in the Directive.

**54. There is no generic legislative definition of victims in Serbian legislation. Only victims of domestic violence and juvenile victims have clear legal protection. Hence, the protection offered is not as broad as the scope of the Directive.** Injured parties, witnesses and victims of domestic violence have clear rights. The role, rights and obligations of competent authorities regarding these groups are specific. Victims who do not fit within these narrow groups, for example a vulnerable victim who is not a juvenile or a victim of domestic violence but who nevertheless is in need of protection, cannot benefit from existing services. Institutional practice adds to this fragmentation the additional layer of institutional mandates and internal rules.

Chart 1 Identification across entry points



**55. The procedures and services offered by different actors in the victim support system do not respect common standards relevant to victims' rights, regarding treatment, privacy etc.** Hence, obligations and procedures are fragmented and subject to different rules of operation, standards and internal methodologies. Legislative gaps are particularly noted when it comes to services provided by NGOs. There is a lack of unified procedures in the operation of CSO's and the provision of services, and a lack of parameters for measuring the quality of the provided services. This places them within a 'grey area' of the victim protection system but, most importantly, causes mistrust. Interviews showed that the lack of the rules and procedures for the work of CSOs sometimes cause reluctance to directly refer victims to concrete CSOs. Victims are therefore selectively informed on the existence of CSOs with which officers previously had positive experiences and personal contact. This discretionary practice does not only limit the scope of the services offered but might also lead to unnecessary multiple referrals.

**56. In the services offered to victims, there is an important legislative gap regarding legal aid.** Interviews with NGOs highlighted that legislation providing for free legal aid to victims would significantly broaden the scope of available services, complement existing services and facilitate referrals and cooperation.

**57. The identification of victims is not a clear process in either law or practice across entry points.** This is intrinsically linked to the lack of a general definition of a victim and means that those who benefit from existing support services are witnesses, injured parties, juvenile victims and victims of domestic violence. This group of beneficiaries is limited compared to the broad definition of the Victims' Directive. Self-identification appears to be the most common way of identification but is too closely associated with reporting a crime and threats. This practice is not aligned with the Victims' Directive that does not require a link between access to support services and reporting. Further, identification does take place not at clear point in time. For specific categories of victims (family law, law on domestic violence, law on juveniles) identification as a victim leads to interaction with specially trained law enforcement offices, judges and prosecutors. No similar requirements are in place for any other group of victims.

**58. Identification often overlaps with the assessment of the victims' individual needs.** In practice victims self-identify so the decision whether to provide services to them depends on the mandate of the institution addressed (for example whether the institution can serve them). The identification of victims of domestic violence and juveniles is clear and subject to consistent procedures and rules. However, a lack of horizontal approach and consistency across entry points was

reported. This means that identification of victims is in practice determined by institutional mandates of entry point institutions rather than a victim related perspective. Even when specific methods and tools are in place, for example Social Welfare Centres have a *methodology* for identifying victims of crime based on *personal social intake* or internal *checklists* these are neither shared nor common. Consistency regarding who is considered a victim and can benefit from existing services is an important starting point.

**59. The timely manner of dealing with victims is not explicitly guaranteed in legislation and was not reported in practice.** A necessary corollary to the identification of victims is the obligation to provide them with essential information on their rights, as well as the measures and procedures in place to help exercise them. This information should be provided “without unnecessary delay” following identification. Although the police does, in principle, provide information to victims, this task is primarily entrusted to the special service within the prosecutors’ office, responsible for informing the victims on their rights, the time when this is done is not noted as an important issue. Although practice does not suggest that information is not provided, there is no consistent and uniform practice in making this information available ‘without unnecessary delay’.

**60. The establishment of specialized Victim services within the Prosecution and Courts or the existence of contact points and specially trained officers is a good practice that needs to be enhanced.**

### **Victim support service in the Irish Police Force**

The Irish Police Force has a dedicated victim support service. The reasoning for introduction of victim support offices was to improve the position of victims in the process and to ensure that all the information would be provided in a timely manner. 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. 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. It is also an example of internal referral within institutions.

### **Victim support service offices - Estonia**

In Estonia, Victim support service offices are located at the police station, ensuring easy access for victims. The central institution that supports victims of crime is the Victim support and conciliation Service that is part of the National Social Insurance Board.

Victim support is a free public social service aimed at maintaining or enhancing the victim's ability to cope. Any person who has fallen victim of 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. 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.

Source:

<http://www.sotsiaalkindlustusamet.ee/et/ohvriabi-huvitis/ohvriabi-ja-lepitusteenus#Ohvriabi>

**61. The existing provisions requiring the appointment of trained officials in cases of juvenile and domestic violence are a good practice fully aligned with the requirements of the Victims' Directive.** To this moment, the most comprehensive training is administered to police officers, including initial generalised training on the identification and treatment of victims and specialised training to officers dealing or interviewing victims of domestic violence and child victims. In domestic violence cases and crimes against children, members of the judiciary involved also need to be trained. However, no training is required for other actors, apart from prosecutors and especially staff working in the prosecutor's services for informing and supporting the injured party and the witnesses and, in Social Welfare Centers, medical personnel or civil society actors. This practice of trained staff needs to be extended to staff working in specialized victim services and to all actors in the victim support system. A further step is the training of *all* professionals involved in the identification or protection of victims, including police, court staff, prosecutors, lawyers, judges, victim support and restorative justice services, as this is essential for the effective protection of victims' rights in practice. *Joint training* is a further step that will allow the additional benefit of sharing experience and developing a common language.

**62. Good practice from comparative experience in relation to the identification of victims relates to one stop shops established at police stations or other points, the use of checklists and guidelines and the existence of protocols for the identification and referral of victims which is a 'soft law' approach to standardising practice.**

#### **Sexual Violence Centers - the Netherlands**

**One stop shops for victims** are an example of single entry points where a number of initial assessments (identification and needs assessment) can be conducted. The **Sexual Violence Centers in the Netherlands** are a one stop shop for integrated medical care to victims of sexual violence and domestic sexual abuse. The integrated medical care approach brings into one physical location 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. These are located throughout the Netherlands, often close to a hospital. 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 is the pro-active approach taken by the practitioners, as described above, that contact and follows –up on the victim needs.

Source: [www.centrumseksueelgeweld.nl](http://www.centrumseksueelgeweld.nl)

**63. Checklists are a practice that allows to standardize information.** They are not binding documents but useful tools to assist frontline officers to collect information during identification or needs assessment. Their main function is to indicate the information that is necessary or useful. This practice is reported observed in several countries.

The Police and Border Guard Board in Estonia use the **“Information sheet for domestic violence”** to standardize the information required for the assessment of special protection and assistance needs. The police fills in the information sheet, the victim is asked to give consent so that the data can be sent to the victim support worker.

