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# CARE4TRAUMA

IMPROVING GENDER-BASED VIOLENCE VICTIMS SUPPORT SERVICES  
AND THE ACCESS TO JUSTICE THROUGH TRAUMA-INFORMED CARE

## State-of-Art Assessment DATA REPORT



Women's Support and  
Information Center  
*There is a way out of violence!*





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the European Union



Improving Gender-based Violence Victims  
Support Services and the Access to Justice  
through Trauma-informed Care

**State-of-Art Assessment**

**DATA REPORT**

*March 2023*

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## The Care4Trauma Project

Victims' Rights Strategy 2020-2025 pays particular attention to the specific needs of victims of gender-based violence. In its two-strand approach the EU highlights how one of the main objectives presented in the strategy is the empowering of victims of crime to improve their capabilities of reporting crimes, participate in criminal proceedings, claim compensation and recover, as much as possible, from the consequences of crime.

An approach capable of providing a safe environment and promote a culture of empowerment and understanding for the victims of GBV is an approach which can lead to a more consistent access to justice for traumatized women and to an improvement in the area of reporting GBV, whose real numbers still remain unclear.

Trauma-Informed Care (TIC) is an approach which recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life. On an organizational level, TIC aims at changing organizational culture to improve the response to the effects of trauma at all levels. TIC has been used to combat the effects of unaddressed trauma and secondary victimization within organizations. Secondary victimization or system-oriented trauma, is a form of re-traumatization which, as also stated by the Victims' Right Strategy, is often faced by GBV victims in the process of receiving support and protection and in accessing the judicial system.

Therefore, the Care4Trauma project aims improving the access to justice of victims of GBV by:

- 1) strengthening the services for traumatised women provided by victims support organizations
- 2) encourage the adoption of a trauma informed approach in a larger number of supporting organisations
- 3) enlarging the understanding of the benefit offered by TIC approach.

### Partner Organizations

| Name  | Country | Website  |
|---|---------|--|
| Associazione Mondodonna   | Italy   | <a href="http://www.mondodonna-onlus.it/">www.mondodonna-onlus.it/</a> |
| Società italiana per lo studio dello stress traumatico - SISST            | Italy   | <a href="http://www.sisst.it/">www.sisst.it/</a>                       |
| Syndesmos Melon Gynaikeion Somateion Irakleioy Kai Nomoy Irakleioy - UWAH | Greece  | <a href="https://kakopoiisi.gr/">https://kakopoiisi.gr/</a>            |
| Asociación Bienestar y Desarrollo   | Spain   | <a href="https://abd.org/ca/">https://abd.org/ca/</a>                  |
| Women's Support and Information Centre Npo - WSIC                         | Estonia | <a href="https://naistetugi.ee/en/">https://naistetugi.ee/en/</a>      |
| Autonomna Zenska Kuca Zagreb - Zene Protiv Nasilja Nad Zenama - AZKZ      | Croatia | <a href="https://azkz.hr/">https://azkz.hr/</a>                        |



## Composition of the Project Scientific Committee

| Name                               | Position  | Appointing Partner |
|------------------------------------|---|--------------------|
| <b>Vittoria Ardino - Secretary</b> | Adjunct professor "Psychology of emergencies and trauma, University of Urbino" Carlo Bo                                   | SISST - Italy      |
| <b>Rossella Selmini</b>            | Associate professor of Sociology of law, deviance and social change, Department of Legal Sciences, University of Bologna  | MondoDonna - Italy |
| <b>Joana Badia</b>                 | Labor lawyer, consultant and expert in gender discrimination  | ABD - Spain        |
| <b>Sophia Balamoutsou</b>          | Lecturer MSc Counselling Studies, College for Humanistic Sciences – ICPS, Athens Greece                                   | UWAH - Greece      |
| <b>Hector C. Pagan</b>             | Higher education teaching professional University of Tartu - Skytte Institute of Political Studies, Tartu                 | WSIC - Estonia     |
| <b>Una Mikac</b>                   | Postdoctoral Researcher (Psychometrics) at the Department of Psychology, Faculty of Humanities and Social Sciences Zagreb | AZKZ - Croatia     |

## The Data Reports

This document is composed by the National Data Reports of Estonia, Spain, Italy, Greece and Croatia, and contains an integration to the National State of Art Assessment Reports produced in November 2022 by each country on the application of TIC principles in legislation, public policies and services addressed to support GBV survivors.

The national Data Reports has been built on the results of:

- an online survey targeting the professionals working in social, health and judiciary systems
- semi-structured interviews targeting managers of services and institutions dealing with gender-based violence

For its elaboration, each partner followed the guidelines provided by the Scientific Committee and the national Data Reports have been reviewed and validated by the national member of the Scientific Committee.

## Methodology of Survey and Interviews\*

The terms Trauma-Informed-Practice, Trauma-Informed-Care, Trauma-Informed-Approach and Trauma-Informed-Systems are used widely and interchangeably to refer, as we discussed already for the National report, to the broad notion of a programme, organisation or system that is **intentionally designed** to support traumatised individuals who experienced or are experiencing adverse events.

Such terms, policies are, often, not clearly operationalised. Care4Trauma explores what the perceptions of target groups are with respect of the existence of a potential trauma-informed- vision in their agencies, services, institutions. We would consider this, altogether with the outcomes of the country report to make decisions about how to design the curriculum according to local culture, organisations and stakeholder perceptions. In other words, we are seeking to assess key actors' readiness to implement the approach.

### Aim of the State-of-the-Art Assessment

The goal of this phase is to better identify and to address trauma-informed-care (in its intersection with the justice system also) gaps within the target groups' workplaces. The outcome of this phase is the description of the degree of implementation of TIC principles across the system (health, social care and judicial). According to the aim, this phase involves data collection which engages professionals and key informants.

Participants are going to be engaged in a mixed method data collection:

- a. an online survey divided into two different versions (one for the Health and Social Care system and the other for the Justice System); a standardized questionnaire will be submitted to the personnel of victims' support organizations and other professionals involved in the process of providing support to women and their children.
- b. a semi-structured interview targeting managers of shelters and anti-violence centres and policy makers

### Online Survey

The Survey (in different languages) has been designed on the European platform 1KA.

All the Partners have access to the full survey results, including the data collected in the other partnership countries.

Depending on the Professional profile, the respondent will be addressed to Survey Version A or Survey Version B (see below).

The minimum number of respondents has been set at 40 per Country (in total 200).

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\* © Italian Society of Traumatic Stress Studies (SISST)

- a. The sample should represent the following indicators that we collect in the demographics part:
- .1. Geographical areas
  - .2. Type of service and institution (health and social care);
    - Hospitals: emergency room where there is a specific pathway of care for women victims of violence
    - Social services
    - Shelters
    - Anti-violence centres
- b. Type of service and institution (Justice System)
- c. Professional profiles:
- Social worker, Social care professionals, Educator (Version A)
  - Psychologist, Psychotherapist, Neuropsychiatrist, Psychiatrist (Version A)
  - Healthcare professional (Version A)
  - Lawyer, Jurist, Legal operator, Legal expert (Version B)
  - Judge, Magistrate (Version B)
- d. Time of Service

## Demographics

|                                      |  |     |  |
|--------------------------------------|--|-----|--|
| Gender                               |  | Age |  |
| Country of Residence                 |  |     |  |
| Education                            |  |     |  |
| Professional profile                 |  |     |  |
| Region of the Country where you work |  |     |  |
| Type of service/institution          |  |     |  |
| Current role:                        |  |     |  |
| Years in the role:                   |  |     |  |



## Survey Version A -Health and Social Care System

### Introduction

Trauma-Informed Care promotes the use of universal precautions approach that assumes women victims of violence and their children involved in the care system have experienced some form of trauma that may be mitigated through appropriate practices. Trauma-Informed-Practices, therefore, refer to a paradigm and to an organisational vision that understand, consider the pervasive nature of trauma and promote environments of healing and recovery rather than practices and services that may inadvertently re-traumatize. The survey aims to explore whether and how the Health and Social Care System is trauma-informed and what you think the changes should be to shift towards an approach which is more trauma-informed.

### Questions

Rate the following statements regarding your workplace as it currently operates.

| Item N | Questions   | Not at All True for My WP | A Little True for My WP | Somewhat True for My WP | Mostly True for My WP | Completely True for My WP |
|--------|---|---------------------------|-------------------------|-------------------------|-----------------------|---------------------------|
| 1.     | Written policy is established committing to Trauma Informed Practices (detection of traumatic experiences, actions to avoid re-traumatisation)        |                           |                         |                         |                       |                           |
| 2.     | The service/institution has a formal system for reviewing whether staff are using trauma informed practice  |                           |                         |                         |                       |                           |
| 3.     | There is system of communication in place with other services/institutions working with women and their children for making trauma informed decisions |                           |                         |                         |                       |                           |
| 4.     | There are structures in place to support consistent trauma informed responses to women and their children across roles within the service/institution |                           |                         |                         |                       |                           |

| Item N | Questions  | Not at All True for My WP | A Little True for My WP | Somewhat True for My WP | Mostly True for My WP | Completely True for My WP |
|--------|--|---------------------------|-------------------------|-------------------------|-----------------------|---------------------------|
| 5.     | Women and their children are given systematic opportunities to voice needs, concerns, and experiences  |                           |                         |                         |                       |                           |
| 6.     | The service/institution has a system in place to develop/sustain common trauma informed goals with other services/institutions                 |                           |                         |                         |                       |                           |
| 7.     | Understanding of impact of trauma is incorporated into daily decision-making practice at my workplace  |                           |                         |                         |                       |                           |
| 8.     | Supervision at my workplace includes ways to manage personal and professional stress   |                           |                         |                         |                       |                           |
| 9.     | Trauma informed safety plans are written/available for each woman (i.e., triggers, behaviours when over- stressed, strategies to lower stress) |                           |                         |                         |                       |                           |
| 10.    | Staff receive supervision from a trauma informed supervisor  |                           |                         |                         |                       |                           |
| 11.    | Timely trauma informed assessment is available and accessible to women served by my workplace  |                           |                         |                         |                       |                           |
| 12.    | A continuum of trauma informed intervention is available for women served by my workplace.   |                           |                         |                         |                       |                           |
| 13.    | A woman's definition of emotional safety is included in treatment plans and or in the procedures at my workplace.                              |                           |                         |                         |                       |                           |

Based on your replies, please provide from one to three ideas to better implement a trauma-informed approach at your workplace:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Survey Version B -Justice System

### Introduction

Trauma-Informed Care promotes the use of universal precautions approach that assumes women victims of violence and their children involved in the justice system have experienced some form of trauma that may be mitigated through appropriate practices. Trauma-Informed-Practices, therefore, refer to a paradigm and to an organisational vision that understand, consider the pervasive nature of trauma and promote environments of healing and recovery rather than practices and services that may inadvertently re-traumatize. The survey aims to explore whether and how the Justice System could benefit by advancing the emerging field of trauma-informed-justice to better serve women victims of violence and their children.

### Questions

Rate the following statements regarding your workplace as it currently operates (Perceptions of Justice System policy measures)

| Questions  | Not at All True for My WP | A Little True for My WP | Somewhat True for My WP | Mostly True for My WP | Completely True for My WP |
|--|---------------------------|-------------------------|-------------------------|-----------------------|---------------------------|
| .1. Written policy is established committing to trauma responsive practices for women victims of violence and their children.                                    |                           |                         |                         |                       |                           |
| .2. It is the policy of my organization to regularly screen women and their children for trauma.   |                           |                         |                         |                       |                           |
| .3. In my organization, the policies regarding working with women and their children include a focus on promoting resilience and general well-being.             |                           |                         |                         |                       |                           |
| .4. My organization has specific protocols in place to reduce the “burnout” associated with working with women and their children who have experienced violence. |                           |                         |                         |                       |                           |
| .5. The diversity in my organization reflects the populations we serve.  |                           |                         |                         |                       |                           |



| Questions   | Not at All True for My WP | A Little True for My WP | Somewhat True for My WP | Mostly True for My WP | Completely True for My WP |
|---|---------------------------|-------------------------|-------------------------|-----------------------|---------------------------|
| .6. Women and their children are appropriately screened for trauma using a standardized tool to better assess the impact of violence against them and therefore to make more informed judicial decisions. |                           |                         |                         |                       |                           |
| .7. Efforts are made to minimize the stressful aspects of the woman (and their children) protection case process.   |                           |                         |                         |                       |                           |
| .8. An understanding of the impact of trauma is incorporated into daily decision-making practice at my workplace.   |                           |                         |                         |                       |                           |
| .9. Families and children are given systematic opportunity to voice needs, concerns, and experiences.   |                           |                         |                         |                       |                           |
| .10. Women (and their children) are treated with respect.   |                           |                         |                         |                       |                           |
| .11. Systems stakeholders treat each other with respect.  |                           |                         |                         |                       |                           |
| .12. I discuss trauma issues with cross-systems partners.   |                           |                         |                         |                       |                           |

- .1. Please point three barriers of access to justice for women victims of violence: \_\_\_\_\_
- .2. What are the needs and goals to address the barriers you indicated: \_\_\_\_\_
- .3. Determine obstacles for implementing trauma-informed-practices in the Justice System to better address the needs of women victims of violence \_\_\_\_\_

## Semi-structured Interviews

Structured interviews are to be conducted with professionals at decision making levels who have direct experience of GBV. We could aim to recruit up to 12 professionals from national and local governments and justice, health and social care systems.

The topic guide explores participant experiences of developing and implementing Access to Justice approaches and TIC approaches and their views on how and why TIC approaches could improve policy and implementation.

### Potential interviewees:

1. A Policy maker (appropriate to provide a system view of health and social care system)
2. A Head of a shelter
3. An Emergency Room director
4. A Prosecutor
5. A Judge
6. A Lawyer
7. The President of the National Psychological Association
8. The President of the National Social Worker Association
9. An Advisor/member of Advisory committees for Local Authorities, central Government (etc)
- 10 to 12 The remaining three professionals are to be selected by the Partners to better represent their country

The instructions for the interview could be: *Please think in terms of the current policies (practices) of your organisation. We are going to ask you a few questions to explore how the organisation envision, address the impact of trauma on the target population.*

|   |  |
|---|--|
| <p><b>Policy</b></p>                                  | <p>Have the organisation's written policies and procedures yet included a focus on trauma, its pervasiveness for women victims of violence and yet expressed a commitment to the reducing re-traumatization?</p> <p>Has the organisation a specific health and wellbeing plan in place for staff, which recognises the pervasiveness of trauma and helps supervisors and workers support staff who have experienced trauma? If not, why not?</p> <p>How do the organisation's staffing policies demonstrate a commitment to staff training on providing services and supports that are culturally relevant and trauma-informed?</p> <p>How beneficial would it be to have an organisational policy on how screening should be completed and/or how service users should be asked about trauma?</p> |
| <p><b>Engagement and involvement of survivors</b></p> | <p>Does your organisation have a survivor involvement policy, outlining your mission and what you want to achieve by</p>   |

|   |  |
|---|--|
|   | <p>involving survivors? Have staff been involved in discussions on how this will work/ barriers to implementation?</p> <p>What can be done to improve trust and transparency in staff, for survivors who do become involved in-service planning and delivery? How has their role been collaboratively identified and clearly outlined to avoid any confusion?</p>  |
| <p><b>Cross Sector Collaboration</b></p>                | <p>Have suitable collaborations been identified? How? Is this process sufficient?</p> <p>Is there a system of communication in place with other partner institutions, services, agencies working with the women receiving services for making trauma-informed decisions?</p> <p>Are collaborative partners trauma-informed?</p> <p>What mechanisms are in place to promote cross-sector training on trauma and trauma-informed approaches?</p> |
| <p><b>Finance</b></p>                                   | <p>How does the organisation's budget include funding support for ongoing training on trauma and trauma-informed approaches for leadership and staff development?</p> <p>What funding exists for cross-sector training on trauma and trauma-informed approaches?</p>   |
| <p><b>Progress Monitoring and Quality Assurance</b></p> | <p>What mechanisms are in place for information collected to be incorporated into the organisation's quality assurance processes and how well do those mechanisms address creating accessible, culturally relevant, trauma-informed services and supports?</p> <p>What measures or indicators are used to assess the organisation's progress in becoming trauma-informed?</p>  |



# NATIONAL DATA REPORT – SPAIN

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# 1. Overall Report on the Outcomes of Survey and Interviews

Considering the ultimate objective of the Care4Trauma project, i.e. to favor the access to justice for women victims of gender-based violence and the improvement of the services dedicated to them through the innovative application of a trauma-informed approach, the objective of the second phase of the project, from which this report derives, is:

- to explore what are the perceptions of the institutional figures that contribute to the definition of gender policies in the field of counteracting violence and access to justice from a trauma-informed perspective,
- to examine what are their perceptions regarding the adoption of the trauma-informed approach in their agencies, services, institutions.

The trauma-informed care, as extensively described in the first national report, recognizes the role that trauma can play in the lives of people who have experienced violence and is adopted by programs, organizations or systems that are intentionally designed to support traumatized people who have experienced or are experiencing adverse events. It consists of seven principles summarized below:

1. **Recognition:** recognizing the pervasiveness of the trauma and its consequences, e.g. on the ability to coherently tell one's own story. The objective of the help pathway is the recognition of the trauma and violence suffered in its different dimensions (relational, physical, psychological, sexual, social, cultural and economic);
2. **Establishing emotional safety:** recognizing the importance of putting the woman victim of violence at ease when she decides to ask for help. Adopt an empathetic, welcoming, understanding attitude and ensure confidentiality;
3. **Restoring decision-making capacity and control over one's life:** ensuring personalized, structured and defined paths with the woman victim of violence, respecting her time and self-determination. Respect the woman's choices, work with her, not for her, so that she can be the protagonist of her own life again;
4. **Facilitating relational connections:** rebuilding the relational connections of the woman victim of violence, supporting her parental and friendship relationships, facilitating the inclusion of the woman victim of violence in the social context;
5. **Cultural competence:** consider the social and cultural background of the woman victim of violence, facilitate her access to support services and, in the case of asylum seekers and refugee women, recognize the complexity of their trauma resulting from multiple, repeated and migration-specific violence;
6. **Avoiding re-traumatization:** avoiding in any way re-traumatization, typical above all in the court context, which results in psychological aggravation with important consequences on the trauma experienced by the woman victim of violence;
7. **Secondary trauma:** ensure staff training to protect against the risk of stress, burn-out and secondary traumatization.

This report presents the results of:

- I. an online survey in two different versions (one for the health and social system and one for the judicial system), sent to the staff of organizations and professionals who support and provide care to women victims of violence and their children;

- II. a series of semi-structured interviews addressed to managers and professionals of anti-violence centers and to political decision makers/policy makers.

Regarding the **online surveys** the main result that stands out is the lack of formalization and recognition of the trauma-informed care principles in the policies, procedures and protocols in the surveyed professionals' services and organizations. This is a trend detected both in the health and social care system, and in the judicial system. Nevertheless, the practitioners surveyed clearly incorporate and deploy TIC approaches in their daily work practices, especially when it comes to considering the voices, experiences and needs raised by survivors and their children, and treating them from a respectful, victim-centered point of view.

Health and social care professionals agree that providing training, ensuring staff supervision from a TIC perspective, and reviewing internal and external organizational procedures so that these are in line with the principles of trauma-informed care are key actions to take for ensuring a proper implementation of this approach. Judicial system professionals also detect a lack of training among judicial services and institutions, especially in terms of gender perspective and understanding gender-based violence, which hinders the survivors' access to justice. This, added to the complexity of judicial processes, results in a high exposure of women to re-traumatization and revictimization, to which the professionals refer.

The detailed results of the online surveys can be seen on chapter 2.

Concerning the **qualitative interviews**, the results seem to indicate conclusions along the same lines as the desk research regarding Spain: there is a moderate concern on the topic of the effects of GBV on the victim/survivor but TIC is still not a methodology being used in full terms, especially in the judicial field, although there is some awareness regarding its relevance.

It became evident that some of its principles are present in most services interventions, especially recognition and establishing emotional safety. Nevertheless, restoring decision making capacity and facilitating connections still seems to be out of reach for some services, which professionals attribute to time shortage, insufficient resources given the number of victims/survivors and the work load and also a constant focus on the emergency and less on the long run. The fact that GBV does not seem to be reducing in Spain, in any of its forms, seems to keep professionals and public services fully occupied with urgent intervention which leaves little room for long term improvements. This also seems to be one of the reasons why the development of policies which contemplate the service users' perspective seems to constitute a challenge, associated with the fact that most public services are designed from a top-down perspective which hinders a more horizontal approach.

Cultural competence is also a principle that is just starting to appear in some methodologies and trainings and constitutes a concern for professionals who, in many cases, understand they need more training and tools to interact with women from diverse backgrounds.

There is also a relevant focus on secondary trauma, mainly addressed through team supervision but, according to interviewees, still lacking in the judicial system and only slightly more common in the psychosocial system.

The detailed results of the interviews can be seen on chapter 3.



## 2. Analysis of the Survey Data

In this section we present the results of the online survey addressed to professionals. The survey was launched on 1<sup>st</sup> February and it was disseminated through ABD's social networks (IG, FB), through the newsletter and through personal and individual mailing and messages.

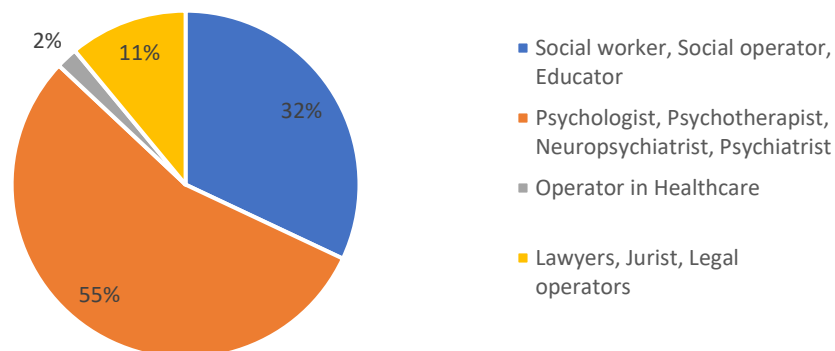
### 2.1 Sociodemographic profile of professionals

The final sample of respondents in Spain is composed of 64 professionals. According to their sociodemographic profile, the majority of them, 94%, are women and the remaining 6% are men (see annex 1 for full tables).

In regard to **age**, these professionals are mostly adults between 36 and 55 years old (64%), but also young people between 18 and 35 years old (24%) and, in a small percentage, they are between 56 and 65 years old (10%). Only 2% of respondents are over 65 years of age.

In relation to the **level of education**, all respondents have completed higher education and are hold a degree. With to respect to their **professional profile**, more than half of the sample are psychologists, psychotherapists, neuropsychiatrists or psychiatrists (55%); 32% of them are social workers, social operators or educators; an 11% are lawyers, jurists or legal operators. Only 2% of them are operators in healthcare. It should also be noted that none of the respondent are judges or magistrates.

**Graph 1. Professional profile**

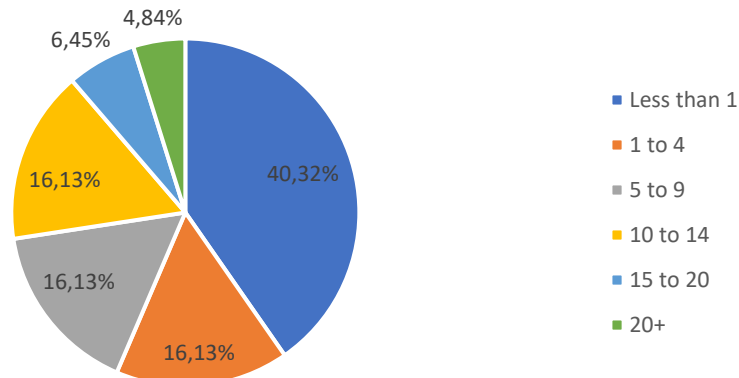


The professionals surveyed **work mainly in Catalonia (51.6%)** and the **Community of Madrid (41.9%)**, while the rest did not specify the region of the country and only one respondent reported working in Galicia.

If we aggregate the responses in relation to the type of service or institution where they work, it is possible to identify a majority of the sample that work in **public services aimed at providing assistance to survivors of gender-based violence (53.23%)**, followed by almost one third (29%) of the professionals who work in **NGO or third social sector organizations** (some of them specifying that they work in a GBV care service, but also others who work in GBV prevention or sociolabour inclusion programs). 9.68% of the respondents work in **public health services**, followed by 6.45% that work in **social services** and 1.61% of them who work in a **private service that provide GBV care**.

In relation to the **years of work in their current position**, the majority (40.32%) of the surveyed professionals have 1 to 4 years of experience. 16.13% have 5 to 9 years, another 16.13% have 10 to 14, and another 16.13% have 15 to 20 years of experience. 6.45% of them have more than 20 years of experience, and only 4.84% declare to have less than 1 year of work experience. The mean number of years in the respondent's current position is 8,3 years (with a standard deviation of 7,6).

**Graph 2. Years of work experience**



The main results of the survey are presented below, divided into the two main fields of work to which the professionals belong.

## 2.2 Professionals of Health and Social Care System

The vast majority of the professionals that answered the survey belong to this professional field: in total, 55 professionals, which represent **87% of the sample**.

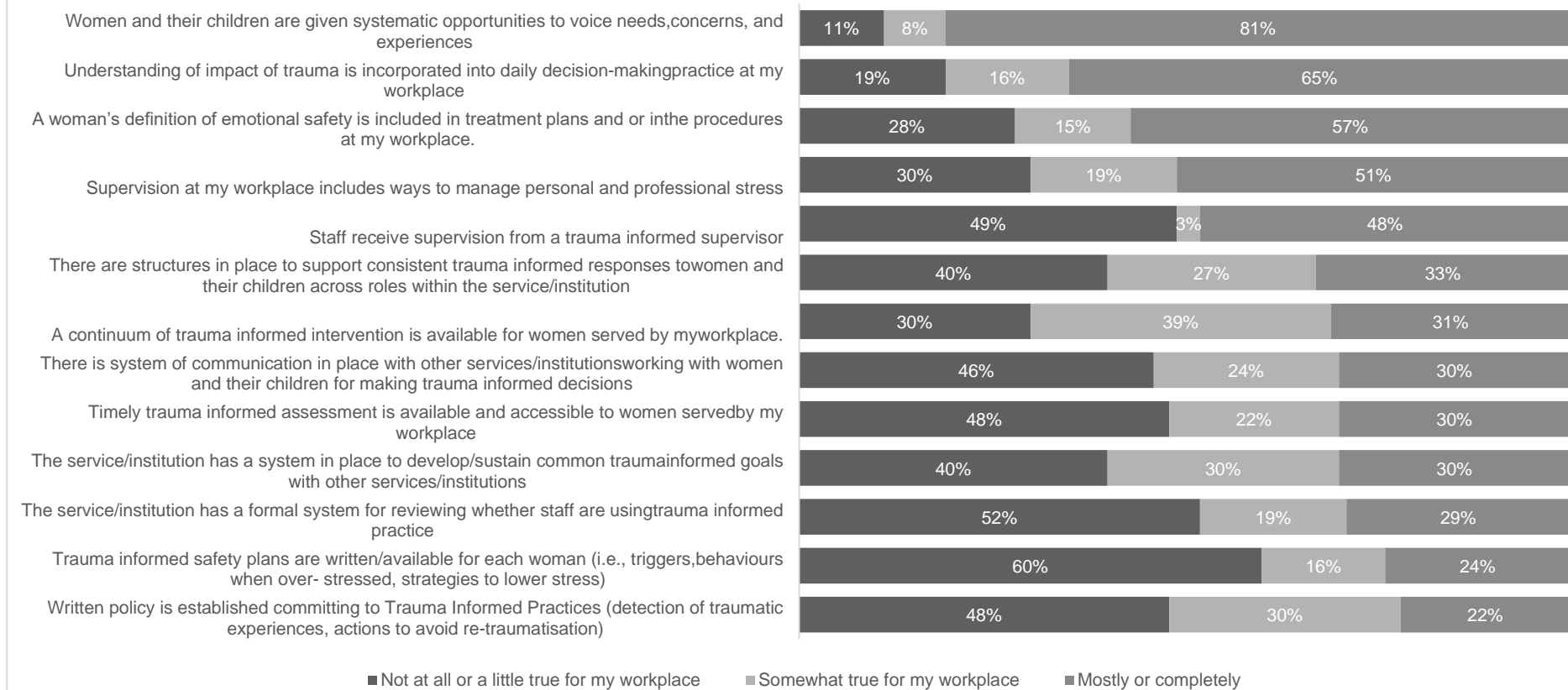
### Implementation of TIC principles

Professionals were asked to indicate to which extent different principles of TIC approach were implemented in their work places. The response options were 5 (see Methodology). For purposes of the analysis and presentation of the results, the 5 response options have been aggregated into 3 main options:

- Not at all true or a little true for my workplace.
- Somewhat true for my workplace.
- Mostly or completely true for my workplace.

The results are shown in the graph below:

**Graph 3. Assessment of professionals in relation to the implementation of TIC principles in their workplaces - Social and Health System**



According to the data, **8 out of 10 professionals** state that in their workplaces women and children have **systematic opportunities to point out their concerns, experiences and voices**, with this being the most prevalent principle among all workplaces surveyed (mostly or completely true for the 81% of respondents).

Also, the majority of professionals surveyed state that an **understanding of impact of trauma is incorporated in their daily decision-making practice**, this being mostly or completely applicable in 65% of the cases, and that **the definition of women's emotional safety is included in treatment plans and/or in the procedures at their workplace** (57% of the sample state that this is mostly or completely true in their workplaces).

Regarding the **supervision of professionals to manage personal and professional stress**, it is also a widespread principle that applies mostly or completely in the case of 51% of the workplaces in the health and social care system. However, when practitioners are asked about **supervision by a trauma-informed supervisor**, responses are more divided and while almost half of the sample state that this is applicable to their cases (49%), almost half state the opposite (48%).

On the other side of the spectrum, there are some principles that are clearly not so general in the workplaces of the professionals surveyed. In this regard, 60% of the respondents state that, in their professional settings, it is not true at all or it is just a little true that **trauma informed safety plans are written or available for each women**. Also, it is the case of the principles of having a **formal system for reviewing whether staff are using trauma informed practice** and **having a written policy committed to TIC practices**: half or almost half of the sample (52% in one principle, and 48% in the other) state that it is not true for their workplaces.

It is possible to observe that, in contrast with the daily practices carried out by professionals, which demonstrate that women and children are listened and considered in health and social services, and that decision making on cases is done with an understanding of the impact of trauma, there seems to be a lack of formalization of these approaches in the internal procedures and policies that guide organizations.

**The availability and accessibility of timely trauma-informed assessment** for women served in professionals' workplaces is also not a widespread principle (48% declare that it is not true in their cases), nor is it the **existence of a system of communication with other services working with the survivors for trauma-informed decision making**.

Finally, professionals are divided when it comes to the implementation of certain principles. This is the case, for example, of the **existence of a system to develop/sustain common trauma informed goals with other services**: 4 out of 10 professionals state that this is almost true in their workplaces, while 3 out of 10 state that it is hardly or not at all true, and another 3 out of 10 say that it is mostly or totally true.

### Contributions of professionals for a better implementation of a trauma-informed approach at their workplaces

The surveyed professionals have identified 3 main areas to focus on in order to improve the application of TIC in their organizations:

- **Training.** Respondents have emphasized the need to provide specialized training about the Trauma Informed Care approach according to the different professional profiles involved in all the process of attention, both to reinforce the

available knowledge on the subject and to directly introduce the approach in cases where it is completely unknown.

Also, some respondents indicate that this training should be extensive to the professionals of the external services and to the whole network of attention, including the judicial system.

- **Supervision.** This applies to three different levels:
  - **External supervision of cases:** professionals point out that being able to rely on external case supervision is a key factor for implementing TIC practices.
  - **External supervision of professionals to prevent personal and professional stress.** Respondents have pointed out that team supervision in this line is crucial to avoid burnout, and that this involves monitoring roles, task distribution and networking.
  - **Supervision to ensure that a trauma-informed care approach** is being implemented in the organizations.
- **Organization procedures:**
  - **Formal and written protocols.** Respondents have emphasized the need of common written protocols and procedures among services that work coordinated in GBV care provision, but also within the same services and organizations, with the aim to:
    - Improve the identification and detection of cases;
    - Improve the support provided, define and establish the same methodology for intervention, and ensure the application of TIC practices within the services;
    - Improve the application of TIC practices in the coordination with external services.
  - **Use of specific trauma intervention techniques** such as biofeedback and brainspotting.

## 2.3 Professionals of Judicial system

Regarding the professionals surveyed included in this professional field, they represent the 11% of the sample (8 respondents in total).

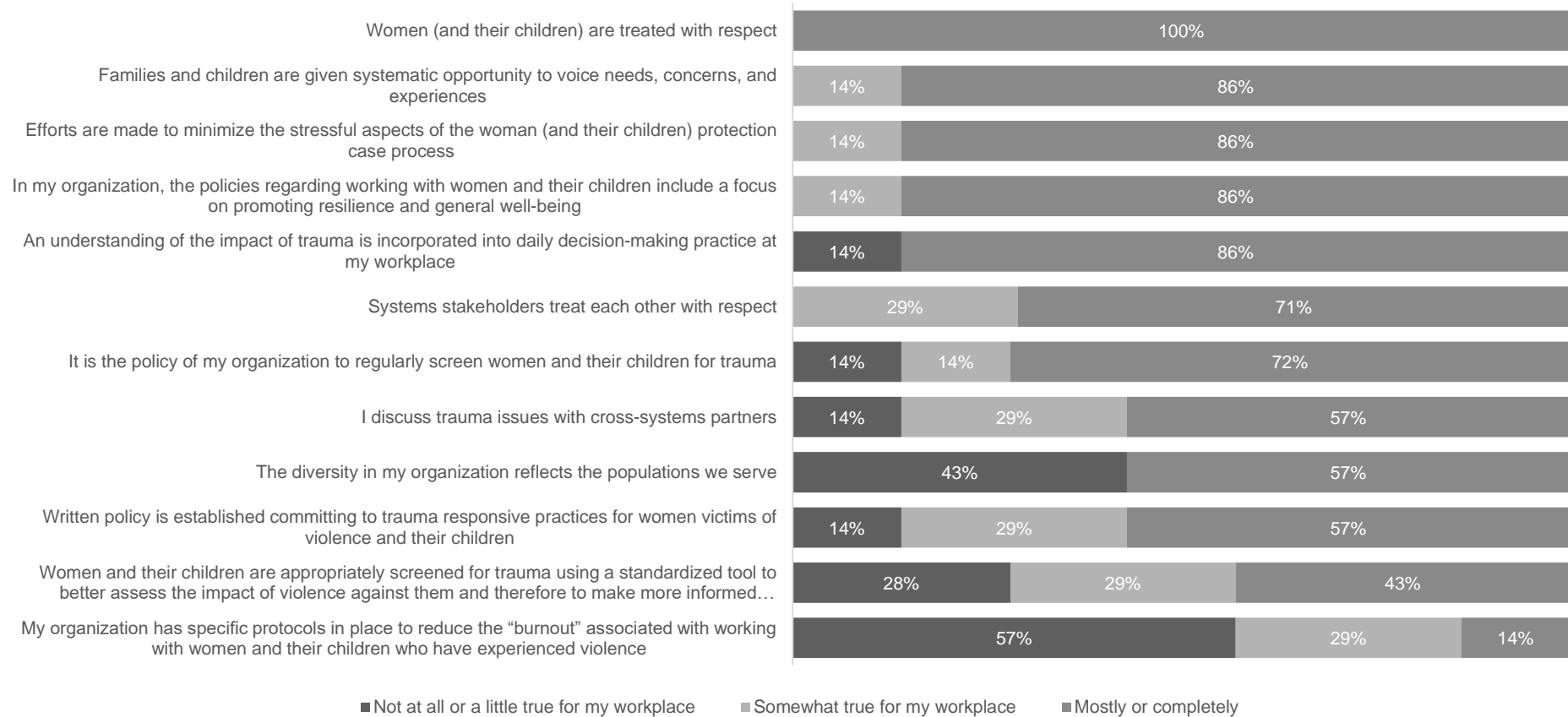
### Implementation of TIC principles

Professionals were asked to indicate to which extent different principles of TIC approach were implemented in their work places. The response options were 5 (see Methodology). For purposes of the analysis and presentation of the results, the 5 response options have been aggregated into 3 main options:

- Not at all true or a little true for my workplace.
- Somewhat true for my workplace.
- Mostly or completely true for my workplace.

The results are shown in the graph below:

**Graph 4. Assessment of professionals in relation to the implementation of TIC principles in their workplaces - Judicial system**





Taking a first glance to the data, in the case of the judicial system it is clear that the majority of the TIC indicators assessed are highly present in workplaces of the professionals surveyed.

For instance, all of the respondents (100% of the sample) state that, in their workplaces, **women and their children are treated with respect**. Following this, and in the same high percentage (86%), professionals surveyed say that in their workplaces **families and children are given systematic opportunities to voice needs, concerns and experiences**, that **efforts are made to minimize the stressful impact of the procedures for survivors**, that the **policies in their organizations include a focus in the promotion of survivors' resilience and wellbeing**, and that **an understanding of the impact of trauma is incorporated into daily decision-making practice**.

It must be highlighted that, according to their professional profiles, the majority of these professionals work as lawyers in services that provide social, psychosocial and legal comprehensive care and support to survivors of GBV and their children. Therefore, taking this into account it is not surprising that these principles are guaranteed in their work environments and this may not be extensible to other work environments such as, for example, a courtroom.

Following this, for 71% and 72% of the respondents it is mostly or completely true that **systems stakeholders treat each other with respect** and that **their organizations have as a policy to regularly screen women and their children for trauma**.

The principles with the highest percentage of professionals stating that they are not applied at all, or only slightly, in their work environment are the existence of **specific protocols to reduce the burn out associated with working with women and their children who have experienced violence** (57%) and the **appropriate screening for trauma using a standardized tool to better assess the impact of violence against women and their children and therefore make more informed judicial decisions** (28%). Again, and as in the case of the health and social care system, it is possible to note that the formalization of the TIC principles is low in the policies and procedures of the organizations, including the use of proper tools to identify, detect and intervene appropriately in cases of trauma.

In the case of **diversity within organizations according to populations served**, professionals are quite divided, with 57% of them stating that it is mostly or completely true in their workplaces and 43% stating that it is not at all, or only a little, in their case.

Finally, about the existence of a **written policy among respondents' workplaces committing to trauma responsive practices for women victims of violence and their children**, while 57% of the professionals recognized that it is mostly or completely true in their cases, 20% of them state that it is somewhat true and 14% that it does not apply at all or just little.

