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Victims Protection Group Report

Report developed by Comisión para la Investigación de Malos Tratos a Mujeres [Spain]

With participantion of country partners from Austria, France, Romania

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1. INTRODUCTION

Within the framework of WS3 of the Response Project, lies a proposal for the implementation of Victim Protection Groups (VPGs), which already exist in Austria, participating country of the project, in three of the four other countries that make up the project's international team.

These groups reinforce some of the most relevant measures promoted by the project such as multi-agency collaboration, training of health professionals in relation to gender-based violence as well as improvement in the detection and referral of cases from maternal health settings.

This line of work promotes the implementation of pilot groups, based on the Austrian model explained in detail below, and their subsequent evaluation. The countries participating in the Project in which this experience has been carried out with, as we shall see, with a diversity of results, are Spain, France and Romania.

This report has been elaborated from the partner in Spain, the Comisión para la Investigación de Malos Tratos a Mujeres.

2. METHODOLOGY

After the selection of the countries for the implementation of this activity (Spain, France and Romania), were sent a detailed explanation of the model to follow, as well as a series of questions for the subsequent evaluation of the experience.

Each participating country had to analyze the Austrian VPG model, choose a clinic in which to implement it as a pilot experience, adapting its characteristics to the national/regional/local reality, and then answer a series of questions, set out below, in order to evaluate the experience.

The questions used to undertake the analysis of the results were aimed at understanding the context in which the pilot groups were going to be implemented, their functionality considering the particular setting in which the intervention was going to take place, as well as their possibility of sustainability in time, thus maximizing their impact.

The proposed questions were as follows:

- The background in this field of each country, if any
- Who are the members of the group? (midwifes, social workers ...)
- Have they received training regarding GBV before taking part in the group?
- How many women have been attended by the group (monthly?)
- How often does the group meet?

- List of external resources in contact with the groups in order to proof the multisectorial collaboration.
- Brief description of the way in which the group operates
- Is the group going to be permanent in the clinic where they have been implemented? If not, why?
- Are these groups going to be implemented in other hospitals / clinics?

3. EXPERIENCES IN THE PARTICIPATING COUNTRIES

Three of the partner countries of the RESPONSE Project were involved in this activity to pilot test a Victim Protection Group in the intervention clinic, using the Austrian best-practice example. The experiences of each participating country (Spain, France and Romania) is detailed below, but not without first telling in detail what the VPGs consist of, on which this work stream has been built.

3.1. Austria: Victim Protection Groups, a model to follow

The Austrian model of VPGs has been considered as a reference to follow, as an example of good practices, not only in this specific work stream, but in a transversal way, in practically all the materials, presentations and training undertaken from the RESPONSE Project. Although it can be found summarized in the 'RESPONSE Training Manual for Reporting of Gender-Based Violence in Women's Health Services', due to its relevance, we will explain it in greater detail below.

The Austrian model has been the starting point for the work carried out in the other countries that have taken part in this pilot experience:

As of 2011, Austria has made the creation of VPGs in the health system mandatory by law (Lt. § 8e des KAKuG 2010). This law is born in accordance with the provisions of the Istanbul Convention for the Prevention of Violence against Women and Domestic Violence, which was ratified in Austria in 2013. The Article 15 states:

1. Parties shall provide or strengthen appropriate training for the relevant professionals dealing with victims or perpetrators of all acts of violence covered by the scope of this Convention, on the prevention and detection of such violence, equality between women and men, the needs and rights of victims, as well as on how to prevent secondary victimization.

2. Parties shall encourage that the training referred to in paragraph 1 includes training on coordinated multi-agency co-operation to allow for a comprehensive and appropriate handling of referrals in cases of violence covered by the scope of this Convention.

According to national law: Lt. § 8e des KAKuG 2010, health care systems must ensure the existence of VPGs for both children and adults. One of the key measures encouraged by this law is the promotion of actions that contribute to the early detection of domestic violence as well as to the strengthening of the awareness of health personnel on the issue of domestic violence.

These measures took the form of the creation of the aforementioned VPGs, support groups for victims of domestic violence (not exclusively gender-based violence) in the health care environment. The recommendation is to include at least two specialists in emergency medicine and gynecology, nurses and the person responsible for the psychological and psychotherapeutic treatment in the hospital.