## Information sheet for domestic violence - Police and Border Guard Board – Estonia

There are six sections in the information sheet:

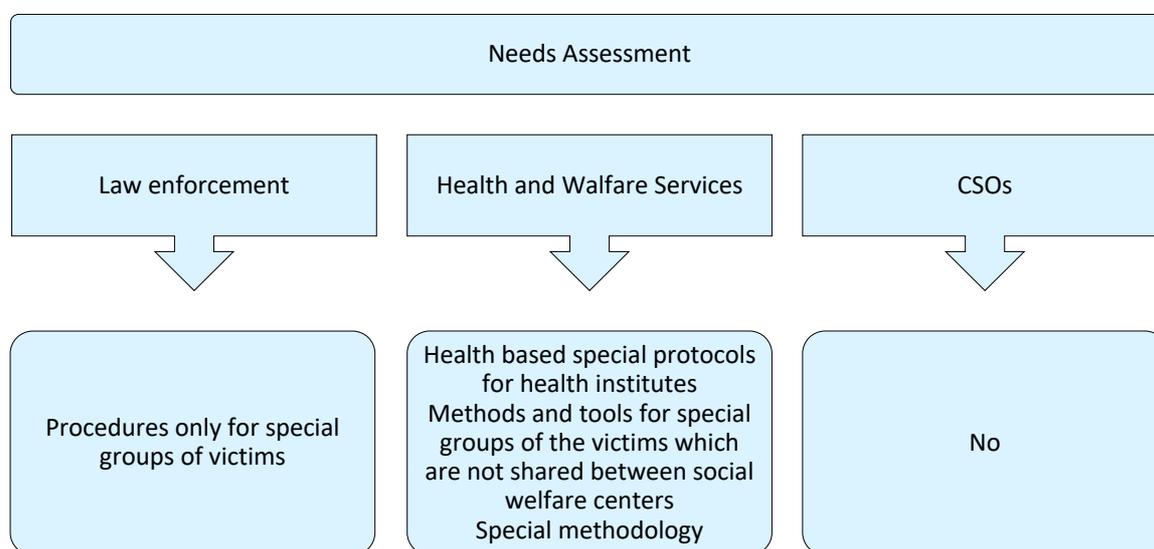
1. General data
    - 1.1. Brief description of the case/call (2 lines)
    - 1.2. Place of violence (home/public space/other)
    - 1.3. Children (present during conflict/violence against child/conflict without presence of a child/number of children)
    - 1.4. Violence (physical abuse/sexual abuse/psychological abuse/weapon/no abuse)
  2. Victim
    - 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
    - 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)
    - 6.1. Procedure commenced (criminal/misdemeanour)
    - 6.2. Procedure terminated (criminal/misdemeanour)
- Information referred to (neighbourhood constable/youth police/social welfare/victim support)

### 2.3.2. Individual needs assessment

**64. Individual Needs Assessment refers to the process, approach and methods used to assess on a personalised basis the needs of victims.** It lies at the heart of the Victims' Directive. The standards introduced by the Victims Directive require the needs assessment to be timely, to include a holistic assessment of the needs of the victim and result in individualised measures to meet them, involve specialized professionals, ensure the involvement of the victim, guarantee confidentiality, be followed up by an update and lead to the provision of free services before, during and after the proceedings.

**65. Serbian legislation does not regulate in a generic way the procedure or standards for the individual assessment of victims' needs in relation to support and protection measures.** Specialised assessments are provided regarding witnesses, to determine whether they fall under the category of sensitive or protected witness. Special needs assessment procedures are in place for special groups of victims (domestic violence and juveniles).

Chart 2 Needs assessment across entry points



**66. General needs assessment procedures apply only to the provision of welfare services, which do not concern victims in particular but recipients of welfare services in general.** The alignment between existing welfare procedures and victim-related procedures is unclear. However, several measures required in EU law, such as the minimization of interviews and medical examinations, the performance of interviews without delay, and accompaniment by a person of choice, are not included in existing regulations<sup>13</sup>. Further, applicable rules and standards are not harmonized and might differ per institution and across entry points. Needs assessment is in principle personalized. However, apart from general requirements for training of involved professionals, there is no other guarantee that professionals follow a uniform and victim sensitive approach.

**67. Assessment of practice reveal that clear cut procedures are neither common nor standardized between 'entry points'.** This means that needs assessment might take place multiple times, if the victim is referred from one service to the other. Further, even slight differences in the demographic data recorded, the way that the needs assessment files are recorded and kept, can have

<sup>13</sup> Analysis of victims' rights and services in Serbia and their alignment with EU Directive 2012/29/EU (2016), MDTF-JSS, World Bank <http://www.mdtfjss.org.rs/archive//file/VSS%20-%20Final%20Report%20-%2008%2008%202016.pdf>

an important impact on statistics, on data transferability, or the referral process and how easily the victim can be referred from one service to the other without repeating the same processes.

**68. While public authorities, the police and medical institutions, have regulated through special protocols a methodology for needs assessment including a system of check lists, the CSO's did not report a unified methodology and check lists, but follow individual internal procedures.** Social Welfare Centers have developed internal procedures of admission, but do not have standardized questionnaires and checklists apart from recommendations and guidelines.

**69. The special protocol with detailed procedures for the treatment of victims of domestic violence by medical workers is a good domestic practice.** However, in practice a noted lack of diffusion of this practice was reported. Interviewees (Emergency Department, Health center and General hospital) reported that many health workers have not even heard of the protocol and the procedures, have not applied them and are not aware of the obligation to refer victims to the police or non-state services.

#### **Protocolo de Actuación para las Fuerzas y Cuerpos de Seguridad para los Delitos de Odio y Conductas que Vulneran las Normas Legales sobre Discriminación - Ministry of Interior – Spain**

**Common protocols** are a promising practice when many different institutions are involved in complex cases. In Spain, the Protocol on hate crimes and other discriminatory conducts of the Security Forces and Corps facilitates the detection of hate crimes and other discriminatory conducts by police forces. It regulates how information has to be correctly collected and documented, how victims should be supported, protected and oriented. The Protocol includes the following chapters:

- 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.

The Protocol established also a "Social interlocutor" as a permanent contact point between police forces and social entities

Source:

<http://gestionpolicialdiversidad.org/PDFdocumentos/PROTOCOLO%20ODIO.pdf>

**70. The focus of needs assessment varies depending on the entry point.** Generic needs assessment procedures, covering all needs including information, medical, legal, social, psychosocial, are rare. 'Entry points' do not perform a holistic needs assessment. On the contrary, it is common for entry points to adopt a narrow vision that relates to their mandate or competencies (collection of

information on the case and evidence for police, health issues for health services etc.). Victim support services demonstrate efforts towards a more comprehensive approach, although this does not appear to be standardised or established. Needs assessment procedures are more formalised when concerning children or victims of domestic violence or trafficking.

**71. The individualised nature of needs assessment is ensured through personal interaction with the victim, usually an interview or social intake.** Common methodologies and tools were not reported and are not homogeneous. Specific guarantees for the privacy of the victims are not included in legislation and were not reported.

**72. The specialised training of officials performing individual needs assessment, police, prosecution, is a good practice but does not guarantee uniformity or consistency in the way that needs assessments are performed.** Requirements in place with regards to victims of domestic abuse and juveniles are limited to the police and judicial authorities and do not include other entities that might conduct such an assessment, such as hospitals and welfare services. Translation and interpretation services are not explicitly secured.

**73. The involvement of professionals with different backgrounds and skills in needs assessments is a good practice from the comparative experience.**

#### **Psychology Office at the Judicial Police- Portugal**

In Portugal, the Judicial police has a Psychology Office that provides support to officers with regard to cases that involve particularly vulnerable victims. If assistance is needed, the Psychology Office is at hand.

**74. No common checklists and methodological guidelines are in place, even methods and tools that exist for special groups of victims are not shared between institutions.** Social Welfare Centers have methodological tools for conducting personalized interviews, risk assessment, but these are not shared within institutions or even within the same institution. Individualized needs assessment tools for special groups of victims used in the police are not shared with the prosecution. Social Welfare Centres create an individual plan for beneficiaries based on the needs assessment. Methods employed by CSOs depend on their internal practices. The lack of common guidance or methodology leaves much to the personal knowledge and skills of the competent professionals. And while flexibility is required when determining the victim's needs, the absence of specific guidance may result in large discrepancies in the treatment, protection and support provided to victims.