### Barriers of access to justice for women victims of violence detected by professionals

When asked to point the barriers of access to justice that survivors face, professionals refer to:

- The lack of gender perspective among these services and, in this line, the lack of knowledge of GBV from legal aid lawyers;
- the lack of information on the part of women about the procedures and difficulty in understanding the procedural aspects;

- the re-victimization, the lack of protection faced by survivors and the secondary victimization;
- the high legal costs;
- the delay in the procedures;
- the difficulty in terms of probative evidence;
- the barriers and emotional blocks, on the part of women, related to fear and distrust of the system.

### Needs and goals to address the barriers indicated

The following are the main ideas pointed out by respondents to address the previous barriers and obstacles:

- Humanizing the judicial process, making the judicial services more accessible and user-friendly;
- fostering active listening, empathy and support to survivors;
- offering specialized training and training in gender perspective for judicial operators;
- increasing the human and economic resources in the judicial system;
- improving public resources invested in legal aid, among others, to combat the precariousness of legal aid lawyers which results in a poor provision of support.

### Obstacles detected for implementing trauma-informed-practices in the Justice System to better address the needs of women victims of violence

Professionals detect the following obstacles:

- the lack of training of professionals in general, and gender perspective training in particular;
- the lack of physical spaces where to work from respect;
- the lack of real political will to understand gender-based violence;
- the organization of the courts and lack of understanding of the gender-based violence phenomenon;
- the lack of greater and better implementation of the legislation.

## 3. Interviews

### 3.1 Introduction

Along the interviewing phase, the team contacted several institutions and organizations who were able to provide relevant information regarding the objectives of the project. The selection followed the criteria established in the project's methodology, aiming at a broad spectrum of professionals from several areas, having in common the direct or indirect support to women victims/survivors of gender based-violence.

In total, 8 professionals were interviewed, as listed in annex 2.

### 3.2 Internal policy

Regarding internal policy of the organizations and public services in incorporating a TIC approach, there is a homogeneous consensus that, although most understand the

effects of trauma on the victim and how it shapes the recovery process, there are no clear procedures addressing this issue nor a particular focus on the matter, especially from the part of juridical services. Also in health services, although the interviewee worked for a public hospital, there were no identifiable procedures regarding the direct care of victims of GBV beyond the contact with the police and with the gynecologist department.

It is worth distinguishing between public services and NGO services: whereas the first are understood to have a tendency for a top-down approach with tighter regulations and timings and less space to adapt to the victim's needs, NGO's are understood to being more flexible and having the capacity to tailor the intervention to the victim's needs, placing her at the center of the intervention. This is particularly relevant in the sense that a TIC approach demands not only a set of established protocols and practices but also the aptitude to be flexible and adapt the intervention to the effects of trauma on the victim. In the psychosocial field it was more common to find references to the relevance of including a TIC perspective but still this is not, in general, explicitly included in internal procedures or policies. The public administration services understand to have less flexibility to ask for training but especially for methodological changes. Other professionals, on the other hand, in the psychosocial realm, understand that there have been other priorities such as gender mainstreaming and changes in legislation, services, circuits and rights.

Nevertheless, in most cases, this approach is not systematized or included in the internal methodology or procedures of the institution but rather is either implicit or depends on each professional's training, experience and approach. In some of the interviews, the respondents answered that some professionals specialize on trauma on their own time, independently of their affiliation to a GBV service, and use that knowledge in their daily work, whereas other professionals do not fully apply this approach as they have no training on the matter.

One of the interviewees (interview 2) explains that all the focus of organizations and public administration has been on gender mainstreaming on public and third sector services, guaranteeing that this approach is understood and applied with concrete tools by all professionals. Therefore, only lately have other aspects and approaches like transcultural perspectives or TIC started entering both the public discourse as well as practices, recommendations and internal policies. Even so, in what regards the health care of victims of GBV, gender perspective or trauma trainings were not identified to be available for professionals.

There is also the sense that the general focus is shifting to a more intersectional one, combining the multiple oppressions between gender and other axis such as drug use or disability, focusing more on these social aspects than on the internal aspects such as trauma (interview 1).

In the legal area (court, prosecution and legal advice) the general opinion is that the whole structure is particularly rigid, focusing only on the legal aspects, and not contemplating victim-centered approach, especially regarding trauma. There is practically no training available for judges in this area and the one that exists is not mandatory, according to interviewee 7.

It is paramount to explain that in Spain there are certain Courts specialized in gender-based violence that have received basic and superficial training in trauma (Interview 7). Nevertheless, in Spain the legislation only understands GBV as that which takes place within the partner or ex-partner sphere, meaning that all those forms of GBV which take place out of the intimate partner sphere are judged by common courts where

prosecutors, lawyers and judges did not have this mandatory basic training on GBV or any type of approach to TIC.

It was also expressed that, from the legal perspective, training in trauma is seen as more relevant to the psychological field of intervention and that the juridical field focuses their training in law and updates to the law, rather than in the relational aspects between the victim and the professional.

Regarding self-care for professionals, they understand to be exposed to burnout and secondary trauma but, in general, do not feel that there is enough concern regarding this matter in the written procedures. In some cases, there are mindfulness and art therapy sessions which help alleviate some symptoms but professionals seemed to indicate a need for a more structured approach to self-care from a TIC perspective. All respondents understand that this is essential in order to avoid secondary trauma and to support professionals who are daily exposed to GBV stories and victims. In psychosocial teams it is common to have an external supervision space which entails this perspective and aims at addressing self-care, although not always from a TIC perspective: in most cases, trauma itself is not explicitly addressed.

Most teams also have an average of 40 hours a year dedicated to training and /or self-care but the topics are selected by the whole team and TIC is not mandatory or often addressed. The offer of training in TIC also doesn't seem to be common, except at an academic level through a Master's program which some professionals enrolled in their own free time and not supported (in hours or payment) by the organizations.

Culture and a transcultural perspective are even more absent in most services and organizations as being addressed specifically and from a TIC perspective. Although most professionals understand this to be a paramount focus, they recognize that there has not been enough training on these matters and especially no training which intersects with a trauma approach.

In general professionals do not have a clear understanding regarding how relevant it would be to have an organizational policy on how screening should be completed and/or how service users should be asked about trauma. They understand that each service has their own methods with a specialized methodology and that, given the specialization of each service, it would be very challenging to unify these approaches across all fields of intervention.

### 3.3 Participation of survivors

As mentioned throughout the interviews and in the different sections of this report, there is a noticeable difference between public administration services and NGO managed services also regarding the space for the participation of survivors. Still, except in one case, no organization contemplates a survivor involvement policy. In most cases and especially in public administration services, survivors have little space for taking control of their own processes or engaging beyond the pre-established models of intervention. This is both not specified in internal policy nor does it happen spontaneously, in most cases. Actually, one of the consultants interviewed expressed that:

*“The services are not designed from this point of view, they are very unidirectional in their design. Many entities represent women but, in practice, they do not really participate; rather, the entities echo their reality. But they themselves are not involved, much less from an intersectional perspective.”*(Interview 1)

This seemed particularly visible in judicial and health services and less so in psychosocial services and especially NGOs. Given this, most respondents understand that intervention models are rigid and have a tendency to be unilateral top-bottom due to several factors such as lack of timing or professionals, overlapping between several services, availability, etc. In the case of the judicial services, the participation of survivors is only contemplated from the point of view of their choices regarding the rights guaranteed to victims that they can choose to activate or renounce and in the case of other services and professionals their participation is contemplated in the sense that services adapt to the survivor's needs and answer their specific demands, as long as these fit the service's scope.

The exception to this norm would be on interview 5 in which the professional expressed to use a very different approach from that of the public Administration, focused mainly on a horizontal process built with the victim/survivor and not previously defined, except for some of the techniques used. Under this perspective, women victims/survivors are given a space where to rewrite their stories which do not include only the victimization that they suffered but many other aspects of their lives and personalities which they can put forward as part of the healing process. In this sense, each process is not only tailored with the woman but also led by her to a certain extent.

### 3.4 Cross sector collaboration

In a nutshell, participants understand that there is a dispersion of understandings regarding trauma and GBV from a cross sector perspective and depending on the types of sectors, organizations and professionals they deal with. The social fabric in Spain is diverse and cross sector collaboration is common, but the existence of very specialized services and teams seems to lead to different visions on addressing GBV.

In general, TIC is not clearly present in such collaborations and some professionals feel that there is a mismatch between the knowledge and focus of specialized professionals and the focus of generic services such as Social Services or judicial services.

One of the interviewees (Interview 2) understands that there is a lot of fear from the part of professionals not specialized in GBV to address this topic, especially related to handling risk, fearing not being able to provide answers which protect the victims, etc. Therefore, there is a sense of avoidance from the part of generic services and the weight of the interventions relies mostly on specialized ones. In the health services, it does not seem to be present a focus on the victim beyond the identification of the health problem and the adequate referral to other services.

It is also relevant to reflect on the territorial aspects involved, as some professionals mention a heterogeneous understanding of GBV and Trauma depending on the territories being urban or rural and having more or less social problems and resources to handle such issues (Interviewees 6). In this sense, it seems that the collaboration between different sectors is also shaped by the real possibilities available, being more concerned about practical survival matters (housing, risk of suffering GBV, socioeconomic challenges, etc.) than about methodological perspectives such as TIC.

Another of the interviewees (Interview 3) adds that services specialized in childhood are particularly less focused on trauma regarding GBV and don't usually address it in depth, which she understands to be surprising given the consequences of GBV in child behaviour and development. She also understands that judicial services are oblivious to trauma and its effects on the victim, with a focus on procedures and a less humane relation.

In the case of interviewee 5, which develops her work in an NGO focused on migrant women, she understands that the perspective of the NGO is completely different from the perspective of public services, therefore making cross sector collaboration very complex. The focus on trauma from a holistic perspective and with a focus on the woman contrasts with what she understands to be a very schematic and generic approach from these services. “We are always open to entities and institutions, public policy is not bad but the problem is that it does not become a reality. Entities get used to some vices to justify words and concepts but they become blurred.” she says.

There is, though, according to interviewees 1 and 6, an attempt to generate a homogeneous discourse from the part of the public Administration, which has followed different steps: generate a common discourse on GBV and introducing gender perspective in public and private services were the priorities, from which the administration is now moving towards an intersectional approach and also some attempts to focus on trauma, still not implemented.

### 3.5 Finance

The questions regarding the allocation of a specific budget of the organization/public service/cross sector to training on trauma and trauma-informed approaches were not easy to answer from the standpoint of the interviewees since they have no direct knowledge regarding this aspect, especially those working for the public administration.

In general, except for the health services, each organization or public service defines, for each year, the type of training they need to prioritize depending on the most pungent issues happening at the time, with a feeling of urgency more than with a feeling of creating a sustainable body of knowledge.

Most teams have a specific number of hours a year for training, usually around 20 to 40, and these trainings are defined both by the coordination of the team or organization and by the professionals according to their needs. Some of the topics have to do with changes in legislation regarding GBV and protocols, supervision, self-care, intersectional aspects, etc. Nevertheless, trauma training is not mainstream and most professionals who have this training acquired it outside of the workplace through Masters Degrees or other types of specializations in their own free time.

There seems to be, in general, a focus on mental health in most of the teams, especially from NGOs’, and an awareness regarding the importance of addressing it and improving strategies of psychosocial intervention both for professionals exposed to secondary violence and for the victims/survivors.

Especially regarding the judicial system, the focus of the trainings is on the law itself and there is no mandatory training on matters regarding a victim center approach or trauma, although judges and prosecutors can participate in any training available. Nevertheless, when having to prioritize training and due to time restrictions, the priority is given to changes in legislation and jurisprudence rather than issues such as TIC.

### 3.6 Progress Monitoring and Quality Assurance

Regarding mechanisms for monitoring and quality assurance, once again it is paramount to distinguish between the public administration procedures and the NGO perspective. On the first case, the general understanding is that there is no concrete and clearly defined focus on improvement departing from the contribution of the service users since these programs are not designed from that perspective.



According to interviewee 1, “Improvements are not incorporated frequently, the people responsible make reports and collect data and methodologies but focus more on the process than on the results. We are in the picture of capturing reality and not incorporating changes.” Professionals working for the public administration also understand that there are no clear indicators of improvement, the one that exist have more of a quantitative focus and often professionals are not trained in this type of topics.

*“There are no indicators, the processes are not established as protocols, which is one of the difficulties of this service. There is an assessment of team supervision based on satisfaction and to see if it has served as a personal criterion for intervention, but it is based here. It is not incorporated into the procedures of the service, they are more standardized interventions (...) in which there is a quantitative collection. Tests are not done and there is no pre and post service test and the professionals have not been trained for it, the disposition of the professionals is not positive for it.” (Interviewee 2)*

Another of the interviewees understands that some indicators are established but these are quantitative, do not have a focus on trauma and serve mainly for the accountability of the project and not necessarily to suggest changes and improve the quality of the service provided.

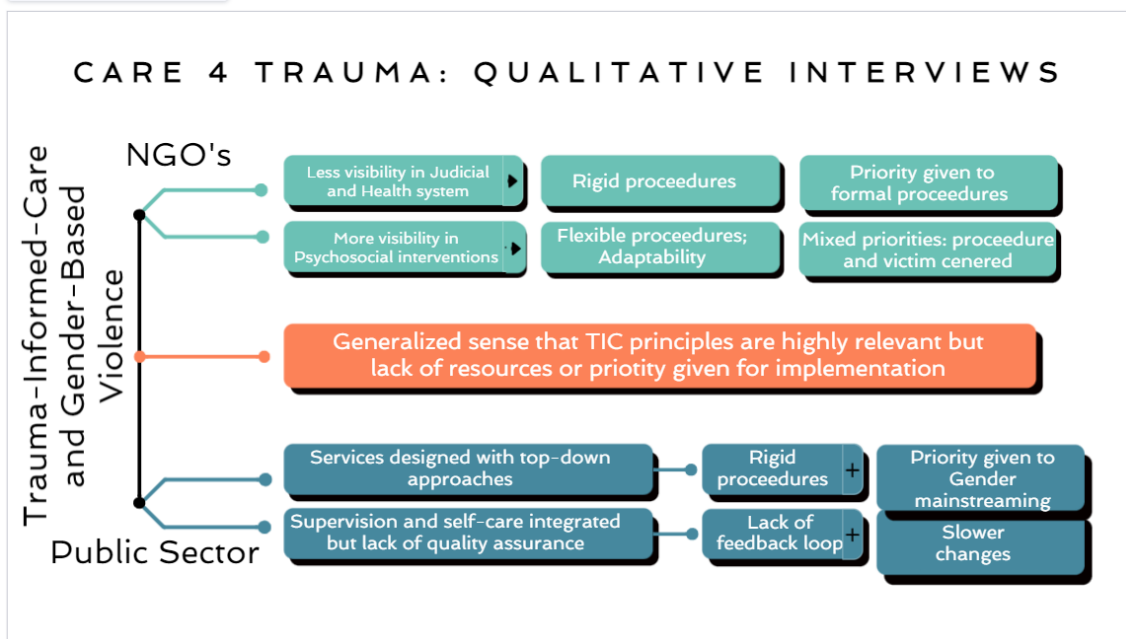
Another interviewee (interview 6) understand that there is a legal responsibility to provide a quality service that is completely regulated in all its forms and designed to ensure quality. The team receives an external evaluation to their work from the Department of Justice which confirms that it is being developed according to what is planned. Nevertheless, this is still a vertical system of quality assurance and “There is not much flexibility for change, the functions are set by law.” Women are not involved in quality assurance except through formal methods of complaint and there is no trauma perspective present in any of the evaluation and quality assurance procedures.

On the other hand, from the part of the NGO’s this aspect seems to be more flexible and incorporating qualitative methods and a victim-centered approach which contributes to this self-assessment of the quality of the service provided. Interviewee 5 mentions how there is always a focus on how women feel regarding the service provided and what they suggest to adapt the activities and procedures to their needs, with a clear focus on women taking control of their own process. She understands that, from a feminist standpoint, procedures need to be flexible and qualitative, guided by the tailored processes that women go through.

Interviewee 3, also on an NGO funded by the public administration, states that indicators of quality are set by the coordination that include space for improvement of the service but that, in general, these are collected and do not necessarily impact in direct changes in the service, changes have more to do with individual support and tailoring the intervention to each women’s needs than with structural changes or in procedures.

### 3.7 Synthesis of Interview Outcomes

In the chart below, we present a general overview of the main results that emerged from the interviews:



## 4. Conclusions

The results concerning the three sources of data: online surveys, interviews and desk-research carried out in the first national report of the Care 4 Trauma project in Spain all seem to go along the same lines. Although all results come from a small sample of 62 professionals in the case of online surveys and 8 professionals in the case of interviews, and therefore cannot be taken as fully representative, they serve to provide an approximate and valuable insight into the subject.

As general conclusions, it is possible to affirm that the trauma informed care principles are not formally present in the policies, procedures and protocols in the services and organizations in the **health and social care system** that provide support to survivors and their children. Actually, it was clear the existence of a generalized lack of knowledge regarding the expression *Trauma informed care* and the novelty that this frame represented to most interviewees in particular. In most of the interviews, before it began it was necessary to explain what TIC is and enunciate the indicators or aspects of TIC that were defined in the first part of the current research, the desk-research, in order to facilitate the understanding of the questions.

This, however, does not mean that the daily work practice of these professionals is not driven by intervention approaches that can be considered in line with TIC practices. In fact, the responses to the questionnaires show that women's decision-making capacity and control over their own lives is assured and guaranteed by the professionals working in these services, who develop personalized, structured, and defined itineraries with them, respecting their time and needs. Also, along the interviews it was possible to point out some good practices and concerns which address issues that are aligned with the main principle of TIC, even if not yet fully systematized.

Staff supervision is widespread in these services, and professionals feel that they are given tools and spaces to manage personal and professional stress, although it cannot be assured that this is done from a trauma-informed approach. The communication and coordination with other services to ensure trauma-informed common goals and decision making is an area to be improved, probably due to the difference in specialization regarding GBV of the services of the network and the confluence of different approaches,

as highlighted in the interviews. It seemed clear that there is still room to develop a common discourse and practices which can be transversal to all services assisting victims of GBV from a Trauma-informed approach.

Finally, in summary, providing specialized trauma training to professionals, ensuring internal and external supervision of personnel from a TIC approach, and promoting changes in organizational procedures to ensure the implementation of TIC principles are the three main areas identified by respondents to encourage the application of this approach in their workplaces, both regarding interviews and the survey.

Regarding the **judicial system**, it must be highlighted that the majority of respondents to the survey work in services that provide comprehensive psychosocial and legal support to women and, therefore, are not representative of other areas of work such as the courts. Regarding the interviews, it was possible to identify that there is room for improvement regarding mandatory trainings focused on the victim with a focus on gender perspective and TIC, since these aspects are not generalized throughout the judicial system at its highest level.

In an opposite line to the above, these professionals affirm that, in their organizations, there are written policies established committing to trauma responsive practices for women and their children. On the contrary, they point out to the lack of an appropriate screening for trauma of survivors using standardized tools to give better responses to their needs. However, the well-being of women and their children appears to be at the core of the intervention, which focuses on promoting their resilience and is based on an understanding of the impact of trauma, demonstrating the partial implementation of TIC principles in these work settings.

In terms of staff supervision and well-being, a high percentage of these professionals have stated that there are no specific protocols in place in their organizations to prevent or reduce burnout associated with working with survivors.

As for the barriers to access to justice detected, these are mainly related to the lack of training in gender perspective of judicial operators, to the lack of information on the part of women about the procedures and difficulty in understanding the procedural aspects, and to the complexity, delays and economic costs associated to these. Professionals realize that most of the women they serve are afraid to go through a judicial process because of the high social and emotional cost, and re-traumatization is a common outcome.

To overcome these barriers of access there is an explicit need detected to provide training in gender perspective, but not only, to operators across all the judicial system. Fostering empathy and active listening of the operators and, at the end, humanizing the judicial process, are key elements highlighted. As stated by the professionals, this must be accompanied by an improvement in public resources and an increase in economic and human resources.

## Annex 1. Survey Tables

### Gender

|                 | Frequency | Percent |
|-----------------|-----------|---------|
| Male            | 4         | 6%      |
| Female          | 58        | 94%     |
| I don't declare | 0         | 0%      |
| Valid           | 62        | 100%    |

### Age

|                             | Frequency | Percent |
|-----------------------------|-----------|---------|
| Between 18 and 25 years old | 2         | 3%      |
| Between 26 and 35 years old | 13        | 21%     |
| Between 36 and 45 years old | 20        | 32%     |
| Between 46 and 55 years old | 20        | 32%     |
| Between 56 and 65 years old | 6         | 10%     |
| Over 65 years old           | 1         | 2%      |
| Valid                       | 62        | 100%    |

### Education

|                  | Frequency | Percent |
|------------------|-----------|---------|
| Degree           | 62        | 100%    |
| High school      | 0         | 0%      |
| Secondary school | 0         | 0%      |
| Valid            | 62        | 100%    |

### Professional profile

|  | Frequency | Percent |
|--|-----------|---------|
| Social worker, Social operator, Educator                       | 20        | 32%     |
| Psychologist, Psychotherapist, Neuropsychiatrist, Psychiatrist | 34        | 55%     |
| Operator in Healthcare   | 1         | 2%      |
| Lawyers, Jurist, Legal operators                               | 7         | 11%     |
| Judges, magistrates  | 0         | 0%      |
| Valid  | 62        | 100%    |

### Region of the country (aggregated responses)

|               | Frequency | Percent |
|---------------|-----------|---------|
| Catalunya     | 32        | 51,61%  |
| Madrid        | 26        | 41,94%  |
| Galicia       | 1         | 1,61%   |
| Not specified | 3         | 4,84%   |
| Valid         | 62        | 100%    |

### Type of service/institution (aggregated responses)

|                               | Frequency | Percent |
|-------------------------------|-----------|---------|
| NGO, Third social sector      | 18        | 29,03%  |
| Public service GBV attention  | 33        | 53,23%  |
| Social Services               | 4         | 6,45%   |
| Public Health services        | 6         | 9,68%   |
| Private service GBV attention | 1         | 1,61%   |
| Valid                         | 62        | 100%    |

### Years of experience (aggregated responses)

|              | Frequency | Percent |
|--------------|-----------|---------|
| Less than 1  | 3         | 4,84%   |
| 1 to 4 years | 25        | 40,32%  |
| 5 to 9 years | 10        | 16,13%  |
| 10 to 14     | 10        | 16,13%  |
| 15 to 20     | 10        | 16,13%  |
| More than 20 | 4         | 6,45%   |
| Valid        | 62        | 100%    |

Table Version A – Health and Social Care System

| Rate the following statements regarding your workplace as it currently operates   |                           |                         |                         |                       |                           |       |
|---|---------------------------|-------------------------|-------------------------|-----------------------|---------------------------|-------|
|   | Not at All True for My WP | A Little True for My WP | Somewhat True for My WP | Mostly True for My WP | Completely True for My WP | Valid |
| Written policy is established committing to Trauma Informed Practices (detection of traumatic experiences, actions to avoid re-traumatisation)        | 18                        | 9                       | 16                      | 6                     | 6                         | 55    |
|   | 32%                       | 16%                     | 30%                     | 11%                   | 11%                       | 100%  |
| The service/institution has a formal system for reviewing whether staff are using trauma informed practice  | 19                        | 9                       | 10                      | 13                    | 3                         | 54    |
|   | 35%                       | 16%                     | 19%                     | 24%                   | 5%                        | 100%  |
| There is system of communication in place with other services/institutions working with women and their children for making trauma informed decisions | 12                        | 13                      | 13                      | 12                    | 4                         | 54    |
|   | 22%                       | 24%                     | 24%                     | 22%                   | 8%                        | 100%  |
| There are structures in place to support consistent trauma informed responses to women and their children across roles within the service/institution | 9                         | 13                      | 15                      | 12                    | 6                         | 55    |
|   | 16%                       | 24%                     | 27%                     | 22%                   | 11%                       | 100%  |
| Women and their children are given systematic opportunities to voice needs, concerns, and experiences   | 0                         | 6                       | 4                       | 21                    | 24                        | 55    |
|   | 0%                        | 11%                     | 8%                      | 38%                   | 43%                       | 100%  |
| The service/institution has a system in place to develop/sustain common trauma-informed goals with other services/institutions                        | 9                         | 13                      | 16                      | 13                    | 3                         | 54    |
|   | 16%                       | 24%                     | 30%                     | 24%                   | 5%                        | 100%  |
| Understanding of impact of trauma is incorporated into daily decision-making practice at my workplace   | 4                         | 6                       | 9                       | 19                    | 16                        | 54    |
|   | 8%                        | 11%                     | 16%                     | 35%                   | 30%                       | 100%  |
| Supervision at my workplace includes ways to manage personal and professional stress  | 9                         | 7                       | 10                      | 19                    | 9                         | 54    |
|   | 16%                       | 14%                     | 19%                     | 35%                   | 16%                       | 100%  |
| Trauma informed safety plans are written/available for each woman (i.e., triggers, behaviours when over- stressed, strategies to lower stress)        | 13                        | 19                      | 9                       | 10                    | 3                         | 54    |
|   | 24%                       | 35%                     | 16%                     | 19%                   | 5%                        | 100%  |
| Staff receive supervision from a trauma informed supervisor   | 19                        | 7                       | 1                       | 18                    | 9                         | 54    |
|   | 35%                       | 14%                     | 3%                      | 32%                   | 16%                       | 100%  |



|   |     |     |     |     |     |      |
|---|-----|-----|-----|-----|-----|------|
| Timely trauma informed assessment is available and accessible to women served by my workplace                     | 17  | 9   | 12  | 12  | 5   | 55   |
|   | 31% | 17% | 22% | 22% | 8%  | 100% |
| A continuum of trauma informed intervention is available for women served by my workplace.                        | 11  | 6   | 21  | 8   | 9   | 55   |
|   | 19% | 11% | 39% | 14% | 17% | 100% |
| A woman's definition of emotional safety is included in treatment plans and or in the procedures at my workplace. | 8   | 8   | 8   | 19  | 13  | 55   |
|   | 14% | 14% | 14% | 34% | 23% | 100% |

Table Version B – Justice system

| Rate the following statements regarding your workplace as it currently operates   |                           |                         |                         |                       |                           |       |
|---|---------------------------|-------------------------|-------------------------|-----------------------|---------------------------|-------|
|   | Not at All True for My WP | A Little True for My WP | Somewhat True for My WP | Mostly True for My WP | Completely True for My WP | Valid |
| Written policy is established committing to trauma responsive practices for women victims of violence and their children.   | 0                         | 2                       | 2                       | 3                     | 1                         | 7     |
|   | 0%                        | 14%                     | 29%                     | 43%                   | 14%                       | 100%  |
| It is the policy of my organization to regularly screen women and their children for trauma.  | 0                         | 1                       | 1                       | 4                     | 1                         | 7     |
|   | 0%                        | 14%                     | 14%                     | 57%                   | 14%                       | 100%  |
| In my organization, the policies regarding working with women and their children include a focus on promoting resilience and general well-being.  | 0                         | 0                       | 1                       | 3                     | 3                         | 7     |
|   | 0%                        | 0%                      | 14%                     | 43%                   | 43%                       | 100%  |
| My organization has specific protocols in place to reduce the "burnout" associated with working with women and their children who have experienced violence.  | 1                         | 3                       | 2                       | 0                     | 1                         | 7     |
|   | 14%                       | 43%                     | 29%                     | 0%                    | 14%                       | 100%  |
| The diversity in my organization reflects the populations we serve.   | 1                         | 2                       | 0                       | 3                     | 1                         | 7     |
|   | 14%                       | 29%                     | 0%                      | 43%                   | 14%                       | 100%  |
| Women and their children are appropriately screened for trauma using a standardized tool to better assess the impact of violence against them and therefore to make more informed judicial decisions. | 1                         | 1                       | 2                       | 1                     | 2                         | 7     |
|   | 14%                       | 14%                     | 29%                     | 14%                   | 29%                       | 100%  |

|   |     |    |     |     |     |      |
|---|-----|----|-----|-----|-----|------|
| Efforts are made to minimize the stressful aspects of the woman (and their children) protection case process. | 0   | 0  | 1   | 3   | 3   | 7    |
|   | 0%  | 0% | 14% | 43% | 43% | 100% |
| An understanding of the impact of trauma is incorporated into daily decision-making practice at my workplace. | 1   | 0  | 0   | 4   | 2   | 7    |
|   | 14% | 0% | 0%  | 57% | 29% | 100% |
| Families and children are given systematic opportunity to voice needs, concerns, and experiences.             | 0   | 0  | 1   | 3   | 3   | 7    |
|   | 0%  | 0% | 14% | 43% | 43% | 100% |
| Women (and their children) are treated with respect.  | 0   | 0  | 0   | 2   | 5   | 7    |
|   | 0%  | 0% | 0%  | 29% | 71% | 100% |
| Systems stakeholders treat each other with respect.   | 0   | 0  | 2   | 4   | 1   | 7    |
|   | 0%  | 0% | 29% | 57% | 14% | 100% |
| I discuss trauma issues with cross-systems partners.  | 1   | 0  | 2   | 1   | 3   | 7    |
|   | 14% | 0% | 29% | 14% | 43% | 100% |

## Annex 2. List of Persons Interviewed

- 1) **Gemma Altell:** Gender Consultant for the Public Administration, especially the Catalan government, in issues concerning Gender Based Violence;
- 2) **Elisa Micciola:** Psychologist from the Association of Psychologists of Catalonia
- 3) **Virginia Mora:** Coordinator of Psychosocial-educational center for women and their children victims of gender-based violence in Madrid
- 4) **Ana Pagán Mena:** Lawyer working in Specialised Intervention Service of Garraf-Penedès, Catalonia, with victims of gender-based violence.
- 5) **Maria Eugenia Blandón,** Member of the Gender Commission of the Association of Social Workers of Catalonia and founder of the Association Mujer diáspora
- 6) **Mònica Pujadas** and **Cristina Gomez:** Social worker and Coordinator of the Office for the Attention to the Victims of Crime from the Department of Justice, Rights and Memory of the Catalan Government;
- 7) **Carmen Martínez:** Judge from Common Court in Andalucía
- 8) **Alba Caballer:** Emergency Doctor from Hospital Parc Taulí

## Annex 3. Summary of Individual Interviews

### Interview 1: Consultant on GBV for the public administration

*Obs: Before conducting the interview, it was needed to explain what Trauma informed care means as the professionals was not aware of the concept*

#### **a. Internal policy**

In the public administration there is no particular focus on trauma and trauma informed care is not mentioned in methodology. Nevertheless, it is underlying in some of the best practices and legislation. Lately, the focus on the responsibility of the public administration and the recognition of institutional violence have been shifting the focus to a more sensitive to trauma approach.

In general, there are self-care and supervision spaced to support professionals and prevent secondary trauma but in practical terms there are other priorities to attend to and there isn't necessarily a focus on trauma itself but on satellite subjects. Also regarding training to professionals which is not focused on trauma specifically, although it may be underlying.

#### **b. Engagement and involvement of Survivors**

Women survivors are not particularly consulted regarding possible changes in the support process and very often there is a stereotypical and prejudiced approach to their comments. It would be very important to include their opinions but there is often no time for structural changes due to constant emergencies.

At the same time, women survivors are not welcome to engage in the improvement of the services and they are not politically represented in groups or associations, so they have little political power to improve the system. Women also have other personal priorities and improving the system is something very far out for them.

Finally, services are very unidirectional and built in a top-bottom model. It would take time, resources, a more fluid and honest communication and a totally different logic of service to allow stronger engagement from the part of women.

#### **c. Cross Sector Collaboration**

There are some attempts to make procedures more homogeneous regarding the sharing of similar principles, although trauma itself is not usually represented in this attempt. A major difficulty is the wide range of professionals engaged in the support for victims of GVB, from social workers to police officers, to psychologists, to lawyers, to health, etc. Since everyone sees the case from a different perspective it is very difficult to find a common discourse.

Although there isn't a focus on trauma, the new Protocol to address GBV includes a strong focus on the responsibility of the administration so this should allow the focus on trauma to be expanded.

#### **d. Finance**

It is impossible to know how the public administration distributes funding to address trauma since the services and programs are not designed from the perspective of this logic or focus.

#### **e. Progress Monitoring and Quality Assurance**

Improvements are not frequently incorporated, the professionals in charge report and collect data and methodologies but focus more on process than on results and changes.

Many concepts are not even clear in the same manner to all professionals and indicators are heterogeneous, services are not yet in this phase.

## Interview 2: Psychologist working for the public administration in a GBV service and part of the Catalan Association of Psychologists

### a. Internal policy

In the violence services, this perspective is not incorporated in the written material and protocols. In recent years, priority has been given to the incorporation of the gender perspective, but this perspective has not yet been agreed upon, so the approach to trauma has not yet been installed. At a personal level, some team members get training on such matters but these are individual initiatives and not from the part of the organizations.

Professionals understand they are exposed to burnout and secondary trauma and try to prevent it but there isn't a clear plan on the organization focused on trauma. Also in terms of training professionals identify that there isn't a clear focus on trauma and initiatives are mainly individual ones.

### b. Engagement and involvement of Survivors

The engagement of women survivors is not prioritized or particularly taken into account and this would be a great improvement. Women are exposed to a lot of social and psychological vulnerability and it would be paramount to include their perspectives. Being part of the public administration, there are no mechanisms to ensure survivors participation on project design, it is a unilateral methodology. Nevertheless women feel comfortable approaching trauma issues with professionals and feel they are in a safe space.

Also the number of group intervention is increasing.

There is an attempt to include a transcultural perspective but not very systematized.

### c. Cross Sector Collaboration

Although there is cross sector collaboration, this is poor and the understandings around trauma as well. Many professionals are afraid to address violence and avoid it and also training is scarce and not focused on trauma.

### d. Finance

The NGO finances up to 20 hours of training but the topics are decided either by the professionals or by the NGO and usually they are not trauma.

### e. Progress Monitoring and Quality Assurance

Professionals have access to supervision specialized on trauma because they demanded it to be so. Besides that, the monitoring of the quality of the service, there are very few indicators and many processes do not follow a clear protocol or standard indications and very often everything that has to do with monitoring is understood as a type of audit or control and not well received by professionals.

## Interview 3: Lawyer from a GBV centre from the Catalan government

*Obs: Before conducting the interview, it was needed to explain what Trauma informed care means as the professionals was not aware of the concept*

### a. Internal policy

The NGO takes into account the impact of GBV on women from a Gender perspective and emotional safety from a transversal perspective with all professionals. Also women are empowered through the recognition of their rights and agency is relevant for the intervention. There is also a concern about cultural aspects although this is not a systematic written protocol.

The team has access to supervision spaces but the trauma perspective is not necessarily present and this is not a priority from the part of the Organization, reason why some professionals search for training and support outside of the Organization. Professionals have access to training hours and can choose training topics from a catalog but trauma informed care is not included. The lawyer gets training in legal aspects and changes on the law but not on issues regarding the communication and establishment of a relationship with the survivor, it is more focused on practical matters.

#### **b. Engagement and involvement of Survivors**

The engagement of women survivors in evaluation of the service is not present due to time constraints that lead the team to working in a state of answering requests more than being able to plan their intervention. Some surveys are sent to women survivors but these do not necessarily have a repercussion on the improvement of the support.

Women participate proactively in group intervention and feel confident to express what they need but do not participate in the intervention design.

#### **c. Cross Sector Collaboration**

Many public and private services that are not specialized in GBV do not have a trauma focus and the NGO feels they have to have a pedagogic approach to other services. There is no cross-sector training on issues of trauma, each professional gets practical training on the matters that are more relevant to them.

#### **d. Finance**

The lawyer does not know as she is not in charge of this aspect but knows that the training received is not focused on trauma in particular.

#### **e. Progress Monitoring and Quality Assurance**

Improvement indicators are not contemplated, and improvements are not necessarily incorporated in the methodology. Some activity information is collected but does not necessarily reflect on the methodology and interventions.

### **Interview 4: Director of a Gender Based Violence Centre from Town hall in Madrid**

*Obs: Before conducting the interview, it was needed to explain what Trauma informed care means as the professionals was not aware of the concept.*

#### **a. Internal policy**

There is a focus on the impact of GBV on both the woman and her children, and an effort to avoid re-traumatizing them. Internal procedures mention the traumatic experience. Professionals have around 60 hours of training, most of them at their choice and depending on their needs, although this is not usually focused on trauma or cultural competence. As a self-care measure, they also have supervision and follow-up, which can include trauma but could not be considered trauma-informed. Also some professionals search for training on their own regarding issues of trauma.

There are internal procedures to collect women's suggestions and evaluation of the support received and this information gets collected in the annual report but there are no concrete indicators and processes to include these suggestions in the service provision. Some actions may change and adapt to the women's needs but not necessarily the internal procedures, just tailored support.

#### **b. Engagement and involvement of Survivors**

It is important to provide more confidence and structure for women to participate more and also for their children. Women actively participate in some concrete celebration days but usually they don't interfere or suggest regarding the type of service provision they need, although the action plan is tailored to her needs.

### **c. Cross Sector Collaboration**

The trauma focus is present mainly on the GBV services and NGOs, other services, mainly childhood protection ones and judicial ones lack this perspective. This is particularly clear on the demand made by judges and lawyers regarding survivors' experiences and often leads to retraumatizing women. Town Hall offers training for all professionals of the social services but not on trauma informed care so there is no cross sector training.

### **d. Finance**

Although professionals have access to training hours, there is no concrete financial item dedicated to trauma informed training or inclusion on work practices.

### **e. Progress Monitoring and Quality Assurance**

There are some indicators of process that are both quantitative and qualitative, although they are not trauma-informed.

## **Interview 5: Social worker from the Gender commission of the Catalan Association of Social Work and leader at a migrant women's' association**

### **a. Internal policy**

The view between the public administration resources and the NGO and women led resources is considered to consist of totally different focuses. On the one hand, public Administration services are understood as rigid, unidirectional and using a one-fit-all model of intervention where women are not the protagonists on their own process; whereas the understanding of NGOs and women led organizations put women in the center of the intervention from a fluid perspective and understanding of the strategies to heal trauma.

From this angle, the internal policy of this women led organization addresses trauma from a holistic perspective and going beyond the trauma-label to focus on the person in a broad sense. Timing, expectations, communication strategies and proactive group empowerment are some of the characteristics of this paradigm of intervention.

### **b. Engagement and involvement of Survivors**

Women survivors are always at the center of the action as they develop the intervention together, according to their needs. They mobilize themselves, gather in smaller groups for several activities, in a group healing process.