Health centers are required to refer those affected by GBV to VPGs. The groups are responsible for screening for GBV, providing support to the victim, and sensitizing other workers at the center about the impact and effects of GBV.

Law Lt. § 8e des KAKuG 2010 provides for the formation of VPGs as follows:

(6) The victim protection groups have as members two representatives from medical services providers, who should be specialists in trauma surgery as well as gynecology and obstetrics. Additionally, members of the nursing staff and the persons responsible for psychological and psychotherapeutic treatment in the hospital should be members of the victim protection groups.

and the

(4) … Medical institutions are obliged to establish victim protection groups for of age persons affected of domestic violence.

(5) …. The victim protections groups are responsible for the early screening of domestic violence and in particular the sensitization of occupational groups for domestic violence.

Although, as we have seen, these groups are not exclusively aimed at victims of gender-based violence, with this law, Austria places itself at the head of Europe as an example of good practice in the confrontation of this serious social problem from the health field, both in the detection of cases and in the support for victims. We can see the following in particular:

- Victims of gender-based violence receive comprehensive and appropriate support through the intervention of VPGs.
- All personnel should participate in training and educational measures.
- Inter-agency cooperation between the health sector and external resources such as women's shelters and police should be intensified.
- The financial and personal resources for the protection of victims must be progressively regulated and increased.
- Multi-agency work should be developed.

3.2. Description and function of the VPGs in Austria

As explained above, VPGs have as members healthcare professionals from various disciplines, with emphasis on the importance of having at least two specialists in emergency surgery and gynecology, nurses and the person responsible for the hospital's psychological and psychotherapeutic treatment. It is also common for midwives and social workers to be part of these groups.

It is the responsibility of the VPGs to train and sensitize on GBV prevention all healthcare professionals and administrative staff working in the health clinic where the VPG has its activity: such, but also translators, janitorial staff, etc.

In order to carry out the relevant training and courses, they can count on experts in GBV from NGOs and social services, among others.

The frequency with which groups meet varies from one health center to another, ranging from weekly to monthly attendance.

Within the VPGs, each Member of the VPG - either a doctor or a nurse or a social worker- has contact with the victim. There is a direct intervention if it is necessary (involving the victim directly in meetings). If the risk is very high and the victim fears for her or her children's safety, VPGs must use its knowledge of the available social network to provide shelter and/or direct contact with women victims' hotlines or help centers.

In cases where the victim decides to file a report with the police, the doctor must help her. To do this, the medical staff must be trained to correctly store the data concerning the case, properly document the injuries, as well as the rape kit that was used to collect samples in case of rape or sexual violence.

3.3. Spain: An alternative model of victim protection

After a detailed analysis of the precedents of care for victims of gender-based violence from the health sector in the Community of Madrid (the region in which RESPONSE Project has been implemented in Spain), the decision was taken not to implement a VPG as a pilot project, given that it was considered that in this context there already existed an alternative model of protection for victims that was sufficiently complex and effective.

This alternative model against Gender-Based Violence (GBV) of the Department of Health of the Community of Madrid is part of the Madrid Strategy against Gender-Based Violence 2016-2021. It also follows the strategic orientations of the World Health Organization whose recommendations are: to strengthen the leadership and governance of the health system, to strengthen the delivery of health services and the response capacity of health personnel and providers, to strengthen the programming of courses to prevent violence and to improve information and scientific evidence.

The work of the Madrid Strategy against Gender-Based Violence 2016-2021 is structured along three strategic work streams:

- Strategic Work Stream 1: Promote health and prevent GBV.

- Strategic Work Stream 2: Improve the health care provided to women victims of GBV and their children.
- Strategic Work Stream 3: To strengthen the processes of surveillance, research, training, coordination and evaluation to reinforce the response of the Health System to Gender-Based Violence in the Community of Madrid.

The GBV prevention program of the Department of Health of the Community of Madrid, in its beginnings in 2000, acted mainly in the area of partner violence against women. In 2005, the Technical Commission on Health Actions against Gender-Based Violence was formalized and constituted, in charge of coordinating and planning the actions carried out in the health system. In 2008 it was decided to confront other forms of violence against women (female genital mutilation, sexual violence and women trafficking) and to orient actions to avoid the diseases that derive from them.