**75. Exchange of practice and experience is missing both within a single institution (e.g. hospital), within entry points (different hospitals around the country) and across entry points.** As a result institutions work in isolation rather than synergy.

**76. Several standards are in place regarding contact and interviews with child victims, which are well aligned with the Victims' Directive standards.** Interviews may be conducted using audio and video technology, should the circumstances of the offence and the personal characteristics of the child victims so require, following a decision of the judge presiding at the case. The social welfare law stipulates that child victims are entitled to receive information and have a say on the measures enacted for their protection and support (if they are over the age of 15). Further, child victims are entitled to free legal aid and access to a lawyer specializing in children's rights from the time the

offender is called to provide a statement. The mandatory training of all officials involved in child victim cases (police officers, public prosecutors, judges and attorneys) is reported as a promising practice. The favourable treatment of children is in line with the principles and priorities espoused by the Directive, but should not amount to the discriminatory treatment towards other categories of victims with regard to rights that should be enjoyed by all.

**77. A number of requirements associated with needs assessments were not recorded in either legislation or practice:**

- First, **information on the victim is not shared**. The information collected by the police is not shared in a coordinated way with other law enforcement authorities (especially the prosecution) making decisions difficult, and resulting in multiple repetitive interactions with the victim on the same issues.
- Secondly, **the timely assessment of needs is neither explicitly regulated nor recorded in practice**. Timing of need assessment might differ, while repeated needs assessments when victims are referred to different institutions were reported in practice.
- Thirdly, **the involvement of the victim in needs assessment is neither obligatory nor reported in practice**. The involvement of the victim in the assessment of needs is not a horizontal obligation and in practice it is not consistently ensured. An existing legislative provision covers only welfare services.
- Fourthly, **confidentiality is ensured in a generic way**. No specific rules are identified and no specific measures were reported to ensure confidentiality in practice. Last but not least, **the update of the needs assessment is neither regulated nor reported in practice**.

**78. Support services are provided mainly by public social welfare institutions, medical institutions, and Civil Society Organisations.** CSOs are required upon registration to provide evidence that they meet functional and structural standards for the provision of services. These standards relate to their location, premises, equipment, organization, number and profession of the engaged staff, assessment, planning and activities for providing certain social welfare services, and evidence that services were provided for at least two years. However, there is no systematic monitoring of their activities to ensure that these comply with standards, especially ensuring that generalised and specialist services can be distinguished, shelters are available for certain vulnerable categories of victims, and a targeted and integrated support system is in place for their protection. In general, every organisation operates based on its own rules and priorities, rendering the assessment of protection and support services in relation to EU standards a tricky endeavour.

**79. Helplines are a good practice of standardised and remote identification and needs assessment.** Helplines operate as a single entry point and conduct a more or less comprehensive assessment of needs, in order to direct the victim to the required services. This presupposes a standardisation of the procedures and questions related to the identification and assessment of needs.

### **Telefono Rosa, Italy**

The **Telefono Rosa** in Italy was born in 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 it is a national association 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.

The main idea was to listen and support women victims of violence – and later all victims – in order to uncover hidden violence (at home, at work, etc.) and get in contact with the Police. Gradually it became a national network with 7 venues and 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. The main steps:

- the call center operator evaluates quickly the help 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
- 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.

([www.telefonorosa.it](http://www.telefonorosa.it))

### **National SOS hotline for children 1056, Greece**

**In Greece, the National SOS hotline for children 1056, operated by the NGO 'The Smile of the Child' is a national hotline for the identification, needs assessment and referral of children victims.**

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:

- recording of the data of the individual that reports (address, facts, relation to the child etc.)
- their motivation.

A report is prepared and the prosecutor is informed. 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.

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).

Referrals take place with prosecutorial order. The incident is assessed and all calls are recorded in a data base to facilitate further procedures.

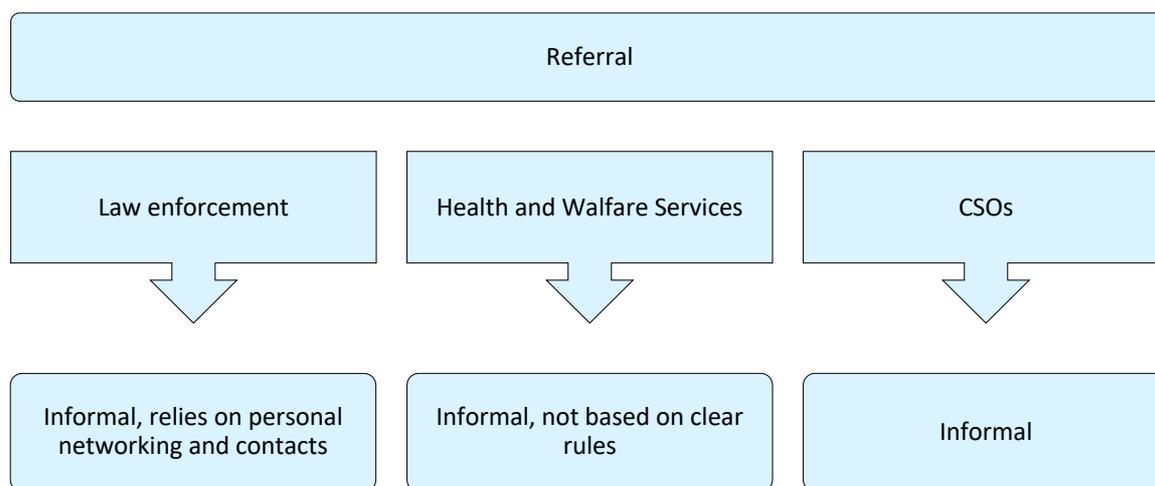
### 2.3.3. Referral

**80. Referral is the process of transferring victims to service providers within the victim support system.** The referral process requires coordination between service providers, smooth transfer of the victim to where services can be offered without duplications and with due respect for data protection and privacy. Referral mechanisms are the ‘connecting link’ between the different fragments of the victim support system. Victim support consists of institutions and services of diverse nature which need to be coordinated and linked through consistent referral mechanisms. The Victims Directive stresses the need for coordination that should be timely and ensure respect for privacy and data protection. Coordination implicitly requires a mapping of existing services and referral arrangements,

**81. Referral requires an exhaustive and accurate mapping of existing services.** A referral system should allow all types of referral, guarantee privacy and data protection, involve trained contact points, be timely, take place as soon as possible after the individual assessment of needs and be followed up and monitored.

**82. Referral and coordination is one of the weakest points of victim support services in Serbia.** 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. Referral mechanisms have a different degree of formality and the role of victim in receiving help from victim support services varies.

Chart 3 Referral across entry points



**83. There is no general obligation on public institutions to refer victims of crime to support services, with the exception of victims of domestic violence and juvenile victims.** Overall, there is a limited practice of coordination between support services and the public sector. Although a network of social welfare service providers is in place, there is no interconnection between the most common entry points, the police, medical institutions, welfare services and the CSOs providing support services. This holds also for vulnerable categories of victims of domestic violence and child victims.