### **c. Cross Sector Collaboration**

There is cross sector collaboration but the views on intervention are very different. Other organizations or the public administration have, in many cases, some notions about trauma but the way to approach varies greatly. They still count on public services for more complex cases, when the woman survivor expresses this need and for coverage of basic needs.

### **d. Finance**

There isn't a fixed part of the budget dedicated to training as it changes according to the professional's needs and priorities. Still, mental health and preventing secondary trauma are part of training choices.

### **e. Progress Monitoring and Quality Assurance**

The high engagement of women survivors in the process guarantees that the quality of the actions is always being scrutinized and tailored to the women's needs, according to professional criteria. Indicators are not quantitative or numerical, they are mainly flexible



to the different activities taking place and rely a lot on women's comments and improvement.

### Interview 6: Coordinator of the Office for the Attention to the Victims of Crime - Department of Justice and Social worker from the same office

#### **a. Internal policy**

Trauma is taken into account, especially in the understanding of the impact of GBV and the expectations of intervention, which goes beyond trauma to focus also on other social aspects. Still the timing and the control of her own process are not something that can be flexible since the connection with the judicial process leads to having to adapt to the judicial timing. Group sessions are also not developed but there is interest in doing so. Self-care and avoiding secondary trauma relies on training, team-work spaces but for now there is no external supervision. A need is detected regarding the training in cultural competence.

#### **b. Engagement and involvement of Survivors**

Officially, women's participation in their own process is not necessarily taken into account, but women have specific demands in the available service catalogue from where to choose from. Being connected to the judicial system, the work developed relies a lot on the specific judicial timings and related activities like accompanying women to court, support in judicial questions, etc. There is an underlying understanding of the impact of trauma.

#### **c. Cross Sector Collaboration**

There is cross sector collaboration although the understandings around violence and trauma vary according to the service or institution. The approach is based on network intervention and there is more focus on trauma in terms of training and approach than before.

#### **d. Finance**

Instead of finance allocation, it is the number of hours dedicated to training and self-care that defines these actions. Professionals have around 40 hours a year for these activities plus other external sessions they can join. Professionals define priorities in training that can be related to trauma or not, depending on the most urgent issues to be addressed.

#### **e. Progress Monitoring and Quality Assurance**

The quality of the service is very regulated and determined by law, there are no clear indicators besides an external evaluation done to the functioning of the process. It is not trauma-based.

### Interview 7: Judge, Andalucía

#### **a) Internal policy**

The legal field puts the focus on procedures and regulations with a detached perspective regarding the human aspects of the whole procedure. Although specialized courts on GBV have basic training on the effects of violence on the victim, these constitute a small percentage of professionals and the training on these matters is not deep enough and not specifically focused on trauma.

There is absolutely no focus on the care of professionals exposed to secondary GBV and who have a great responsibility over the victims.

#### **b) Engagement and involvement of Survivors**

Victims are involved in their process in the sense that the law guarantees certain rights and choices that they can claim or refuse. Victims are supported by public services and

professionals who can explain in depth the different steps of the judicial process. Other than that, the whole procedure is defined by legislation and here is no more room for involvement of the survivors.

**c) Cross Sector Collaboration**

Courts have direct connections with lawyers, prosecutors, police forces and at a certain degree to civil society organizations. There is a lot to be done regarding the awareness and trauma focus of the legal system as there is no focus on trauma or on the emotional sphere of the victim and the whole system follows rigid procedures.

**d) Finance**

It is not possible to quantify the amount spent on training and activities focused on trauma but there is no mandatory training on this matter for judges, although they can take part in voluntary trainings. A focus on trauma is not very common.

**e) Progress Monitoring and Quality Assurance**

Courts are not subjected to any sort of evaluation and the success is only measured in number of cases solved, regardless of how it was solved. There is no focus on trauma at all in any of the legal procedures, on transcultural aspects or any other victim focus.

**Interview 8: Emergency Doctor from a public Hospital**

*Obs: Before conducting the interview, it was needed to explain what Trauma informed care means as the professionals was not aware of the concept.*

**a) Internal policy**

In the area of health, and specifically generic medicine and emergencies, the interviewee understands that there are no specific written policies with a trauma approach regarding the assistance to victims of GBV. The usual procedure is to contact the police and the gynaecology department to explore if there was sexual violence. There are no emergency psychologists, so the medical emergency does not go any further than these activities which, if systematized, were not socialized or an object of training.

Also, there is no self-care plan focusing on professionals' support and being so, no TIC focus. There is no training on cultural competence or any other dimensions of TIC.

**b) Engagement and involvement of Survivors**

This aspect is not included in the medical methodology defined; the victim is merely informed about each step of the intervention but with no room for participation beyond accepting or not the suggested interventions.

**c) Cross Sector Collaboration**

The interviewee identifies that more professionals, especially women, are more sensitive and aware to GBV from a cross sector perspective. Nevertheless, there are no systematized trainings or spaces for debate and TIC is not present at any level.

**d) Finance**

Given that there is no available training in this area, the questions do not apply.

**e) Progress Monitoring and Quality Assurance**

There is no room for quality assurance practices, except for the customer support service where women can deposit complaints or suggestions regarding the service that was provided. Nevertheless, the interviewee expresses that there is no procedure to include these suggestions or complaints in the methodologies of the service, therefore not contributing to the improvement of the service.

# NATIONAL DATA REPORT – ITALY

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# 1. Introduction

Considering the ultimate objective of the Care4Trauma project, i.e. to favour the access to justice for women victims of Gender-Based Violence and the improvement of the services dedicated to them through the innovative application of a trauma-informed approach, the objective of this second phase of the project, from which this report derives, is to explore:

- what are the perceptions of the institutional figures that contribute to the definition of gender policies in the field of counteracting violence and access to justice from a trauma-informed perspective
- what are their perceptions regarding the adoption of the trauma-informed approach in their agencies, services, institutions.

Trauma-informed care, as extensively described in the first national report, recognises the role that trauma can play in the lives of people who have experienced violence and is adopted by programmes, organisations or systems that are intentionally designed to support traumatised people who have experienced or are experiencing adverse events. The principles that make up the approach are summarised below so that you can keep them as a reference when reading this report.

8. **Recognition:** recognising the pervasiveness of the trauma and its consequences, e.g. on the ability to coherently tell one's own story. The objective of the help pathway is the recognition of the trauma and violence suffered in its different dimensions (relational, physical, psychological, sexual, social, cultural and economic);
9. **Establishing emotional safety:** recognising the importance of putting the woman victim of violence at ease when she decides to ask for help. Adopt an empathetic, welcoming, understanding attitude and ensure confidentiality;
10. **Restoring decision-making capacity and control over one's life:** ensuring personalised, structured and defined paths with the woman victim of violence, respecting her time and self-determination. Respect the woman's choices, work with her, not for her, so that she can be the protagonist of her own life again;
11. **Facilitating relational connections:** rebuilding the relational connections of the woman victim of violence, supporting her parental and friendship relationships, facilitating the inclusion of the woman victim of violence in the social context;
12. **Cultural competence:** consider the social and cultural background of the woman victim of violence, facilitate her access to support services and, in the case of asylum seekers and refugee women, recognise the complexity of their trauma resulting from multiple, repeated and migration-specific violence;
13. **Avoiding re-traumatisation:** avoiding in any way re-traumatisation, typical above all in the court context, which results in psychological aggravation with important consequences on the trauma experienced by the woman victim of violence;
14. **Secondary trauma:** ensure staff training to protect against the risk of stress, burn-out and secondary traumatisation.

Based on this objective, the second phase of the State of Art Assessment involved the collection of data from professionals and stakeholders involved through:

- a) an online questionnaire into two different versions (one for the health and social system and the other for the justice system), submitted to the staff of organisations and professionals who support and sustain women victims of violence and their children;

- b) a semi-structured interview addressed to managers of shelters and anti-violence centres and to political decision makers/policy makers<sup>1</sup>.

### Continuing from the first national report

The first national report of the Care4Trauma project, drafted in November 2022, presented an up-to-date snapshot of the Italian scenario of Gender-Based Violence, as represented in some key documents (main laws concerning victims of Gender-Based Violence at national and regional level, guidelines and protocols developed at national and local level, other grey literature) selected in relation to the project objectives. The objective of the first report was to capture how institutions, associations working on the issue and other key actors had addressed the issue of access to justice for victims of violence and the implementation of a trauma-informed-care perspective in services and institutions. This documentation was contextualised within the framework of the description of the phenomenon in our country, through the knowledge offered by the ISTAT surveys on victimisation and, in particular, by referring to the provisions of the Criminal Code.

The first report first of all describes the legislative development with regard to criminal offences under the Criminal Code, procedural safeguards and assistance and support measures for victims of Gender-Based Violence. Despite the attention to the issue has been increased (e.g. a greater effort to avoid secondary victimisation during proceedings; more structured support to victims - free legal aid, income of liberty, state compensation, funding of anti-violence centres and shelters), the Italian Penal Code does not adopt a gender perspective, i.e. it does not emphasise the gender of the victims or the gender discrimination in which violence against women has its roots. However, it is precisely the gender variable that needs to be taken into account, just look at the opposite trend over time of homicides of men (gradually decreasing) and those of women (rather stable). In general, crimes that have women as victims are stable or even increasing, but these are partial data as gender-based crimes are among the least reported for several reasons: difficulty in recognising the violence, unawareness that the violence suffered constitutes a crime, normalisation of that behaviour, fear of consequences, fear of judgement, shame, distrust of the authorities. The responses of the judicial, social and health systems are often inadequate and contribute to under-reporting, as well as producing secondary victimisation.

The report goes on to map the current implementation of the trauma-informed approach through a desk research of the most important documents of the Italian geographical areas that in some way stand out for their approach to Gender-Based Violence. From the analysis of the documents it emerged that the word trauma is present in 50% of them, although, in a more or less explicit and important way, each of them contains at least one of the principles that make up the approach. From this document analysis the need arose to investigate whether and how much the trauma-informed approach is known and used in services that meet women victims of Gender-Based Violence and how it can improve access to justice.

As pointed out in the first national report, from the analysis of the documents coming from rather virtuous territorial contexts, it seems that they pay special attention to empowerment paths for women victims of violence and go in the direction of the trauma-informed approach - or at least of some of its principles -, without, however, appearing to be familiar with it. The justice system also seems to have moved in recent years to adopt some measures to contain the risks of re-traumatisation and secondary victimisation as much as possible. However, the problem of Gender-Based Violence is still managed at national level in a too emergency way, avoiding approaching it in a

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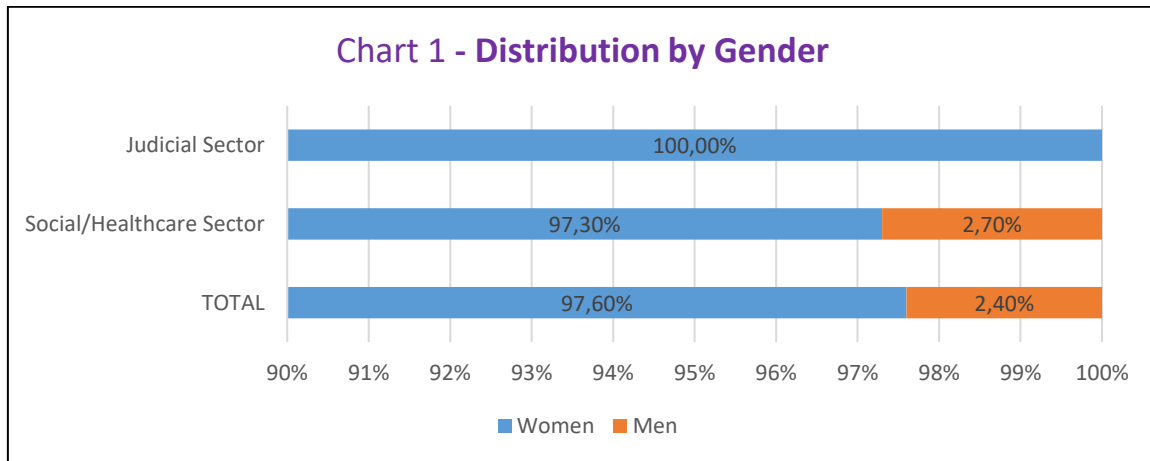
<sup>1</sup> The detailed approach is outlined in the Data Report Methodology.

structural way, i.e. to recognise it as a social problem. Moreover, the territorial inequalities that mark Italy make the national context very uneven also in terms of approaching and combating Gender-Based Violence: the Italian regions that do the most work on Gender-Based Violence are those in the North-West, followed by those in the Centre, with a considerable gap compared to other areas of the country, while the Emilia-Romagna region is the only one where the trauma-informed approach is explicitly adopted.

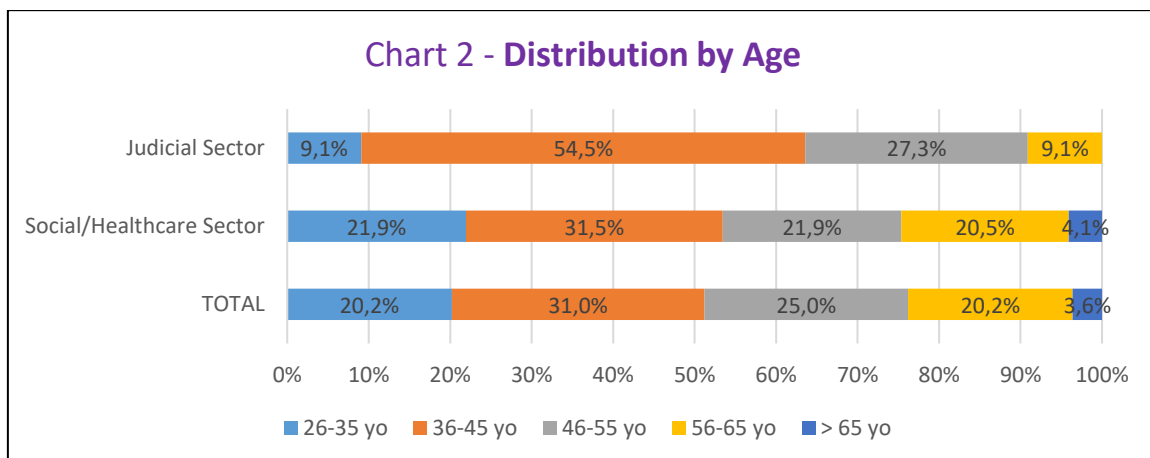
## 2. Online Survey

### 2.1. Sociodemographic profile of professionals

The questionnaire, which was the same for all project partner countries, was answered by 84 people for Italy, 82 women and 2 men (see chart 1).

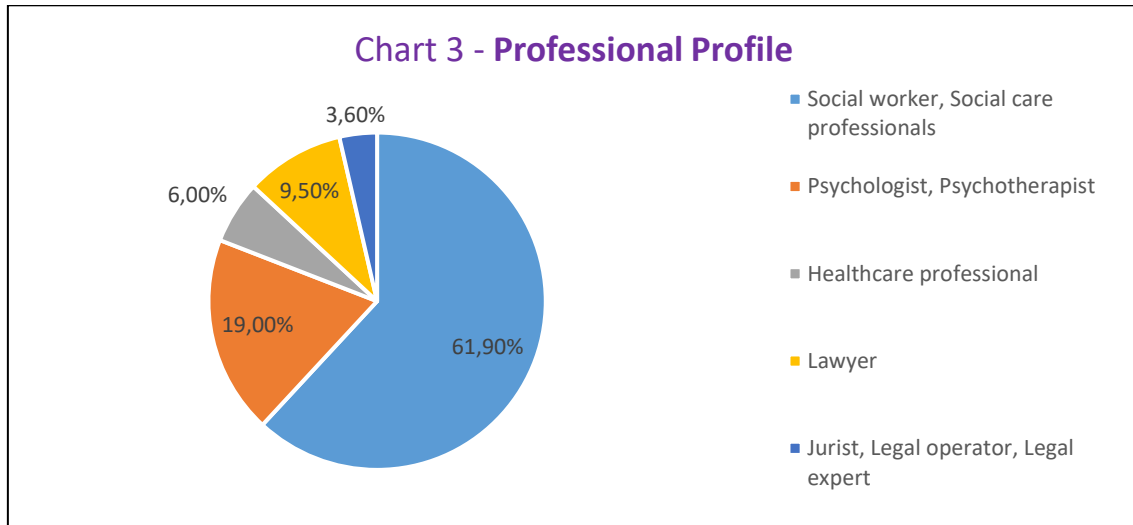


With respect to **age**, 31 % of the respondents stated that they were between 36 and 45 years old, 25 % between 46 and 55 years old, tied with 20 % were between 26 and 35 years old and between 56 and 65 years old, while only 4 % were over 65 years old (see chart 2).

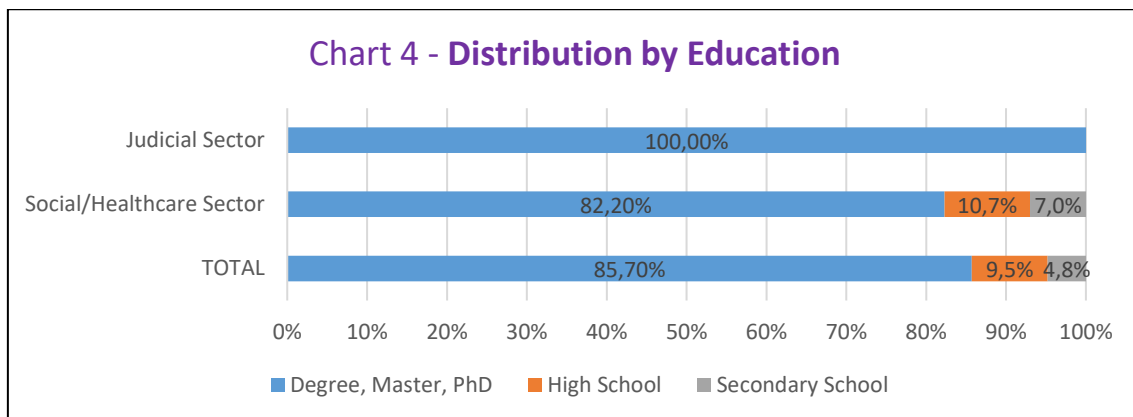


Social workers, social operators and educators accounted for 62% of the total number of persons involved, followed by psychologists, psychotherapists, neuropsychiatrists and psychiatrists who made up 19%, while health workers accounted for 6%. Therefore,

health and social care professionals accounted for the 87% of the total sample, against the 13% represented by the justice system professionals (lawyers and legal operators) (see chart 3).



Of the total, 86% of people have an **education level** of bachelor's, master's or PhD, 10% (8 people) have a high school diploma, while 5% (4 people) have a middle school diploma (see chart 4 entitled "Distribution by Education").



With respect to the **region of origin**, most of the answers refer to Emilia-Romagna and Piedmont (69%), with a good representation of Valle d'Aosta (11%) and one answer respectively for Tuscany, Sardinia, Lazio, Veneto and Marche (see table 1 entitled "Region of origin"). Thus, Emilia-Romagna is definitely over-represented, and this is partly due to the fact that it is one of the most active regions in the fight against Gender-Based Violence and where there is a strong sensitivity of institutions and civil society towards the phenomenon.

| Table 1<br>Region of origin | TOTAL     | Social & Health System | Judicial System |
|-----------------------------|-----------|------------------------|-----------------|
| Emilia Romagna              | 31        | 16                     | 5               |
| Piemonte                    | 27        | 25                     | 2               |
| Valle d'Aosta               | 9         | 9                      | 0               |
| Other Regions               | 5         | 3                      | 2               |
| Not declared                | 12        | 10                     | 2               |
| <b>Total</b>                | <b>84</b> | <b>73</b>              | <b>11</b>       |



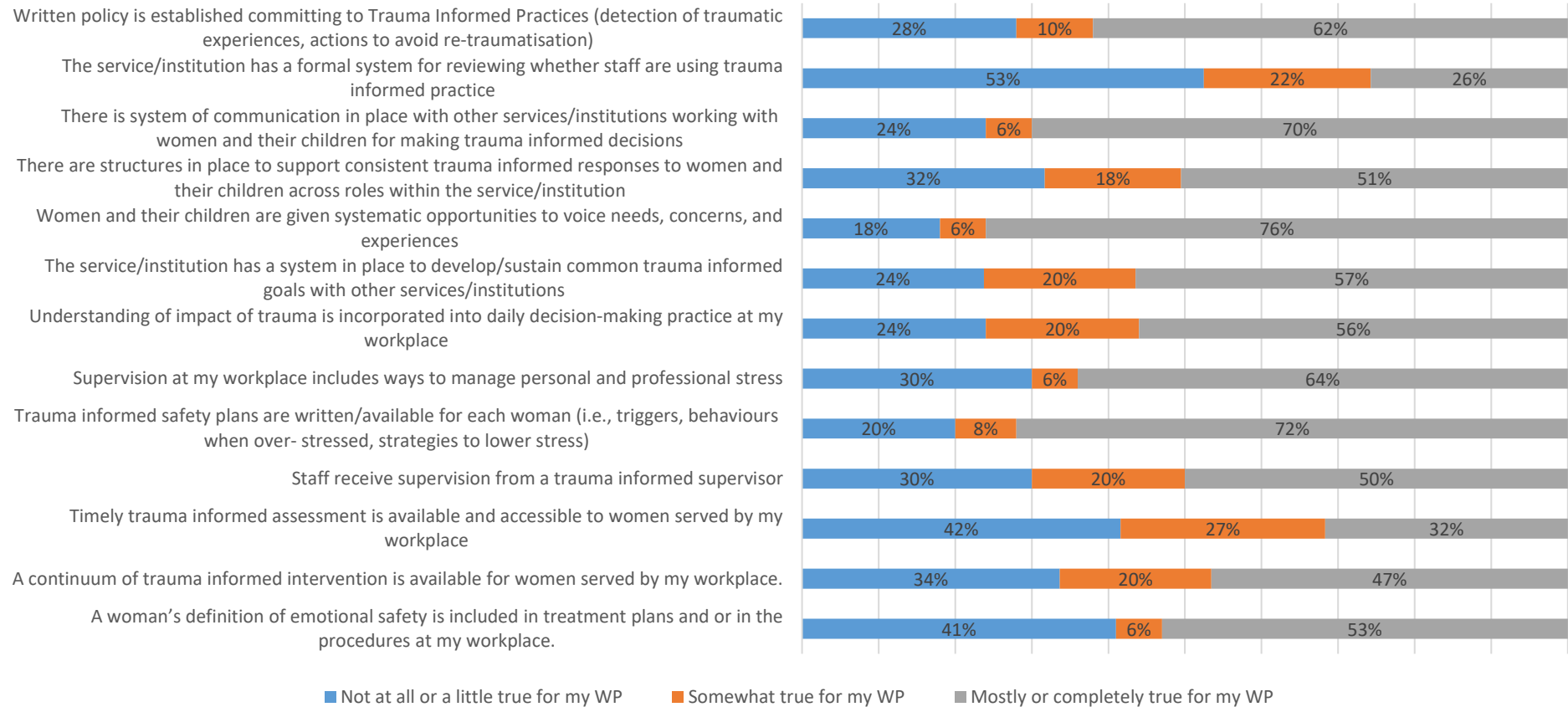
**The services and institutions** represented are diverse: public administration, personal services companies (ASP), local territorial health companies (ASL), hospitals, counselling centres, social services, reception and integration system (SAI), refuge houses and anti-violence centres, trade unions (CGIL), social cooperatives, associations, voluntary organisations, universities, law firms, courts. Likewise, there are numerous **positions** held within them, ranging from operational roles to management, coordination and responsibility positions. The number of people and the **years of work in their current position** are inversely proportional: as the years of service increase, the number of people decreases, so that most of the people who answered the questionnaire have been in their position for less than 10 years (64%), although a still significant proportion (around 20% of the total) have held it for more than 16, as it suggests operators with a great deal of experience in the field (see table 2 entitled “Years in position”).

| Table 2<br>Years in the position | TOTAL     |       | Social & Health System |       | Judicial System |       |
|----------------------------------|-----------|-------|------------------------|-------|-----------------|-------|
|                                  | Number    | %     | Number                 | %     | Number          | %     |
| 1 - 5 years                      | 32        | 38,1% | 29                     | 39,7% | 3               | 27,3% |
| 6 - 10 years                     | 22        | 26,2% | 19                     | 26,0% | 3               | 27,3% |
| 11 - 15 years                    | 13        | 15,5% | 11                     | 15,1% | 3               | 27,3% |
| 16 - 20 years                    | 4         | 4,8%  | 4                      | 5,5%  |                 |       |
| 21 - 30 years                    | 8         | 9,5%  | 5                      | 6,8%  | 2               | 18,2% |
| More than 30 years               | 5         | 6,0%  | 5                      | 6,8%  |                 |       |
| <b>Total</b>                     | <b>84</b> |       | <b>73</b>              |       | <b>11</b>       |       |

## 2.2. Professionals of Health and Social Care System

A total of 51 respondents answered the questionnaire for workers and professionals in the social and health system. Chart 4 represents the outcomes.

### Chart 4 - Health and Social Care System



It shall be noted that:

- in the services and institutions of the social and health system there are guidelines aimed at promoting trauma-oriented practices, i.e., which recognise the pervasiveness of trauma, promote work to recognise traumatic experiences and strive to avoid re-traumatisation
- with respect to staff health and well-being, opinions are very positive as they report the possibility offered by supervision of moments of confrontation and sharing with respect to difficulties experienced at work and confirm the existence of supervision programmes based on the principles of the Trauma-Oriented approach
- there seems to be a communication system between services and institutions supporting women victims of violence and their children that facilitates the adoption of shared strategies and common trauma-oriented objectives; however, the adoption of these practices by workers and the network seems not to be monitored
- perhaps because of a specificity inherent to social and health system services and institutions that are based on relationship and care, women victims of violence and their children are welcomed and given the opportunity to express needs and concerns, in a space where understanding and acknowledging the impact of the traumatic experience are included in daily practices and decisions that are made
- respondents to this part of the questionnaire confirm that, in line with the principles of the trauma-informed approach, clear information is provided to the woman about how she can feel safe, accompanying her to work on the trauma and the emotional states that result from it
- social and health system professionals remain rather cautious in claiming that the emotional safety of women is taken into account in their workplaces, that the responses provided to the assisted women and their children by all professionals are trauma-informed, as well as that a continuity of trauma-informed interventions is guaranteed
- the assessment is rather low with respect to the involvement of women victims of violence in a timely process of trauma-informed screening, observation and psychological assessment.

### Contributions of professionals for a better implementation of a trauma-informed approach at their workplaces

The results of the questionnaire concerning the social and health system provide us with a variety of food for thought, but the number of answers and their lack of polarisation (they are, in fact, all rather positive) still make the picture confusing. The suggestions with respect to a greater concretisation of the trauma-informed approach in the workplace of those who answered the open questions of the questionnaire provide us with more elements.

First of all, it is asked to explain and narrate what the trauma-informed approach is by means of a training to all operators who meet women victims of violence and their children.

*The trauma-informed approach for it to be an effective method must be known, recognised and applied by all those who revolve around the woman seeking help*

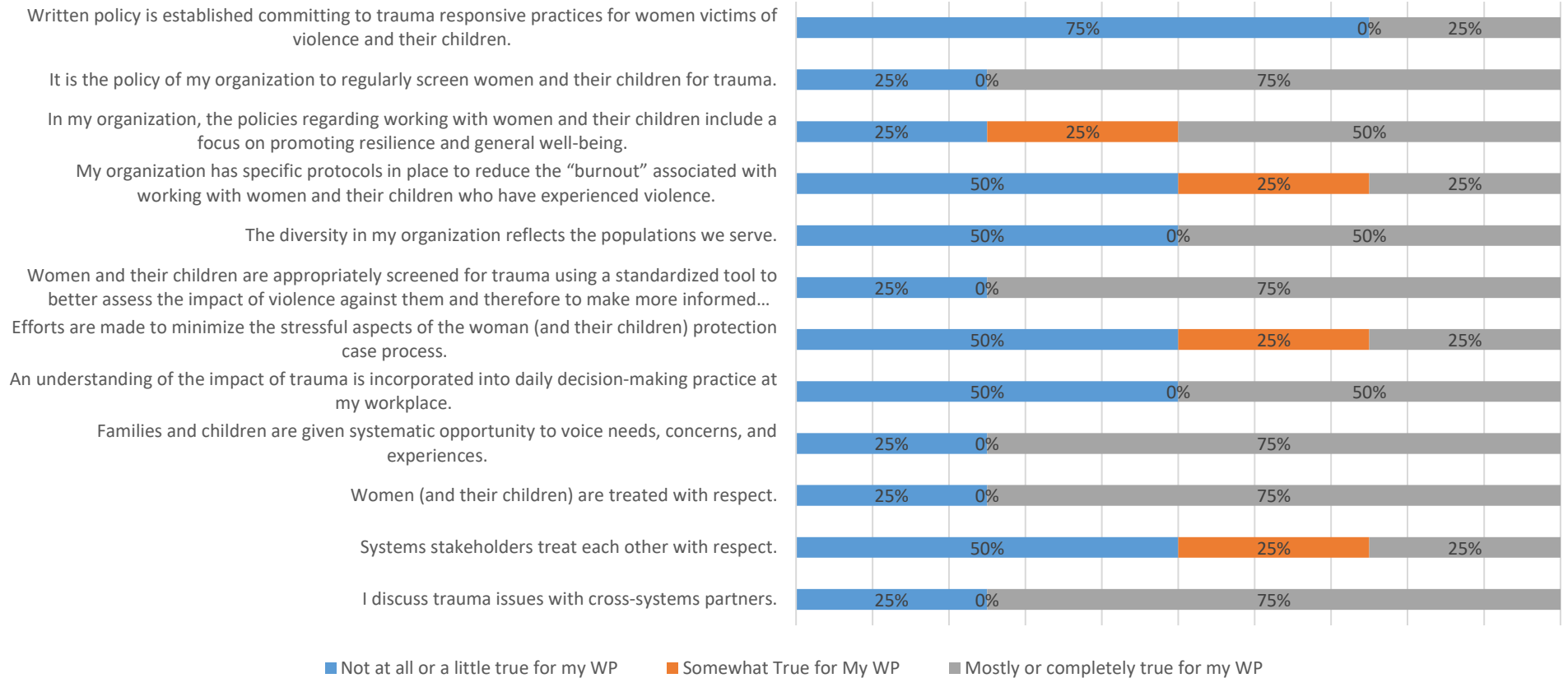
*as a victim of Gender-Based Violence. Specific compulsory training on this issue would be necessary for all personnel in the anti-violence “chain” in order not to nullify the effectiveness of this important approach, i.e. the operators of Anti-Violence Centres, the social workers of territorial social services, the operators of Mental Health Centres and Child Neuropsychiatry, and the Single Technical Consultants (CTUs) appointed by court judges.*

The **training** theme is perhaps the most mentioned, accompanied by that of **supervision** and **monitoring/evaluation** of the interventions: method training, practical experiential training on concrete cases, joint and integrated training between the health-social-educational system, sharing of specific tools to be adopted on a daily basis and in each individual situation, supervision on individual cases to implement the capacity to intercept, prevent and treat trauma. Great importance is given to **networking**, to integrated work between the public and private sectors, and in particular to the need to create preferential services with respect to trauma care for women victims of violence and their children and to guarantee them free psychological and psychotherapeutic support, considered the most effective way to process the traumatic experience. Finally, the creation of **intervention protocols and guidelines** containing clear and shared indications with all network actors supporting women victims of violence and their children.

### 2.3. Professionals of Judicial System

Only 4 persons answered the questionnaire for legal practitioners and professionals in the justice system. Below is the picture that emerged.

## Chart 5 - Judicial System



At a first glance and bearing in mind the scarcity of answers, the picture that emerges is much more fragmented and heterogeneous than the first one:

- screening to intercept possible traumatic experiences seems to be practised; in fact, validated and standardised screening tools that facilitate the interception of traumatic experiences and their effect in order to assess the traumatic impact of violence on women and on their children seem to be regularly used
- attention is paid to the promotion of resilience and well-being in the approach with this target group
- women and their children are treated with respect and, in the justice system, always have the opportunity to express needs and concerns and to tell their experiences
- there are opportunities for trauma-related discussion and confrontation with other professionals involved in a transversal way in the care system for women victims of violence and their children
- as far as professionals and legal practitioners are concerned, the respective organisations value, with different measures and modalities, the diversity and inclusiveness of each one, thus reflecting the characteristics of the persons in their care
- not all actors involved in the system treat each other with respect
- there seem to be no guidelines that explicitly refer to the adoption of trauma-responsive practices for women victims of violence and their children
- understanding of the impact of trauma is not always incorporated into routine practices and daily decision-making processes
- specific strategies are not introduced to reduce the stress of women and their children as much as possible when accessing court procedures
- there are no specific protocols to reduce the burnout associated with working with women victims of violence and their children.

### Barriers of access to justice for women victims of violence detected by professionals

There are too few answers in this area to be able to make a general, let alone generalised, discourse, but here too, the answers to the open questions come to our aid. Obstacles that women victims of violence and their children encounter when coming into contact with the justice system include:

1. the unpreparedness of the personnel (Judicial Police and Magistrates) to take charge of women victims of violence and their children and to read and understand the trauma
2. the lack of interdisciplinary qualification paths for Public Prosecutors and Judges applied to the specialised sections
3. the lack of network communication that allows an integrated take charge
4. the lack of established operational practices and defined guidelines
5. the mistrust of people with other social and cultural backgrounds in relying on the Italian judicial system
6. social obstacles such as preconceptions and prejudice against women
7. the predominance of the male mentality also among female professionals
8. the prevalence of the concept of bigenitorality and shared custody.

### Needs and goals to address the barriers indicated

In the face of these obstacles, some suggestions were made: first of all, the introduction of targeted **training courses** for legal practitioners, the creation of **moments of confrontation** between those who work in the justice system and experts in Gender-

Based Violence, from which multidisciplinary teams and regional and national round tables on Gender-Based Violence would derive. Someone goes more specific by suggesting addressing social obstacles through the introduction of the **concept of violence** in the civil sections of the Courts, the immediate **suspension of shared custody**, at least where violence is ascertained, the elimination of the concept of conflict that confuses and downplays the violence suffered and the trauma experienced.

### Obstacles detected for implementing trauma-informed-practices in the Justice System to better address the needs of women victims of violence

Finally, with regard to the obstacles that prevent or slow down the implementation of trauma-informed practices that would allow the justice system to better respond to the needs of women victims of violence and their children, it is suggested to **train** Magistrates, CTUs and lawyers specialised in family law - as well as social workers and psychologists dealing with child protection - with specific courses on Gender-Based Violence, so that this issue is not the exclusive competence of anti-violence centres and to provide **specialised figures** (such as psychologists) **to assist** the Magistracy.

## 3. Interviews

The data presented above were complemented by 12 in-depth interviews, conducted with professionals from national and local administrations and the justice, health and social systems, who have direct experience of Gender-Based Violence<sup>2</sup>.

The interview was intended to explore the participants' experiences with regard to the knowledge, development and implementation of the trauma-informed approach and to collect their opinions on how and why the use of this approach could improve access to justice, policies and, more generally, all services supporting women victims of violence and their children. The interview targeted the practices of their own organisations and to reflect on how different organisations plan to deal with the impact of trauma on women victims of violence and their children.

### 3.1 Policy

With respect to the policies adopted by each individual organisation interviewed on Gender-Based Violence and the trauma-informed approach, it is difficult to make a single discourse because each organisation is unique. The only thing that it is possible to say in general is that, with the exception of the Mondo Donna Association, leader of this project and promoter of the approach, there is hardly any explicit reference to it even though, in many cases, the policies and guidelines of each individual organisation include a focus on trauma, on its pervasiveness for women victims of violence and their children, and express a commitment to reduce their re-traumatisation. The Mondo Donna Association has adopted policies and guidelines that it constantly applies in its relationship with women victims of violence, whereby the primary objective is to avoid re-traumatisation. The shelter of the Mondo Donna Association, Casa Phoebe, was established in 2020 as a trauma-informed structure, where trauma work accompanies the woman from the moment she is placed in the structure: for ordinary placements, an assessment team composed of the professionals considered most useful for the purpose - all of whom are trained in the trauma-informed approach - meets and assesses the possibility for the woman and/or the nucleus to adhere to the trauma-informed path within the structure; for emergency placements, on the other hand, the reception times are very

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<sup>2</sup> The full list of the interviewed person is annexed to the Report.



fast, so the team takes a month of observation to assess the suitability of the woman and/or the nucleus. One of the trauma-informed paths proposed is, for example, psychotherapy, a path of awareness that involves a broad narrative of the traumatic experiences of the woman's life, followed by exposure meetings, in which the trauma is worked on by retracing emotions, moods and body states and reliving memories, and stabilisation meetings, in which the woman is asked how it went, how she felt. It is an optional course that not all women can go through, so the operators explain well to the woman what it is all about and accompany her to an informed decision. On a daily basis, then, the shelter workers do psycho-education, that is, they work on the recognition of a continuity between past traumatic experiences and daily life, which defines the way one is, feels and deals with things. In line with what emerged from the questionnaires, the fields of psychology, psychotherapy and social and health care are, by their nature, very attentive to the issue of trauma and care.