In this context, the functions of the VPGs proposed by the project are covered by services external to the health system and are the responsibility of specialized government resources for Comprehensive Care of GBV, under the Department of Social Policies and Family. For this reason, there has been a consensus within the health system that for the Response Project in the Community of Madrid, the VPGs assimilate to the coordination networks of the health system, made up of Networks of People Responsible for GBV of Health Centers (Primary Care and Mental Health) and the Hospital Commissions against Violence (which include the figure "Case Manager") whose interventions are coordinated within the framework of the Technical Commission for Health Actions against GBV.

3.4. Description and function of the model of protection for victims of the Community of Madrid

Of the 34 public hospitals in the Community of Madrid, since 2006 there have been Hospital Commissions against Violence in 26 of them (excluding monographic, support and half-stay centers). The Hospital Commissions against Violence are responsible for the following:

- They develop training activities both in their own center and for others.
- They carry out field actions in their reference area in terms of collaboration with non-health organizations and promotion of corporate social responsibility activities.
- They have promoted working groups with other social assistance actors, State Security Forces and community resources.
- They develop research projects and elaborate specific procedures according to available resources.

The working groups of the Violence Commissions are interdisciplinary, with the participation of healthcare professionals from family medicine, nursing, midwives, social work, gynecology, psychiatry, etc. The number of times they must meet is not

predetermined and varies according to the hospital: they can be monthly or quarterly meetings.

Within the Primary Care management team there are seven Care Directorates and in each of them there is a person responsible for GBV. Since 2013, there is also a person responsible for GBV in each of the 266 Primary Care Health Centers. The person responsible for GBV is expected to offer support and motivation to the health staff of their center to promote the implementation of tools, to disseminate clinical practice guides, action protocols, etc. In addition, this figure promotes the prevention of gender-based violence within all programs, especially the health education programs that take place in the center.

They are also responsible for channeling uncertainties about the response to gender-based violence and offer suggestions for the rest of the health center team.

Since 2016, there has been a reference figure for gender-based violence in each of the 42 Mental Health Centers with functions similar to those performed by those responsible for Primary Health Care.

All networks are permanent. Training in GBV began in 2003, but since 2005 there is an annual plan for continuing training in the Department of Health that promotes courses aimed at managers of GBV and Hospital Commissions, as well as care professionals throughout the health system.

Although isolated training activities had already been carried out in the area of gender-based violence and pregnancy, there was no systematic training in this area, so the Response Project was an opportunity to include this matter in the Annual Plan for Continuing Training, which is undoubtedly reinforcing the pre-existing model of protection for victims in the Community of Madrid.

In the training carried out through the Response Project, professionals from the internal coordination networks and key professionals in pregnancy and childbirth care have participated, including: Primary Care social workers, nurses, doctors and midwives; and hospital obstetricians, midwives and social workers.

Both in hospitals and in Primary Care, the model of protection for victims of the Community of Madrid differs from the Austrian model of reference mainly in that, in the Community of Madrid, those responsible for GBV do not provide direct attention to women victims, but rather work through coordination, logistics, dynamism, and advice. The attention to the victims of GBV is carried out by all the healthcare professionals.

With regard to multi-agency collaboration, it is decentralized; it is not a homogeneous model but is configured according to the resources, opportunities and initiatives of each territory.

In addition to the health resources described above and in relation to multi-agency collaboration, the Community of Madrid currently has the Network of Comprehensive Care for Gender-Based Violence made up of 24 residential centers for victims of gender-based violence (5 emergency centers, 4 reception flats, 7 supervised flats, 3 flats for victims of trafficking and prostitution), 4 centers for young women victims of sexual violence, 1 flat for inmates and former inmates), 5 non-residential centers for specialized intervention for the recovery of the aftereffects suffered by victims of GBV and 52 municipal areas of the Regional Observatory of Gender-Based Violence that are the entry points for the resources of the comprehensive Network of Attention to GBV in the Community of Madrid. This Network offers diverse services of advice and attention to the victims and their relatives as well as housing, sustenance, psychosocial care, legal advice, employment guidance and security.