**84. No official referral mechanism is in place, referral is informal and often relies on internal mapping of service providers or databases kept separately by each actor.** Referral is also largely dependent on the personal knowledge and competences of the officials involved. CSOs usually perform referrals based on personal acquaintances and knowledge of the work of other CSOs. Medical

institutions are obligated to refer victims to the police when they act as entry points. Certain rules are in place for victims of domestic violence and child victims, mandating their referral to the appropriate support service providers, in accordance with their presumed individual needs. SWCs perform referrals only to licensed CSOs.

**85. No common referral practice was reported.** There are no clear tools, procedures or institutional practices for referral. This makes referrals highly variable. In practice, referrals are often limited to the provision of information on existing service providers and go no further (to active referral). No common rules or practice on the type of information to be provided to victims is in place, making also the information provided for referral highly variable in terms of content. Referral to support services is too dependent on individuals and focused on limited groups. Explicit and compulsory referral procedures are not in place.

**86. The interactive map of the victim support providers (<http://www.interaktivnamapa.rs/>) is a good practice and an important starting point for information sharing and referral.** The interactive map is maintained by the Victimology society of Serbia and is comprehensive in its coverage. Regular update and sustainability of its operation are important challenges for the future. In practice however, entry points reported that they mostly use their own (internal) lists and do not rely on this service. The 'institutional' lists were, reportedly, incomplete and not always up to date. The fact that the map is maintained by an NGO might challenge its sustainability in case funds are not available for maintenance or update.

**87. Institutions do not have reliable information to perform referrals or provide objective information to victims.** Police officers, prosecutors and medical employees admitted that they are often uninformed on available services of CSOs at their territory, thus having no tools to adequately refer the victim to appropriate services in line with their needs, although such services might be available. CSOs, regardless of the type of services they offer, reported the need for more effective methods for information sharing and referral. Extending the use of the interactive map, ensuring it is up to date and that it is accessible and used in practice by frontline officers is an important step for further developments.

**88. A good practice in cooperation and coordination between the police, the prosecution office and welfare centers are the multi-disciplinary coordination groups established by the law on domestic violence.** However, in practice, some barriers were reported. Firstly, in small communities, the stipulated obligation for the coordination group to meet at least once in 15 days is not met. Secondly, the success of the coordination group depends exclusively on the availability of the group members, their enthusiasm, while frequent change of members leads to decrease of efficiency. The conclusion came from all interviewed stakeholders (the police, the public prosecution office, the social welfare centers). An example is the case of the coordination group operating at the territory of the city of Zrenjanin, which operated with very good results because the same team members were involved. When group members changed, the results of the group were

**A promising practice in information-sharing includes the network of ASTRA.**

In this network, NGOs across Serbia share information and refer victims of human trafficking. Whenever a case is referred to another CSO, the victim is asked for permission to share their information and their file is fully transferred. Parties know who shared what information, overlaps are avoided, including repeated needs assessments.

evaluated as poor. Thirdly, although all institutions (the police, the basic and the high prosecutors, the basic and the high court and social welfare centers) have formally appointed liaison officers, and the law requires daily communication, the flow of information is scarce. Fourthly, there is important geographical divergence in the flow of information, and in some parts of the country it is almost inexistent. Fifth, the tasks of members of the group add to their daily work without extra remuneration, therefore, their work in the groups depends on personal enthusiasm. Last but not least, the Law stipulates that coordination group work can be attended also by representatives of other authorities and institutions. However, civil society organizations are often regarded as external, and in practice there have been occasions where they were not allowed to participate, although they were present based on the victim's consent or as the victim's representative.

**89. Distrust, especially towards non-state actors, does not facilitate cooperation, coordination and referral.** CSO's, although an important part of the victim support system, are often not trusted by public institutions. Public institutions are reluctant with regard to the quality of services that CSOs might offer when they do not know them. For example, it was mentioned that databases include reports of the CSO's themselves and there is no external control of the quality of the provided services. Police officers and representatives of the public prosecution office reported that if they do not have personal experience of working with a CSO, they would prefer to refer victims to Social Welfare Centers. Another problem is the fact that CSOs do not have stable income sources by the state, not even for the licensed services offered on the basis of referral from public authorities. Instead, their work is based on fund raising through donations. This endangers the sustainability of services but also in practice obliges them to adjust their work to the requirements of the donors. Despite the quality of the services that many CSOs provide (especially in the field of child protection), the successful cooperation with the public prosecution office and the courts, these still do not enjoy secure financial support from the state, thus risking their sustainability. Further, project oriented funding does not always ensure adequate assistance to a wide range of victims (indirect victims, senior persons, etc.).

**90. Comparative experience highlights the importance of interinstitutional cooperation for referring victims and ensuring a holistic approach.**

**91. The offices for information and support to the victims and witnesses of criminal offences within high public prosecution offices and high courts can play an important role in referral.**

These offices provide support for accessing the court, witness testimonies during the proceedings and inform victims on available services for support outside the justice sector. However, interviews proved that these offices lack of technical and practical resources to provide quality services. For example, the lack of office space in the

The Portuguese Association for Victim Support (APAV) established an interinstitutional partnership to promote coordination of victim services. The partnership involves APAV, law enforcement bodies and health care services and is a good model for coordination of victim services (<http://www.apav.pt>).

support services of the high prosecution offices was inhibiting provision of confidential support to victims, lack of visibility within victims etc. Information available for victims is reportedly limited to explaining the proceedings, witnessing rules and possibilities to address civil society organizations for some type of assistance. Information usually involves leaflets or internal databases on available CSO's. Equipping these offices, training staff and providing them with tools to better fulfil their mandate is an important next step.

**92. Training is available to some entry points only while important actors lack personnel with specialized training in dealing with victims.**

Police officers have passed the widest education compared to other stakeholders. However, based on statements of the officers themselves, it is necessary to extend the number of trained officers capable to process these cases, and to enhance sensitivity when dealing with the cases, and especially during the risk assessment. Practitioners working with special groups of victims (domestic violence victims and juvenile victims) stressed during the interviews that increased demand is met by a lack of supply from the part of the institutions that might result in victimization-related stress. Within the services for support within public prosecution offices and courts are prosecutorial and judge's advisors and assistants appointed by a monthly work schedule to perform this task, in addition to their regular work. Most of them have no prior specialized training for the task at hand. Medical staff had no organized education but operate on the basis of protocols on conduct and recording violence and informing the police. CSO staff did not report any type of uniform specialized training. It was a common statement of interviewees across entry points that there is lack of trained and specialized professionals in all groups. In fact, training should be offered to a wider group of professionals from all competent institutions in line with their role within the protection system to facilitate cooperation, exchange of practice and transfer of knowledge.

**93. There is a lack of visibility of the victim support system and a lack of awareness from victims of their rights and possibilities.**

Representatives of the services for providing information within public prosecution offices and CSO's reported that the number of victims directly addressing available services is negligibly small due to low awareness of their rights as victims and of the fact that they have access to services that can respond to their needs.

**94. A system of unified monitoring of victims is not in place.** Each institution monitors the status of the victim in line with its competence, except for the groups for coordination and cooperation that take a holistic approach. There are no procedures of cross-sectoral reporting (except for the group for coordination and cooperation and in cases of referral by the SWC's towards the licensed service providers within the CSO's).

**95. Comparative practice highlights a number of transferrable, feasible and low cost ideas on referrals.** In their majority these practices relate to overcoming institution specific barriers, following common or at least standardised procedures to ensure homogeneity in protection or assessment, sharing information and experience within institutions, using alternative ways for reporting or identification (call centres) and ensuring the flow of information in a smooth way.