*Single attitudes, taken singularly and not included within a global, overall approach, are typical of our profession, on this as on other issues, and therefore let's say that we spontaneously tend to handle certain delicate situations in respect of all these issues, therefore not going to affect what is for instance secondary victimisation, i.e. you tell me something not very credible and I go deep and try to understand, I almost say to you "what did you do to get to such a situation?". Here, we don't do that, then maybe there can always be an inadequate professional, here, but it is not in the adequacy of the social worker's behaviour.*

President of the Order of Social Workers E-R

*When a woman comes to the emergency room because she has been mistreated, abused, in addition to the bruises on her skin, all the psychological bruises are photographed by this psychological report.*

Psychologist psychotherapist Ausl Romagna

Emergency room operators who meet and receive women victims of acute violence are inclined to work more on the emergency, pay attention to the trauma suffered only to the extent that they take care of the women and activate all procedures foreseen at the health level. As for social workers, they do not adopt a specific theoretical approach to the issue of Gender-Based Violence and collaborate with organisations and structures that adopt different ones. Their references are in the regional guidelines that have followed one another over time, both on the topic of child maltreatment/abuse and on the topic of Gender-Based Violence. Their work, rather than on the re-elaboration of the trauma experienced, focuses on its consequences, on what happens afterwards. In recent years, thanks also to the entry into force of the Red Code, there has been an increase in sensitivity and culture on the issue of trauma, and there has been an increase in cooperation between public social and health services and structures specialised in Gender-Based Violence, which has certainly contributed to an increase in attention on the issue. In the police organs, the Commander of the Vergato Municipal Police argues that with regard to Gender-Based Violence, more attention is paid to the legal aspect than to the treatment of the victim, the issue of trauma is extraneous. In judicial structures, then, the risk of re-traumatisation in the handling of Gender-Based Violence crimes is so high that the Superior Council of the Magistracy has dedicated a long series of resolutions and injunctions to this issue, such as the one of May 2018<sup>3</sup> in which it indicates what needs to be done at the judicial level in the handling of these crimes, referring to the need to approach the victim to avoid any form of secondary victimisation. As we have already seen in the questionnaires on the obstacles women and their children encounter in the justice system, the risk of secondary victimisation in the justice system can have a variety of causes: it may depend on the inadequacy of the listening

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<sup>3</sup> "Resolution on guidelines on organisation and good practice for the handling of proceedings relating to gender-based and domestic violence offences" (resolution 9 May 2018).

to the victim both at the investigative trial hearing stage and at the complaint stage on which the investigation and, therefore, the whole process depend; on the length of trials over time; on the disinterest of the institutions towards the victim's protection needs; on the denial of the protected hearing and of the evidentiary incident; by the discrediting and humiliation of the victim by the defendant's lawyer in particular; in civil law by the frequent disavowal of violence and the resulting decisions on child custody, separation and divorce; by judicial stereotypes and judicial determinations resulting from cultural prejudices, etc. As in the case of Social Work, social and cultural changes are also reflected in the judicial field where, albeit slowly and with the resistance typical of that sector, the situation is changing over time. There is no talk of a trauma-informed approach but there is an attempt to comply with the indications regarding the need to avoid by all means the effects of further traumatising as a consequence of inadequate process.

*I already notice the attention of the magistrates in court when they ask questions during trials, you can see that attention is there and you notice the difference from a few years ago. I cannot say the same thing about some of my lawyer colleagues, everyone does his job, pulls water to his own mill, but the secondary traumatising is often done by the defence lawyer.*

Criminal lawyer

With respect to criminal lawyers, the approach is not known, and it is also difficult to assess the adoption of its principles in the relationship between the professional and the client. Neither is the trauma-informed approach spoken of at the political level; on the contrary, it resonates as very distant in these fora because the functions are more decision-making rather than operational. Certainly, however, not knowing the approach does not include it in the laws, protocols, guidelines that are drafted and promoted, so that it does not become something structural in the care of women victims of violence and of their children but remains a sporadic and particular experience.

As in the case of the documents analysed for the first project report, although the trauma-informed approach is little known, the adoption of one or more of its principles is widespread among the realities encountered. Below are some of the practices adopted by the interviewed professionals and their organisations that can be traced back to a trauma-informed vision and methodology:

- In case of psychological reporting for violence at the Romagna Local Health Agency the trauma is defined as acute stress or post-traumatic stress within the anamnesis of the situation. It is recognised and taken into account how physiological it is that there are amnesias or fragmentations in the tale.

*I think that the woman victim of violence who comes to us, we cannot victimise her further, in the sense that when the lady manages to open up, we have to humour her a little, we have to respect her time, so even if we have tests because we have to define a credibility in court, there is a time to do the tests that can be at the beginning of the first interview, it can be in the middle, it can be at the end, it depends on the need and the emotional state of the person. I think the protocol is extremely useful, but that flexibility should be left to the empathy of the professional to gather the right information in the right place. How we do the reports teaches us that, but going with how the person feels at that moment.*

Psychologist-psychotherapist Ausl Romagna

A similar attitude is also adopted by the criminal lawyer interviewed:

*In my experience, when I meet a woman, I do not start by asking her to tell me what happened, but “you tell me if you feel like talking about it and what you feel like telling me”. Some incidents, for example, I have never heard them told but read from the complaint, in cases where there is already a complaint. Then the stories are fragmented, things come out at different times, not because the person is reticent, but because having undergone a major trauma, certain things sometimes come out the moment one is able to talk about them for the first time. Some women sometimes say to me “I just remembered this now” because it is a psychological mechanism, and one tends to remove them.*  
Criminal lawyer

- In the emergency room, the woman who arrives claiming to have suffered violence is given a priority intervention code. Once taken in and for the duration of her stay in hospital, the woman is assisted by a midwife, a figure considered most suitable for that role.

*One of the cornerstones of our training from 2005 to the present: when we have a woman in the emergency room, it is not for us to judge the plausibility of her story. We do not have a duty of investigation, but we have to accept the distress and on the basis of the story do what we have to do, then it will be for other venues to assess.*

Head of the Urgent Sexual Violence Outpatient Clinic at the Maggiore Hospital in Bologna

Recently, stickers with the references of anti-violence centres were posted in all the bathrooms of the AUSL of Bologna.

- The Vergato Municipal Police Station won a call for applications from the Emilia-Romagna Region to create a Stanza Rosa (Pink Room) with an adjoining bathroom, a space where women who are victims of violence can feel welcome and be calm. This room is also used for delegated hearings by the Public Prosecutor’s Office, protected meetings with parents, and social workers use it to read removal decrees.
- In 2019, the Bologna Public Prosecutor’s Office drew up an operational vademecum listing what should be done at the investigative level by the Police Forces and by investigating magistrates and what should not be done. The vademecum also addresses the issue of empathic and non-judgmental listening to the victim, the need to create reassuring environments to avoid increasing the victim’s sense of unease. In addition, it contains indications on how to ensure that the victim is familiar with the procedural sequences in her favour to make her as involved as possible in what is happening. The Public Prosecutor’s Office of Bologna then signed other protocols with the Civil Court and the Minors’ Public Prosecutor’s Office to try to foster cooperation and facilitate the passage and exchange of material, with the Order of Psychologists to have immediate availability of psychologists who can support in particular the listening of minors.
- The Emilia-Romagna Region has recently approved guidelines for the care of women victims of violence in emergency rooms. They deal with the taking in charge, but also with the ways in which the victims are discharged, recommendations, and useful tricks. The usefulness of the guidelines lies in ensuring their homogeneous application throughout the Region and not relying only on the sensitivity of managers and professionals in different contexts.

### 3.2. Internal Policy

The words of the criminal lawyer interviewed give a good idea of how training on the topic of Gender-Based Violence, not to mention on the trauma-informed approach, works in all areas: “patchy”. She, for example, trained herself because, apart from some training organised by the Forensic Foundation, she claims there is no specific training programme on Gender-Based Violence, let alone on the trauma-informed approach.

*And on trauma-informed I did not find much reference, it is missing because it is something seen as new, even though it is an approach used without knowing it. I found that not asking a woman victim of violence to tell but saying "tell me what you think" is already a trauma-informed approach.*

Criminal lawyer

All this is confirmed by the judge of the G.I.P./G.U.P. Office of the Court of Bologna, who states that the trauma-informed approach is unknown in the world of justice, while the Superior Council of the Magistracy organises several legal training activities on gender crimes, which however do not include in-depth studies on how to approach the victim. This fact confirms, therefore, the feeling of the 4 respondents to the questionnaire of the justice system, that there are no guidelines that explicitly refer to the adoption of practices to respond to the traumatising of women victims of violence and of their children. The Deputy Prosecutor at the Court of Bologna, who heads the specialisation area dealing with Gender-Based Violence and crimes against minors, reports, however, that great importance is given to training for police officers by magistrates and legal operators, even if not specifically on trauma. This need stems from an awareness of the need to ensure a higher quality of investigative activities. The Vergato Municipal Police station is a somewhat special case: the Commander felt the need to supplement her training with university training that would go more into the treatment of the victim, not only from a legal point of view. When she became commander, she insisted that her colleagues be trained at the interregional police school in Modena, which is sensitive to the issue and connected to the Emilia-Romagna Foundation for Victims of Violent Crimes, which offers a specialised course on trauma, led by psychologists, anti-violence workers, psychotherapists, etc. In the health sector, the situation does not differ much from what happens in the justice system, the head of the Sexual Violence Outpatient Clinic of the Maggiore Hospital in Bologna claims that in the curriculum of all health professions the topic of Gender-Based Violence is only addressed thanks to a few enlightened teachers, but it is not something structured, while training on the trauma-informed approach is just non-existent.

Training on these issues is then constructed over time for each individual service, in parallel with the construction of individual training paths, and this implies an important differentiation at the level of the services offered and guaranteed. For example, the local health unit of the Romagna territory organises "improvement groups", i.e. moments of discussion and training with different professionals (legal doctors, lawyers), adapted each year to the needs which the team feels to be a priority. Where there is an Order, training is continuous but general, because, as in the case of psychologists, it is open to all members and all orientations and methodologies. It is then up to the individual professional to train and deepen a particular approach. It is certain that training on Gender-Based Violence is taken care of and constant, both by the Orders and by the individual services/centres, because the delicacy of the topic and its specific nature are recognised. Although not specific on the trauma-informed approach, the Emilia-Romagna Region invests a lot in training on Gender-Based Violence, especially from a preventive point of view: in this very period, in agreement with the regional School Office, a training for high school teachers on the promotion of a gender culture and the fight against violence will start in all the schools of Emilia-Romagna and a training course for

cultural mediators who have to work with women victims of violence and their children will start. The Casa Phoebe shelter is the only one to provide specific training on the trauma-informed approach and this concerns the anti-violence workers as well as all the figures involved in taking charge (psychologists, social workers, etc.).

On the topic of Gender-Based Violence and the trauma-informed approach, something systemic, structural and specialised is missing to guarantee a basic training to all professionals who (potentially) assist women victims of violence, because, as C. F., head of the Equal Opportunities Commission of the Order of Psychologists of the Emilia-Romagna Region, dealing with victims of Gender-Based Violence is particularly complex and delicate, it is something that has its own specificity and that goes beyond the traumatic event because it includes an emotional dimension and of meanings quite different from other traumatic phenomena and that requires training to be addressed. Moreover, training is fundamental to guarantee homogeneous levels of care throughout the territory and in all the services, to avoid the risk that the whole pathway depends on the sensitivity and preparation of the professional the woman encounters.

*The handling of Red Code offences, domestic violence, cannot be the prerogative of one person. It would mean that the victim relies on chance to find in the Carabinieri or Police station the person she was lucky enough to meet that day who knows how to welcome her, how to treat her. Still at the collective level there is no awareness, but also at the level of the police officer. The problem that victims face when they go to the barracks and do not find an operator competent in the matter means not being welcomed, not finding a contact person, and this often pushes the victim away from making a complaint. It is a problem, absolutely related to access to Justice. We are the front office, the first that the victim finds on the territory. There is discrimination in this too, not knowing how to implement policies that are also social, because when a person arrives, she does not just want to make a complaint but to be helped in the round. The person who takes the complaint must be competent to address the victim, it means multidisciplinary skills, not only from the legal point of view.*

Commander of the Municipal Police of Vergato (Metropolitan area of Bologna)

Another aspect that goes hand in hand with training is supervision, which is essential to ensure and protect the health and well-being of staff who deal with victims of Gender-Based Violence on a daily basis and are therefore exposed to the suffering of others.

*Compared to some situations you succumb, you don't know how to handle them, it's bad for you that you are in trouble and worse for the person on the other side, we only miss that they don't have an adequate defence.*

Criminal lawyer

In addition to protecting health and well-being, where supervision is done, it is a further training opportunity because it involves exchange and confrontation. At Casa Phoebe, for example, supervision starts with concrete cases and from there works both on the cases and on the emotional experience of the workers in relation to them and on the personal experiences that can be reactivated in the relationship with women who are victims of violence. Among the realities encountered, Casa Phoebe is the only one to have specific moments for personal and team supervision, in addition to psychologists and social workers who, due to their profession, have to work a lot on themselves and on the helping relationship. This confirms the finding of the questionnaires concerning the social and health system, the majority of which were filled in by these very professionals. In general, all organisations report that they benefit greatly from spontaneous confrontations, sharing between colleagues and mutual support. Supervision and psychological and methodological support aimed at the professional is



too often considered superfluous, especially in the judicial system where it is believed that those who need it would no longer be considered fit to judge, but, in addition to protecting the health of the worker, it has a concrete impact on the quality of the service offered and, therefore, on the woman and her children. A guideline on how to approach women victims of violence and their children and how to carry out a trauma screening would then be of great help, precisely as a methodological and emotional support tool in the first approach to the victim, a moment of possible disorientation for the operator.

*Because then it's those critical situations where in the moment of need, in caring for these women, having all the elements clear and defined or not having them makes a difference in the response you give even in emotional terms because if you're not prepared, you don't know how to deal with that emotional gap either.*  
President of the Association of Social Assistants E-R.

Despite the fact that the questionnaires on the social and health care system show that there are guidelines to promote trauma-informed practices, the majority of those interviewed did not support the same, rather they expressed the need. A guideline would increase sensitivity in all professionals who encounter situations of Gender-Based Violence, would guarantee continuity even in case of staff turnover, would regulate the specific tasks of each actor, would favour the creation of networks and, as already mentioned several times, would standardise the procedures to be adopted, making them homogeneous on the territory. It should, however, be a flexible tool, giving useful indications but also leaving freedom of action because each service has its own specificity and, above all, as the head of Casa Phoebe says, "the user gives you the guidelines, she is the one who regulates how to approach her". Indeed, guidelines are useful if they are clear and concise, but they can also be limiting if they are dense and followed too rigidly.

### 3.3. Engagement and Involvement of Survivors

*What we do presupposes that the woman accepts to do it and it is not always automatic and simple.*

Head of the Urgent Sexual Violence Outpatient Clinic at the Maggiore Hospital in Bologna

*If you take away her decision-making power and she wants to remove herself from the cycle of violence, you repeat what she suffered at home and then, if you decide for her, very often she comes back, after a while she goes home. Sometimes it is better maybe to accompany her for a moment, then she decides, she has to decide, she has to be the author of her own rescue - even though nobody is saved alone.*

Psychologist psychotherapist Ausl Romagna

This is the principle from which the help relationship starts, valid for almost all the realities interviewed. The whole pathway out of a condition of violence is based on the will of the woman, who is not obliged to do anything she does not want to do; on the contrary, fundamental for the pathway and the relationship of trust is that the woman involves herself and this presupposes a solid motivation. At any time the woman can choose to stop and this choice is respected, although not without frustration on the part of the professional who is accompanying her. Women's involvement takes different forms in each service: in the shelter, everything is invested in involvement in home activities to make women active, to give them a sense of efficacy, to rebuild a routine, to fill the day with practical activities. A lot of work is done on know-how, on resources and skills to fill that sense of suspension from life given by being placed in protection. As far as social work is concerned, involvement is intrinsic to the profession, the object of academic training and included in the Code of Ethics; it responds to the principles of freedom, self-

determination and autonomy of the person in a situation of fragility, so it applies to women victims of violence as to any other category. It is clear, however, that the woman, given her traumatised condition, may not be able to make decisions in a fully lucid and conscious manner, so it is the care of the professional to accompany her - without taking her place - with empathy and sensitivity and above all to give her clear information and explain all the steps, several times if necessary. This principle is adopted in all services: in the health system, for instance, all references to support services and all information with respect to examinations and psychological reports, which the woman decides to undergo or not, are provided. In the justice system, much attention is paid to the delivery and explanation to the victim of all notices that enable her to understand and follow the trial sequences, striving to use language that is as comprehensible as possible. The obscurity of the system and of trial sequences may cause re-traumatisation, so magistrates and police forces try to ensure this involvement.

In the judicial sphere, where there are crimes that can be prosecuted ex officio, it is clear that the prosecution process is triggered and takes place regardless of the victim's compliance. This is a factor in the complexity experienced by some professionals encountered.

*In Romagna, when a woman arrives at the emergency room we explain to her what the report for violence is, we explain that we are public officials and if she tells us things that are crimes that can be prosecuted ex officio we are obliged to send the report to the public prosecutor's office, so we ask her for her consent. [...] Reporting is a difficult tool to do because we psychologists and psychotherapists are trained to empathise with the person and look for ways to get closer to her. When you have to refer, you have to be objective because that document goes to court, so you have to be measured between acceptance and containment.*

Psychologist psychotherapist Ausl Romagna

*When a woman comes in I have to say one thing immediately: that I am not a social worker, I am not an operator. If she tells me about crimes for which there is ex officio prosecution, I cannot not go on. So I put it in front of you, I tell you I can help you in another way. If you come and you don't intend to report, I don't force you, but I put you in touch with someone on the ground who can help you. I don't push if there's no will, but I help you get in touch with the association Mondo Donna, I accompany or call, I try to guide you along the path because unfortunately that's our limit. I cannot remove myself from my function. I try to be sweet and empathetic, but I can't take certain information and keep it to myself confidentially.*

Commander of the Vergato Municipal Police (Bologna)

Roles of this kind are very delicate, requiring great exercise in demonstrating empathy and firmness at the same time. The behaviour to be adopted is one of great welcome and direction towards other support services. The role of Public Prosecutors and Judicial Police is even more delicate because, although they have to approach the victim with empathy and absence of judgement, they have to follow the Code of Criminal Procedure which provides for the objective assessment of the facts with thorough investigations and therefore also in favour of the suspect. At the same time, they must take into account the specificity of the crimes they are dealing with, whereby there may be gaps or discontinuities in the victim's account, or even retractions, and evaluate the statements in the light of the overall evidentiary picture. As for the person who defends the woman in the trial, he/she must maintain a "third-party spectator" role, whereby striking a balance between what the woman intends to do and what he/she considers best for the purposes of the trial. In order to be able to lucidly assess the best strategy, it is necessary to maintain a certain detachment from the woman assisted and from what she is experiencing. Third party observation, therefore, acting on the basis of what the



professional sees, which is different from what the woman victim of violence experiences from within. It is the opinion shared by all those interviewed that the most delicate aspect of working with women victims of violence and their children is the relational one: faced with relational difficulties, the professional can react by judging or, on the contrary, by over-identifying, so it is necessary to find the right balance between detachment and empathy in order to establish a helping relationship. It is not an exaggeration to claim that the whole pathway out of violence is based on the relationship of trust; sometimes the relationships are conflictual, the expectations that are created unavoidable, that is why it is essential to set boundaries and to be very clear about everyone's roles. In the social system generally very positive relationships of trust are created, educators and workers are unbound by the obligations just mentioned. The objective of the relationship is always to accompany women victims of violence towards autonomy and not to recreate those relationships of dependence and submission typical of Gender-Based Violence.

### 3.4. Cross Sector Collaboration

Collaborations between services supporting women victims of violence and their children are many and varied; it is difficult to make a general statement because each organisation moves differently among the network of actors. Certainly, as also emerges from the questionnaires, networks exist, some formal others more informal, some more consolidated others less so. As regards the city of Bologna, for example, there are two different round tables, one at municipal level and the other at metropolitan level. They are places of confrontation aimed at guaranteeing an ever higher quality of interventions to take charge of women victims of violence and of their children. The metropolitan technical table is coordinated by the metropolitan city, attended by local authorities, social-health districts and anti-violence centres, meets quarterly and deals with all technical and operational issues; the metropolitan protocol regulating the reception, listening and hosting of women victims of violence was born from this table. Over the years, this table has fostered mutual understanding, respect for roles and integrated work. The municipal table, on the other hand, meets every six months, is coordinated by the Councillor for Equal Opportunities of the Municipality of Bologna and sees the participation of institutions and associations that, in the Bologna area, intervene to support women victims of violence: anti-violence services, AUSL of Bologna, ASP City of Bologna, Carabinieri Provincial Command of Bologna, Police Headquarters of Bologna, Emilia-Romagna Juvenile Court, Public Prosecutor's Office at the Juvenile Court, Bologna Court of Law, Public Prosecutor's Office at the Bologna Court, Metropolitan City of Bologna, Municipality of Bologna. This table deals with the qualification of the response of the overall system on the issues of Gender-Based Violence; in concrete terms it regulates all the procedures and roles of all the actors that make up the network supporting the woman victim of violence and her children. It is a round table where strengths and limits of the system are discussed, which led to the production of a protocol that formalises the role of each one, the attention to be paid and the directions to be taken for a constant improvement of the whole system. It can be said that thanks to years of work, the metropolitan city of Bologna has managed to create a network that dialogues and collaborates on the issue, with a constant commitment to improving and making the system more efficient. Interlocutions on a restricted basis between individual services are the order of the day and concern the handling of particular cases or specific problems (e.g. consultations with forensic doctors, with the juvenile prosecution service, etc.). They are opportunities for the services to get to know each other, a way also to understand with whom one communicates and works in a more immediate and fluid way and to establish meaningful collaborations, both for the operator and for the woman. Also at the regional level there is a round table on Gender-Based Violence that meets three to four times a year, consisting of all institutions and associations that intervene in support of women who are victims of violence and their

children in order to constantly update each other on what is happening and what is needed. Protocols are shared, data are brought in and monitored. Parallel to the table on Gender-Based Violence there is a table on gender policies where the labour component is highly represented and the two tables together try to give the most comprehensive and systemic response to the woman victim of violence. Moreover, the Emilia-Romagna Region, referring to the Regional Plan against Gender-Based Violence, intends to launch a series of meetings in each territory of the Region to strengthen ties and interaction, share practices and projects, and ensure homogeneity throughout the territory. The words of the Commander of the Vergato Municipal Police figuratively and effectively describe what inter-sectoral collaboration should be:

*Everyone has to do their bit, it's like a relay race. You run because the last one has to arrive. All five of us running, we have to do our bit and we have to do it well. If the last one reaches the finish line, it is also thanks to the one who passed the baton, who made the victory favourable. Many times we don't even see the end result, but I tend to work well because you have to think about doing the best for the person who came and trusted you. You have to do it even if it is not required, don't think that others will do it anyway.*

Commander of the Municipal Police of Vergato (Bologna)

As could be observed, no reference is ever made to the trauma-informed approach. The round tables, as well as the interactions between individual realities, are technical and operational discussion spaces, formed by organisations adopting different approaches. Nevertheless, the commitment of some realities, including the Order of Psychologists, is to bring attention back to the meaning of the trauma experienced by women victims of violence, not to place the phenomenon like any other traumatic event but to recognise it as the bearer of a social, cultural and identity specificity.

Although we vaguely know what the trauma-informed approach is, there is no specific cross-sectoral training on the topic, or at least on trauma. It is different for cross-sectoral training on Gender-Based Violence, which is promoted by metropolitan protocols and agreements and often organised by the most experienced figures on Gender-Based Violence, both from the social and health system and the justice system. Rather than cross-sectoral, it would be more correct to speak of training aimed at a single sector, e.g. the police, by another sector, e.g. psychologists, probably because the levels of knowledge and sensitivity are different for each, as are roles and competences, so there is a greater need for targeted training. However, there is no lack of training aimed at multiple professions (health professions, law enforcement and anti-violence services, social workers and psychologists, psychologists and lawyers, etc.) with a view to interdisciplinarity, integration and higher quality of intervention.

### 3.5. Finance

Ongoing training on trauma and trauma-informed methodology for staff is only guaranteed by the economic plan of the Casa Phoebe shelter and the Vergato municipal police station, which has an economic management plan that allocates an expenditure chapter to it every year. Most of the other organisations interviewed provide some - always meagre - funding for staff training on Gender-Based Violence, but no specific training on trauma and the trauma-informed approach. As far as the Orders (psychologists and social workers) are concerned, the training is financed by a part of the members' fees, while the training of legal operators is entrusted to the Superior School of the Magistracy. Concerning the existence of funding for cross-sectoral training on trauma and the trauma-informed methodology, the interviewees were not aware of it and stated that, if it existed, they would not fund specific training on the approach. Moving away from staff training and taking a slightly broader look at funding, the Emilia-Romagna

Region shows great commitment to combating Gender-Based Violence also from a financial point of view. The Councillor for Equal Opportunities reported, for example, that for the second consecutive year, the Region has significantly supplemented the national resources for the freedom income, tripling them. In addition, the Region allocates a large amount of money for calls for proposals concerning the promotion of a gender culture and the fight against violence, support for women's work and innovative welfare initiatives.

### 3.6. Progress Monitoring and Quality Assurance

In none of the organisations interviewed are there systems for monitoring and controlling the quality of interventions to create and improve services from a trauma-informed point of view. Even in the two realities closest to this approach, Casa Phoebe and the Vergato municipal police station, these tools are unstructured, they are not real operational practices. At Casa Phoebe, for example, monitoring and quality control of interventions take place within supervision, where cases and points of view on the overall work are shared. Sharing leads to the integration of new modalities and good practices but it is not a defined process. The Vergato Municipal Police monitors the quality of its interventions on the basis of the outcome of the woman's path and stores the successful elements for the future, even though it is true that each intervention depends on a multitude of variables that make it complicated to understand which ones depend on the work of the professional, which ones on the person, which ones on the context. The Prosecutor's Office of Bologna and the AUSL of Romagna behave more or less in the same way. The former controls the quality of its work on the basis of trial findings and through internal comparison within the area of specialisation gender violence and crimes against minors.

*We discuss situations that have had unexpected responses (e.g. unsuccessful precautionary measures), then the discussion continues at the round tables of the metropolitan agreement signatories, which is especially useful if critical issues are presented. It is useful when we tell each other what did not work, become aware of the problems and try to reason together on how to avoid their future occurrence.*  
Prosecutor at the Court of Bologna

The psychologist-psychotherapists of the AUSL of Romagna see the woman about 40 days after the psychological report and observe the results from a psychological point of view (how the woman is doing) and a procedural point of view (how speedy, for example, the removal order of the abuser was), and then discuss them within the improvement groups and record the interventions that led to a more positive outcome.

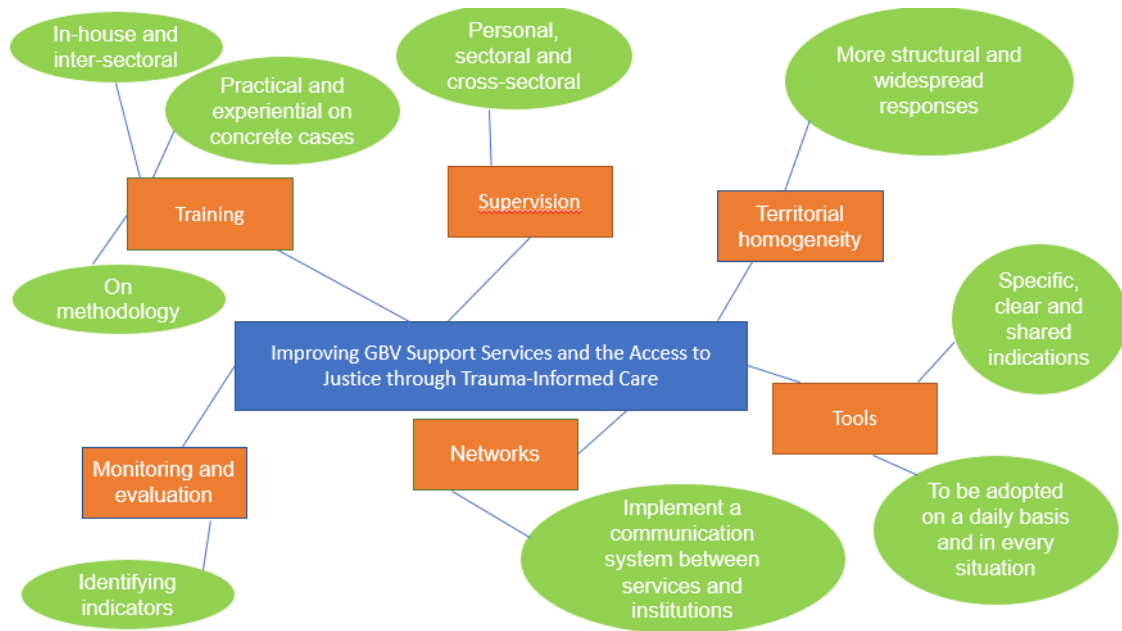
*In the improvement groups, the cases we recount have repercussions in the sense that if you see that by doing a certain thing in one way, the decree of removal of the abuser comes more quickly, then you repeat it and extend it to your colleagues so that others do it too. Quality control is done by us, self-managed, but we do it.*  
Psychologist psychotherapist Ausl Romagna

At the Urgent Sexual Violence Outpatient Clinic of the Maggiore hospital in Bologna, the experiment of the midwife as case manager and accompanying figure for the woman in hospital was a great success, evaluated on the basis of the highest rate of returns for the 15-day follow-up, and was therefore definitively integrated into the procedure. It is clear that, while the trial is very "assessable", elements such as overcoming trauma or protecting the victim from secondary traumatisations are more difficult to monitor. There are no indicators to assess the effectiveness of interventions in this respect, monitoring is mainly quantitative and in no way related to trauma. The metropolitan agreement, for example, in addition to round tables to understand what works and what does not,

provides for data monitoring: it collects all the data from services and associations (how many women there are, how long they stay in the reception and hospitality system, where they come from) and processes them. At the regional level, on the other hand, Law 6 of 2014, Framework Law for Equality and Against Gender Discrimination, provides for the establishment of an observatory that collects data and information every year and is able to return a relevant mapping of the phenomenon. Since this observatory has been in existence, the profiles of women victims of violence (origin, children, employment status), how many accesses to anti-violence centres and shelters, for how long, by whom the intake started, accesses to emergency rooms, outcomes of trials, etc., are recorded every year.

# 1. Conclusions

In this report we wanted to provide a snapshot of the knowledge and use of the trauma-informed approach within the systems that encounter women victims of violence and their children and to highlight examples of experiences and good practices of the services encountered that go in the direction of this approach or, in any case, are significant and inspiring. The questionnaires and interviews are clearly not a representative sample of what is happening at national and local level, but they are valuable starting points for further investigation and consideration.



The qualitative-quantitative field research complemented the documentary analysis - which is fundamental for framing the context - and found that what happens at the documentary level also happens at the operational level: like the documents analysed, the services encountered unconsciously adopt one or more principles of the trauma-informed approach without, however, appearing to be familiar with it, with the exception of a few. The fieldwork also confirmed internal trends in the social and health care system and in the justice system: while the former is more committed to adopting a trauma-sensitive approach and taking care to avoid re-traumatisation, in the latter there are still barriers that cause secondary traumatisation in women and hinder access to justice. Nevertheless, several respondents agreed that the justice system has made progress in recent years and that awareness of the issue is increasing.

Some evidence emerges from this report that is useful to take up in view of future project developments. In the chart below, we present a general overview of the main results that emerged from questionnaire and interviews, followed by a more detailed description.

- **Training:** the answers to the open-ended questions of the questionnaire and the interviews revealed the need for specific training on the trauma-informed approach for all professionals who encounter women victims of violence and their children. In-house and inter-sectoral training, training on methodology and practical experiential training on concrete cases, so that the responses provided by all professionals are trauma-informed and a continuity of trauma-informed interventions is guaranteed. It is recognised that specific training on Gender-Based Violence and the trauma-informed approach would have a significant impact on reducing barriers to access to justice and would contribute to improving the care of women victims of violence and their children.
- **Supervision:** we have seen how much the helping relationship with women victims of violence and their children can strain the professional competences and the emotional and psychological resilience of professionals and how, at the same time, supervision is not guaranteed for all services in the system. Personal, sectoral and cross-sectoral supervision of emotional experiences and individual cases would implement the system's capacity to intercept, prevent and treat trauma and, above all, would protect the health and well-being of the staff, thus guaranteeing a higher quality of interventions in favour of women victims of violence and their children.
- **Monitoring and evaluation:** also of great importance is the monitoring and evaluation of interventions, which are informal or even absent practices within the services. Those interviewed expressed the importance of sharing and discussing in working tables, teams and individual services the strengths and limitations of the system. Structuring this practice more and identifying indicators would help each service and the system as a whole to improve more and more and would also allow the impact of the phenomenon to be assessed in terms of trauma.
- **Networks:** networks in the various territories exist and function, they are often organised in multidisciplinary tables and teams, but a communication system between services and institutions should be implemented to facilitate the adoption of shared strategies and common trauma-informed objectives.
- **Tools:** what emerges from questionnaires and interviews is the need for specific shared tools to be adopted on a daily basis and in every situation, intervention protocols and guidelines that contain clear and shared indications with all network actors supporting women victims of violence and their children. As we have seen, several already exist, but they do not include the issue of trauma.
- **Territorial homogeneity:** the documentary analysis had underlined how territorial inequalities make the approach and the fight against Gender-Based Violence uneven across the Italian territory. Those interviewed, especially those in political roles, repeatedly expressed their intention to work to make the system's responses more homogeneous, while others pointed out how inadequate it is to rely on chance and hope to meet professionals trained in the field. Territorial homogeneity would guarantee more structural and widespread responses, reducing - and hopefully resolving - the emergency with which the issue of Gender-Based Violence is currently treated.



## Annex 1. Survey Tables

| Gender       | TOTAL     |       | Social & Health System |       | Judicial System |        |
|--------------|-----------|-------|------------------------|-------|-----------------|--------|
|              | Number    | %     | Number                 | %     | Number          | %      |
| Women        | 82        | 97,6% | 71                     | 97,3% | 11              | 100,0% |
| Men          | 2         | 2,4%  | 2                      | 2,7%  | 0               | 0,0%   |
| <b>Total</b> | <b>84</b> |       | <b>73</b>              |       | <b>11</b>       |        |

| Age            | TOTAL     |       | Social & Health System |       | Judicial System |       |
|----------------|-----------|-------|------------------------|-------|-----------------|-------|
|                | Number    | %     | Number                 | %     | Number          | %     |
| 26-35 year-old | 16        | 21,9% | 16                     | 21,9% | 3               | 27,3% |
| 36-45 year-old | 23        | 31,5% | 23                     | 31,5% |                 |       |
| 46-55 year-old | 16        | 21,9% | 16                     | 21,9% | 6               | 54,5% |
| 56-65 year-old | 15        | 20,5% | 15                     | 20,5% | 1               | 9,1%  |
| > 65 year-old  | 3         | 4,1%  | 3                      | 4,1%  | 1               | 9,1%  |
| <b>Total</b>   | <b>84</b> |       | <b>73</b>              |       | <b>11</b>       |       |

| Education           | TOTAL     |       | Social & Health System |       | Judicial System |        |
|---------------------|-----------|-------|------------------------|-------|-----------------|--------|
|                     | Number    | %     | Number                 | %     | Number          | %      |
| Degree, Master, PhD | 72        | 85,7% | 61                     | 82,2% | 11              | 100,0% |
| High School         | 8         | 9,5%  | 8                      | 10,7% |                 |        |
| Secondary School    | 4         | 4,8%  | 4                      | 7,0%  |                 |        |
| <b>Total</b>        | <b>84</b> |       | <b>73</b>              |       | <b>11</b>       |        |

| Professional Profile   | Number    | %             |
|--|-----------|---------------|
| <i>Social and Health Sector</i>                                |           |               |
| Social worker, Social care professionals, Educator             | 52        | 61,9%         |
| Psychologist, Psychotherapist, Neuropsychiatrist, Psychiatrist | 16        | 19,0%         |
| Healthcare professional  | 5         | 6,0%          |
| <i>Judicial Sector</i>   |           |               |
| Lawyer   | 8         | 9,5%          |
| Jurist, Legal operator, Legal expert                           | 3         | 3,6%          |
| <b>Total</b>   | <b>84</b> | <b>100,0%</b> |

| Years in the position | TOTAL         |          | Social & Health System |          | Judicial System |          |
|-----------------------|---------------|----------|------------------------|----------|-----------------|----------|
|                       | <i>Number</i> | <i>%</i> | <i>Number</i>          | <i>%</i> | <i>Number</i>   | <i>%</i> |
| 1 - 5 years           | 32            | 38,1%    | 29                     | 39,7%    | 3               | 27,3%    |
| 6 - 10 years          | 22            | 26,2%    | 19                     | 26,0%    | 3               | 27,3%    |
| 11 - 15 years         | 13            | 15,5%    | 11                     | 15,1%    | 3               | 27,3%    |
| 16 - 20 years         | 4             | 4,8%     | 4                      | 5,5%     |                 |          |
| 21 - 30 years         | 8             | 9,5%     | 5                      | 6,8%     | 2               | 18,2%    |
| More than 30 years    | 5             | 6,0%     | 5                      | 6,8%     |                 |          |
| <b>Total</b>          | <b>84</b>     |          | <b>73</b>              |          | <b>11</b>       |          |

| Region of origin | TOTAL         |          | Social & Health System |          | Judicial System |          |
|------------------|---------------|----------|------------------------|----------|-----------------|----------|
|                  | <i>Number</i> | <i>%</i> | <i>Number</i>          | <i>%</i> | <i>Number</i>   | <i>%</i> |
| Emilia Romagna   | 31            |          | 16                     |          | 5               |          |
| Piemonte         | 27            |          | 25                     |          | 2               |          |
| Valle d'Aosta    | 9             |          | 9                      |          | 0               |          |
| Other Regions    | 5             |          | 3                      |          | 2               |          |
| Not declared     | 12            |          | 10                     |          | 2               |          |
| <b>Total</b>     | <b>84</b>     |          | <b>73</b>              |          | <b>11</b>       |          |



## Annex 2. List of Persons Interviewed

|  |   |
|--|---|
| Policy Maker                                     | <b>Barbara Lori</b> - Regional Councillor (Assessore) in charge of Equal Opportunities, Emilia-Romagna                |
| Head of a Shelter                                | <b>Lucia Zanzani</b> – Head of Shelter “Casa Phoebe”  |
| Emergency Room                                   | <b>Marinella Lenzi</b> – Head ER, Gender Violence (Violenza Sessuale), Ospedale Maggiore, Bologna                     |
| Prosecutor                                       | <b>Lucia Russo</b> – Prosecutor in Bologna Court of Justice   |
| Judge  | <b>Grazia Nart</b> – Judge in Bologna Court of Justice  |
| Lawyer   | <b>Silvia Ventrucci</b> – Lawyer, Antiviolence Center   |
| National Psychological Association               | <b>Carmelina Fierro</b> - Psychological Association, Responsible for Equal Opportunities                              |
| National Social Workers Association              | <b>Mariachiara Briani</b> – President of ER regional Social Workers Association                                       |
| Advisor Committee for local/national authorities | <b>Simona Lembi</b> -Responsible Plan for Gender Equality (Piano Uguaglianza di Genere), Metropolitan City of Bologna |
| <i>National Choice</i>                           | <b>Gina Simoni</b> – Responsible for Municipal Services addressing minors (Servizio Minori) City of Bologna           |
| <i>National Choice</i>                           | <b>Marescialla Elena Corsini</b> – Law Enforcement Services in the area of Vergato (Metropolitan area of Bologna)     |
| <i>National Choice</i>                           | <b>Melissa Mercuriali</b> – Therapist, Gender Violence ER AUSL Romagna  |