Likewise, the Government Area of Gender and Diversity Policies of the Municipality of Madrid has a Network of Comprehensive Care for Victims of GBV in the area of partners or ex-partners. This Network has the following services: Service of Attention to Women Victims of Gender-Based Violence (S.A.V.G. 24 Hours) specialized in emergency attention and protection to the victims of gender-based violence in the scope of the partner or ex-partner, 2 municipal centers of the Regional Observatory of Gender-Based Violence (psychosocial attention and specialized legal advice), Network of protected lodging (Emergency Centers to which access is granted through the S.A.V.G. 24 Hours) and outpatient psycho-socio-educational care center that provides intensive and long-term social, psychological and educational support.

3.5. France example of VPG

The French RESPONSE Project team has launched a VPG pilot based on the Austrian model. This pilot group has been implemented in the Port-Royal Maternity Clinic in Paris, where other phases of the project have been implemented, mainly the capacity building seminars and trainings for health care teams.

The pilot VPG implemented in France has been built on what can be considered a precedent of the same. In French maternity clinics we find teams of medical-psychosocial personnel (social workers, psychologists, etc.), coordinated by a midwife (***hereinafter MPS teams***), who treat female patients who are victims of gender-based violence, as well as psychiatric patients and those who face other psychological problems.

Moreover, legal mandate number DGOS/R2/MIPROF/2015/345 of 25 November 2015 stipulates that professionals specialized in the prevention of gender-based violence must be present in emergency rooms throughout France on a progressive basis.

3.6. Description and function of the MPS teams in France

The existing MPS teams in French maternity clinics are composed of:

- Hospital internal staff: midwife coordinator, maternity ward psychologist and a hospital social worker.
- Staff outside the hospital: The Maternal and Child Service is a public health entity throughout France with the following health staff: a midwife, a doctor, a social worker working in this sector and a city psychologist and, if necessary, NGO staff with women's shelters and specialized victim support services.

In the case of the Portal Royal clinic, the social worker and NGO staff have been trained in GBV, but the rest of the group members have not.

MPS teams meet approximately every two weeks and usually identify an average of two or three cases of gender-based violence per month.

The main external resource is the Maternal and Child Service, administered by the Departmental Council. It provides follow-ups during pregnancy and has all the necessary staff: nurses, midwives, psychologists, social workers, youth educators, doctors. In addition, they have social workers and psychologists as well as the collaboration of NGOs that provide shelter for women and specialized services to support victims.

The intervention with women is direct, the health staff assesses the situation of the victim and makes the necessary referrals with respect to:

- Medical needs: specific support, hospitalization or not, etc.
- Psychological needs: sessions with a hospital psychologist, etc.
- Social needs: session with a social worker, immediate relocation to a shelter, if necessary, specialized support for victims.

This group, which existed before the implementation of the RESPONSE Project, works permanently at the Port Royal clinic. However, it is important to bear in mind that it not only treats victims of GBV, but also covers other forms of violence and other pathologies.

Thanks to the implementation of RESPONSE Project, this work team has strengthened the knowledge of its members regarding the identification of GBV in patients in maternity clinic during pregnancy.

With respect to the other maternity clinics, where there are also MPS teams, highlight the need for reinforcement in terms of training for the identification of cases of gender-based violence.

A legal mandate following the example of emergency services, which would be established by the Head of the Maternity Department with the support of the Ministry of Health, would ensure greater effectiveness of these teams.

Some of the existing trainings are organized by MIPROF (Inter-ministerial Mission for the Protection of Women against Violence and Trafficking of Persons). They are mainly aimed at increasing midwives' awareness of intimate partner violence. For example, there is a training kit, aimed at midwives and other health professionals, called the "Elisa Kit", which deals with the consequences of sexual violence and the impact of systematic detection of female victims. Applying these measures to professional practice in a systematic manner (which has been very well received by health personnel) would improve the identification and referral of cases of gender-based violence.