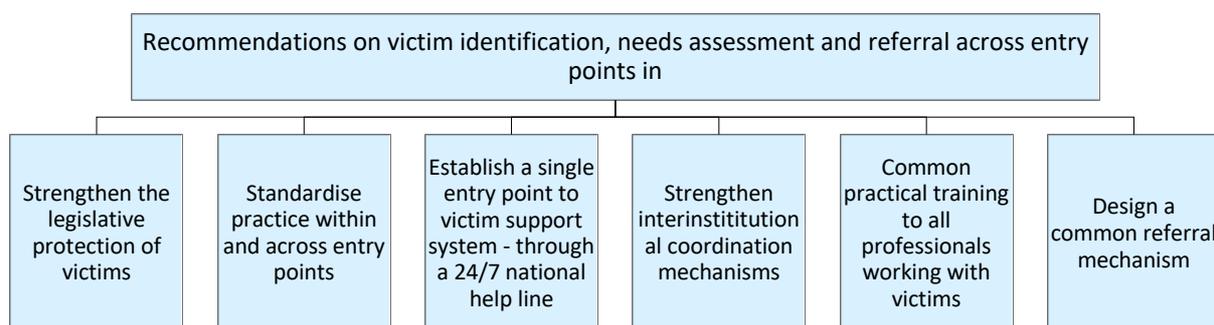
**The National Centre for Social Solidarity** in Greece is the **single referral point** to sheltered accommodation for individuals in need (women victims of violence, children and unaccompanied minors). Public and civil society institutions agreed on a **Common protocol and procedures for referral to accommodation services**. All cases are referred to the National Centre for Social Solidarity that monitors vacancies and availability of sheltered accommodation in hospitality shelters around the country.  
(<http://www.ekka.org.gr/>)

Another example is the use of common referral tools (so that all institutions record and transmit the same information). The **Racist Violence Recording Network (RVRN) in Greece** is a network bringing together institutions working with victims of racist violence. The organisations have agreed to use a **common referral form** and to refer individuals in need within their network for more appropriate services. The main documents used are a questionnaire for social intake, medical history. Procedures are effective because there is immediate response from the members of the Network.

### 3. Recommendations to enhance compliance of legislation and entry point institutional practice with the standards of the Victims' Directive

96. To align entry point institutional practice on identification, needs assessment and referral of victims with the EU Directive 2012/29 standards it is necessary to work on implementation of following recommendations:

Chart 4 Recommendations on victim identification, needs assessment and referral across entry points in Serbia



#### Recommendation 1: Strengthen legislative protection of all victims through common standards

97. Existing definitions fall short of the broad definition of the Directive and are limited to victims of domestic violence and juveniles. The advantage of a common definition would be to allow all entry points to develop common tools and approaches based on a common legislative framework<sup>14</sup>. A number of other issues would need to be addressed in legislation in order to ensure common standards and procedures. Alternative ways for addressing this recommendation:

- Introducing victim-specific provisions in sectoral legislation or introducing a new general law on victims' rights
- A new law would need to address at least the definition of a victim, methods and ways to ensure coordination and referral, needs assessment, privacy, confidentiality and rights in terms of access to services.
- Ensuring that existing provisions relevant to victims' rights ensure a harmonised level of protection and do not introduce different standards and procedures
- Any new legislative initiative on victims rights would need to take into account the existing implementation experience of the law on juveniles and domestic violence when considering the rights, scope and nature of protection to be offered to other groups of victims

<sup>14</sup> See also, MDTF-JSS, Analysis of victims' rights and services in Serbia and their alignment with EU Directive 2012/29/EU, (2016).

- Additional issues that need to be addressed through legislation are clear rules for privacy and data protection of victims, confidentiality, including the storage and transferability of data within authorities
- Improvements are necessary in the legislative framework on NGOs, the quality of their services, funding from the public budget, including the institutionalisation of key services (e.g. existing services for children).

**98. Although this recommendation should be addressed in the short to medium term any legislative initiative would require a clear intervention strategy in order to make the victim support system effective and not just to ensure formal harmonisation with the Victims' Directive.**

### **Recommendation 2: Create a virtual or physical one-stop-shop for victims**

**99. To improve the current situation in relation to coordination and information the state should establish a general or single centralized service for assistance and information to the victims and a single entry point through a 24/7 national phone line.** Staffed with trained professionals and with standardized identification and needs assessment methods, these could play an important role in guiding or referring victims to necessary support services. Existing helplines could be the starting point for a generalized help line. From the network of institutions involved in victim protection one should act as a coordinator. The central helpline could link existing help lines for victims of family violence. Depending on the assessment of individual needs it can guide victims to specific services, e.g. the police for reporting a crime, the specialized victims service in the prosecution, hospital or other services. A network of contact points in each institution could serve as liaison and first contact point for referral. An online platform, allowing victims to interact through the internet would also be a welcome development. This recommendation could be addressed in the medium term.

### **Recommendation 3: Standardise current practice within and across entry points**

**100. To address the divergence of practice within and across entry points and professionals working with victims the standardization of current practice of entry points is required.** In current practice, information, experience, institutional guidelines or protocols do not flow effortlessly within a single institution or between institutions. Standardising practice is an ambitious endeavour that would have to involve the institutions themselves and especially the professionals active in conducting these tasks. Practices need to be standardised vertically (within each institution, ie everybody in the policy station knows about them and applies them) and horizontally, ie in similar institutions around the country (e.g. all hospitals, all police stations etc). Ways to standardise practice (without legislating) include

- Preparation of checklists or guidance for staff involved in first contact with victims for each entry point. This can ensure homogeneity of practice within entry points (that all police officers, medical staff or NGOs operate according to the same principles)
- Specialised joint training offered to all
- Exchange of information, experience and an active networking of professionals

**101. A third level of standardisation of practice is to ensure that practices are not incompatible across entry points.** This is more challenging but is essential in order to ensure a homogeneous approach. Alternative ways to achieve this is by:

- Designing and piloting a common, multi-agency, interdisciplinary approach to identification and needs assessment and determining the role of each institution (entry point in it)
- Designing common checklists or guidance documents as a 'soft law' solution for streamlining or testing common approaches
- Using common questionnaires or methodologies at least in the recording of broader needs
- Networking and exchange of practice between professional involved in victim support. This would be a welcome first step to any further development.

#### **Guide for General Practice in Health services - Health Services Executive, Ireland**

The Guide for General Practice assists medical doctors in identifying victims of domestic violence. 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.

#### **Protocolo común para la actuación sanitaria ante la Violencia de Género, Ministry of Health, Social Services and Equality, Spain**

The **Common Protocol for a Healthcare Response to Gender Violence** in Spain targets any form of violence or ill-treatment inflicted on women over 14 years of age. It offers mechanisms for early detection, assessment and action of children of victims of gender-based violence and includes steps of action for especially vulnerable cases (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) and covers detection, assessment and intervention in Primary healthcare, specialised care and Emergency Services.