## Annex 3. Summary of Individual Interviews

Barbara Lori

Councilor for Equal Opportunities of the Emilia-Romagna Region

|   |   |
|---|---|
| <p><b>Policy</b></p>                                  | <p>The Emilia-Romagna Region relies mainly on Law 6 of 2014, Framework Law for Equality and Against Gender Discrimination, which provides for the creation of an Action Plan to combat gender-based violence, already in its third edition (the first in 2016, the second in 2021). The Action Plan for Combating Gender-based Violence rests on three pillars:</p> <ol style="list-style-type: none"> <li>1. Governance: the idea that the territory has inter-institutional coordination acting in a network logic.</li> <li>2. Prevention: training initiatives.</li> <li>3. Protection: accompaniment in the pathways out of violence through, for example, the income of freedom.</li> </ol> <p>In the implementation of the Action Plan for combating gender-based violence, the Region has initiated specific project lines that provide for targeted training (e.g. regional school office, mediators). The intention is to work together with police forces and the health sector.</p> <p>This is partly referred to as the Trauma-Informed approach. Recently (Resolution October 2022) the guidelines for taking care of women victims of violence in the emergency room were approved, they deal with the taking care but also with the way of discharge. Some activities and professions consider trauma, but not all. The aim of the guidelines is to ensure that they are uniformly applied throughout the region.</p> <p>The guideline may be useful to improve reception and taking charge activities and may also serve to raise awareness and provide all-round information to all the professionals who encounter these situations, who are not always attentive and prepared to receive even difficult cases, and then be able to activate the right paths in the subsequent phases.</p> <p>The guideline would be useful because in the health and social sectors in particular, staff turnover is rather high. It is useful for there to be a sufficiently high state of alertness to be able to grasp all situations, even the most hidden ones, and to direct them to the most appropriate help paths.</p> |
| <p><b>Engagement and involvement of survivors</b></p> | <p>The Region does not meet directly with women victims of violence, nor does it deal directly with services provided to citizens.</p>  |
| <p><b>Cross Sector Collaboration</b></p>              | <p>The reference is the Action Plan to combat gender-based violence. The Region will soon start province-by-province meetings to strengthen the link and interaction between the actors who meet women victims of violence, sharing projects. Law 6 of 2014 provides for a round table involving all stakeholders, starting with the institutional ones, the municipalities, the anti-violence centres. In each provincial area, then, there are collaboration protocols and the Region wants to work on this because there is inhomogeneity between one territory and another. The Region's referents will physically go around each province and talk with all the actors to ensure that where collaboration protocols do not exist they can be put in place and where they do exist they can be integrated with all the figures (local health companies, law enforcement, schools) that can help promote a culture of equality and implement preventive measures to combat violence.</p>   |

|  |  |
|--|--|
| <b>Finance</b>                                   | Over the past two years, the Region has budgeted EUR 1,300,000 to supplement the national funds on freedom income, which were EUR 208,000 in the first year. It then puts EUR 2 million a year into calls for tenders concerning the promotion of a gender culture and the fight against violence and the theme of women and work, co-financing projects to support women's work and innovative welfare initiatives. The Region then transfers to the anti-violence centres, through the municipalities, the national resources earmarked for anti-violence centres and shelters, and shares with municipalities and anti-violence centres a package of national resources for accompanying pathways out of violence, housing autonomy.  |
| <b>Progress Monitoring and Quality Assurance</b> | <p>With respect to the projects that arrive for the various calls for proposals, the Region does not carry out punctual monitoring, it has no indicators because they are very different projects, so it is impossible to apply monitoring through narrow reference grids. The choice that has been made since the early stages of the law's implementation is to leave space for creativity to the territories with a punctual and careful evaluation of consistency with the objectives set out in the call for proposals upstream, and then punctual and capillary control and verification so that all the activities envisaged are actually carried out (e.g. number of participants, target, reporting). There must be correspondence between the objectives of the project sheet and what has actually been achieved.</p> <p>Law 6 of 2014 provides for the establishment of an observatory that collects data and information every year. The observatory profiles the situations (single women, with children, how many children, access or not to shelters, for how long, taking charge through emergency rooms or direct contact with anti-violence centres, rather than social services). It is a bit of a mapping exercise.</p> |

## Carmelina Fierro

Head of the Equal Opportunities Commission - Order of Psychologists Emilia-Romagna

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| <b>Policy</b> | <p>There is a whole area of psychology trained specifically on processing and working with post-traumatic stress situations. In the training school of emergency psychology that deals with specific situations of trauma, stressful situations with regard to events experienced in a traumatic way, the schools have the specific intervention on women victims of violence. Not only trauma is recognised as the focus of intervention and processing but also the particularity of violence against women, that traumatic event that requires its own specificity.</p> <p>The training of psychologists is yes to acquire methodologies and techniques, but it is also a space in which the professional - who is in the helping relationship anyway - has the possibility of continuous training on him/herself. This is typical of the helping relationship in general. The phenomenon of burnout is typical of a short-circuit situation or in any case of discomfort of those who are in a continuous helping relationship.</p> <p>The Order's training is general because it is open to all members who also have different orientations. The Order does not have a specific orientation, it has to guarantee orientation for everyone and the different proposals that there are, it is broad training and then on a personal level it goes into more detail in the specific schools. The equal opportunities commission has done several courses on violence because it recognises that violence against women has its own specificity and not everyone is ready to work on it.</p> <p>Guidelines not only tell what to do, how to do it, but also try to understand what the problem is, recognise it, identify objectives and</p> |
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|   | <p>standardise it because much comes from the voluntary and third sector communities, but much must be recognised at public level. For a woman it also means recognition in all the other areas of her life because a woman who is taken in, in addition to having to process her trauma, to redefine her existence, needs a support network that goes beyond the home, the centre. If you as an institution have guidelines you somehow recognise the need, the method, but you also activate a network of services in which everyone is responsible for their own response. Guidelines give the guarantee of a network.</p>  |
| <p><b>Engagement and involvement of survivors</b></p>   | <p>It is not the Order that involves women directly. Involvement and participation are constituent in the right of the person who wants to embark on her own path considering the specificity of the situation she is experiencing.</p> <p>On methodology, everyone has their own orientation, the setting can change according to the orientation of the specific professional. What must be guaranteed is the autonomy of the person seeking help.</p>   |
| <p><b>Cross Sector Collaboration</b></p>                | <p>The Order first of all interfaces with the Region and participates in the regional round table on gender violence, where there is constant comparison with other realities involved: administrations, municipalities, health services, social services, third sector. The table is an opportunity for comparison and constant updating of what is happening and what is needed. It is from there that a possible guideline or eventual regional law starts, which is then taken to the national level. Concrete situations, results or criticalities must also emerge from the round table.</p> <p>There is no specific mention of the Trauma-Informed Approach, there is a variety of different approaches, each adopts its own and the round tables are more operational. The Order's task at the institutional level is to bring attention back to the meaning of trauma, to restore dignity to the word trauma, to the word fear and, with regard to women, to give specificity to the phenomenon, to place it not as just any other event.</p> <p>Increasingly, the Order is opening up to other professions; in webinars, for example, lawyers, psychologists, educators, social workers are invited to encourage interdisciplinarity. Training is important to do one's job well in this sector. The Order provides training for its members, but other professions are also invited among the speakers.</p> |
| <p><b>Finance</b></p>                                   | <p>The order has its budget given by the members' fees. An important part of these fees is allocated to training, and every year we allocate part of these funds to the equal opportunities commission, which specifically follows violence against women as well as other issues.</p> <p>Trainings involving other professions are usually open events, conferences, seminars, open to other professions but also to citizens. There is also an information and awareness-raising part for citizens, so they are open events. The Order realises these training and information and promotion opportunities.</p>  |
| <p><b>Progress Monitoring and Quality Assurance</b></p> | <p>The Order monitors the quality of its interventions as an Order. The members say what needs to be improved or supplemented. Each webinar is evaluated. The centres, like the various methods, must have evaluation indicators, also in order to be recipients of possible national and European funds.</p>  |

Elena Corsini  
 Commander of the Municipal Police of Vergato (Bologna)

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| <p><b>Policy</b></p>                                  | <p>In general, in the police force the figure of the officer is seen more from the legal point of view and not on the treatment of the victim. In Vergato, on the other hand, some practices that can be traced back to the Trauma-Informed approach are adopted. There is, for example, a pink room, created thanks to funds from the Emilia-Romagna Region. There, hearings delegated by the Public Prosecutor are now held, protected meetings with parents are held, social workers read the removal decrees.</p> <p>Supervision is not there, but there should be, not only on this aspect but also for the fatal accident e.g., an event that makes you have to suffer the trauma of the other, it opens drawers of memory. All the more so for crimes of this kind. It is considered unnecessary but should be imposed to protect people's health. We talk a lot among colleagues, we welcome each other.</p> <p>She did a university training related to the treatment of the victim (not from a legal aspect but from a psychological one). When she became commander she wanted her colleagues to be trained at the interregional police school in Modena, linked to the Emilia-Romagna foundation for victims of violent crimes. It is a multidisciplinary training made up by psychologists, operators dealing with gender violence, Red Code, psycho-therapists. It is trauma-specific and co-funded by a European fund. The treatment of Red Code crimes cannot be the prerogative of only one person, the victim cannot rely on finding in the Carabinieri or Police station the person who knows how to welcome her, how to treat her. Not finding competent operators alienates the victim from making a complaint. When a woman arrives, she does not only want to file a complaint but also to be helped in the round, social policies must also be implemented.</p> <p>The guideline does not make you panic, because the operator also has reactions. Having procedures also helps in the first approach, where you don't really know what to do. On a capillary level it leads to not having to rely on chance or go when there is the person on duty who you know can help you.</p> |
| <p><b>Engagement and involvement of survivors</b></p> | <p>The police officers clarify their position: if the woman reports crimes for which there is ex officio prosecution, they cannot not go ahead. If the woman does not want to press charges, they put her in touch with someone on the ground who can help her. Despite the information, women are not obliged to go to the other services. If there is ex officio prosecution, however, the officers cannot exempt themselves and are clear from the outset. With the complaint, the social services and the anti-violence centre are activated. If the judicial authority establishes a precautionary measure, the officers implement it.</p> <p>It is difficult to entrench oneself behind a role, to maintain detachment. They are very clear about what they can do and what they cannot do. Clear and obvious terms of engagement. Being cautious is protection of both parties.</p>   |
| <p><b>Cross Sector Collaboration</b></p>              | <p>With the social services there is a lot of cooperation because it is personally sought after. A lot of humanity and willingness on the part of those who coordinate the services. Together with the social services and the hospital we tried to start a protocol, but it is blocked, still in an embryonic phase.</p> <p>The Commander has been training on the Trauma-Informed Approach for 15 years, at that time it was something unknown and to think that a crime against a person had to be handled under a psychological</p>  |

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|  | <p>aspect was not known. Today it is better known, but still left to the sensitivity of the judicial police officer or doctor or social worker.</p> <p>There is no cross-sectoral training on trauma. There is some cooperation and there is increasing sensitivity.</p> |
| <b>Finance</b>                                   | <p>Despite the turnover, they are all trained. The station has a PEG (economic management plan) and each year allocates an expenditure chapter to training.</p> <p>There is no intersectoral training, but the need for training emerged in the protocol.</p>            |
| <b>Progress Monitoring and Quality Assurance</b> | <p>Quality control is informal and limited to the positive aspect of interventions.</p>  |

**Gina Simoni**

Head of the Minors Service of the Municipality of Bologna

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| <b>Policy</b> | <p>The services for families and children in the Bologna municipality have not adopted a specific theoretical approach on the issue of gender-based violence, they work with structures that have different approaches to the issue of gender-based violence. However, they have several internal training stages on the topic of ill-treatment in general and gender-based violence in particular. In Italy, services addressed to families and minors have an orientation provided by the national guidelines on family vulnerability, which derive from the national P.I.P.P.I. programme, which contains principles, tools, operational methods, in particular on the target families and minors, but also on gender-based violence. The theme of trauma underlies all the guidelines. In recent years, also thanks to the guidelines, a culture on the issue of trauma and the connection with health and educational services has grown in the services, and an attempt is made to work in an integrated logic. A dialogue has developed between public services and specialised structures, which has certainly led to a growth in mutual sensitivity.</p> <p>The Municipality of Bologna has an office that is dedicated to the issue of staff care from the point of view of welfare health. The social service has specific pathways concerning staff supervision, with the PNRR programme supervision will be compulsory for all services that take care of citizens. In the PNRR supervision, in addition to group supervision, individual supervision is foreseen. The services of the Municipality of Bologna have also made courses with the local police on care and attention related to office logistics, how interviews are conducted, while with a psychologist related to how to listen to particularly delicate, complex situations, how to prevent or deal with very painful situations or conflictual escalations with users, and with him there is an open channel also for individual operators who have felt very overwhelmed by work problems. Then there is the care of the team, places of real confrontation, exchange, where the coordinators perform a function of technical care of the group, of people.</p> <p>The social service of the Municipality of Bologna carries out legal and juridical-social training once a month on the topics of gender-based violence, the application of the Red Code rule and procedures, the care of reporting, and the whole path that follows after the initial emergence of the phenomenon. This training is carried out by the legal advisor and Gina Simoni as the contact person for these issues. There is therefore a constant background of training also for new operators entering the services. There are also</p> |
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|  | training courses carried out by social service workers at other services on these issues.   |
| <b>Engagement and involvement of survivors</b>   | Gina Simoni expresses the frustration concerning the paths that end with the woman returning home or the denial within the proceedings of the initial complaint. The challenge for all the services is to guarantee that sense of hold and care that reassures the woman.   |
| <b>Cross Sector Collaboration</b>                | <p>There are several levels of collaboration between public services and the whole system of reception, legal and psychological counselling on gender-based violence. This connection takes place both at municipal and at metropolitan level, there are several fora for dialogue. There is a metropolitan technical round table that discusses all aspects of technical interlinking, hence all operational links, and has produced the metropolitan protocol on reception in a broad sense. In this metropolitan table sit the local authorities and all the structures of violence authorised by the Region with this definition. The other table, on the other hand, is a municipal one, a table with the participation of the local authority, the Local Police, the local health company, personal services company of the city of Bologna, the social services, the Juvenile Court, the Public Prosecutor's Office, the Ordinary Court. It is a round table that deals with the qualification of the response of the overall system on the issues of gender-based violence, it discusses all the procedures, the role of each actor, the training of the same actors on these issues. This round table has in turn produced a protocol.</p> <p>The round table has repeatedly set out to do integrated training. At the moment, there is nothing active and it is one of the topics and objectives of the next tables, because the pandemic has contributed to emergency management, which is now to be stabilised.</p> |
| <b>Finance</b>                                   | It was not discussed due to lack of time.   |
| <b>Progress Monitoring and Quality Assurance</b> | It was not discussed due to lack of time.   |

## Grazia Nart

Judge at the G.I.P. / G.U.P. Office of the Court of Bologna

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| <b>Policy</b> | <p>The recently introduced rules aim to protect the victim (offended party), all the more so if he/she is a minor. A whole series of arrangements are made to hear the minor, but also the adult victim. There are fast lanes for these trials, so there is priority in setting trials. There is no mention of trauma, while there is attention to resocialisation, correction of the man's behaviour: for the past year and a half/two years, a rule has been introduced whereby if a person wants to join the suspended sentence (with sentences of less than 2 years), he must do a course for abusive men. The focus is on women, but the judge who is superpartes must also protect the defendant. With respect to the adult offended person, one asks the questions that can be asked for an adult person without special care. It is different for minors, where there is psychologist help and especially with minors, the developmental psychologist asks the questions. This approach does not exist for the woman victim of violence, the protections are legislative, practical.</p> <p>Probatory incident: while with minors it is always done, with adults it is not always done. Probatory incident cases (hearing of the offended party in advance of the trial, in the manner of the trial) must be requested by the Public Prosecutor and the cases are established by</p> |
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|  | <p>law, it is not generic. It is done for very serious cases, in ordinary cases it is not. Formal and not very frequent, it is different for juveniles. There are no specific protocols adopted for women victims of violence, but it is always at the instigation of the Public Prosecutor, in these cases established by law. With minors it is mandatory with no discretion for the judge to accept or not, whereas for adults the judge may deny.</p> <p>The Trauma-Informed approach is not known and there is no specific plan for the health and well-being of staff in the court. Supervision only takes place in the case of Appeal or Cassation. For Grazia Nart supervision and practitioner support are not desirable because it would mean that the person is no longer fit to judge. The figure of the judge must be aseptic, without disruption.</p> <p>The Trauma-Informed approach is unknown in the world of justice. Respect for the offended person is used, but particular approaches are not. Continuing training on trauma no, but the Supreme Council of the Judiciary's training on gender crimes is done. They are trainings of various kinds but always legal (norm, its evolution), not concerning the offended part's approach.</p> <p>The guidelines are not instruments of the judge, but if there were they could be considered and at least known.</p> |
| <b>Engagement and involvement of survivors</b>   | It is not a part that concerns her as a judge for investigations and preliminary hearings.  |
| <b>Cross Sector Collaboration</b>                | The G.I.P./G.U.P. office cooperates with the public prosecutor's office and the police, who carry out investigations and then participate in the round tables in the municipality where there are anti-violence centres, the municipality, all police forces, judges and prosecutors. Grazia Nart is a bit perplexed about these round tables because she does not consider her involvement appropriate in relation to the third role she has as a judge, she argues that the round tables should be more technical.  |
| <b>Finance</b>                                   | The Court does not provide an independent financial plan and in its view there is no funding for specific training on the Trauma-Informed approach.   |
| <b>Progress Monitoring and Quality Assurance</b> | The Court does not provide for monitoring and quality control.  |

## Lucia Russo

Deputy Prosecutor at the Court of Bologna

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| <b>Policy</b> | <p>The risk of secondary victimisation in the handling of the crime of gender-based violence is the subject of widespread awareness in the judicial structures, therefore the Superior Council of the Magistracy has dedicated a series of resolutions and injunctions on these issues. Secondary victimisation is a very present risk in the handling of these crimes, it may depend on inadequacy in listening to the victim, in the investigative procedural hearing phase, in the phase of filing the complaint/appeal, it may depend on the disinterest of the institutions towards the protection needs of the victim. There is secondary victimisation also in civil law dynamics: frequent disavowal of gender violence, child custody, separation/divorce. And then judicial stereotypes, judicial determinations that are the outcome of cultural prejudice. It seems that the situation over time has changed and is changing, even compared to 10 years ago. There is a widespread</p> |
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|   | <p>creation of areas of specialisation, especially in investigative offices. Today, 90% of the Public Prosecutor's Offices have specialised areas that deal with these crimes and it is important as an incentive element with respect to training and practitioner confrontation. There have certainly been many training initiatives of the Superior School of the Magistracy: every year, courses with voluntary participation, many tools available to try to train. Then many indications of the Superior Council of Magistracy: for example, in its resolution of May 2018, the SCM indicates what has to be done at judicial level in dealing with these crimes, it speaks of the need to approach the victim to avoid any form of secondary victimisation, it addresses the issue of risk assessment, of the necessary collaboration with other bodies and associations that are on the territory and that must form a protection network for the benefit of victims. The issue of listening to the victim is addressed extensively, the need for empathic and non-judgmental listening, the need to create reassuring environments for victims, the need to avoid situations that increase victim distress.</p> <p>There is no talk of a Trauma-Informed approach but an attempt is made in the operational dynamic to avoid further traumatising by all means as a consequence of the inadequacy of the process.</p> <p>There is no specific focus on the health and well-being of staff. It is important both for the health of the judicial and police worker and for the victim of the crime who deals with them. Specific attention does not exist, there are general regulations concerning the health of the worker but without specific attention to the issue of traumatising, unless it is one's own diagnosed illness for which the worker may benefit from the protections provided by law. There is no psychological supervision/support.</p> <p>Every year, the Superior School of the Magistracy organises several events where the topic is explored through theory with the participation of different professionals (experts in other disciplines, forensic medicine, psychologists, not only magistrates). Then there is local specialised training for the Police Force, at the urging of the Superior Council of the Magistracy. The subject of training is not perfectly fulfilled in every part, there is always a need for continuous updating and training, but compared to 10 years ago the subject is dealt with in a completely different way: 10 years ago rare events and expressions of individual sensitivities, now the situation is different, also from the apex structures of the Police Force there is a continuous initiative towards training initiatives and/or guidelines also prepared by them. Specific training on trauma no, but in trainings there can be reports of professionals dealing with trauma and secondary victimisation.</p> <p>The points of reference are normative, as far as the approach to the victim is concerned there are 2 supranational instruments: Convention Istanbul (and consequent decree Femicide 2013) and Directive victim 2012 (European), which contains information of great importance for the victim approach. A vademecum issued in 2019 gives them guidance on what to do or not to do in the investigation. Their reference point is the national or supranational primary or secondary legislation adopted and everything that contributes to enriching the Magistrate's or Police Force's knowledge.</p> |
| <p><b>Engagement and involvement of survivors</b></p> | <p>From a theoretical point of view, the fact of delivering notices to the victim that allow them to see the court proceedings represents a form of involvement of the victim with respect to an absolutely obscure path. Victims in Bologna are given notices with procedural prerogatives and lists of anti-violence centres. When we talk about empathic and non-judgmental listening to the victim, those investigating must try to avoid inappropriate actions towards victims, on the other hand they must</p>   |

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|   | <p>behave according to the code of criminal procedure which provides for objective assessment of the facts taking into account the specificity of the crimes they are dealing with.</p>  |
| <p><b>Cross Sector Collaboration</b></p>                | <p>There is collaboration with other realities. Institutional protocols have been signed which have led to the formation of round tables between associations and institutions on the territory: judicial authorities, police forces, anti-violence centres, social services, etc. Discussion activities between those in the area are present, applied, we meet twice a year in plenary session, we discuss problems encountered in various contexts. Then it happens to have interlocution on a more restricted basis with individual realities (social services or juvenile prosecutor's office) to reason together on problems of common interest, concerning the management of a single procedure.</p> <p>Key words training and confrontation: continuous training has meant that over the last few years things have changed because certain regulations set in motion mechanisms that have led to an improvement in the quality of the investigative and judicial response. Encourage and promote training activities towards all operators (judicial, police, school, health, social welfare). Another important moment is the confrontation, at least twice a year in plenary at the round table of the protocol signatories, in order to address critical issues arising in individual situations and reflect on how to put in place solutions to improve the situations.</p> |
| <p><b>Finance</b></p>                                   | <p>Central state structures provide for free participation in training courses. As individual public prosecutors' offices, there is no financial autonomy that can be used for training activities.</p>  |
| <p><b>Progress Monitoring and Quality Assurance</b></p> | <p>The outcome of the work can be seen from the trial findings. Which in any case are not good quality feedback with regard to the aspect of the protection of the victim from secondary traumatisation. Verification of the quality is done through internal comparison within the area of specialisation gender violence and crimes against minors, by comparing situations that have had unexpected responses (e.g. precautionary measures not accepted), then comparison at the round table of the subscribers, which is especially useful if critical issues are presented.</p>   |

Lucia Zanzani  
 Head of the Refuge House "Casa Phoebe" - Bologna

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| <p><b>Policy</b></p> | <p>Casa Phoebe was founded as a trauma-informed structure; the work with our guests is focused on a Trauma-Informed approach. We evaluate a Trauma-Informed approach from the moment of admission where we discuss, within a trauma-trained evaluation team, the adherence of the person or nucleus to the project. We do psycho-education, work on traumatic experiences on a practical level through many psycho-educational interviews. One works on recognising that there is continuity with respect to daily life and past circumstances that influence one's way of being in the world. One needs to recognise this continuity, work with it, manage it. Structured observation sheets are completed.</p> <p>The Casa Phoebe workers do 2 supervisions a month: one is trauma informed with Vittoria Ardino on cases. She urges them to work on awareness with the women, i.e. to expose the reflections, not to report them only to the team but to share what can be done with the guests, to make them aware, to talk, to avoid taboos and being vague, to go to the heart of certain issues and certain experiences. The other supervision</p> |
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|   | <p>is a more operational monitoring of the team's experiences of difficulties: how are we doing, which cases we find most difficult, with whom we work best, with whom we are unable to work. There is also the possibility of individual psychological support if necessary. The referent is also very available for moments of confrontation and support.</p> <p>Casa Phoebe opens in 2020 and at the opening a 40-hour training is given to the whole team on the Trauma-Informed approach. Then the team changes and shorter trainings are given afterwards to support the newcomers. Then the psychotherapists are trained because the Trauma-Informed approach is not a psychological training school, but is specific training that must be integrated. Training was also given to the services, to the social workers, to also provide trauma-sensitive sending methodology. All these trainings at different times, because they are specific to each one. Supervision is also a bit of training. There are supervisory sessions where we talk more about cases, others where we listen more, look at theoretical materials, edit. The approach is in discovery and Casa Phoebe collaborates to make it as functional as possible.</p> <p>The methodology serves as a guideline, but the more information one has, the better. It also depends, however, on the user who presents herself, there are women who are river in flood, others who speak in monosyllables. Guidelines are useful but sometimes there is a limit, it depends on how you use them: if too broad it is confusing, if too specific it is limiting.</p> |
| <p><b>Engagement and involvement of survivors</b></p> | <p>At Casa Phoebe, women are involved in the activities of the house to make them active, to give them a sense of efficacy, of usefulness, of routine, of filling. We work to give them a role of knowledge and reinforce them in recognising their strengths. The whole process is, however, based on the woman's will, the stay in the shelter itself is not compulsory. Another place of protection/safeguarding may be evaluated. It is essential for a trusting relationship that the woman involves herself, otherwise the process falls apart.</p> <p>The relationships are sometimes also conflictual, depending on the case, on a general level positive trusting relationships. Since it is the woman's choice to be there, she does not experience the presence of the workers as constraint. In addition to supporting them, the workers must also separate and make them autonomous, not recreate a relationship of dependency because the women must train themselves for independence and emancipation. Expectations are always there, but roles are defined from the beginning. Victims of violence tend towards dependency, to entrust the other with knowledge and put themselves in a submissive position.</p>  |
| <p><b>Cross Sector Collaboration</b></p>              | <p>Over time, the workers have realised who they work best with and have therefore activated closer, daily collaborations.</p> <p>Casa Phoebe became part of the metropolitan agreement, a funding agreement of the metropolitan city, in 2022, so it began to compare and collaborate with other anti-violence structures. Casa Phoebe is also part of the round table of the metropolitan agreement that also promotes trainings on the topic of gender-based violence in which the workers have participated.</p>   |
| <p><b>Finance</b></p>                                 | <p>The Mondo Donna Association provides ongoing training for the operators of Casa Phoebe. In addition, the shelter receives funds from the Metropolitan City for the support and maintenance of the shelter.</p>  |

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| <b>Progress Monitoring and Quality Assurance</b> | Monitoring and quality control are done during supervision when views on cases are shared. Team moments and supervision are monitoring of things that are done. |
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## Maria Chiara Briani

President of the Order of Social Workers Emilia-Romagna

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| <b>Policy</b>                                  | <p>The Order does not follow trauma situations directly, it manages policies and the promotion of the profession. In recent years, since the Red Code came into force, there is more sensitivity to these issues, so more training for social workers has become necessary. The Trauma-Informed approach is little known, but gender-based violence increasingly affects all areas of social work (children, elderly, etc.). The attitudes of the approach are typical for the profession, the focus is therefore on the risks of secondary victimisation.</p> <p>There do not seem to be specific policies for the health and well-being of staff, but there is however a focus on possible difficulties of individual operators: in the assignment, in the management of situations, if an operator is in difficulty, there is a tendency to assign the case to someone else.</p> <p>There is continuous training in the individual services and for the Order with respect to gender-based violence, but not on trauma. Different aspects of the issue are addressed every year. The Order provides a general framework while methodology and territorial operational practices are dealt with by the individual services.</p> <p>A guideline would be fundamental, with all the limitations of a guideline if it is rigid, but interpreted as a flexible instrument it becomes fundamental because these are moments in which, beyond the experience of the operator, one can find oneself in a situation of emotional impasse, because they are really testing situations in which in a short time one has to take important decisions and know how to support the woman in an adequate manner, knowing that therein lies the success of much of what comes after. How one approaches it in the first moment makes a difference in how a woman feels supported and sees a way out of this situation.</p> |
| <b>Engagement and involvement of survivors</b> | <p>Involvement of the person is fundamental: to the extent that one is a properly trained professional, this involvement occurs by default because it is part of one's way of working, one's professional duty. Such an attitude is regulated by the social workers' code of ethics. The code of ethics dictates what the appropriate behaviour should be, all the more so in situations of fragility in which the person is not perfectly able to understand everything, to orientate himself immediately, so there is a need for accompaniment, explaining and supporting, sometimes even guiding without, however, ever taking the place of the other, always in the clarity of what one is doing and where one is potentially going.</p> <p>The social worker must be able to stand by and have empathy, that is, be able to understand what that person is experiencing at that moment without entering into a dimension of friendship or equality. The professional holds the clarity, the lucidity of where we are, where we must go, what we can do, what we cannot do, and how it is good to guide the person also in relation to all the other referents and to the resources of the territory. He remains the one who gives the person the elements to make his decisions.</p>   |

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| <b>Cross Sector Collaboration</b>                | <p>The interlocutors of the social services are the third sector, the Mental Health Centre, the drug addiction service, the Local Police, the Carabinieri, all the institutional interfaces. There is continuous collaboration.</p> <p>Intersectoral training there is, it is clear that this is one of those areas where interdisciplinarity is a winning element. Training was done together with the Carabinieri, the Local Police as well as with the Women's House operators. In Bologna, an operational protocol was made involving all these figures who were present at the training. Another training was addressed to social workers and psychologists, and included reports also from Court figures.</p> |
| <b>Finance</b>                                   | <p>Neither in the services nor in the Order is there an economic plan on this specific training on trauma, even though the Order has precisely an economic plan dedicated to offering training also on gender-based violence.</p>   |
| <b>Progress Monitoring and Quality Assurance</b> | <p>There are no indicators of the quality of what is done, because it is difficult to go and measure the quality of an intervention that is very unquantifiable, being linked to a multitude of variables, so it is difficult to understand of an intervention what is the effect that depends on the professional, how much on the other person and how much on the context.</p>   |

## Marinella Lenzi

Head of the Urgent Sexual Violence Outpatient Clinic at Maggiore Hospital in Bologna

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| <b>Policy</b> | <p>For 15 years the Maggiore hospital has developed a protocol of investigations and examinations aimed at taking charge of women victims of acute sexual violence (72 hours). In 2005 the pathway was started, turned into a shared procedure with the Sant'Orsola hospital and other hospitals since 2007 and is still ongoing. The working context with respect to this issue is the emergency room and the birth care pathway. The training of operators also allows non-acute situations to be intercepted. Compared to 10 years ago now there is more attention to understand that also non-explicit/acute situations can show under situations of violence and trauma. There is more sensitivity than in the past, but everything is more complicated by the fact that it is not easy to maintain a high level of attention, preparation and awareness of these things.</p> <p>We never talk about a Trauma-Informed approach.</p> <p>Psychological support for staff is not structured and is not guaranteed, there are often personal and not institutional solutions. There is often confrontation between colleagues and this is of great help, even though it is an unstructured practice. If someone experiences traumatic situations that prevent them from doing their job, there is the possibility of activating a request for psychological support, but often personal solutions are sought or people ask to leave. One of the reasons for turnover is also this.</p> <p>In the curriculum of all health professions, perhaps something is said about violence but it is not something structured. One of the main problems if you are involved in violence management situations is to find the right relational key. Relational modes are very difficult. The difficulty is to find the right level of communication and empathy, which is neither pity nor judgement. A Trauma-Informed approach has never been discussed in the company. Trainings are continuous on gender-</p> |
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|  | based violence and sexual violence and a lot of medical-legal aspects are addressed, which make professionals very anxious.  |
| <b>Engagement and involvement of survivors</b>   | What is done in the hospital presupposes that the woman agrees to do it. All steps presuppose consent (examination, photo documentation). It is explained to the woman that she has the possibility to report and information is given that she can turn to the anti-violence centre.  |
| <b>Cross Sector Collaboration</b>                | There is collaboration with external psychologists because there is no psychologist in the hospital operating unit, but they are not specialised professionals in the field (they are mainly present in the anti-violence centres). Other collaborations are: Police, social workers, etc.   |
| <b>Finance</b>                                   | <p>Every year, training projects are planned, some are very modestly funded, many are zero-cost (internally, e.g. medico-legal). There are a few thousand euros for training each year. The training is in-house with also external input and involves a lot of discussion rather than face-to-face reports.</p> <p>The last trainings were inter-professional but still internal (doctors and midwives, health professions). In the past, there were also shared trainings with other professions, e.g. police forces and social services. For example, paths are built at regional level, then procedures are built internally within each service and operational unit. However, these are not Trauma-Informed trainings.</p> |
| <b>Progress Monitoring and Quality Assurance</b> | Monitoring is raw: how many cases are dealt with in a year. All data on these interventions are put on a computer programme. An example of quality control: since the introduction of the midwife as a companion figure for the woman during the hours she is in hospital, the rate of returns for control after 15 days is much higher. There are questions about how things are going but there is no structured report every year. It is a problem of lack of resources and personnel specifically dedicated to that.   |

## Melissa Mercuriali

Psychologist Psychotherapist AUSL Romagna (local health authority)

|               |  |
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| <b>Policy</b> | <p>In 2015 the AUSL of Romagna started a trial of psychological reporting for violence that is attached to the emergency room report. We do not speak of a Trauma-Informed approach, if it is a first episode we speak of acute stress, if it is an episode that is prolonged over time it becomes a posttraumatic symptomatology generally or an adaptation reaction. Trauma is defined in this sense within the anamnesis of the situation. With respect to the psychological report, one has to respect the woman's time, so one pays attention to the emotional state of the person in order to gather the right information in the right place. The psychological report is only made if the woman feels like it, it is explained to her, and it is she who chooses whether to do it and attach it to the emergency room report or not.</p> <p>The AUSL of Romagna has made a corporate procedure that explains how to behave with the woman victim of violence who presents herself in the Emergency Room, these are all the steps.</p> <p>The AUSL of Romagna holds internal training meetings every year and improvement groups, in which there is the possibility to discuss difficult cases with colleagues. Supervision is done among colleagues in an informal manner or individual paths of improvement and training are built.</p> <p>The initial training on psychological reporting took Dr Reale's experience in Naples as an example and from there the tool was</p> |
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|   | <p>refined thanks to the validated international tests and following what was happening in Naples. Within the improvement groups we try to organise meetings every year, with the forensic doctor, with the lawyer, we do training with the police headquarters to go over the crimes that can be prosecuted ex officio and see what the changes are. Each year, training is planned on the basis of the needs felt.</p>   |
| <p><b>Engagement and involvement of survivors</b></p>   | <p>When a woman arrives at the emergency room it is explained to her what reporting for violence is, that psychologists are public officials and if she tells them things that are crimes that can be prosecuted ex officio they are obliged to send the report to the public prosecutor's office. There is attention and reception if the woman is not ready, and referral interviews are only done when there is consent.</p> <p>Reporting is a difficult instrument to do because, although psychologists psychotherapists are trained to empathise with the person, when they have to report they have to be objective because that document goes to court.</p>        |
| <p><b>Cross Sector Collaboration</b></p>                | <p>Psychologist psychotherapists collaborate first of all with the emergency room, which is the woman's first access, or with general practitioners who send the woman to the emergency room. They then interface with the local anti-violence centre, with the general practitioner, with the advice centre, with the mental health centre, with the social service, with neuropsychiatry, with the police. In Romagna a network has been set up to work well on this issue.</p> <p>The Order of Psychologists is often called upon to provide training, for example to the Police Force.</p>   |
| <p><b>Finance</b></p>                                   | <p>There is no funding for training on the Trauma-Informed approach specifically, nor for continuous training, it is not in the budget. All training is done in-house.</p>   |
| <p><b>Progress Monitoring and Quality Assurance</b></p> | <p>About 40 days after the report, the woman is met again and the tests are repeated, she is asked how she is doing, and the results are observed from all points of view, not only psychological. Also in the improvement groups, cases are recounted, and reflections are made on the procedures that worked more or less. Quality control is therefore informal, "self-managed" as the interviewee says.</p> <p>There are numerical process outcome indicators, there is an Excel, a database, where all the data are collected year by year and you see who accepts, who does not accept, what you get, if there is a separation, if they come back together, etc.</p> |

Silvia Ventrucchi  
Criminal lawyer

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| <p><b>Policy</b></p> | <p>As far as professionals, specifically lawyers, are concerned, there is little focus on trauma. It is difficult to understand how much the Trauma-Informed approach is used because each lawyer in dealing with his client adopts the terms he deems most appropriate, it is difficult to make an assessment in this sense. On the part of the Order the situation is the same. Attention to trauma, more than in the individual relationship between professional and client, would be important above all in the trial because the real re-traumatisation is there. It is important to raise awareness of this in lawyer training.</p> <p>Supervision does not exist, it helps to share with colleagues who deal with these cases, but it is a spontaneous and unstructured thing.</p> |
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|  | <p>Training on trauma is done independently, there is no specific programme. Professionalisation courses for lawyers dealing with this issue would be useful, to have more specialisation and competence. And since anyone can be interested in gender-based violence, everyone should know how to deal with such victims. On the topic of gender violence there are seminars organised by associations including the Forensic Foundation, but something systemic, a specialisation course, is missing.</p> <p>A guideline would be essential. As far as lawyers are concerned, there are no protocols or vademecums.</p> |
| <b>Engagement and involvement of survivors</b>   | <p>The role of the lawyer is a delicate one and everything is about the relationship. Empathy is necessary, but some boundaries must also be set. The lawyer's role is that of a third spectator; he must take a step back from the client and what she is experiencing in order to see things with a necessary detachment.</p>   |
| <b>Cross Sector Collaboration</b>                | <p>Some institutions, including the Municipality of Bologna, have been active in promoting dialogue and inter-institutional round tables. Dialogue meetings have always been proposed. The Trauma-Informed approach is patchy.</p>  |
| <b>Finance</b>                                   | <p>She is self-employed.</p>  |
| <b>Progress Monitoring and Quality Assurance</b> | <p>His type of profession is not subject to controls with respect to his work.</p>  |

## Simona Lembi

Head of the Equality Plan of the Metropolitan City of Bologna

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| <b>Policy</b>                                  | <p>The Equality Plan is a new measure that originates from European legislation and of which the metropolitan city has made it a real policy, a new way of understanding equal opportunities policies, capable of permeating all areas of public administration work. The plan consists of 5 areas, among which the fight against gender-based violence. In this area, all actions are aimed at prevention, protection, autonomy of women.</p> <p>Never heard of Trauma-Informed approach.<br/>The Metropolitan City approves a PIAO, integrated plan of activities and organisation, and a PAP, positive action plan, to promote personal health and well-being. The interlocutors are municipalities and local authorities. They are instruments oriented on wellbeing and empowerment.<br/>There is no training on the Trauma-Informed approach.</p> |
| <b>Engagement and involvement of survivors</b> | <p>The Metropolitan City works on agreement and networking, it does not do sporadic actions but widespread and shared with the wider territory. It does not work directly with women victims of violence.</p>   |
| <b>Cross Sector Collaboration</b>              | <p>The Metropolitan City coordinates political and technical thematic round tables with all public and private actors in the area, aimed at combating the phenomenon of gender-based violence, and since 2015 has signed the 'metropolitan area agreement' for the implementation of activities and interventions of listening, reception and hospitality for women who have suffered violence. It involves local authorities, associations and is an agreement that supports a reception and hospitality system for battered women who have suffered violence. The agreement and the plan identified</p>   |

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|  | <p>collaborations with the network of services supporting those who suffer violence.</p> <p>Intersectoral training is there, but not really on trauma.</p>   |
| <b>Finance</b>   | The respondent is unable to answer these questions.  |
| <b>Progress<br/>Monitoring and<br/>Quality Assurance</b> | The metropolitan agreement provides for the monitoring of data collected by associations and services: how many women there are, how long they stay, where they come from. The analysis is also qualitative, asking the centres and services what works and what does not. Indicators are not yet there, they are foreseen in the Equality Plan, so certainly to be adopted. |

# NATIONAL DATA REPORT – ESTONIA

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## 1. Introduction

Care4Trauma (Improving GBV Support Services and Access to Justice through Trauma-Informed Care) is an EU co-funded project to improve access to justice for gender-based violence victims by strengthening the services provided to traumatized victims. In the project's first phase, partners from five countries (Croatia, Estonia, Greece, Italy, and Spain) determine the State of the Art of Trauma-Informed care in their respective countries.