3.7 Romania: piloting victims protection groups in Cluj-Napoca.

The RESPONSE Project was implemented in Romania in Gynecology and Obstetrics Clinic I, in Cluj-Napoca. The health care professionals from this clinic: medical doctors, resident doctors, nurses and midwives were trained using the RESPONSE capacity training tools, along with social workers as future health care teams to provide the best care and treatment to victims of gender-based violence. As part of the RESPONSE Project, three teams of trainers were trained using the train-the-trainer component of the projects. The teams of trainers are composed of 1 health care professional (doctor of obstetrics and gynecology) and 1 social worker, in each team. The three teams of trainers along with RESPONSE project staff and other members of the clinic and the IMOGEN Research Center (partner of the RESPONSE Project), and members of the Cluj County Public Health Authority (associate partner of the RESPONSE Project) met regularly to facilitate the implementation of the Victim Protection Group in the Clinic. The focus of the meetings was on increase training and capacity of medical teams, as well as facilitate the follow-up meetings to increase identification and referral of GBV victims. Part of this group, a GBV cases registry was pilot tested in the Clinic, in order to encourage reporting by the medical care teams, as this was one of the limitations discussed during the meetings. The pilot VPG in Gynecology and Obstetrics Clinic I was also in collaboration with an existing working group at local level: *Multi-disciplinary team for coordinated intervention for high risk cases of gender-based violence.*

Multi-disciplinary team for coordinated intervention for high risk cases of gender-based violence. Members of the working group at local level are social workers, psychologists, police officers, lawyers, professionals from local authorities and private sectors with responsibilities in the field of violence prevention. These members are professionals with responsibilities in the field of violence, therefore have training from their institution. Additionally, the working group has received training on multi-agency response teams in case of violence as part of a Norwegian Funded Grant. The group meets on a monthly basis or upon request to discuss high risk cases. The group does not meet with the victim and the victim's consent is asked for in order to discuss the case with the group. There is an agreement signed between members institution and each institutions responsibility in the group. Until the Project RESPONSE, health care sector was not represented in the group or as part of the agreement, but starting July 2018 the Obstetrics and Gynecology

Clinic I, IMOGEN Research Center and the Department of Public Health (Babes-Bolyai University) were invited as members by signing the agreement and participated to meetings. Therefore, the Project RESPONSE facilitated the participation of health care sector the already existing multi-disciplinary team.

The goal of the multi-disciplinary team is to coordinate actions and share information based on the existing legislations and laws aiming to increase the safety of victims of domestic violence and to prevent the repeated victimization. Each partner institution has a set of activities and responsibilities as part of the group. The health sector has the following:

- Identify health care professionals to attend as representatives and participants in the multi-disciplinary team;
- Participate to the development and implementation of intervention plans/to the process of identification and referral of victims from the Obstetrics Clinic and hospital;
- Inform and referral of victims of/to the existing specialized services for women;
- Train health care professionals on identification and referral of gender-based violence victims;
- Organize and participate to meetings, conferences, debates, round tables in the field of GBV.

The protocol is in the process of being signed by more than 12 public and private local institution from Cluj-Napoca.

4. CONCLUSIONS

To improve care for victims of gender-based violence within the health care system, the evidence-based practices would be the establishment of a series of public policies that would serve to standardize the identification and referral of victims in health centers. The creation of a mandatory protocol in health centers would encourage these centers to establish "Victim Protection Groups".

This practice has been established in hospitals where a team of trained health professionals (obstetricians, emergency personnel, midwives, etc.) is called upon to assist any potential victim of GBV and to support her in her referral to the police and judicial services, and specialized social support services such as a specialized intervention center or a women's shelter.

We have observed the difficulties of applying the model the Austrian VPG in other national contexts. Health systems are often extremely complex and the implementation of new measures requires prior authorization from various bodies, as well as complex bureaucratic procedures.

In spite of the difficulties, we value as very positive the diffusion made of the VPGs as an example of good practices that has undoubtedly opened the door to new forms of work

based, first of all, on the sensitization of health personnel, especially in the field of maternal health, about the relevant role it has in the early detection of cases of gender-based violence. In addition, it has highlighted the need for specific and compulsory training, not only for social and health personnel, but for all those people in the health environment who are, in one way or another, in contact with the victims.

In addition, the need to reinforce multi-agency work has been stressed, specifically the contact between resources within the health system and those specific to support gender-based violence outside it.

The experience gained through the implementation of these pilot groups may, in the future, strengthen the resources for caring for victims within the healthcare sector in other European countries.