### **Recommendation 4: Establish coordination mechanisms involving all authorities and operating at different levels**

**102. To build on the current promising practice of liaison persons and local coordination bodies the establishment of coordination mechanism involving all authorities is necessary.** This practice is important a) for initiating a multisectoral and individualised treatment of victims needs and b) for bringing together all relevant actors and institutions for victims of family violence. This mechanism, if effective, can satisfy most of the requirements of the Directive with regard to individualised needs assessment and coordination, eliminate communication gaps, promote common problem-solving and support the standardisation of practice. It is recommended to complement local bodies with a **central coordination authority**. This would address coordination of all institutions within the system at a distinct level, support for institutions when needed, training to professionals from all of the authorities, licensing of CSO's and control of their work, maintenance of the necessary databases and other records and electronic tools important for the protection system. It could also eliminate the geographical differentiations noted in the current operation of coordination bodies, and the lack of an overall strategic direction. The coordination authority can be supported by common tools to improve communication and regular multisectoral meetings for all actors of the protection system at

national and local levels. The implementation of this recommendation would require a solid legislative and administrative framework establishing the role and mandate of this coordination body and the appointment of members. In terms of cost, a provision should be made for premises and support staff and remuneration of the members of the coordinating body. Limited staff could support the coordination mechanism, consisting of detached civil servants from sectoral institutions (law enforcement, health and welfare, generic victim support).

#### **Advisory Committee for the Preventing and Combating of Violence in the Family, Cyprus**

The Advisory Committee for the Preventing and Combating of Violence in the Family in Cyprus (a committee of experts from relevant services and NGOs foreseen by the Family Violence Laws 2000) has established **Interdepartmental Procedures for Victims of Violence in the Family** and has consolidated them in a **Manual** of Interdepartmental Procedures for handling incidents of violence in the family.

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, services convene interdepartmental meetings to discuss specific cases or interdepartmental cooperation issues.

The Manual clarifies the role and functions front-line professionals in handling cases of domestic violence, maps referral procedures and promotes multi-agency cooperation. It is addressed to officers of the Social Welfare Services, the Police, Health Services, Education, Legal Service and NGOs engaged in handling violence in the family.

Source: [www.familyviolence.org.cy](http://www.familyviolence.org.cy)

### **Recommendation 5: Ensure the networking and exchange of experience between professionals from all sectors working with victims**

**103. Frontline professionals working with victims in different entry points use different tools and methods and often have a different approach.** Capitalising on the existing experience and making sure that existing tools are shared and adapted to the mandate of different institutions (e.g. police, medical staff etc.) is an important step for improving practice across entry points. This can only be ensured through the networking and exchange of experience between professionals from all sectors. Sharing practical experience and tools, explaining their use, highlighting their advantages and disadvantages and integrating additional elements that could make them more holistic are important for moving towards a homogeneous approach and eliminating inconsistencies. This process of networking would have the additional added value of creating trust between different institutions and service providers and eliminating existing barriers. This recommendation can be addressed in the short term but would need to be sustainable.

**104. The recommendation requires a two-step approach:** 1) creating a specialised point of contact/service within each institution involved in victim support and 2) creating a network that brings these points of contact together.

### **VIS Network, Province of Livorno, Italy**

The Advisor for Equal Opportunities for the Province of Livorno (Italy) has established the **VIS Network**. 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 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. The main steps involve: 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. 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

(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)

### **Recommendation 6: Design and test a common referral mechanism and procedures**

**105. Given the lack of resources to establish new support services for victims, making sure that existing services are used in the best possible way is of extreme importance.** Referral is the connecting tissue between all existing services and the challenge is to find a simple and effective way to connect them so as to allow the effortless flow of the victim within them depending on their needs. Connecting institutions through memoranda of cooperation, protocols and working on joint procedures or referral forms is an important step in this direction. Procedures of referral should minimally involve the police, the prosecution office, health institutions, the SWC's and CSO's offering legal aid or other essential services. A referral system should pay attention to privacy and the transfer of personal data, follow up and monitoring mechanisms, including quality control. A referral mechanism should also rely on an accurate mapping of existing service. Serbian authorities could learn from comparative examples on introduction of common referral mechanism. This recommendation requires the existence of a National strategy which will envisage an approach to referral.

The **National Centre for Social Solidarity** in Greece is the **single referral point** to placement in sheltered accommodation for individuals in need (women victims of violence, children, unaccompanied minors). Public and civil society institutions have agreed on a **Common protocol and procedures for referral** to accommodation services. All cases are referred to the NCSS that monitors vacancies and availability of sheltered accommodation in hospitality shelters available around the country (<http://www.ekka.org.gr/>).

Another example is the use of common tools for referral (so that all institutions record and transmit the same information). The **Racist Violence Recording Network (RVRN)** in Greece is a network bringing together institutions working with victims of racist violence. The organisations have agreed to use a **common referral form for the network** for more appropriate services. The main documents used are a questionnaire for social intake, medical history. Procedures are effective because there is immediate response from the members of the Network.

### **Recommendation 7: Privacy, active involvement of victims and data protection**

**106. Explicit guidance is necessary for institutions and professionals working with victims regarding protection of vulnerable data, the transfer of data to other institutions, data storage and the protection of privacy.** Given the vulnerable situation of victims, privacy, data protection and ways to ensure their active involvement in the procedures are of extreme importance. General rules for data protection and privacy need to be specified into concrete guidelines that can help practitioners. For example, practical guidance can specify what data can be recorded, what data can be transferred, what data can be stored and under what conditions (especially within CSOs). On the other hand, consent and ways to ensure the active involvement of victims, without any abuse of privacy or manipulation is a sensitive issue that requires a more in depth approach. This guidance can be developed a) by a central coordination authority if put into place, b) by the Data Protection Authority in cooperation with the actors of the victims support system.

### **Recommendation 8: Ensure a common approach for professionals involved in victim support**

**107. Common training for frontline professionals dealing with victims is required to ensure a common approach, a common language and a common way of approaching victims.** Victim protection involves a number of institutions, the most common being the police, the prosecution, victim support services, health services etc. These actors have distinct mandates, organisational cultures and ethos and are involved to a different extent in the provision of services or assistance to victims. If this complex patchwork is ever expected to function as a coherent whole, in order to offer services of the standard established by the Directive to victims, it must develop a common language, standards and ethos. Training is the only secure form for relating, explaining, and teaching the new pro-victim ethos of the Directive and putting into effect the rights introduced therein. This should have a practical orientation and include obligatory practical skills education for all professionals being in contact with victims adapted to their role in the protection system, additional training on practical skills for professionals working with victims, continuous development of methodologies of treatment, check lists and tools for referral and cross-sectoral, problem – based training, with a view to facilitate networking, cooperation, communication and exchange of experiences between the competent institutions, authorities and CSO's.

**108. Making the training of professionals practice-based is important for improving its impact on current practice.**

Training should be organised for all professionals working with victims. The trainings organised for police officers and prosecutors are a promising practice that needs to be expanded to cover all professionals. Trainings should be organised in a coherent and coordinated way as part of a National strategy. One institution should be in charge of planning and giving directions for the training to avoid fragmentation and incompatible approaches, for example the central coordination authority (if established). The seminars should address a) professionals from the same institutions ie police officers, prosecutors, doctors, nurses, welfare staff, staff of CSOs b) at a second instance, professionals from the same 'entry points' (eg police officers and prosecutors, doctors and welfare officers etc) and c) professionals from across entry points. The seminars need to be practice-oriented, deal with real case studies of victims and be designed to offer practical skills to practitioners on how to deal with victims in practice. The training could be designed by the central coordination authority and delivered by existing providers such as the Justice Academy, the Policy Academy, jointly or through independent providers.

The **Victim referral Contact form** is used by the Westminster Youth Offending Service to enable relevant victim data about consent and risk to be passed from the police to the youth offending service's restorative justice team, without breaching data protection set out under the GDPR. The form is available on the RJC's website.