Firstly, a country report was developed which covered the gender-based violence prevalence in Estonia, how survivors can access justice, and what obstacles they face. It also included an analysis of national, regional, and local legislations, policies, guidelines, and victim surveys regarding trauma-informed care. There are no fundamental problems concerning law enforcement or trauma-informed practices in the Estonian legal or social system. In summary, it can be said that several shortcomings occur primarily at the level of implementation. Some principles should be recognized and prioritized at higher levels. For example, gender-based violence as a specific type of violence should be recognized, but also the understanding that as time goes on, the need for understanding people from different cultures, their traditions, and cultural values also increases in the law enforcement system.

To better understand how the specialists assess using and implementing trauma-informed approaches in their workplaces, the Care4Trauma consortium developed a survey and interview questions with the lead of SISST (The Italian Society of Traumatic Stress Studies) for social and healthcare and judicial sphere specialists.

The current report summarises the findings of the survey and interviews conducted with Estonian specialists in the field. The Methodology of the report is available at the end of this document.

## 2. Online Survey

The Care4Trauma consortium developed an online survey targeting specialists in the social/health and judicial sphere with 19 questions and 39 variables. Respectively the survey had two paths depending on the respondent's background. The online survey was set up in the 1KA platform in English and all project partner languages.

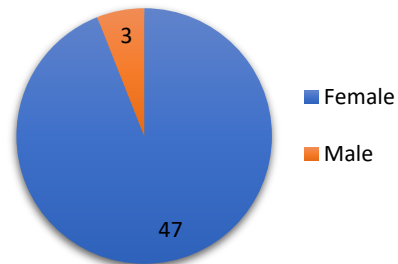
A direct link to the Estonian survey was distributed to all relevant stakeholders via email and social media. Among the targeted organizations were local governments' social services departments, victim support units, women's support centers, Estonian Social Worker Association, Estonian Psychologists Union, Estonian Psychoanalytic Society, Estonian Court Houses, Estonian Prosecutor's Offices, and Estonian Bar Association. One hundred thirty (130) people started to fill out the survey. Unfortunately, 43% of the respondents dropped out, and 74 specialists completed the survey. One of the reasons might be that the first part of the survey – demographics – was considered too specific. Considering the small scale of Estonia, by filling in all the required data, the anonymity of the respondents disappeared.

## 2.1 Professionals in Social and Health Care System

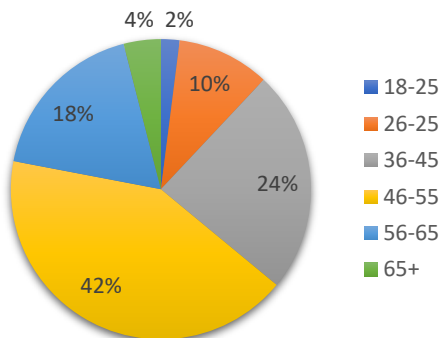
In total, 50 specialists from different social services completed the survey. 94% (47) of the respondents were female, and 6% (3) male.

Respondents presented all age groups. The majority of the respondents (42%) were in the age group 46-55, followed by 36-45-year-olds (24%) and 56-65-year-olds (18%). Two people were over 65, and 1 person was in the age group 18-25.

**Sex of the respondents - social- and healthcare**



**Age of the respondents - social- and healthcare**



99% (49 respondents) have a higher education (bachelor's, master's, or Ph.D.), and one (1) person has a high school diploma.

Geographically, Estonia was divided into four regions: northern, southern, eastern, and western. All areas were represented. The majority of respondents work in North Estonia (48%, n=24), followed by West (18%, n=9), South (8%, n=4), and East (4%, n=2). One respondent works abroad, and 20% (n=10) of the respondents did not wish to disclose that information.

Most respondents worked in the social sector – 84% (42). These were representatives of local government social services, victim support services, counseling services, day centers, hospitals, schools, women's support centers, and special-care facilities. The average work experience in the current role was seven (7) years. Three people had 20 or more years of experience, and eight had ten or more years.

Three respondents (6%) represented the healthcare sector (a pharmacist, psychiatrist, and nurse) with an average of 10 years of work experience.

Five respondents (10%) represented psychologists and psychotherapists, with an average of 12,4 years of work experience.

**Professional profile - social and health care**



The respondents were asked to rate different statements concerning trauma-informed practices and approaches in their current workplace (WP) on a 5-point scale (*Not at all true for my WP; Rather not true for my WP; Somewhat true for my WP; Mostly true for my WP; Completely true for my WP*). The statements were generally divided into three categories: organizational issues, multi-agency cooperation, and services to women/victims. Following the assessment of the statements, the respondents were asked an open question to provide suggestions on how to improve the current system.

## Organization

64% (n=32) of the social and healthcare representatives reported that their workplace has no written policy established committing to trauma-informed practices. Only 14% (n=7) claimed that there are concrete policies established. There is room for improvement for most social and health care services to develop and establish solid written policies for their organizations to follow to detect traumatic experiences and avoid re-traumatization.

Since most organizations do not have written policies, only a few organizations (16%, n=8, mostly and completely true for my WP) have formal systems for reviewing whether the staff is using trauma-informed practices. 72% (n=36) claimed that no procedures are in place to track the use of trauma-informed approaches.

Within the services, 24% (n=12) of respondents assessed that it is mostly or completely true for their workplace that trauma-informed responses are consistent across roles when providing services to women and their children. 50% (n=25) claimed that it is not at all or rather not true to their workplace. This, again, is linked to the absence of written policies and revision systems. Without official structure and support from the management, it is not feasible to implement trauma-informed practices. At the same time, 60% (n=30) of the respondents have said that it is mostly or completely true for their workplace that understanding the impact of trauma is incorporated into daily decision-making practices. It may be that specialists acknowledge the necessity of trauma-informed approaches on an individual level. Still, organizations need to follow up with their policies to make the use of practices official.

Concerning supervision offered to specialists in their workplace, 40% agreed (mostly or completely true) that staff receives supervision from a trauma-informed supervisor, and nearly half (48%) stated that the supervision includes ways to manage both personal and professional stress.

## Multi-agency collaboration

Multi-agency collaboration has developed over recent years in Estonia. Information sharing with other organizations is established according to 72% (n=36) of the respondents (*somewhat, mostly, and completely true for my WP*). According to 54% (n=27) of specialists, their services have a system to develop/sustain common trauma-informed goals with other services.

Though over a quarter (28%) of respondents claimed that there is no communication with other organizations working with women and their children, and 24% (n=12) said they do not pursue common trauma-informed goals with other organizations. Though multi-agency collaboration has been more emphasized and the need for it is acknowledged, a quarter of services do not implement cooperation when assisting victims. This leads to numerous visits to different agencies on victims' behalf and repeatedly telling one's story, which is re-traumatizing.



## Services to women/victims

The majority of respondents (74%, n=37, mostly or completely true) claimed that women and their children are given systematic opportunities to voice their needs, concerns, and experiences in their workplace. In addition, 78% of the respondents agreed that a woman's definition of emotional safety is included in treatment plans and workplace procedures. On the other hand, there is very little practice in using written trauma-informed safety plans with beneficiaries (22%, n=11, mostly or completely true). Also, trauma-informed assessment for women is not widely used either. 44% claimed their workplace does not use assessment (not true, rather not true). Roughly one-third of respondents (34%) claimed that in their workplace, timely trauma-informed assessment is available and accessible to women. Lack of assessment can also be related to organizational policies and practices, since there are no official procedures within the organization in the first place.

| Please rate the following statements regarding your workplace (WP) as it currently operates   |                           |                           |                         |                       |                           |
|---|---------------------------|---------------------------|-------------------------|-----------------------|---------------------------|
|   | Answers                   |                           |                         |                       |                           |
|   | Not at All True for My WP | Rather not True for My WP | Somewhat True for My WP | Mostly True for My WP | Completely True for My WP |
| A written policy is established, committing to Trauma-Informed Practices (detection of traumatic experiences, actions to avoid re-traumatization)     | 15 (30%)                  | 17 (34%)                  | 5 (10%)                 | 6 (12%)               | 7 (14%)                   |
| The service/institution has a formal system for reviewing whether staff are using trauma-informed practice  | 20 (40%)                  | 16 (32%)                  | 6 (12%)                 | 6 (12%)               | 2 (4%)                    |
| There is a system of communication in place with other services/institutions working with women and their children to make trauma-informed decisions  | 7 (14%)                   | 7 (14%)                   | 16 (32%)                | 9 (18%)               | 11 (22%)                  |
| There are structures in place to support consistent trauma-informed responses to women and their children across roles within the service/institution | 13 (26%)                  | 12 (24%)                  | 13 (26%)                | 7 (14%)               | 5 (10%)                   |
| Women and their children are given systematic opportunities to voice their needs, concerns, and experiences   | 3 (6%)                    | 4 (8%)                    | 6 (12%)                 | 12 (24%)              | 25 (50%)                  |
| The service/institution has a system in place to develop/sustain common trauma-informed goals with other services/institutions                        | 3 (6%)                    | 9 (18%)                   | 11 (22%)                | 12 (24%)              | 15 (30%)                  |
| Understanding the impact of trauma is incorporated into daily decision-making practice at my workplace  | 4 (8%)                    | 5 (10%)                   | 11 (22%)                | 12 (24%)              | 18 (36%)                  |
| Supervision at my workplace includes ways to manage personal and professional stress  | 7 (14%)                   | 8 (16%)                   | 11 (22%)                | 12 (24%)              | 12 (24%)                  |
| Trauma-informed safety plans are written/available for each woman (i.e., triggers, behaviors when over-stressed, strategies to lower stress)          | 20 (40%)                  | 12 (24%)                  | 7 (14%)                 | 7 (14%)               | 4 (8%)                    |
| Staff receive supervision from a trauma-informed supervisor   | 12 (24%)                  | 9 (18%)                   | 9 (18%)                 | 10 (20%)              | 10 (20%)                  |
| Timely trauma-informed assessment is available and accessible to women served by my workplace   | 11 (22%)                  | 11 (22%)                  | 10 (20%)                | 10 (20%)              | 7 (14%)                   |
| A continuum of trauma-informed intervention is available for women served by my workplace.  | 11 (22%)                  | 10 (20%)                  | 14 (28%)                | 7 (14%)               | 8 (16%)                   |
| A woman's definition of emotional safety is included in treatment plans and or in the procedures at my workplace.                                     | 7 (14%)                   | 7 (14%)                   | 7 (14%)                 | 14 (28%)              | 15 (30%)                  |

## Suggestions for improvement

Respondents were also asked to propose one to three ideas to better implement a trauma-informed approach in their workplace. In total, 21 people provided their views. Twelve people emphasized the need for awareness raising and training of trauma-informed practices among specialists. The need for cross-sectoral collaboration (n=2) and establishing written policies (n=2) were also highlighted. Local government representatives mentioned that violence topics are not a priority due to their overwhelming workload.

“Local governments and courthouses should improve significantly. Opinions characteristic of the 13th century can still be found even in court decisions and municipal protocols.”

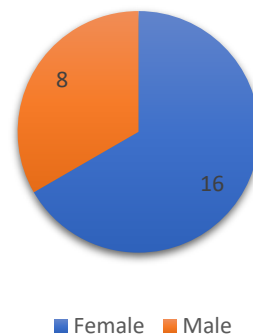
## 2.2 Professional in Judicial System<sup>4</sup>

All respondents of the Care4Trauma survey for the judicial sector have a tertiary degree.

A total of 24 judicial system representatives completed the survey. 67% (n=16) of the respondents were female, and 33% (n=8) male.

The majority of the respondents (33%) were in the age group 36-45, followed by 56-65-year-olds (29%) and 26-55-year-olds (25%). Three respondents were in the age group 46-55.

Sex of the respondents - judicial system



<sup>4</sup> Estonia's court system consists of three instances: county and administrative courts are the first instance courts; circuit courts are the courts of the second instance, and the Supreme Court is the third instance. The formation of emergency courts is prohibited by the Constitution. The prosecutor's office is a government agency within the area of government of the Ministry of Justice which participates in the planning of surveillance necessary to combat and detect criminal offences, directs pre-trial criminal procedure and ensures the legality and efficiency thereof, represents public prosecution in court and performs other duties assigned to the prosecutor's office by law.

In Estonia a jurist is a person with legal knowledge who has (mostly) a legal education. Acting as a jurist is not regulated by law. A jurist who has acquired at least a master's degree in the study of law can act as a contractual representative in court.

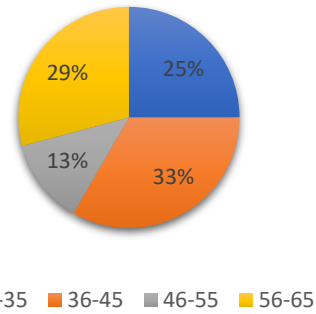
An attorney is a person who, in addition to the acquired higher legal education, has passed the bar exam and been accepted as a member of the Estonian Bar Association. Attorneys rights and obligations are regulated by law and he/she meets high professional standards.

A citizen of the Republic of Estonia may be appointed as a judge, who: has acquired at least a master's degree in law on the basis of an accredited study program or has a higher education certificate obtained abroad for completion of equivalent studies; have not acquired a master's degree, but have completed at least a four-year academic higher education degree in law with an accredited four-year nominal duration in accordance with the procedure before the changes to the University Act entered into force on March 10, 2003, or at least a five-year academic higher education degree in law with a nominal duration before the entry into force of the Education Act of the Republic of Estonia based on the curriculum; knows Estonian at an advanced level; has high moral qualities; has the abilities and personal qualities necessary for the work of a judge.

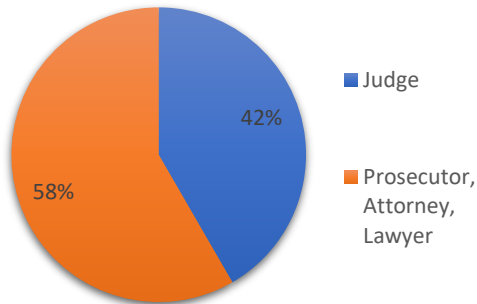
Pursuant to section 74 of the Estonian Courts Act, a judge is required to develop knowledge and skills of his or her speciality on a regular basis and to participate in training. Judges' training includes mostly legal training and skills training. Legal training is divided into training for civil judges, criminal judges and administrative law judges.

Geographically all four Estonian regions were represented, with most respondents (42%, n=10) from southern Estonia, followed by northern (33%, n=8), western (13%, n=3), and one respondent from East-Estonia. Two specialists (8%) did not wish to disclose that information.

Age of the respondents - judicial system



Professional profile - judicial system



Ten respondents (42%) were judges, and 14 (58%) represented district prosecutors, assistant prosecutors, attorneys, and jurists/lawyers.

The judges' average work experience was 15 years, though it is worth mentioning that half of the judges (5) had 23 or more years of experience.

The respondents were asked to rate different statements concerning trauma-informed practices and approaches in their current workplace (WP) on a 5-point scale (*Not at all true for my WP; Rather not true for my WP; Somewhat true for my WP; Mostly true for my WP; Completely true for my WP*). The statements were generally divided into three categories: organizational issues, systemic cooperation, and treatment of women/victims and their children within the judicial system. Respondents were also asked to identify barriers in the judicial system to implementing trauma-informed approaches and how to overcome these barriers.

### Organization

According to 54% (n=13, not at all true, rather not true) of the respondents, written policies committing to trauma-responsive practices are absent. Neither are policies established for regular screening of women and their children for trauma (n=13, not at all true, rather not true).

Concerning policies regarding promoting resilience and general well-being when working with women and their children, 55% claimed that it is completely or mostly true for their workplace, followed by 25% claiming that this is somewhat true. Therefore, most respondents feel that it is established officially to support the beneficiaries within the judicial system. Also, 75% of the respondents think understanding trauma is incorporated into daily decision practices.

Support for specialists who work with gender-based violence cases is essential to reduce burnout and stress. 21% claimed their workplaces have specific protocols to support the staff. Concerning is that 38% (n=9) admitted that there are no protocols to support staff working with women and their children who have experienced violence. To avoid burnout and provide necessary support in cases of secondary trauma, organizations must invest in delivering regular supervision by trauma-informed supervisors.

## System

Assessment of the Estonian judicial system in general and regarding trauma-informed collaboration is positive. Most respondents, 76%, feel that the system stakeholders treat each other respectfully (none of the respondents claimed that it is not at all true). 71% (n=17, somewhat, mostly, or completely true) admitted discussing trauma-related issues with cross-system partners.

## Women and children within the judicial system

Not enough screening tools are used to detect violence or trauma. Only one-third of the respondents said that their workplace uses a standardized tool to assess the impact of violence (34%, mostly and completely true). Though the legal representatives try to protect the women and their children within the system – 92% (n=22, somewhat, mostly, and completely true) admit that efforts are made to minimize the stressful aspects of legal procedures. Specialists believe that women and their children are treated with respect (71%, completely true) and have the opportunity to voice their needs, concerns, and experiences (50%, completely true).

## Barriers and solutions

Respondents were also asked to point out three barriers for women victims of violence to access justice. Eighteen people replied. The most common (n=12) barrier mentioned was fear (fear to speak out, to seek help, fear of consequences for or from the perpetrator), followed by lack of knowledge/awareness (n=10) (knowledge about rights, where to get help). Also, the victim's financial situation was brought out as dependence on the perpetrator.

The specialists were asked how to overcome the barriers mentioned. On nine occasions, awareness raising/educating/training were seen as solutions to improve the situation. Noteworthy is also systemic cooperation in recognizing cases and designing interventions. Local government social departments should pay more attention to families in financially disadvantaged situations to detect potentially abusive situations and act accordingly.

„The [justice] system is vast, it takes time to train all people. There are no compulsory trainings.“

| Please rate the following statements regarding your workplace (WP) as it currently operates  |                           |                           |                         |                       |                           |
|--|---------------------------|---------------------------|-------------------------|-----------------------|---------------------------|
|  | Answers                   |                           |                         |                       |                           |
|  | Not at All True for My WP | Rather not True for My WP | Somewhat True for My WP | Mostly True for My WP | Completely True for My WP |
| Written policy is established committing to trauma responsive practices for women victims of violence and their children.                                    | 8 (33%)                   | 5 (21%)                   | 4 (17%)                 | 1 (4%)                | 6 (25%)                   |
| It is the policy of my organization to regularly screen women and their children for trauma.   | 6 (26%)                   | 7 (30%)                   | 4 (17%)                 | 2 (9%)                | 4 (17%)                   |
| In my organization, the policies regarding working with women and their children include a focus on promoting resilience and general well-being.             | 3 (13%)                   | 2 (8%)                    | 6 (25%)                 | 4 (17%)               | 9 (38%)                   |
| My organization has specific protocols in place to reduce the "burnout" associated with working with women and their children who have experienced violence. | 5 (21%)                   | 4 (17%)                   | 9 (38%)                 | 1 (4%)                | 5 (21%)                   |
| The diversity in my organization reflects the populations we serve.  | 0 (0%)                    | 2 (8%)                    | 7 (29%)                 | 9 (38%)               | 6 (25%)                   |

|   |         |         |         |         |          |
|---|---------|---------|---------|---------|----------|
| Women and their children are appropriately screened for trauma using a standardized tool to better assess the impact of violence against them and therefore to make more informed judicial decisions. | 9 (38%) | 4 (17%) | 3 (13%) | 5 (21%) | 3 (13%)  |
| Efforts are made to minimize the stressful aspects of the woman (and their children) protection case process.   | 1 (4%)  | 1 (4%)  | 7 (29%) | 6 (25%) | 9 (38%)  |
| An understanding of the impact of trauma is incorporated into daily decision-making practice at my workplace.   | 2 (8%)  | 4 (17%) | 6 (25%) | 4 (17%) | 8 (33%)  |
| Families and children are given systematic opportunity to voice needs, concerns, and experiences.   | 1 (4%)  | 2 (8%)  | 6 (25%) | 3 (13%) | 12 (50%) |
| Women (and their children) are treated with respect.  | 0 (0%)  | 1 (4%)  | 1 (4%)  | 5 (21%) | 17 (71%) |
| Systems stakeholders treat each other with respect.   | 0 (0%)  | 1 (4%)  | 5 (21%) | 9 (38%) | 9 (38%)  |
| I discuss trauma issues with cross-systems partners.  | 2 (8%)  | 5 (21%) | 5 (21%) | 4 (17%) | 8 (33%)  |

### 3. Interviews

The data presented above were complemented by five in-depth interviews conducted with professionals from the justice and social system who have direct experience of violence against women and children. Despite numerous attempts to involve professionals from the health system, we did not succeed. The positions of the interviewees are annexed to the report.

The interview was intended to explore the participants' experiences regarding the knowledge, development, and implementation of the trauma-informed approach and to collect their opinions on how and why the use of this approach could improve access to justice, policies, and, more generally, all services supporting women victims of violence and their children. The interview targeted their organizations' practices and reflected on how different organizations plan to deal with the impact of trauma on women victims of violence and their children. It is important to note that the approach to violence in Estonia is gender-neutral. Apart from some specific services, such as women's support center service, violence is addressed rather from another perspective than the gender of the victim. Estonian policy framework in violence against women focuses mainly on domestic violence.<sup>5</sup> This is also reflected in the results of the interviews. Except for women's support center service provider, organizations interviewed do not recognize gender-based violence against women as violence directed against a woman because she is a woman or that affects women disproportionately. Broadly speaking, the responses were divided into two: the women's support center service provider and the other interviewees (state/ministry, local government, prosecutors office, welfare centre).

<sup>5</sup> GREVIO Baseline evaluation report on legislative and other measures giving effect to the provisions of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) on Estonia <https://rm.coe.int/grevio-inf-2022-32-eng-final-report-on-estonia-publication/1680a8fcc2>



### 3.1 Policy

Concerning the policies adopted by each organization interviewed on violence against women and children and the trauma-informed approach, except for women's support center service provider, there are no written policies and procedures focusing on trauma, its pervasiveness for women victims of violence, nor victims of violence in general. Some of the interviewees mentioned general rules provided by the legal framework. It was also said that there had been discussions amongst colleagues about a trauma-informed approach concerning violence in general rather than violence against women. Even if the subject has been discussed and there is a basic understanding that re-traumatization must be avoided, there are no written policies and procedures. On the other hand, women's support center service provider has written policies and strategies focusing on trauma and its pervasiveness for women victims of violence. These policies are seen as the cornerstones of their work with victims of violence against women and children.

According to Estonian legislation, assessing the risk of an employee's health and safety is mandatory, so every organization has a risk assessment of the working environment. The risk assessment must include an action plan designating the measures applied in all fields of activity and at all management levels to prevent or reduce employees' health risks. It also must, i.e., consider the gender of employees. All organizations interviewed had risk assessment plans, but those do not recognize the violence against women nor the pervasiveness of trauma and do not specifically support staff who have experienced direct or secondary trauma. Of course, in recent years in the social field, it has become normality to use supervision and co-vision to support employees. Also, all the organizations interviewed offer the employees the opportunity to get psychological support if necessary. Again, the women's support center differs from other organizations interviewed. In addition to the risk assessment plan, they have individual health and well-being plan for each employee, which recognizes the pervasiveness of trauma to support employees who have experienced direct or secondary trauma.

It was pointed out that the trauma-informed approach in Estonia is a fairly recent development and is increasingly discussed. There is no specific manual on trauma-informed client work, but the staff is offered needs-based training to help them better deal with different client groups.

Training to understand a client's cultural background when it is different from our own is rarely offered. The organization providing the women's support service pointed out that, although there is no training, the specificities of clients' cultural background is taken into account as much as possible. The design of the organization's services has considered this need and has worked through potential concerns. Clients from non-traditional cultural backgrounds are also in the service during the interview.

The interviewees saw the potential benefit of guidelines that would support recognizing trauma symptoms and talking about trauma with a person who has experienced trauma. Talking about trauma with someone who has experienced trauma is not necessarily natural; trauma comes with myths and prejudices that may not be true. Instructional material would help to orient oneself in the topic better. None of the interviewed organizations has such guidance material. According to the Women's Support Center, there are no instructional materials. Still, the staff is thoroughly trained to recognize the symptoms of trauma in the context of violence against women and children, and they know how to talk to the survivor in a supportive manner.

### 3.2. Engagement and involvement of survivors

The case management model applied in Estonia requires the involvement of the survivor in the case. Survivor involvement is, therefore, elementary in the field of social work. In the justice system, the survivor is involved to the extent possible within the limits of the law. This principle was also reflected in the interviews. All interviewees pointed out that the work is ineffective without victim involvement, and the client can usually direct the case. The involvement process explains the purpose of case management, making agreements, and otherwise allowing clients to control what happens in their lives. The purpose of involvement depends primarily on the case, but generally, it is the client's responsibility for her life. For example, in one-off cases, the victim can decide on mediation. In a plea agreement procedure in court, the victim can express an opinion on the sentence to be imposed. The opinion is not binding on the prosecutor and the court, but there is a possibility that it will be taken into account, at least in part. It was also pointed out that there should be more face-to-face communication and less bureaucracy, explaining procedures and other support for different procedures to increase trust.

In terms of building trust with the survivors, all interviewees saw openness, clarification, and honesty in communicating with the traumatized person as necessary, as well as a solution orientation. While in the justice system, the problem of maintaining a sense of role identity was not seen as such a problem, the issue of role identity and possible role confusion was raised by organizations working in the social system. Training, supervision, and covision were identified as possible solutions. A rapid response when the issue of crossing role boundaries arises is essential.

The women's support service provider pointed out that the issue of role identity is already monitored during the recruitment process since the employee's character traits must match the work offered. The trusting relationship between staff is encouraged, which helps to maintain role boundaries by having the courage to discuss problems with a colleague when they arise. If there is slippage, covision is carried out at the earliest opportunity, which helps. Slips in role flexibility are also seen as an opportunity to learn. Sometimes it is difficult to maintain focus, and people get distracted because they want to help more. Then it's an opportunity to ask who you are helping, yourself or the client, and what your role is here today. The role question is raised occasionally, depending on the case: the more complex the case, the better the opportunity to learn.

### 3.3. Cross-Sector Collaboration

Organizations supporting people who have experienced trauma are known and easy to reach. On the positive side, the forthcoming Victim Support Act was mentioned, which will clarify the services available and the possibilities for more effective support for people who have experienced trauma. The state provides victim support services with regional counselors through the social security office. This was mentioned as a positive aspect, as having person-to-person contact rather than knowing the institution to turn to is essential. The importance of person-to-person contact was also stressed by the women's support center service provider, who pointed out that for some partners, the effectiveness of the help received depends primarily on the specialist dealing with the case. Interpersonal communication and information days were mentioned as necessary for building partnerships and sharing different trauma-informed practices. Collaboration is effective when there is trust between the partners. Interestingly, the justice system rated the partners as trauma-informed, the social system rated the closest partners as trauma-informed but otherwise lacking, and the only organization dealing specifically with violence against women rated the partners as not very trauma-informed.



In Estonia, the state has established a cross-sectoral communication system for certain more complex cases. In addition, the interviewees have not developed a communication system with partners. Communication is people-based and primarily based on practice. In contrast, the women's shelter service provider has a communication strategy, which, among other things, sets out a signal and wording for each target group.

### 3.4. Finance

Except for the women's support centers service, a specific service for dealing with violence against women, the interviewees' budgets do not specifically allocate funds to support ongoing training on trauma and trauma-informed approaches to violence against women or violence in general. However, this does not mean that training in trauma and trauma-informed practices is unavailable; instead, funds are not explicitly earmarked to promote trauma awareness. It was also pointed out that if training is necessary, there is no problem in providing it, regardless of whether or not specific training resources were provided on the subject. This principle applies regardless of whether the planned training is sectoral or cross-sectoral.

### 3.5. Progress Monitoring and Quality Assurance

The service's quality will be ensured per the guidelines laid down by law and regulations. In general, these guidelines do not mention violence against women and children except for the Women's Support Center service. As discussed above, Estonia's approach to violence is gender-neutral, which is reflected in the work organization and guidelines of the different institutions. Development interviews and satisfaction surveys were mentioned to gather information, based on which training plans are drawn up to support staff work and needs. However, the satisfaction and development surveys do not specifically address trauma and trauma-informed approaches in general or in the context of violence against women. Organizations do not assess progress toward a more trauma-informed approach separately, as no such indicators exist.

On the other hand, the legal and service specification requirements for providers of specific services related to violence against women, and their practice, contribute to the provision of accessible, culturally relevant, trauma-informed services and support. In addition, the organization interviewed is supported in providing trauma-informed service and support by a values-based development plan that supports trauma-informed service provision, its service specification, and a communication strategy specifically designed to address the specific issue of violence against women and children. An organization's movement towards a more trauma-informed approach has been assessed through referral statistics and feedback surveys, as there is currently no good evaluation tool or indicator that provides objective feedback on the organization's service and support. In both cases, there are certain question marks. For example, feedback forms are generally filled in at the service provider's premises, which may affect the results. Secondly, the client may not be able to assess whether the support was adequate if they do not know what the service should be.

## 4. Conclusions

The sample is relatively small to draw any fundamental conclusions about how trauma-informed Estonia's judicial, social, and medical system are. It may not be possible to assess how trauma-informed the system is regarding violence against women and children, as only one specific service provider that recognises violence against women and children as a particular form of violence was interviewed. The interview responses do not provide information on aspects related to violence against women, as most organizations interviewed do not differentiate between gender-based violence. Still, they give some information on general trauma awareness. Violence Policy in Estonia is gender-neutral, and although violence against women is increasingly discussed, the Estonian policy framework addresses violence against women primarily in the context of domestic violence.

However, it is possible to highlight certain aspects to conclude the findings from the online survey and the interviews.

1. It is essential at the national level to recognize gender-based violence against women as violence directed against a woman because she is a woman or that affects women disproportionately and its pervasive and far-reaching impact.
2. Raising awareness through the recognition of violence against women and children will contribute to more trauma-informed decision-making and the prevention of re-victimization in cases of violence against women and children.
3. There are no written policies and guidelines to support the implementation of trauma-informed practices in organizations. Although basic knowledge about the nature of trauma and trauma-informed practices exists and methods are discussed, this is not sufficient to ensure the provision of trauma-informed services and help.
4. While there is basic knowledge that cultural background significantly impacts how victims of violence against women or children can be helped, there is a lack of specific knowledge and training opportunities on the knowledge that can help provide a culturally appropriate service.
5. There is a need for sectoral and cross-sectoral training on violence against women and children. In addition to the possibility of acquiring knowledge, cross-sectoral training also has the added value of providing a networking opportunity and thus promoting cooperation between sectors.
6. Helping the survivor is a priority; everyone offers their best. Still, a lack of knowledge and cross-sectoral cooperation may hamper the actual support delivery to the person in need.
7. To ensure a high level of trauma-informed service for victims of violence against women and children, evaluation tools need to be developed that can provide objective feedback on the quality of service and support organizations offer.

## Annex 1. Survey Tables

### Gender

|        | Frequency | Percent |
|--------|-----------|---------|
| Female | 63        | 85%     |
| Male   | 11        | 15%     |
| Valid  | 74        | 100%    |

### Age

|       | Frequency | Percent |
|-------|-----------|---------|
| 18-25 | 1         | 1%      |
| 26-35 | 11        | 15%     |
| 36-45 | 20        | 27%     |
| 46-55 | 24        | 32%     |
| 56-65 | 16        | 22%     |
| 65+   | 2         | 3%      |
| Valid | 74        | 100%    |

### Education

|             | Frequency | Percent |
|-------------|-----------|---------|
| Degree      | 73        | 99%     |
| High School | 1         | 1%      |
| Valid       | 74        | 100%    |

### Professional Profile

|  | Frequency | Percent |
|--|-----------|---------|
| Social worker  | 42        | 57%     |
| Clinical psychologist, Psychotherapist, Psychologist | 5         | 7%      |
| Healthcare specialist                                | 3         | 4%      |
| Prosecutor, Attorney, Lawyer                         | 14        | 19%     |
| Judge  | 10        | 14%     |
| Valid  | 74        | 100%    |

### Region of the country (aggregated responses)

|               | Frequency | Percent |
|---------------|-----------|---------|
| North         | 32        | 43%     |
| South         | 14        | 19%     |
| East          | 3         | 4%      |
| West          | 12        | 16%     |
| Other         | 1         | 1%      |
| Not Specified | 12        | 16%     |
| Valid         | 74        | 100%    |

### Type of service/institution (aggregated responses)

|                              | Frequency | Percent |
|------------------------------|-----------|---------|
| Local Government             | 29        | 39%     |
| Court                        | 10        | 14%     |
| Other services               | 8         | 11%     |
| Prosecutors Office           | 8         | 11%     |
| Hospital/Clinic/Med.facility | 7         | 9%      |
| Victim Support Services      | 5         | 7%      |
| Women's Support Centre       | 3         | 4%      |
| Law Office                   | 2         | 3%      |
| Not Specified                | 2         | 3%      |
| Valid                        | 74        | 100%    |

### Years of Experience

|                    | Frequency | Percent |
|--------------------|-----------|---------|
| Less than 1        | 1         | 1%      |
| 1 to 4 years       | 34        | 46%     |
| 5 to 9 years       | 9         | 12%     |
| 10 to 14 years     | 8         | 11%     |
| 15 to 19 years     | 9         | 12%     |
| 20 to 24 years     | 6         | 8%      |
| More than 25 years | 5         | 7%      |
| Not Specified      | 2         | 3%      |
| Valid              | 74        | 100%    |

### Table Version A – Health and Social Care System

| Version A  | Rate the following statements regarding your workplace (WP) as it currently operates |                         |                          |                       |                           |           |
|--|--|-------------------------|--------------------------|-----------------------|---------------------------|-----------|
|  | Not at All True for My WP  | A Little True for My WP | Somewh at True for My WP | Mostly True for My WP | Completely True for My WP | Valid     |
| Written policy is established committing to Trauma Informed Practices (detection of traumatic experiences, actions to avoid re-traumatisation) | 15 (30%)   | 17 (34%)                | 5 (10%)                  | 6 (12%)               | 7 (14%)                   | 50 (100%) |

|  |          |          |          |          |          |           |
|--|----------|----------|----------|----------|----------|-----------|
| The service/institution has a formal system for reviewing whether staff are using trauma informed practice   | 20 (40%) | 16 (32%) | 6 (12%)  | 6 (12%)  | 2 (4%)   | 50 (100%) |
| There is system of communication in place with other services/ institutions working with women and their children for making trauma informed decisions | 7 (14%)  | 7 (14%)  | 16 (32%) | 9 (18%)  | 11 (22%) | 50 (100%) |
| There are structures in place to support consistent trauma informed responses towomen and their children across roles within the service/institution   | 13 (26%) | 12 (24%) | 13 (26%) | 7 (14%)  | 5 (10%)  | 50 (100%) |
| Women and their children are given systematic opportunities to voice needs, concerns, and experiences  | 3 (6%)   | 4 (8%)   | 6 (12%)  | 12 (24%) | 25 (50%) | 50 (100%) |
| The service/institution has a system in place to develop/sustain common trauma informed goals with other services/institutions                         | 3 (6%)   | 9 (18%)  | 11 (22%) | 12 (24%) | 15 (30%) | 50 (100%) |
| Understanding of impact of trauma is incorporated into daily decision-makingpractice at my workplace   | 4 (8%)   | 5 (10%)  | 11 (22%) | 12 (24%) | 18 (36%) | 50 (100%) |
| Supervision at my workplace includes ways to manage personal and professional stress   | 7 (14%)  | 8 (16%)  | 11 (22%) | 12 (24%) | 12 (24%) | 50 (100%) |
| Trauma informed safety plans are written/available for each woman (i.e., triggers, behaviours when over- stressed, strategies to lower stress)         | 20 (40%) | 12 (24%) | 7 (14%)  | 7 (14%)  | 4 (8%)   | 50 (100%) |
| Staff receive supervision from a trauma informed supervisor  | 12 (24%) | 9 (18%)  | 9 (18%)  | 10 (20%) | 10 (20%) | 50 (100%) |
| Timely trauma informed assessment is available and accessible to women served by my workplace  | 11 (22%) | 11 (22%) | 10 (20%) | 10 (20%) | 7 (14%)  | 49 (98%)  |
| A continuum of trauma informed intervention is available for women served by my workplace.   | 11 (22%) | 10 (20%) | 14 (28%) | 7 (14%)  | 8 (16%)  | 50 (100%) |
| A woman's definition of emotional safety is included in treatment plans and or in the procedures at my workplace.                                      | 7 (14%)  | 7 (14%)  | 7 (14%)  | 14 (28%) | 15 (30%) | 50 (100%) |

Table Version B – Judicial System

| Version B   | Rate the following statements regarding your workplace as it currently operates |                           |                         |                       |                           |           |
|---|---|---------------------------|-------------------------|-----------------------|---------------------------|-----------|
|   | Not at All True for My WP   | Rather not True for My WP | Somewhat True for My WP | Mostly True for My WP | Completely True for My WP | Valid     |
| Written policy is established committing to trauma responsive practices for women victims of violence and their children. | 8 (33%)   | 5 (21%)                   | 4 (17%)                 | 1 (4%)                | 6 (25%)                   | 24 (100%) |
| It is the policy of my organization to regularly screen women and their children for trauma.                              | 6 (26%)   | 7 (30%)                   | 4 (17%)                 | 2 (9%)                | 4 (17%)                   | 23 (99%)  |

|   |         |         |         |         |          |           |
|---|---------|---------|---------|---------|----------|-----------|
| In my organization, the policies regarding working with women and their children include a focus on promoting resilience and general well-being.  | 3 (13%) | 2 (8%)  | 6 (25%) | 4 (17%) | 9 (38%)  | 24 (100%) |
| My organization has specific protocols in place to reduce the “burnout” associated with working with women and their children who have experienced violence.  | 5 (21%) | 4 (17%) | 9 (38%) | 1 (4%)  | 5 (21%)  | 24 (100%) |
| The diversity in my organization reflects the populations we serve.   | 0 (0%)  | 2 (8%)  | 7 (29%) | 9 (38%) | 6 (25%)  | 24 (100%) |
| Women and their children are appropriately screened for trauma using a standardized tool to better assess the impact of violence against them and therefore to make more informed judicial decisions. | 9 (38%) | 4 (17%) | 3 (13%) | 5 (21%) | 3 (13%)  | 24 (100%) |
| Efforts are made to minimize the stressful aspects of the woman (and their children) protection case process.   | 1 (4%)  | 1 (4%)  | 7 (29%) | 6 (25%) | 9 (38%)  | 24 (100%) |
| An understanding of the impact of trauma is incorporated into daily decision-making practice at my workplace.   | 2 (8%)  | 4 (17%) | 6 (25%) | 4 (17%) | 8 (33%)  | 24 (100%) |
| Women and children are given systematic opportunity to voice needs, concerns, and experiences.  | 1 (4%)  | 2 (8%)  | 6 (25%) | 3 (13%) | 12 (50%) | 24 (100%) |
| Women (and their children) are treated with respect.  | 0 (0%)  | 1 (4%)  | 1 (4%)  | 5 (21%) | 17 (71%) | 24 (100%) |
| Systems stakeholders treat each other with respect.   | 0 (0%)  | 1 (4%)  | 5 (21%) | 9 (38%) | 9 (38%)  | 24 (100%) |
| I discuss trauma issues with cross-systems partners.  | 2 (8%)  | 5 (21%) | 5 (21%) | 4 (17%) | 8 (33%)  | 24 (100%) |

## Annex 2: List of Persons Interviewed

All participants have signed a consent form and the interviews were recorded. Only occupations are made public.