<https://restorativejustice.org.uk/resources/victim-referral-contact-form>

The **Common Protocol for a Healthcare Response to Gender Violence** (Protocolo común para la actuación sanitaria ante la Violencia de Género) (Ministry of Health, Social Services and Equality, Spain) provides guidelines on 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.

## ANNEX I

### The EU Directive 2012/29 on the rights, support and protection of victims of crime

#### The Victims' Rights Directive

Directive 2012/29/EU, establishing minimum standards on the rights, support and protection of victims of crime adopted on 25 October 2012, has a purpose to reinforce victims' rights in criminal cases with a cross-border dimension, to ensure that victims of crime receive appropriate information, support and protection and are able to actively participate in criminal proceedings.<sup>15</sup>

**The Directive introduces profound changes in the rationale of criminal justice systems.** Essentially, it requires criminal justice systems – traditionally built around the accused and his/her rights- to become 'polycentric' and accommodate the victim as a 'new' actor with distinct needs and, in most cases, a less clear role.

**The Directive introduces a new mentality in the provision of protection: the need for individualized approach and services.** Services are offered on the basis of individual assessment of protection needs and treatment is, to the extent possible, individualized. Personalized approaches and protection services need to be directly and unconditionally linked to the status of victim.

**The identification of a victim is the 'gateway' to the protection guaranteed by the Directive.** Consequently, the definition of the term victim is a fundamental issue for determining who is entitled to support but also how institutions needs to respond. The Directive uses the term victim in a generic way and includes a broad scope of actors, hence the definition of victim in national systems determines the scope of the victim support system. The boundaries with related concepts like injured parties and witnesses need to become clear.

**The Directive makes a clear choice of rights over services:** it consolidates rights for victims rather than just obligations for the provision of services. These rights are introduced as minimum standards that need to be clearly met in national legislation and practice.

**The Directive introduces an obligation for cooperation mechanisms to address the (inevitable) fragmentation of services and service providers.** For victim-related services to function as a network effective referral mechanism are necessary ensure that the victim can be directed to the provider of support or services they need.

**Institutions involved in victim support need to share a common ethos and culture in the provision of services to victims that is aligned with the Directive is of utmost importance.** Victim support involves a large number of heteroclite institutions that vary both with regard to their structure (central or local), scope of intervention (victims in general or specific groups), status (public sector or civil

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<sup>15</sup> The Directive is divided in six Chapters: general provisions; provision of information and support; participation in criminal proceedings; protection of victims and recognition of victims with specific protection needs; other provisions; and final provisions. It lays down minimum standards and introduces measures to respond to the need of victims for recognition and respectful treatment; protection and support; access to justice; compensation and restoration and introduces several innovative elements in the approach to victims: the individualized assessment of victims' needs, a participatory approach in rights and support services; a child-sensitive approach; and a special attention to victims of certain crimes.

society) etc. These institutions include the police, the prosecution, court services, line ministries or institutions, specialized services and non-governmental organizations offering different type of services.

**Victims' rights need to infiltrate the practice of competent authorities and go beyond 'legislative lip service'.** The effective implementation of the Directive goes beyond formal transposition and requires that the rights of victims infiltrate the daily practice of police, prosecution and all other authorities dealing with victims and especially the ways in which they identify, assess needs, refer and offer services.

## **Standards introduced by the Directive for the identification, needs assessment and referral of victims**

This section summarises the minimum standards that derive from the Victims' Directive and are relevant to identification, needs assessment and referral of victims. The standards take into account the provisions of the Directive, its preamble, Guidance<sup>16</sup> on its implementation and preparatory material.

### *Identification of victims*

**Identification refers to the action of deciding who falls within the Directive's protective scope.** This involves every action at the entry points which relates to identifying whether a person is actually a victim or not and whether they are entitled to benefit from existing services.

**Purpose of identification:** collecting a minimum of information to be able to ensure that someone falls under the definition of victim that is not related to formal complaints or the launch of a criminal investigation.

**Definition of a victim:** the definition of a victim needs to be inclusive and common for all entry points. Special attention to be paid to the principle of non-discrimination, which covers all possible discrimination grounds, including sexual orientation and gender identity. Victims' rights should not be conditional on legal residence status, citizenship or nationality.

Definitions should include family members of the deceased victim, who have suffered harm due to the individual emotional relationship and/or direct material inter-dependence between them and the victim, albeit Member states are permitted to limit the number of family members benefitting from the Directive's provisions and prioritise among them. Nevertheless, they must use objective and transparent foreseeable criteria to do so and avoid any limitation and prioritisation as regards support and protection services. Member States should, also, use inclusive definitions of 'family members' when it comes to the victim's partners. Such definitions should include spouses, as well as unmarried partners, regardless of whether the partners are in a registered civil partnership under national law and regardless of the national legislation on the recognition of unmarried couples, same-sex couples, and same-sex marriages.

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<sup>16</sup> DG Justice, Guidance Document related to the transposition and implementation 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, available at: [file:///C:/Users/mmousmouti/Downloads/guidance\\_victims\\_rights\\_directive\\_EU\\_en.pdf](file:///C:/Users/mmousmouti/Downloads/guidance_victims_rights_directive_EU_en.pdf)

**Identification process:** a formal identification process is not a clear requirement under the victims' rights Directive. In its absence, any procedure which allows someone to be identified as victim and to benefit from available support should be exercised indiscriminately. Self-identification is not incompatible with the Directive.

**Link to a criminal offence:** for a person to be considered a victim of crime, they must have suffered harm (including physical, mental or emotional harm or economic loss) directly caused by a criminal offence. Whether an offender is identified, apprehended, prosecuted or convicted or whether there exists a familial relationship between the victim and the offender is not examined. As regards access to support services, this is not dependent upon victims having lodged a formal complaint regarding the crime, nor conditional on the authorities launching a criminal investigation.

**Actors:** officials of competent authorities who first come into first contact with the victim, before, during and after proceedings. They need to have received general and, where appropriate, specialist training, increasing their awareness of the needs of victims and enabling them to deal with victims in an impartial, respectful and professional manner. Competent authorities in criminal proceedings are determined in national law and may include law enforcement authorities, customs or border agencies but not hospitals, employment centres and other similar facilities.

**Location:** the Directive does not designate a specific space for the identification of a Victim. This may be, e.g., a police station, a crime scene, or even the Member State's border, depending on the point of first contact with the competent authorities. Identification may be conducted in person, online, through helpline phone calls etc. All means of identification should respect the dignity and privacy of the victim.

**Timing:** first contact with the entry points. For the purposes of the Directive it is also important to specify clearly and precisely the moment at which criminal proceedings are considered to begin. The moment when a complaint is made should be considered as falling within the context of the criminal proceedings. This should also include situations where authorities initiate criminal proceedings *ex officio* as a result of a criminal offence suffered by a victim.

**Outcome:** the identification of someone as a victim of crime should lead to the effective and timely enjoyment of the rights enshrined in the Directive. It should also activate certain protection and support rights for their family members who are not identified as victims.

### **Needs Assessment**

**Individual Needs Assessment lies at the heart of the victims' rights Directive and refers to the process, approach and methods used to assess on a personalised basis the needs of the victims.** The purpose of the needs assessment is to determine whether a victim is particularly vulnerable to secondary and repeat victimisation, to intimidation and to retaliation during criminal proceedings.

**Timing:** support for victims should be available from the earliest possible moment after a crime has been committed, irrespective of whether it has been formally reported.