1. Executive Manager of a Women's Support Centre (NGO)
2. Advisor of the Ministry of Social Affairs (Department of Family Well-being and Safe Relationships)
3. Head of local government Social Department
4. Deputy Manager of a Welfare Centre
5. District Prosecutor, Circuit Prosecutors Office (Department of Juvenile and Intimate Violence Crimes)



# NATIONAL DATA REPORT – CROATIA

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# 1. Introduction

The first national report of the Care4Trauma project, drafted in November 2022, presented an overview of the situation related to gender-based violence (GBV) against women in Croatia including the most important statistical data and legislation, the access to justice framework model and the framework of existing health and social care policies for women survivors of GBV. It also provided a detailed analysis of the mapping of the current provision of trauma-informed care (TIC) by looking into relevant laws, bylaws, and policies to identify the level of TIC provided through the system of preventing and combatting violence against women (VAW) and domestic violence (DV) in the country. The analysis presented in the first report had shown that most of the legislative and other documents include some reference to the situation of the victim and many TIC principles are indirectly included as part of the general context and specific measures and articles. There is a general awareness that women survivors of violence are vulnerable, and that violence has far-reaching serious consequences, including trauma and decreased ability to cope. This is reflected in some of the analysed documents, which state that the responsibility for the violence is on the perpetrator and that re-traumatisation should be avoided.

However, what was found to be lacking is the underlying understanding that women survivors of GBV suffer from high levels of trauma and therefore need a specific approach to feel protected and supported. Although this is officially recognised in several documents, including the strategies against DV, the essence of what it means to be a woman survivor of violence and to suffer trauma as a consequence, is not sufficiently elaborated in the documents or in the training that the staff working with the victims in the institutions receive. It is therefore open to interpretation and left to the individual professionals in the system to implement the TIC principles when and how they can. Furthermore, although secondary victimisation is considered and recognised as a potentially serious issue on a declaratory level, it is again neither elaborated nor integrated deeply into existing policies and legislation, which often results in victim blaming and secondary victimisation. This then has a further effect on women who refrain from reporting the violence they had survived to the police and other institutions.

Considering the above findings and the general aim of the Care4Trauma project, this second stage of the project and the second report had an aim to better identify and address TIC gaps within the target groups' workplaces. The outcome of this phase is the description of the degree of implementation of TIC principles across the health, social care, and judicial systems.

When referring to TIC, the research referred to the seven identified TIC principles, as follows:

1. Recognition
2. Establishing emotional safety
3. Restoring choice and control
4. Facilitating connection
5. Avoiding re-traumatization
6. Cultural competence
7. Secondary trauma

The methodology itself (described in detail in Annex 1) involved the collection of data from professionals and stakeholders involved through:

1. An online questionnaire in two different versions (one for the health and social system and the other for the justice system), was submitted to the staff of

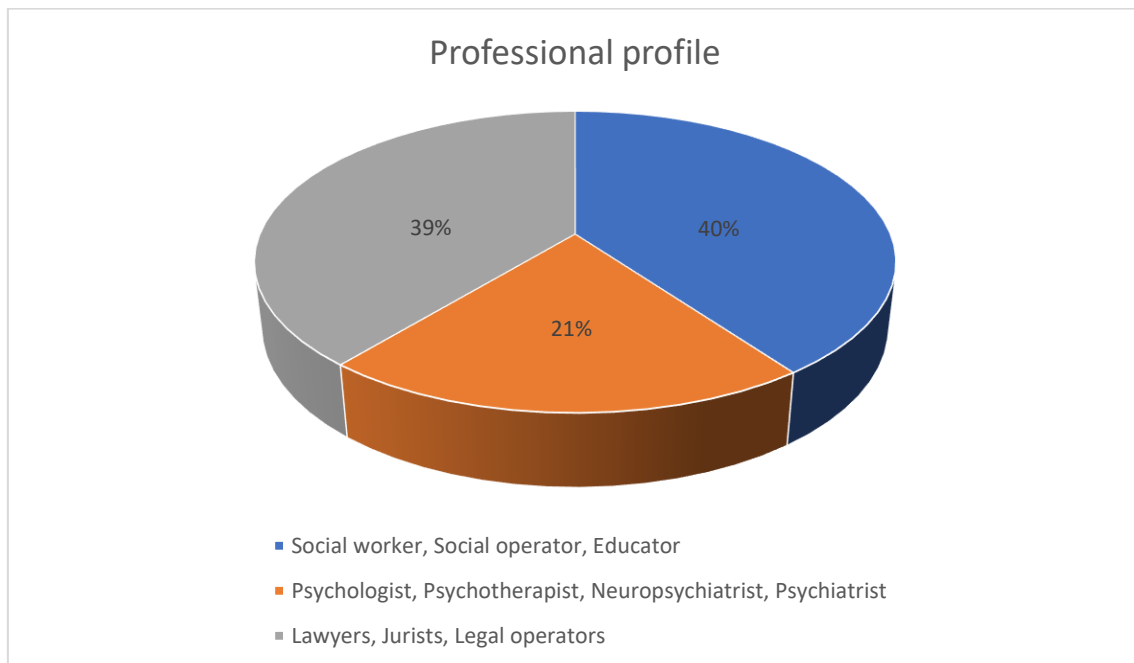
organisations and professionals who support and sustain women victims of violence and their children.

2. a semi-structured interview addressed to managers of shelters and anti-violence centres and to political decision-makers/policymakers.

The results of the data report are presented as a detailed analysis of the surveys for health and social care professionals, as well as justice system actors, an analysis of the interviews with shelter managers and other stakeholders, and joint conclusions with recommended next steps.

## 2. Online Survey

The questionnaire, which was the same for all project partner countries, was distributed online to social workers, NGO shelters and counselling centres, other service providers, health workers, judges, lawyers, and other members of the justice system. We received a total of 92 valid answers.<sup>6</sup> Of those, 40% were social workers, 21% were psychologists, psychotherapists, and psychiatrists, and 39% were lawyers and jurists. In total, 56 people (61%) responded to the specialised survey for the social and health system and 36 people (39%) responded to the survey for the justice system.



Regarding the education level, all respondents have B.Sc. or higher degrees. Most respondents were female (91%). Regarding the years of experience in the workplace, nearly half of respondents had up to five years of experience (46%), almost one fifth (18%) had from 6 to 10 years of experience, 21% had from 11 to 20 years of experience, and 15% over 20 years of experience. There were numerous services, non-governmental organisations (NGOs), and institutions represented, including Centres for Social Welfare (CSW), local authorities, the City Office for Social Care, state Homes for

<sup>6</sup> We received a total of 148 responses to the questionnaire. However, 56 respondents filled out only Part A of the survey, which contained demographical data, and did not respond to any of the survey questions related to TIC. Therefore, they were excluded from the data analysis. In total, we analysed 92 full responses.

Adult Victims of DV and their children, as well as NGOs providing shelter and counselling services. Most of the justice system representatives were lawyers.

## 2.1 Professionals in Health and Social Care System

A total of 56 respondents answered the questionnaire for workers and professionals in the social and health system. These were social workers, social operators, educators, psychologists, psychotherapists, neuropsychiatrists, and psychiatrists. The table below shows the overall results of the survey for all thirteen questions.

|  | <b>Not at All True for My WP</b> | <b>A Little True for My WP</b> | <b>Somewhat True for My WP</b> | <b>Mostly True for My WP</b> | <b>Completely True for My WP</b> |
|--|----------------------------------|--------------------------------|--------------------------------|------------------------------|----------------------------------|
| 1. Written policy is established committing to Trauma Informed Practices (detection of traumatic experiences, actions to avoid re-traumatisation)        | 7<br>12,5%                       | 9<br>16,07%                    | 17<br>30,36%                   | 11<br>19,64%                 | 12<br>21,43%                     |
| 2. The service/institution has a formal system for reviewing whether staff are using trauma informed practice  | 27<br>48,21%                     | 13<br>23,21%                   | 8<br>14,29%                    | 5<br>8,93%                   | 3<br>5,36%                       |
| 3. There is system of communication in place with other services/institutions working with women and their children for making trauma informed decisions | 6<br>10,71%                      | 14<br>25%                      | 12<br>21,43%                   | 15<br>26,79%                 | 9<br>16,07%                      |
| 4. There are structures in place to support consistent trauma informed responses to women and their children across roles within the service/institution | 8<br>14,29%                      | 11<br>19,64%                   | 18<br>32,14%                   | 12<br>21,43%                 | 7<br>12,5%                       |
| 5. Women and their children are given systematic opportunities to voice needs, concerns, and experiences   | 2<br>3,57%                       | 5<br>8,93%                     | 19<br>33,93%                   | 12<br>21,43%                 | 18<br>32,14%                     |
| 6. The service/institution has a system in place to develop/sustain common trauma-informed goals with other services/institutions                        | 12<br>21,43%                     | 8<br>14,29%                    | 19<br>33,93%                   | 13<br>23,21%                 | 4<br>7,14%                       |
| 7. Understanding of impact of trauma is incorporated into daily decision-making practice at my workplace   | 4<br>7,14%                       | 10<br>17,86%                   | 10<br>17,86%                   | 18<br>32,14%                 | 14<br>25%                        |
| 8. Supervision at my workplace includes ways to manage personal and professional stress  | 24<br>42,86%                     | 14<br>25%                      | 9<br>16,07%                    | 4<br>7,14%                   | 5<br>8,93%                       |
| 9. Trauma informed safety plans are written/available for each woman (i.e., triggers, behaviours when over- stressed, strategies to lower stress)        | 13<br>23,21%                     | 14<br>25%                      | 14<br>25%                      | 11<br>19,64%                 | 4<br>7,14%                       |
| 10. Staff receive supervision from a trauma informed supervisor  | 32<br>57,14%                     | 9<br>16,07%                    | 8<br>14,29%                    | 4<br>7,14%                   | 3<br>5,36%                       |
| 11. Timely trauma informed assessment is available and accessible to women served by my workplace  | 17<br>30,36%                     | 11<br>19,64%                   | 12<br>21,43%                   | 11<br>19,64%                 | 5<br>8,93%                       |
| 12. A continuum of trauma informed intervention is available for women served by my workplace  | 18<br>32,73%                     | 18<br>32,73%                   | 5<br>9,09%                     | 8<br>14,55%                  | 6<br>10,91%                      |
| 13. A woman's definition of emotional safety is included in treatment plans and or in the procedures at my workplace                                     | 18<br>32,14%                     | 13<br>23,21%                   | 9<br>16,07%                    | 11<br>19,64%                 | 5<br>8,93%                       |

The cells with the highest values have been highlighted for an easier overview of the results. What is clear from this picture is that for approximately two-thirds of the questions designed to indicate and measure whether the principles of the TIC have been integrated and applied in working with victims, the respondents claimed that this is not true at all or

is only a little true or somewhat true. While there are some structures already in place, and there is a beginning of a system of TIC that can be implemented, in actual service provision there is still much room for improvement. Specifically:

- When asked about the existence of a written policy that is committed to implementing the TIC principles, most respondents (71,43%) said that this is true (41,07%) or at least somewhat true (30,36%). In the social services and health sector, according to the surveyed participants, there are some guidelines incorporating trauma-oriented practices, including detecting traumatic experiences and avoiding further traumatisation.
- However, looking more deeply if the service or institution has a formal system of monitoring and evaluating whether the staff uses TIC principles in their work and adheres to the written guidelines, most respondents (71,42%) said that such a system effectively does not exist.
- Co-operation between different services seems to vary. Most respondents (73,22%) fall in the middle with their assessment of the communication system among different services and institutions that should ensure that staff while working with women and their children who are victims, makes trauma-informed decisions. There is room for improvement in this co-operation since most respondents (69,65%) also said that there is not a strong system of support for developing and sustaining communication and trauma-informed common goals among different services and institutions.
- A positive finding to build on is that over half of respondents (53,57%) said that there are structures in place to support consistent trauma-informed responses to women and their children across roles within the service/institution. Furthermore, a large majority (87,50%) say that women and their children receive systematic opportunities to voice needs, concerns, and experiences. We can see that despite the lack of a systematic approach to integrating the TIC principles, the professionals themselves already possess a good basis for providing more emphatic support to survivors of trauma. Related to this, the impact of trauma is taken into consideration in daily decision-making processes according to more than half of the respondents (57,14%).
- It is worrisome that, for the most part, support for the staff working in the services and institutions seems to be lacking. To be able to provide TIC to women and children staff health and well-being is extremely important, but as many as two-thirds (67,86%) of people claim that the supervision they receive at their workplace does not include stress management on personal and professional levels. Furthermore, most respondents (73,21%) said that supervision from a trauma-informed counsellor is lacking, with over half (57,14%) saying that it doesn't exist at all.
- Finally, planning safety for women based on the evaluation of the level of their trauma and the possible consequences has not been incorporated into the daily work of most organisations and institutions in the survey. For example, specific trauma-informed safety plans for women that include triggers and ways of managing stress have been confirmed to be available by only 26,78% of respondents. Additionally, only a small percentage of respondents (28,57%) confirmed that trauma-informed assessment is available to women. A continuum of trauma-informed intervention, which is vital for understanding survivors and how to provide them with effective help, is not available in nearly two-thirds of the respondents' workplaces (65,46%), while a woman's definition of emotional safety in most cases (55,35%) is not included in treatment plans or procedures.

As can be seen from the results, albeit from a relatively small number of varied respondents, there is a lot of good will and some structures, including systematic, written guidelines to provide effective TIC for women and their children survivors of violence. However, there is a general lack of more serious systematisation, especially related to

safety planning, and a lack of both monitoring and support for the professionals working with trauma survivors to ensure the implementation of TIC principles.

The respondents to the survey were further asked to provide ideas for better implementation of trauma-informed approach at their workplaces. Their ideas can be divided into two sections: education, and better organisation and co-operation.

## Education

Regarding education, specialised training in working with victims of trauma was mentioned most of all. The respondents consider that this training should be regular and mandatory for all workers in the social and health sector. Several respondents mentioned also written material, leaflets, and brochures to aid the professionals in their work. Finally, regular supervision was mentioned several times, especially related to burnout and too much pressure on the workers. Some of the specific recommendations were:

- Ensure continuity of education on the topic of trauma and providing support, creation of a safety plan for the victim, at the same time ensure better support for professionals and more employees so that they can devote themselves to victims of violence in a better way, revise existing protocols on treatment in case of trauma, reduce the amount of paperwork in treatment.
- More written material (leaflets) to distribute to colleagues and users. Despite expertise, not everyone has an idea of the extent of the traumatising of women from violent relationships. The scope and consequences for the victim should be presented as simply as possible.
- Professional education of employees in management positions would improve the organisation of work and better direct the professional training of employees who work in direct contact with victims of DV.
- Make it mandatory for all professional workers of Croatian institutes for social work and other experts who work with the vulnerable population to receive regular and continuous education, at least to know what are trauma, victim, etc. Within the institutions themselves, activate experts who have the knowledge and various additional educations to share their knowledge and experience with colleagues – no money is needed for this, just a good will to share knowledge and that colleagues want to be educated by those who know.

*“Professional workers are exposed to continuous stress, sometimes trauma, during which they have practically no support from the system, and if they do get it, it is only formal. The system could/has to develop mechanisms for (timely!!!) support, supervision, adequate education, and empowerment... of professional workers, because they are the most important resource. The current level of political interference is unacceptable.” – A survey respondent*

## Better organisation and co-operation

Many respondents also mentioned the need for re-organising the work. The existing work could be better delegated to more competent workers, with regular supervision and inter-agency co-operation. Some respondents also mentioned a need for mobile teams to reach women in rural areas. There should be more financial and human resources in general, including accommodation and direct work with women. Several respondents also mentioned the need for better protocols and guidelines for work. Some of the specific ideas for improvement were:

- More interventions and available resources that women would have access to and be able to use for empowerment and change, i.e. greater availability of these



(accommodation facilities, work, finances, and similar problems faced by victims of violence).

- Better cooperation between departments, comprehensive approach to victims of violence, respect for experts, and established protocol for working with women victims of violence.
- Standardization of approach/ documentation (e.g. security plans).
- Increasing the number of workers in the system so that they can access, monitor, and provide support to victims of violence.

## 2.2 Professionals in Judicial System

The survey for the justice system had a total of 36 respondents, mostly lawyers. The table below shows the overall results of the survey for all twelve questions. As with the results for the social and health system, the cells with the highest values have been highlighted.

|   | Not at All True for My WP | A Little True for My WP | Somewhat True for My WP | Mostly True for My WP | Completely True for My WP |
|---|---------------------------|-------------------------|-------------------------|-----------------------|---------------------------|
| 1. Written policy is established committing to trauma responsive practices for women victims of violence and their children   | 4<br>11,11%               | 4<br>11,11%             | 9<br>25%                | 10<br>27,78           | 9<br>25%                  |
| 2. It is the policy of my organisation to regularly screen women and their children for trauma  | 5<br>13,89%               | 9<br>25%                | 4<br>11,11%             | 9<br>25%              | 9<br>25%                  |
| 3. In my organisation, the policies regarding working with women and their children include a focus on promoting resilience and general well-being  | 3<br>8,33%                | 5<br>13,89              | 5<br>13,89              | 13<br>36,11%          | 10<br>27,78               |
| 4. My organisation has specific protocols in place to reduce the "burnout" associated with working with women and their children who have experienced violence  | 8<br>22,22%               | 7<br>19,44%             | 6<br>16,67%             | 10<br>27,78           | 5<br>13,89%               |
| 5. The diversity in my organisation reflects the populations we serve   | 8<br>22,86%               | 5<br>14,29%             | 8<br>22,86%             | 6<br>17,14            | 8<br>22,86%               |
| 6. Women and their children are appropriately screened for trauma using a standardized tool to better assess the impact of violence against them and therefore to make more informed judicial decisions | 7<br>20%                  | 7<br>20%                | 7<br>20%                | 7<br>20%              | 7<br>20%                  |
| 7. Efforts are made to minimize the stressful aspects of the woman (and their children) protection case process   | 2<br>5,56%                | 6<br>16,67%             | 6<br>16,67%             | 10<br>27,78           | 12<br>33,33%              |
| 8. An understanding of the impact of trauma is incorporated into daily decision-making practice at my workplace   | 1<br>2,78%                | 4<br>11,11%             | 10<br>27,78             | 12<br>33,33%          | 9<br>25%                  |
| 9. Families and children are given systematic opportunity to voice needs, concerns, and experiences   | 5<br>13,89%               | 8<br>22,22%             | 6<br>16,67%             | 9<br>25%              | 8<br>22,22%               |
| 10. Women (and their children) are treated with respect   | 2<br>5,56%                | 2<br>5,56%              | 8<br>22,22%             | 6<br>16,67%           | 18<br>50%                 |
| 11. Systems stakeholders treat each other with respect  | 2<br>5,56%                | 3<br>8,33%              | 8<br>22,22%             | 13<br>36,11%          | 10<br>27,78               |
| 12. I discuss trauma issues with cross-systems partners   | 4<br>11,11%               | 4<br>11,11%             | 9<br>25%                | 10<br>27,78           | 9<br>25%                  |

It is clear from the first glance at the overall results table that the results for the justice system are both more encouraging. For the most part, there are more efforts to integrate the TIC principles in their work. However, there are also questions to which there were no clear responses as both ends of the scale were emphasised. This may also be the



result of the smaller number of responses compared to health and social workers surveys. More specifically:

- Similar to health and social workers, most respondents (77,78%) said that there is a written policy in their workplace committing them to trauma-responsive practices for women and their children. Also, half of the respondents (50%) said that their organisation employs regular screening of women and children for trauma. However, as many as a quarter (25%) said that this is just a little true for their organisation. Another reason for this could be that many lawyers and legal experts that responded work with women's NGOs, but some do not, so this could account for the difference since women's NGOs tend to employ trauma-responsive practices more. These policies for the most part include a focus on promoting resilience and general well-being, said nearly two-thirds of respondents (63,89%).
- When we look at the victim-centred approach and using TIC principles in direct work with victims, we again got much better results from the justice system professionals. For example, most respondents (61,11%) said that efforts are made to minimise the stress that women and children go through in cases related to violence they have survived, while ensuring protection. The understanding of trauma is incorporated in the daily decision-making practices for as many as 86,11% of respondents. Women and children are also given opportunities to voice their needs according to 63,89% of respondents. Finally, in most cases, women and children are treated with respect (88,88%).
- Looking at co-operation and discussion about trauma-related issues within the organisations and institutions, again, a very high percentage of respondents said that the systems' stakeholders treat each other with respect (86,11%) and that they can discuss issues of trauma-related work across the sectors (77,78%).

Here again, we asked the respondents additional open questions to get a deeper insight into the implementation of any TIC principles in the justice system. The first question was related to barriers to accessing justice for women victims of violence. The second was to identify the needs and goals to address these barriers, and the third was to name the obstacles to implementing trauma-informed practices in the Justice System.

### Barriers to justice

- Most respondents mentioned the slowness of the justice system. The court cases in all procedures take too long, increasing the risk of secondary victimisation and exhaustion of the victims, while increasing the time during which women and their children are not protected.
- Another issue is that women victims of violence often have to meet the abuser during the process which increases their stress and may cause further trauma, especially coupled with the first issue of very slow legal procedures.
- There is a lack of training in the gender-sensitive and trauma-informed approach to women victims of violence on the part of institutions, such as the police, CSWs, or the courts. This results in a lack of empathy and sometimes also in victim blaming and not believing the victim.
- There is not enough psychological support for the women.
- There are too many cases and not enough professionals employed. Also, there is not enough inter-agency co-operation.

*"There is no effective legal protection for a woman victim of violence, she is forced to 'hide' from the perpetrator and change her place of residence, work, life habits, and her children as well, the abuser receives a punishment for his offense, and nothing further is done with him."* – survey respondent

## Needs and goals

In this section, the respondents identified needs and goals to address the barriers to justice explained above. These can be divided into those related to better functioning of the system and those related to informing and supporting the women victims and their children.

### Related to the system improvement

- There should be continuous and regular education of all system actors on all aspects of VAW, including victim-centred and trauma-informed approaches.
- More professionals should be employed, and more financial resources spent to ensure the provision of support to women victims of violence.
- Increasing the speed and efficiency of all court procedures for better protection of victims.
- Interrogation of victims via video link (not only minors but also adults), the appointment of proxies for all victims, increase in the number of safe houses, special measures that would enable mothers to make independent decisions regarding the child's upbringing and education until the legal proceedings are concluded.

### Related to informing the public and victims

- Raising awareness about the rights of the victim, sanctions for the abuser, and help for the children of women victims of violence and children of victims of violence.
- Empowering women through providing better education and tools for survival and independence and independence from their partners.

*“Society, as a whole, gives us the impression of disinterest in helping women victims of violence. Media-exposed women suffer daily verbal violence from male colleagues, mostly at a lower intellectual and educational level. If they actively react, the violence increases. If they are passive, bullies gain power. Bullies also get power from the vast majority of women, that is, victims of violence have no empathy from society. Our level of consciousness is below the level of human dignity, and it is normal that a person of the female and male gender does not have the same human value. Institutional change, primarily educational, should be supported by social and media condemnation.”*

– A survey respondent

## Obstacles to implementing trauma-informed practices

Once again, the respondents emphasized the slow court procedures, not enough professionals, and the need for education and sensitisation. Some of the specific obstacles identified were:

- Judges are insufficiently educated and empathetic, and the legal framework does not offer solutions for all situations, for example, the protective bracelet for perpetrators of violence has not been taken off, and restraining orders have proven to be ineffective.
- Unavailability of employees in the judicial system for joint education where experiences and practices are exchanged. Ignorance and non-compliance with the Council of Europe Convention on Preventing and Combating VAW and DV.
- There is no psychological help that would be provided to the victim frequently and continuously over a long period, with the possibility that the victim would be given an opportunity to use this help daily if necessary. I believe that our system does not have such capacity at the moment

## 3. Interviews

The project team conducted 13 in-depth interviews with professionals who have direct experience in issues related to GBV from national and local administrations, the justice, health, and social system, as well as academia and the civil sector.<sup>7</sup>

The purpose of these interviews was to scrutinize participants' experiences in acquiring and developing the knowledge and implementing the trauma-informed approach, as well as to collect their opinions on how and why the use of this approach could improve access to justice, policies and, more generally, all services supporting women survivors of violence and their children.

### 3.1. Policy

As shown by both the first report on the analysis of the situation in Croatia and by the results of the survey, many institutions and organisations in Croatia have written policy documents referring of working with the women survivors of violence in a way that considers the experience of trauma. The persons we interviewed gave us a variety of responses and interpretations about the existence of written policies and procedures in their organisations/institutions that include a focus on trauma, its ubiquity for women survivors of violence, and an expressed commitment to reducing re-traumatization. Many affirm that they are advocating for a sensitized approach to victims.

State and judicial institutions rely on laws, strategic documents, and internal regulations aimed at combating violence and supporting victims.

The main document identified by the interviewees is the National Strategy for Protection against DV, the different versions of which has been in force continuously since 2005 and it comprises measures aimed at protecting victims of violence, such as providing accommodation and psychosocial support by persons with specialized education in the field of working with victims, ensuring post-shelter housing care and assistance with employment search as part of reintegration into the society, etc. However, the trauma-informed approach is not mentioned specifically in the document.

The Criminal Procedure Act has been amended several times in the last few years regarding the provisions for victims and injured parties. These provisions include summons as an injured party or witness, advising the victim of the trauma on her rights, including the right to support during testimony, the exception of re-examination, prohibition of visual contact between the accused and the victim when appearing in court and during interrogation, etc.

Municipal Criminal Court in Zagreb, the Youth Department, and the Department for Victims and Witness Support of the County Court in Zadar use Rules of Procedure for individual victim assessment. The Rules stipulate that if the officers of the Department recognize that victims are in distress and have difficulties coping with the consequences of the criminal offense and the traumas they have experienced, they must refer them to professional psychological and other help. The Department created a list of all associations, institutions, and organisations that provide this form of help, and they assist the victims with the initial contact.

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<sup>7</sup> The full list of the interviewed persons is annexed to the Report.

Some of the respondents, such as the Faculty of Philosophy and the Faculty of Law in Zagreb have neither written policies and procedures aimed at trauma, nor employee health protection programs.

The civil society organisations (CSO) sector proved to be the only one with specific written policies and procedures that include a focus on trauma.

*“Yes, our organisation is recognizable, among other things, for its focus on women victims of violence, which includes understanding trauma, working through trauma, and empowering women in order to avoid new traumatization.”*  
*Representative of AWHZ*

Institutions implement employee health and well-being plans through the organisation of physical examinations, supervisions, and interventions, but the interviewees expressed that there should be more. Women’s CSOs carry out supervision and interviews as far as their limited resources allow, so these activities are not systematic. AWHZ provides its employees with psychological counselling and Shiatzu treatments when needed.

### 3.2. Training, supervision and guidelines

The responses concerning the topic of education and training in the field of a trauma-informed approach to victims were varied. Most interviewees stated that they carry out educational activities, but it is not clear whether and/or in what way this includes a trauma-informed approach.

Ministry of Labour, Pension System, Family, and Social Policy organizes education for professional workers within their projects, sensitizing them to recognize trauma and to understand the behaviour and the thought processes of a person who has experienced trauma, emphasizing the need to observe a person's entire behaviour in the context of the trauma they experienced. Centre for Social Welfare organizes additional training for professional workers who encounter violence at work. The Office of the Ombudsperson for Gender Equality organizes training on support for victims of GBV and attends training organized by other relevant stakeholders. Judges, on the other hand, mostly do not attend education organized by CSOs but get their education through Judicial Academy. Judicial Academy is an institution specialized for the training of judges and state attorneys, advisers, and senior expert advisers of the extra-legal profession in all courts of the Republic of Croatia. Academy’s training program for 2023 includes topics such as:

- “Individual assessment of the victim” with an emphasis on the assessment of the victim's needs, including the necessary measures to help the victim who has experienced trauma.
- "Taking the victim's statement and examining the victim with special emphasis on vulnerable groups"
- "Communication skills"
- "Techniques for dealing with stress.

All education and training of employees of the Department for Protection of Victims and Witnesses in Zadar, for example, need to be approved by the Office of the President of the County Court in Zadar. Department employees attend education organized by the Judicial Academy, CSOs, and the Department of Psychology of the University of Zadar. The interviewee from the Department pointed out that, at the system level, employee education and training needs, including budgetary needs, are not planned in advance, and are more available to persons located in Zagreb County, the City of Zagreb, and Istria region.

*“It would be good to provide funds for education in advance so that officials in the state sector do not have to worry about whether the court or another body will be able to provide funds for education that are not provided in advance through the budget.” - Representative of the Department for Protection of Victims and Witnesses*

Women's CSOs include a trauma-informed approach in their educational programs and training and rely on the internal transfer of knowledge within their organisations.

Most respondents stated that they derive their knowledge about this topic mostly through continuous education and recognized the importance of including a trauma-informed approach in personnel policies.

### 3.3. Engagement and involvement of survivors

Women's CSOs include women who have survived violence in their work, particularly as part of the research, although some of them may not have specific policies in place. They have their ear on the ground, listening to the needs of women who turn to them for help, and they transfer those needs to decision-makers and implementers. Additionally, they also involve women survivors in their various other activities.

State institutions do not have specific policies for the direct inclusion of women who have survived violence in their work, though the Department for Support of Victims and Witnesses in Zadar advised that they do include women victims of violence as volunteers and hold weekly meetings to facilitate this activity. This is not a targeted program, but women survivors of violence find volunteering at the Department a positive experience for personal growth and overcoming trauma.

The Ministry of Labour, Pension System, Family, and Social Policy, which develops and creates policies at the national level, includes the needs of victims of violence by proxy, through cooperation with CSOs who work directly with victims, and run shelters and counselling centres for victims of violence.

The judicial branch advised that the way to increase the trust of victims of violence in service-providing staff and transparency of work is to involve the Victim and Witness Support Service from the very moment the victim reports violence to the police and throughout the entire process. To avoid re-victimization, the victim should only be questioned once, and that statement should be used in further steps of the process. If the victim is willing, she should be provided with the opportunity to participate in the process by sitting in the next room during the hearing, asking questions, and proposing evidence. Victims rarely use such an opportunity because it is traumatic for them to come to the courthouse. Nevertheless, the trust could be increased by inviting the victim to each hearing and informing them of each action in the procedure.

CSOs believe that supervision and involvement of external professional associates, as well as an analysis of good practices are important. Moreover, women survivors should be included in discussions, planning, and other organisational tools. State and civil institutions advocate a professional approach to work, professional dedication, and training and empowerment of officials.

*"The way to restore victims' trust in the system is to change the overall approach in the organisation of the system for combating GBV, but also violence in general, from an exclusive and primarily repressive system to an inclusive, preventive and educational system for combating violence. In other words, a transition is needed from addressing the consequences of violence through criminal policy to primarily*



addressing the causes of violence through prevention and education policies". -  
Ombudsperson for Gender Equality

### 3.4. Cross-Sectoral Collaboration

Cross-sectoral collaboration is most pronounced among CSO service providers, though there is either formalized or informal collaboration among all actors in the field. Representatives of women's organisations and state and public sector institutions have established some formal channels of cooperation, and more frequently informal channels at a personal level. Cooperation within the public sector actors is achieved through formal participation in specific teams for combating violence or working groups, but it is also often based on personal contacts in individual cases. Some forms of cooperation are at the local level, while there are also coordinating bodies at the national level. Most of the interviewees see continuous education as a mechanism for promoting cross-sectoral training on the topic of trauma and trauma-based approaches to work, but there is no specific cross-sectoral training on the topic, or at least on trauma. Most of them mention training on GBV. Only the respondent from Croatian Parliament stated that there is no system of communication with other partner institutions, services, or organisations that work with women to provide support based on trauma, and the cooperating partners are not educated on the topic of working with women based on experienced trauma.

Representative of the Centre for Social Welfare considers their cooperation with other institutions and organisations satisfactory. It is channelled through education, joint applications to national and EU funds, marking of thematic dates, exchange of experiences, and regular coordination. It is their opinion that everyone involved in the process is educated about trauma. This is however, not confirmed by the results of the survey which show that while there is good will and some structures in place, trauma is not systematically considered throughout processes of providing help to women survivors of violence.

The Ministry of Labour, Pension System, Family, and Social Policy established cooperation with NGOs, CSOs, religious institutions, the Red Cross, and social welfare homes/institutions. There is also established cooperation of state bodies, local government units, regional government units, and CSOs. Interdepartmental cooperation is carried out through National and County Teams for the prevention and combating of VAW and DV. The purpose of these teams is to coordinate monitoring, improvement of work, and provision of assistance to all competent authorities that act in cases of VAW and DV through a system of team action and active participation in the implementation of measures of national documents aimed at protecting victims of violence. There is however no evidence or information that trauma-informed approach is integrated and consistently used within this cooperation.

Representative of the Ministry of Labour, Pension System, Family, and Social Policy informed us about the newly established Academy of Social Welfare which will be providing systematic lifelong education for all professionals working in the social welfare system.

*"In cooperation with civil society organisations, the need for organizing training related to work with people who have experienced trauma will be assessed, especially because exposure to traumatic events in victims of violence conditions a series of psychological processes and the development of defence mechanisms to cope with the trauma and ultimately encourage them to get out of the cycle of violence."* - Representative of the Ministry of Labour, Pension System, Family, and Social Policy

Judiciary does not have formally established cooperation with CSO service providers, but representatives of CSOs sometimes escort vulnerable persons to court. There is no system of communication with other partner institutions, services, or organisations that work with women to provide support based on trauma. It is not known whether process partners are trained in a trauma-informed approach. There are no mechanisms to promote cross-sectoral training on the topic of trauma and an approach to work based on trauma. Even though the judge we interviewed is aware that there are education and training organized by CSOs, the work overload prevents many judges from taking part in them.

The Department for Victim and Witness Support of Zadar County Court has been cooperating with the NGO sector, institutions, and organisations within the county, but the interviewee estimates that this has not been done to a sufficient level. Cooperation was improved by the establishment of the County Team for the prevention and fight against VAW and violence in the family. There is no information on whether members of collaborating organisations and institutions have been educated about the trauma-oriented approach.

Ombudswoman for Gender Equality confirmed that she has excellent cooperation with the civil, state, and private sectors. If the persons involved in the cooperation have not been educated about trauma, education on that topic is organised. Cooperation mechanisms are education, campaigns, and training that the Ombudswoman's office independently organises.

The Faculty of Philosophy and the Faculty of Law do not have systematic cooperation with institutions and organisations, but some professors cooperate with CSOs at their initiative and not within an official framework.

The CSOs involved in the survey confirmed that there is interdepartmental cooperation, but their assessments of satisfaction with the cooperation differed. SOS Rijeka advised that they have better cooperation with other CSOs than with institutions, but that there is room for improvement for both, and AWHZ was satisfied with their cooperation with other stakeholders. Representatives of institutions are less educated about trauma than representatives of CSOs, but there is room for progress for both.

### 3.5. Finance

CSOs finance their educations mostly through projects, while the public sector institutions have professional development programs organized by umbrella agencies in charge of education. Judicial Academy and the newly founded Academy of Social Work provide education to public sector employees for free. It is unclear whether and to what level these training focus on trauma because interviewees mostly referred to VAW. CSOs also use study visits and supervision for raising capacities on the issue of a trauma-informed approach.

*“Wherever possible, project budgets also include education for employees, which has become more frequent in the last few years, precisely on the topic of trauma and trauma-informed approach to work. It should be kept in mind that it is sometimes difficult to provide additional training, both due to the lack of financial resources and the high workload of existing employees.”* - Representative of SOS Rijeka

The representative of the Centre for Social Welfare advised that most educational activities are funded through the budget and designed and implemented by the Croatian Institute for Social Work and sometimes, though rarely, from EU funds.