**Process:** the directive does not introduce a uniform needs assessment process, but leaves it to each Member State to regulate it in its national law. Member States should, however, as a minimum, designate the authority or entity responsible for performing the individual assessment of victims as well as the level or intensity of the assessment, and should determine how the criteria set out in article 22 of the Directive will be met, including through the accompanying practical

protocols/templates/questionnaires or additional psychological examining methods. The procedures enacted should be clear and objective, and determine, in practical terms, if it is enough to simply talk to a victim to identify his/her protection needs, or whether an in-depth experts' risk assessment is required.

In any case, in accordance with its purpose, needs assessment should be a two-step process (which could be combined) including a) the assessment of the victim's individual needs and b) the determination of the specific measures to meet those needs. The assessment should include the examination of all relevant personal characteristics of the victim, as well as the type or nature and the circumstances of the crime committed. Children are always presumed to have specific protection needs and therefore should only be subject to the second part of the assessment. Specific measures for the protection of child victims are envisaged in article 24 of the Directive. These should be enacted with respect to the child's capacity to form their own views, their best interests always being the primary consideration.

Since this individual assessment is required for all victims of all crimes, Member States enjoy a certain degree of flexibility as regards the relevant procedures, whereby the extent of the assessment is adapted according to the severity of the crime and the degree of apparent harm the victim has suffered. In addition, any remedies and procedural consequences, available in case a victim is not satisfied with the assessment of their needs or the measures in place for their fulfilment, are also left to the discretion of the national legislator.

**Actors:** professionals, be it law enforcement (police) authorities, judicial authorities, victims' support organisations or another body, who have received specific training on how to carry out a needs assessment. Where possible and unless contrary to the good administration of justice, all interviews with the victim to determine their individual needs should be conducted by the same persons. The competent authority or entity may differ according to the stage of criminal proceedings (pre-trial or trial stage).

**Involvement of the victim:** respect for the victim's wishes and their close involvement in the needs assessment process is emphasised. This means that available options need to be presented and explained and the victim may select between them. Their wishes must be taken into account but are not strictly binding to the authorities, while overarching reasons, for instance the need to preserve the good administration of justice, may prevail. Victims may choose not to benefit from any of measures listed in articles 23 and 24 of the Directive and any support measures should be assessed and acted upon only with their explicit consent.

**Confidentiality:** victims support services should be provided in a confidential manner, with due respect to the privacy of the victims and taking into account their personal characteristics, as defined in Recital 56 of the Directive's preamble. This includes an obligation not to disclose personal information concerning the identity, including the image, and the whereabouts of the victim and/or their family members. Member States must also take every measure to prevent public dissemination of any information that could lead to the identification of a child victim, unless such dissemination is necessary in light of the child's best interests, for example when a child has been abducted. The victim should be allowed not to disclose personal information.

**Update:** the assessment should be updated throughout the course of the criminal proceedings every time that the elements forming its basis change significantly. Good practice suggests that service

providers should continually follow up the individual needs assessment to ensure that the services offered are amended and adjusted in line with the victim's recovery and changing needs.

**Support services:** victims and their family members have the right to access confidential specialist support services free of charge in accordance with their specific needs (and for family members, their needs and degree of harm suffered as a result of the crime committed against the victim) before, during and for an appropriate time after criminal proceedings. These services should include information and advice, emotional and psychological support and practical assistance.

Article 9 provides an exhaustive list of the minimum requirements for services provided both in a generalised and specialist context. Specialised services must provide "targeted and integrated support" for victims with specific needs, including trauma support and counselling. An 'integrated' approach when providing victim support should consider the relationship between victims, perpetrators, children and their wider social environment to avoid the risk of assessing their needs in isolation or without acknowledging their social reality.<sup>17</sup>

Access to support services is neither dependent on a formal complaint regarding the crime, nor conditional on the authorities launching a criminal investigation, and should not involve excessive procedures or formalities for victims, as these might reduce effective access to such services. However, whether a victim can benefit from specific protection measures or not must always be assessed in the light of the following principles: a) that the measure is made use of without prejudice to the rights of the defence and in accordance with rules of judicial discretion; b) that operational or practical constraints do not make recourse to it temporarily impossible due to exceptional circumstances (these may include e.g. compelling reasons related to the personal unavailability of specific police officers or cases of *force majeure*, such as a strike, riot, crime, or an event such as hurricane, flooding, earthquake etc); c) that the measure is not contrary to the good administration of justice.

### **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 for referrals depends on the type of victim and their needs.

**Mapping of existing services:** referral should rely on an accurate mapping of existing services. For victims of crime to receive the proper degree of assistance, support and protection, public services should work in a coordinated manner and at all administrative levels. Victims should be assisted in finding and addressing the competent authorities in order to avoid repeat referrals. To this end, Member States should establish national referral arrangements between the police and VSOs,

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<sup>17</sup> General and specialist support may be provided in various ways: public bodies/entities (including regional entities/municipalities), private sector service providers or NGOs, on a professional and/or voluntary basis. Specialist services can be provided by separate entities or within the framework of general support services or through a referral mechanism to existing specialist services supporting victims with specific needs. Victim Support Organisations (VSOs) should be able to provide support and information services (including telephone services) through a sufficient geographical network across the Member State, capable of adequately covering rural and remote areas. If the Member State decides to operate victim support services through the private sector or through NGOs, it should evaluate whether services can be differentiated between generalized Victim Support Services and specific Victim Support Services (specialized on victims of hate crime, domestic violence, etc.), and whether the latter offer accommodation (shelters) and trauma support, and should consider providing financial or other required resources to these organisations, unless they have chosen to function without government funding and remain independent.

ensuring victims are offered as soon as possible preferably automatic access to general/specialist victim support services. Where several specialised victim support services are developed for particular groups of victims, flexible referral arrangements among VSOs should be in place. 'Sole points of access' or 'one-stop shops' that address victims' multiple needs, including the need to receive information, assistance, support, protection and compensation, should be considered as a model practice.

Information given by the competent authorities about the type of support available must be directly linked to their obligation to facilitate referrals to victim support services pursuant to Article 8(2) of the Directive. Thus, a police officer should ensure that victims are informed about support available and that they ask victims if they want to contact/be contacted by support services. Information should be available in a form to be handed out to victims. It should also be available to professionals in order for them to be able to decide on referrals.

**Types of referral:** different types of referral can be identified either within an organization or externally. Referrals can be distinguished between: a) internal: by anyone who comes into contact with a victim or b) external: by a competent person within the competent authority. Referrals can also be differentiated with regard to their content to a) referral through the provision of information and guidance to suitable services and b) formal referral where the victim is directly referred to another institution. The Directive does not mention directly ways of referral. All types should be covered.

**Form and procedure:** The Directive does not directly require a specific form and procedures for referral.

**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 processed. Member States are encouraged to establish appropriate conditions to enable the referral of victims to victim support services, including by ensuring that data protection requirements can be and are adhered to. Competent authorities should ensure robust data protection systems and impose confidentiality requirements to safeguard the personal data of victims referred to VSOs. They should also provide appropriate training for police officers dealing with referrals to ensure the safe and smooth handling of each case. Repeat referrals should be avoided. The consent of victims and data protection requirements need to be specifically addressed.

**Actors:** according to article 8(2) of the Directive, referrals are effectuated by the authority competent to receive the complaint, or by "other relevant entities". The latter should be understood to include public agencies or entities, such as hospitals, schools, embassies, consulates, welfare or employment services, who are in contact with victims and identify the need for the victim to seek the specialised services of a VSO.

**Timing:** Referrals should be timely and should take place as soon as possible after the individual assessment of needs