*“The Judicial Academy provides free professional training for judges, state attorneys, advisers, and advisers from outside the legal profession. As concerns other educations that were offered to us, as far as I know, they were also free for judges and other experts, but due to lack of time and work overload, fewer and fewer judges participate in such training.” - Representative of the Municipal Criminal Court in Zagreb, Youth Department*

Victim and Witness Support Service of Zadar County Court advised that education activities are not systematically planned or consistent but are mostly ad hoc. Moreover, education and training opportunities are more readily available to those who live in the proximity of the City of Zagreb, Zagreb County, or Istria County, as the costs of participation do not include travel costs and are therefore lower. The interviewee also pointed out the importance of education for service providers’ well-being, motivation, and overall satisfaction with work:

*“Education and continuous training allow us to progress professionally and that the satisfaction we feel is not based solely on the fact that we helped a traumatized person, but that through the training we helped ourselves to process and work through all the negative charge and stress that this job carries, transferring it into some new skills, knowledge, techniques that will help us deal with 'everyday traumas' at the workplace, without causing us to exhaust our resources.” – Representative of the Victim and Witness Support Service, Zadar County Court*

Ombudsperson for Gender Equality also pointed out the lack of systematic planning in cross-sectoral education, which is always organised as part of ongoing education or EU projects implemented by the Ombudsperson office.

### 3.6. Progress in Monitoring and Quality Assurance

Most interviewees mention general systems of work monitoring and evaluation, and some of them include an approach focused on trauma. CSOs mostly referred to expert meetings, strategic planning, analyses, and selection of important information, but also awareness of the need for further progress in this area. They also use client satisfaction questionnaires and staff discussions focused on progress and understanding of trauma as measures or indicators of their organisations’ progress in creating a trauma-informed approach to working with women survivors of violence.

The Ministry of Labour, Pension System, Family, and Social Policy monitors the quality of CSO service providers’ work through service satisfaction questionnaires and the work control system that CSOs have put in place. The Ministry also evaluates CSO service providers’ progress in creating a trauma-informed approach to working with women through the evaluation of implemented education, workshops, and round tables on the topic of violence. These events are used to receive feedback concerning CSOs’ understanding of violence and the trauma associated with it.

The Victim and Witness Support Department of Zadar County Court collects data on the cases in a specialized system that is shared with the Ministry of Justice for quarterly statistics reports. The interviewee also emphasized lobbying and advocacy activities that the Department carries out on *the rights of victims and witnesses in court proceedings*.  
(...)

*“Our active advocacy and cooperation with departments, Ministry of Justice, and other organisations, cooperation in interdepartmental teams within the county, regional and even cross-border cooperation contributed to a better approach in*

*working with women victims. I can also say that daily communication with colleagues, and court employees, exchange of information, and mutual counseling contributed to a better understanding of the victim's perception and state of mind. It is still necessary to continuously work to ensure a better understanding of all participants about what trauma is and what are its consequences, why victims hesitate to testify about violence, in what way the system helps and protects them, and in what way it 'exposes' them." – Representative of the Victim and Witness Support Department of Zadar County Court*

Courts do not keep separate records of cases in which support was needed for victims who experienced trauma, though some effort has been recently invested in keeping records of victims who were examined via video link. The interviewee is not sure how up to date these records are and whether all judges enter information about victims who are examined in this way as witnesses. Courts also lack accurate measures and indicators for assessing progress in the approach to women in understanding trauma.

The Centre for Social Welfare carries out monitoring through the application of acquired knowledge and skills, a professional approach, an exchange of information, etc. The results are monitored by assessing the progress of women who survived violence, such as the number of employees who carried out social mentoring, resolved housing issues, independence in decision-making when overcoming one's difficulties, etc.

## 4. Conclusion

The aim of this research was to inquire into the current state of implementation of TIC principles in Croatia within the social service and health, as well as justice system. Previous documentary research and subsequent country report mapping the situation regarding trauma-informed approaches to women survivors of violence showed that the seven TIC principles described in the introduction to this report have been for the most part indirectly recognised and integrated in official documents. The word 'trauma' is mentioned seldomly, and there are no sections in official documents that are dedicated in detail to the issue of trauma and its effects on survivors of violence, but the principles of support that are trauma-based have found their place at least partially in practice. The current research aim was to examine more deeply the implementation of these principles in practice, to see whether and to what extent trauma is recognised and considered in working women survivors of violence. If it is recognised, the research further looked into how it is further treated in order to ensure that women recover from trauma and are not re-traumatised.

The sample of the survey was not representative (92 people from both systems) and there were thirteen interviewees from different sectors who were asked in-depth questions about trauma-informed approach. However, despite the small sample, we could identify some emerging patterns. Similar to the results of the previous documentary study, this research also concluded that TIC principles are not clearly named and incorporated in daily work as such, but the professionals are nevertheless familiar with these concepts. They are aware that women survivors of violence suffer from trauma and that this makes recovery difficult, that the legal processes are challenging for the women and that victim blaming and secondary victimisation are serious issues that need to be addressed. Positively, there are written policies and guidelines in many organisations and institutions in all examined sectors that address the impact of trauma

and how to respond to it in working with survivors. Nearly all respondents claimed that trauma is addressed and that there are efforts to treat the survivors with dignity, respect and sensitivity and to provide a voice for them. On the other hand, what is lacking for the most part is integration trauma-informed approach in tools and practices that are used daily, including in safety planning. Moreover, the staff in all sectors are lacking basic support and supervision that would help them work with trauma more effectively and avoid burnout.

The interviews confirmed these findings, giving further insight into cross-sectoral cooperation being a key tool in securing better treatment of survivors in different legal and other institutional procedures. Good initiatives are usually the result of local efforts of different offices and institutions cooperating with NGOs, especially women's organisations that provide services. Human and financial resources are chronically lacking, which means that besides supervision, monitoring and evaluation aspects are also missing, which would ensure the implementation of the TIC principles. Based on the findings and ideas collected from survey respondents and interviewees, the following next steps in improving the response to women survivors of violence could be helpful:

### **Training**

Nearly all participants in the research mentioned the importance of training in working with victims based on trauma-informed approach. It is important to note that based on available government reports through the years, there is a lot of training programmes already carried out both regularly and around special themes. The interviewees confirmed this. Despite the training, however, many professionals across sectors still do not understand sufficiently the position and needs of the victims. It is therefore important to evaluate the existing training programmes for their effectiveness and to ensure that future training is carried out in a gender-sensitive manner, taking into account the root causes of violence against women, including domestic violence, its dynamics and consequences, especially the aspect of coercive control and the traumatic effects it has on women. Specific training on trauma, including definitions, dynamic, effects, symptoms and long-term consequences on women should be included in the training. Following that, the professionals working with the survivors should also receive specialised training on what the TIC principles are and how to include them in all aspects of their work, prioritising the needs of the victims.

### **Supervision and support for the staff**

Another issue that the research identified is that the sectors working with women survivors of violence are understaffed to begin with, creating too heavy workload for existing professionals. Furthermore, these professionals rarely receive supervision, usually for lack of time and resources, which makes it difficult for them to consistently and successfully address trauma in cases of VAW and DV, and also their own burnout. More human and financial resources should be allocated for more staff, but also for regular supervision and support to ensure well-being and health of trauma workers.

### **Monitoring and evaluation of work**

The survey and interviews indicated that there is almost no monitoring and evaluation of work for the professionals working with women survivors of violence, outside of regular evaluations that are general. When written policies and guidelines on working with survivors of trauma exist, there should be monitoring of the implementation of such guidelines.

### **Involvement of women's NGOs**

The research clearly showed that women's NGOs providing direct services to women survivors of violence are the most knowledgeable about trauma and provide support to women based on TIC principles. Therefore, it is important not only to support the work of these NGOs financially, but also to involve them in all cross-sectoral cooperation and especially in training and evaluation of work of other institutions. Women's NGOs speak for the women, they have the most trust from the women and they represent the position of the survivor. This makes their expertise invaluable in improving trauma-informed approach and support for women survivors of violence.

### **Protocols**

Many respondents in both the surveys and the interviews said that there need to be more clear protocols that acknowledge, identify, and clearly name trauma as a consequence of violence and a cause of many obstacles for women to achieve justice and full recovery. Previous study within this project showed that existing protocols only vaguely mention trauma, and contain indirectly TIC principles. However, naming both trauma and these principles clearly would help produce better protocols which could then be implemented by the professionals. This would also improve the potential for monitoring and evaluation of the implementation of these principles.

## Annex 1. List of Persons Interviewed

| #   | Sector / role                       | Name, position, organisation  |
|-----|-------------------------------------|---|
| 1.  | Public sector / Policy Maker        | <b>Margareta Mađarić</b> - State Secretary in the Ministry of Labour, responsible for Pension System, Family and Social Policy      |
| 2.  | Public sector / Policy Maker        | <b>Katica Glamuzina</b> – Member of Parliament, Social Democrat Party   |
| 3.  | Public sector / Ombudsperson        | <b>Višnja Ljubičić</b> - Ombudswomen for gender equality  |
| 4.  | Civil sector / CSO service provider | <b>Adriana Bego</b> – Project Coordinator, Centre for Women War Victims - ROSA  |
| 5.  | Civil Sector / Academia             | <b>Darja Maslić Seršić</b> – Professor, Department of Psychology, Faculty of Humanities and Social Sciences, University of Zagreb   |
| 6.  | Civil Sector / Academia             | <b>Anita Lauri Korajlija</b> – Professor, Department of Psychology, Faculty of Humanities and Social Sciences, University of Zagreb |
| 7.  | Public sector / Work with victims   | <b>Dragica Marina</b> - Victim and Witness Support Department   |
| 8.  | Civil sector / CSO service provider | <b>Lorena Zec</b> – Psychologist, SOS Rijeka Centre for Non-Violence and Human Rights   |
| 9.  | Public sector / Work with victims   | <b>Marija Bajan Prokl</b> - Croatian Institute for Social Work, Virovitica Regional Office  |
| 10. | Civil sector / CSO service provider | <b>Mirjana Kučer</b> – Head of Domine, Split  |
| 11. | Civil Sector / Academia             | <b>Zlata Đurđević</b> – Professor, Faculty of Law   |
| 12. | Public sector / Judiciary           | <b>Dijana Rizvić</b> – Judge at Municipal Criminal Court in Zagreb, Youth department  |
| 13. | Civil sector / CSO service provider | <b>Sanja Jelavić Bezbradica</b> – Lawyer, Jelavić and partners and Atonomus Women’s House Zagreb                                    |

## Annex 2. Summary of Individual Interviews

### Katica Glamuzina

Member of Croatian Parliament

#### Policy

- No written policies and procedures but expressed commitment to reducing re-traumatization.
- No specific health and well-being plan is in place for staff.

#### Engagement and involvement of survivors

- No survivor involvement policy.

#### Cross Sector Collaboration

- No system in place to communicate with partner institutions, services, agencies working with women survivors.
- No funding for cross-sectoral training on trauma and trauma-informed approaches.

### Višnja Ljubičić

Ombudsperson for Gender Equality

#### Policy

- One of the main stakeholders on the policy level. The competencies and powers of the Ombudsperson are prescribed by special laws and regulations: the Law on Gender Equality, the Law on Suppression of Discrimination, the Law on Civil Servants, the Code of Ethics for Civil Servants, the Collective Agreement of Civil Servants and the Rules of Procedure of the Ombudsperson.
- Advocates for the improvement of the legislative framework and practices on protection and support of victims of GBV, especially for a sensitized approach to victims of violence to prevent re-traumatization.
- Organizes many trainings on support for victims of GBV, and also attends many trainings organized by other relevant stakeholders.
- An organisational policy on how screening should be completed and/or how service users should be asked about trauma would be of key importance for working with victims of violence.

#### Engagement and involvement of survivors

- Survivor involvement - certainly at the level of concrete work, primarily that of citizens' complaints, and then when creating proposals for the improvement of policies to combat GBV.
- The system of combating violence against women, including DV, deters victims from reporting milder forms of violence until the situation escalates and passes into the sphere of criminal legislation, with often tragic consequences.
- The system is easily manipulated and abused - all forms of violence are addressed indiscriminately through repression, only consequences of violence are dealt with, and root causes of violent patterns remain outside of the system's scope. Consequence - loss of confidence in the system.
- Lacking: Preventive component, programs for long-term and high-quality education of the police and judiciary, programs for resocialization of perpetrators.



- Restoring victims' trust = change the overall approach from an exclusive and primarily repressive system to an inclusive, preventative, and educational system of suppression of violence i.e., from addressing the consequences of violence through criminal policy to addressing the causes of violence through prevention and education policies.

### Cross-Sectoral Collaboration

- Good cooperation with the civil, public, and private sectors - personal contacts between operatives and leading staff, frequent meetings, initiatives of the Ombudsperson including relevant stakeholders, project partnerships, joint education, and working on specific cases.
- No special budgetary funds for cross-sectoral training on trauma, these are included within ongoing education or funded through EU projects implemented by the Ombudsperson.

### Finance

- Dedicated budget for training on trauma and trauma-based approaches for leadership and staff development + funding through EU projects.

### Progress Monitoring and Quality Assurance

- Not applicable.

## Dijana Rizvić

### Municipal Criminal Court in Zagreb, Youth Department

### Policy

- The Criminal Procedure Act - amended several times in the last few years, esp. provisions on victims and injured parties, and along with the summons as an injured party or witness, advising the victim of the trauma of their rights, including the right to support during testimony, exceptional re-examination, prohibition of visual contact between the accused and the victim when coming to court and during interrogation.
- Staff well-being: unionized officials and judges who are members of the Association of Judges have the possibility to take an annual psychological examination. The court directorate keeps records and takes care of the rights of officials and judges. Not aware of any Health and Welfare Plan for staff that would be focused specifically on trauma and supporting staff who have experienced trauma. No supervision of certain experts in the court, who would work on this topic with judges and officials.
- Judicial Academy = institution for the training of judges and state attorneys, advisers, and senior expert advisers of the extra-legal profession. Relevant topics of the training program for 2023:
  - "Individual assessment of the victim" with an emphasis on the assessment of the victim's needs, which of course includes the necessary measures to help the victim who has experienced trauma.
  - "Taking the victim's statement and examining the victim with special emphasis on vulnerable groups"
  - "Communication skills"
  - "Techniques for dealing with stress".

### Engagement and involvement of survivors

- No policy for the inclusion of women survivors of violence in the work of the court.
- Until recently, the Victim and Witness Support Service of the County Court in Zagreb carried out individual assessments of victims and provided victim support.

Soon, the Court will have a specialized Victim and Witness Support Service, like most courts in the Republic of Croatia.

- The official process could be improved by having the Victim and Witness Support Service involved in working with victims from the police report, the first interrogation of the victim by the police, through the interrogation at the County Court to a possible second interrogation at the Municipal Criminal Court. The victims should certainly be examined at the evidentiary hearing in the County Court and not before the Municipal Criminal State Attorney's Office, and such testimony should be further used without calling the victim as a witness again.
- Trust-building: improve communication with the victim, keeping the victim in the loop about each action in the procedure. This could be done through the Victim and Witness Support Service or the mandatory free representation.

### Cross-Sectoral Collaboration

- No formally established cooperation with CSOs providing support to victims, though victims are sometimes accompanied by CSO representatives, e.g. CSOs supporting asylum seekers and migrants, protecting the rights of the LGBTQ community, women's rights, etc.
- No official mechanisms for cross-sectoral education. Work overload prevents from participating in education and trainings organized by CSOs that deal with the support and protection of victims of violence.

### Finance

- Free training at Judicial Academy but work overload prevents from participation. Fewer and fewer judges participate in training.

### Progress Monitoring and Quality Assurance

- No official procedure for keeping separate records of cases in which support was needed for trauma victims but the Court started keeping records of victims who were examined via video link. The interviewee is not sure how up-to-date these records are or whether all judges enter information about victims who are examined in this way as witnesses.
- Special protection measures are provided by the court at the victim's request. The court provides written instructions about these rights to the victims, but very few of them take advantage of these special protection measures. "Perhaps there is some psychological deviation and that is the reason why victims do not seek the rights offered." (sic)
- Mechanisms for protection and support for all victims should be established, covering the entire procedure, and ensuring that the same persons from the Victim and Witness Support Service follow them from the report at the police station until the end of the court proceedings.
- No accurate measures and indicators to assess progress in women's approach to understanding trauma. Legislative change is currently being prepared to ensure victims' easier exercise of their rights and easier access to court and communication, as well as more accountability for institutions in criminal proceedings.

## Adriana Bego

Centre for Women War Victims - ROSA

### Policy

- The organisation has written policies and procedures focused on trauma, and its pervasiveness for women victims of violence, and expressed a commitment to reducing re-traumatization.

- Members participate in training and workshops, but the organisation currently does not carry out such activities independently due to a lack of funding and time.
- In the work with women survivors of violence, the organisation includes external experts, psychologists, and psychiatrists, who work on overcoming trauma.

### Engagement and involvement of survivors

- Support programs are created based on the needs of women survivors of violence, and with participation of external experts, such as psychologists, translators/cultural mediators, and lawyers.
- Some women survivors, after being empowered, join as volunteers and activists. At times, the organisation includes women asylum seekers as external translators/cultural mediators or as support for children in mastering school material.

### Cross Sector Collaboration

- Formal collaboration – members in intersectoral bodies, such as the National, Operational, and Mobile Teams for the suppression of human trafficking. Cooperation is often ineffective and pro forma, visible when the specific problems of women who are in this protection system are identified. The established system for protection and assistance for victims of human trafficking does not work or we need to make great efforts to make minimal progress.
- Informal collaboration – not systematic, but much more effective. Cooperation established directly with people employed in the relevant institutions/organisations, based on personal contact. Can be lost if there is a change of personnel.
- Cooperation with other women’s organisations – informal, satisfactory at national and international levels.
- Communication with institutions - formal through participation in intersectoral bodies; some members may be approached more informally on individual cases.
- Communication with the Ministry of Internal Affairs is systematic but one-sided through individual cases of women supported – informing the Ministry about applications to the SOS line against human trafficking; feedback about individual applications is never provided
- Education – continuous in women’s organisations. Institutions report that they also conduct training on these topics, but interviewee is not familiar with the content and the implementers. No mechanisms for cross-sectoral education.

### Finance

- Budget for education not set up, participation in educations when they are available.

### Progress Monitoring and Quality Assurance

- Information collected in a particular case used in the practice of the organisation and in planning future activities and advocacy.
- Organisation guided by a strategic plan, and the progress recorded by measuring achievement of strategic goals.

## Darija Maslić Seršić

Professor, Department of Psychology, Faculty of Humanities and Social Sciences, University of Zagreb

### Policy

- No written procedures focusing on trauma and its pervasiveness for women victims of violence. Ethics Commission deals with reports on sexual harassment at work, but the interviewee knows of a report did not go well.

### Engagement and involvement of survivors

- No formalized employment program, it depends on the sensitivity and initiative of the person in charge of employment.
- Institutional administration is elected among the ranks of professors, sensibilities of individual administrations differ greatly, as does the value orientation. Clearer employment and support policy should be established at the national level, establishing protocols and ensuring implementation of these protocols.

### Cross-Sectoral Collaboration

- Interviewee cooperates with AWHZ - counselling and support for shelter inmates, employment, and career development for users of AWHZ counselling centres. In addition to supporting women, these activities develop psychology students' knowledge and sensibility for this population. Cooperation was established at Department's teachers' initiative.

### Finance

- Finance for program is secured through the financing of the regular graduate study program in psychology, through private tuition fees for postgraduate specialist studies in clinical psychology.

### Progress Monitoring and Quality Assurance

- No systematic monitoring, the only recognized vulnerable group are students with disabilities.

## Dragica Marina

Department for Support of Victims and Witnesses, Zadar County Court

### Policy

- **The department follows Rules of Procedure:** if officers of the Department recognize that victims are having a hard time coping with the consequences of the criminal offense and the traumas they have experienced, they must refer them to professional psychological and other help. Victims are provided with addresses, phone numbers, and contact persons, and helped with the initial contact.
- **Address book** created = list of all associations, institutions, and organisations that provide this form of help
- **Written policy for work with victims of GBV** - method of implementing individual victim assessment. The department submits data and recommendations to judicial authorities (in criminal and misdemeanor proceedings) based on the interview with the victim:
  - Taking into account the victim's feelings and emotions regarding the experienced trauma, whether it is repeated violence (previously reported

- or unreported), whether it is violence by a close person, and whether the victim is particularly vulnerable.
- Attention is paid to the prevention of additional or secondary traumatization (coming to court, during the investigation or criminal proceedings). In practice, this most often means proposing special protection measures to the authorities, e.g., the confidentiality of the victim's personal data, testimony via video conference, having a trusted person escort to the courtroom and during the testimony, exclusion of the public, technical and other assistance regarding the actual appearance at the court.
  - A specially created **Questionnaire** (developed in cooperation with other support departments) used to comprehensively assess the trauma experienced, the consequences of the criminal act, life circumstances, and needs, risks and potential dangers for the victim, personal characteristics of the victim, etc. – this information is used to propose to the authorities adequate special protection measures for the victim.
  - **Health care for employees** - organized psychological examinations per Collective Agreement for civil servants and state employees + supervisory meetings organized by the Ministry of Justice and its Department for Victim and Witness Support. Supervisory meetings offer an opportunity to raise awareness of possible traumas experienced, however, this is a novelty that has been sporadic until now.
  - **Employee education** - The office of the President of the County Court in Zadar approves the education and training of employees.
    - Education and professional training organized by the Ministry of Justice, i.e. the Judicial Academy.
    - The department cooperates with CSOs, although their number is small.
    - Workshops by the Department of Psychology of the University of Zadar and their Student Counselling Centre; successful cooperation, and workshops help to better understand victims of GBV.
    - Education and training should be planned in advance, and distributed more among the counties.
    - Budgeting for education needs should be established, so that officials in the state sector do not have to worry about whether the court or another body will be able to provide funds for education that are not provided in advance through the budget.

### Engagement and involvement of survivors

- Some volunteers are survivors of GBV, and their work with victims provided a positive impetus in their lives, they 'grew', changed, gained self-confidence, etc. Open communication with the Department, everything is discussed at least once a week in confidential group and individual meetings.
- Support for employees who are survivors of violence is very important, that they feel protected, that they have someone to turn to, that they have confidence, and that they are provided with discretion and comprehensive support.
- Working with victims of violence may give personal meaning to employees who are themselves survivors of violence, possibly improving the destructive effects of violence on the lives of the parties they work with. Important to mitigate feelings of isolation and loneliness, and ensure that they care for themselves and connect with colleagues.

### Cross Sector Collaboration

- **Cooperation with the civil sector**, esp. associations Duga, Nada, Zvonimir, Institute for Public Health, Institute for Social Welfare, the police, etc.

- The department is a member of the recently established **County Team for the Prevention and Fight against Violence against Women and Violence in the Family** - meetings should be more frequent and should discuss specific cases. Training of the team members is still pending.
- **Teams for interdepartmental cooperation and coordination in the field of violence prevention** - coordinated by the police stations, cooperation more intensive, meetings held at least once a month, response to meetings is very good and regular, cover concrete problems and cases, exchange of knowledge and experiences.

### Finance

- Participation in training predicated by availability of funds, sometimes covered through EU projects. Proximity to education and training (e.g., those living in Zagreb) increases opportunities for participation due to reduced costs.
- Education and training important for the well-being of professionals, help to process and work through all the negative charge and stress from the job, transferring it into some new skills, knowledge, techniques that help deal with everyday workplace trauma, mitigating burnout. There is no permanent training, all educations are organized ad hoc.

### Progress Monitoring and Quality Assurance

- Department has a ZPIS system where they enter data about victims and the support provided and send quarterly reports to the Ministry of Justice.

## Lorena Zec

### SOS Rijeka

### Policy

- Employees are provided with onboarding training and written materials and guides that include information about psychological trauma.
- The organisation recognizes the importance of the trauma-informed approach to work but lacks written documents that would facilitate targeted organisational development and ensure the continuity of this practice with staff turnover.
- No special health and well-being plan, apart from regular group supervision, interviews, and individual supervision provided for all employees. These meetings are planned through projects as activities, and through operational plans and monthly activity plans.
- Education activities are planned (strategic plan, annual operational and activity plans) esp. for employees working in the Counselling Centre to increase capacity, skills, and knowledge related to working with victims of violence, but do not mention specific knowledge related to trauma, although topics related to trauma-informed access have been a standard part of education for several years, especially for psychologists.

### Engagement and involvement of survivors

- No specific policy on involvement of survivors but desiring greater integration of beneficiaries in association's activities. Obstacles: limited human resources, when considering volunteering as solution – this would also require additional human resources for coordination.

### Cross Sector Collaboration

- More satisfied with the cooperation with other CSOs than with the cooperation with state institutions. Both could be improved.



- Cooperation with other CSOs mostly through projects and/or activities (especially advocacy activities or activist actions) and through communication related to the beneficiaries. Cooperation with institutions mostly concerns individual cases of beneficiaries, and also cooperation related to education or joint work on specific documents through working groups and the like.
- There is no communication system, communication is mostly based on individual acquaintances.

### Finance

- Wherever possible, project budgets include education for female employees, esp. on the topic of trauma and trauma-informed approach to work.
- Projects are also sometimes used to plan trainings for partners from other sectors, either as educators, or as joint participation in education.

### Progress Monitoring and Quality Assurance

- Based on good previous practices and on the individual knowledge and commitment of employees. This would be difficult to sustain if the organisation grows.
- Monitoring of indicators/strategic results related to additional education and skills development of employees, collecting opinions from users through an online questionnaire.

## Marija Bajan Prokl

Croatian Institute for Social Work, Virovitica Regional Office

### Policy

- Written policies and procedures that include focus on trauma, its pervasiveness for women victims of violence and express commitment to the reducing re-traumatization.
- Health plan for employees through education, psychological examinations, supervision...
- Personnel policy focused on training for professional workers who encounter violence in their work.
- Important to have an organisational policy on how service users should be questioned about the existence of trauma, but in coordination with other actors involved in addressing victim protection. A spontaneous and superficial approach can lead to new traumatization.

### Engagement and involvement of survivors

- No policies for engagement and involvement of survivors. As a public institution, employment is only possible in accordance with the Ordinance on the internal organisation and systematization of workplaces.

### Cross Sector Collaboration

- Jointly organized education, mechanisms of intersectoral training on this topic.
- Formalized system of communication with other partner institutions, services, organisations that provide support to women based on trauma experiences, regular coordination. The process is satisfactory.

### Finance

- Education is financed through Institute's budget, rarely from EU funds.

## Progress Monitoring and Quality Assurance

- Done through application of acquired knowledge and skills, professional approach, exchange of information.

## Margareta Mađerić

State Secretary, Ministry of Labour, Pension System, Family and Social Policy

### Policy

- **National Strategy for Protection against Domestic Violence** (2005) contains measures for victim protection: providing shelter accommodation, psychosocial support by persons with specialized education in the field of working with victims, ensuring post-shelter housing care, reintegration measures, e.g. employment assistance.
- **Protocol on handling cases of DV** precisely prescribes working methods of bodies responsible for handling cases of DV (police, social welfare system, health institutions, judicial bodies, educational institutions, civil society organisations) to ensure timely and effective implementation of relevant regulations.
- Shelters run by CSOs and other providers have prescribed procedures for handling and working with victims.
- Education is organised through projects, and sensitization in terms of recognizing trauma and understanding a person who has experienced trauma, their mindset and behaviour, and how important it is to see a person's entire behaviour in the context of trauma experienced.
- Written policies on working with traumatized people at the organisational level are crucial. It is important that everyone coming into contact with a traumatized person has basic knowledge about trauma and knows how to approach the person in order to prevent further traumatization and understand the person's behaviour. This implies a way of working and talking with a person in order to offer and secure professional help related to trauma processing or some form of psychotherapy as soon as possible.

### Engagement and involvement of survivors

- Needs of victims of violence included by proxy, through cooperation with CSOs who run shelters/counselling centres for victims of violence and who work directly with the victims.

### Cross Sector Collaboration

- Cooperation with NGOs, CSOs, religious institutions, the Red Cross, and social welfare homes/institutions.
- National and county teams established to coordinate monitoring, improvement of work, and provision of assistance.
- Academy of Social Welfare – established through the new Law on Social Welfare, to provide lifelong education to all professionals working in the social welfare system.
- Other stakeholders involved in working with victims are also included through continuous education, e.g., civil servants of the Ministry of Justice and Administration, Ministry of Defence, Ministry of Health, civil servants of the Regional Offices of the Croatian Institute for Social Work.

### Finance

- CSOs finance education of their employees through projects.
- Social Welfare Academy budget will cover training of experts in the social welfare system.

### Progress Monitoring and Quality Assurance

- CSOs running shelters/counselling centres collect user feedback = basis for improvements in quality.
- Supervision by state bodies that provide financial support for the work of shelters and counselling centres.
- Measures or indicators are used to assess an organisation's progress in creating a trauma-informed approach to working with women: By evaluating educations, workshops, round tables on the topic of violence, feedback is obtained related to the understanding of violence and the trauma associated with it.

## Sanja Jelavić Bezbradica

Lawyer, Jelavić and Partners / Autonomous Women's House Zagreb

### Policy

- Strong focus on female victims of violence, incl. understanding trauma, working through trauma, and empowering women in order to avoid new traumatization.
- Until COVID, the organisation had a welfare plan for staff in the form of psychological treatments as needed, shiatsu treatments as needed, and mutual support conversations with the aim of transferring experiences and knowledge on how to overcome the overflow of trauma.
- An organisational commitment to training staff to provide services and support that are culturally relevant and based on trauma. Internal knowledge transfer.

### Engagement and involvement of survivors

- Women are involved mainly through participation in various forms of research. Involvement is extremely important because of 1. the continuity of support and presence that the victim then experiences 2. authentic data 3. the strengthened possibility of seeking changes in society.

### Cross Sector Collaboration

- Good cross sector cooperation with system of communication. Mechanisms to promote cross-sectoral trauma training and a trauma-informed approach to work: stronger visibility of the organisation, establishment of important contacts with representatives of state authorities and efforts to promote knowledge and experience in communication with relevant ministries.

### Progress Monitoring and Quality Assurance

- Secured through professional meetings, strategic planning, analysis, selection of essential information.
- Measures or indicators used to assess an organisation's progress in creating a trauma-informed approach to working with women: Survey questionnaire for service users; interpersonal staff communication focused on progress and understanding of trauma.

## Mirjana Kučer

Domine Split

### Policy

- Written policies and procedures include focus on trauma, its pervasiveness for women victims of violence and express commitment to reducing re-traumatization.

- No specific health and wellbeing plan in place for staff, though it is considered organisational priority.
- HR policy demonstrates commitment to training staff to provide culturally relevant and trauma-informed services. Annual plan of activities includes plans for training/education for working with trauma for employees, professional associates and volunteers working in the Counselling Centre.

#### Engagement and involvement of survivors

- Involvement of survivors in organisation's work. High level of trust and transparency in dealing with women survivors of violence.

#### Cross Sector Collaboration

- Try to include other CSOs and institutions in educations and through partner meetings.

#### Finance

- Budget for participation in educations, organisation of educations, trainings and study visits, as well as supervisions, interviews, etc.

#### Progress Monitoring and Quality Assurance

- Through evaluation forms, reports, supervision.

### Zlata Đurđević

Professor, Faculty of Law, University of Zagreb

#### Policy

- Only procedures and regulations related to gender equality and sexual harassment, but no cases appear, that is, it is claimed that they do not exist.
- Interviewee not aware of a health plan for employees.
- There is a psychological counselling centre for students.

#### Engagement and involvement of survivors

- Not applicable

#### Cross Sector Collaboration

- Not applicable

#### Finance

- Not applicable

#### Progress Monitoring and Quality Assurance

- Not applicable

### Anita Lauri Korajlija

Professor, Department of Psychology, Faculty of Humanities and Social Sciences, University of Zagreb

#### Policy

- No written policy and/or procedures on the subject. There is a Commission for receiving reports of sexual harassment, abuse, violation of the principle of gender

equality, and related forms of discrimination and harassment. The Commission does not have a focus on trauma.

- No health plan for employees. There is a Counselling Centre where female students who have survived trauma can and do come in and are then provided with free psychological counselling services. If necessary, female employees can also use this service.
- Procedures for ensuring support for female students and employees who have experienced sexual harassment or abuse are currently in development.
- The Faculty does not train staff to provide culturally relevant and trauma-informed services and support. At the Department of Psychology, certain courses at the graduate, specialist, and doctoral levels touch on and deal with this topic, but not as part of systematic education on this topic.

#### Engagement and involvement of survivors

- No policy on this matter and it has not been discussed.

#### Cross Sector Collaboration

- Interviewee cooperates with AWHZ in psychological counselling and support activities. Also involved in research activities.
- Collaboration is successful and has been going on for several years, but this is not formalized cooperation at the level of the Faculty. Interviewee uses the acquired knowledge and experience in teaching at graduate and specialist studies to increase students' competencies on this topic.

#### Progress Monitoring and Quality Assurance

- Interviewee not aware of systematic monitoring, there is a psychological counselling centre and an office for people with disabilities at the Faculty, and some attention is paid to this.

# NATIONAL DATA REPORT – GREECE

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# 1. Introduction

The first national report of the Care4Trauma project presented an overview of the Greek situation on gender-based violence, as well as some key documents selected in relation to the project objectives. The objective of that first report was to capture how institutions, associations working on the issue and other key actors had addressed the issue of access to justice for victims of violence and the provision of trauma-oriented services. The first report, first of all describes the legislative development with regard to criminal offences under the Criminal Code, procedural safeguards and assistance and support measures for victims of gender-based violence. Besides the increased and generalised sensitivity on the issue, witnessed by measures aimed at supporting victims directly (free physiological support, victim compensation) and the stated objective protect and promote the well-being of women who have survived violence, in practice a different picture is painted. Women often point out the traumatising reporting and legal procedures, as one of the main reasons a main reason of discouragement to seek justice.

Considering the ultimate objective of the Care4Trauma project; improving the access to justice for women victims of gender-based violence and the improvement of the services dedicated to them through the innovative application of a trauma-informed approach; the objective of this second phase of the project, from which this report derives, was therefore:

- to explore what are the perceptions of the institutional figures that contribute to the definition of gender policies in the field of counteracting violence and access to justice from a trauma-informed perspective
- what are their perceptions regarding the adoption of the trauma-informed approach in their agencies, services, institutions.

The trauma-informed care, as described in the first national report, recognises the role that trauma can play in the lives of people who have experienced violence and is adopted by programmes, organisations or systems that are intentionally designed to support traumatised people who have experienced or are experiencing adverse events. It consists of seven principles summarised below:

15. **Recognition:** recognising the pervasiveness of the trauma and its consequences, e.g. on the ability to coherently tell one's own story. The objective of the help pathway is the recognition of the trauma and violence suffered in its different dimensions (relational, physical, psychological, sexual, social, cultural and economic);
16. **Establishing emotional safety:** recognising the importance of putting the woman victim of violence at ease when she decides to ask for help. Adopt an empathetic, welcoming, understanding attitude and ensure confidentiality;
17. **Restoring decision-making capacity and control over one's life:** ensuring personalised, structured and defined paths with the woman victim of violence, respecting her time and self-determination. Respect the woman's choices, work with her, not for her, so that she can be the protagonist of her own life again;
18. **Facilitating relational connections:** rebuilding the relational connections of the woman victim of violence, supporting her parental and friendship relationships, facilitating the inclusion of the woman victim of violence in the social context;
19. **Cultural competence:** consider the social and cultural background of the woman victim of violence, facilitate her access to support services and, in the case of

asylum seekers and refugee women, recognise the complexity of their trauma resulting from multiple, repeated and migration-specific violence;

20. **Avoiding re-traumatisation:** avoiding in any way re-traumatisation, typical above all in the court context, which results in psychological aggravation with important consequences on the trauma experienced by the woman victim of violence;
21. **Secondary trauma:** ensure staff training to protect against the risk of stress, burn-out and secondary traumatisation.

Based on the objective described above, the second phase of the State of Art Assessment involved the collection of data from professionals and stakeholders involved through:

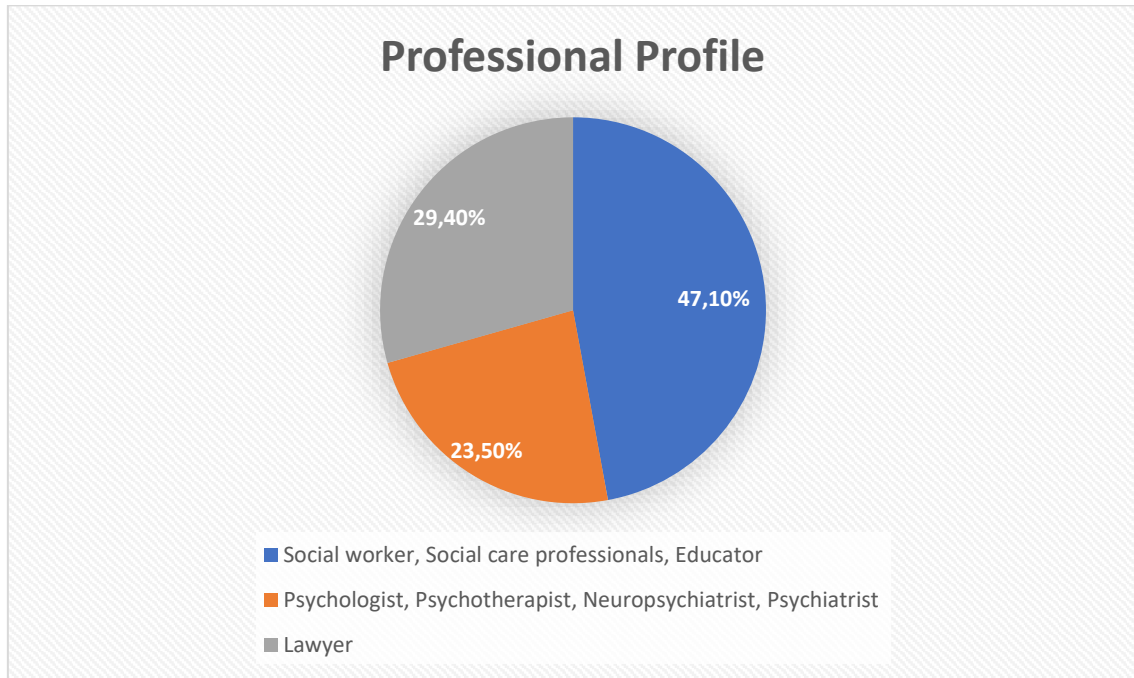
- c) an online questionnaire into two different versions (one for the health and social system and the other for the justice system), submitted to the staff of organisations and professionals who support and sustain women victims of violence and their children
- d) a semi-structured interview addressed to managers of anti-violence centres and professionals involved in addressing violence against women.

**The detailed approach is outlined in the Data Report Methodology.**

## 2. Online Survey

The questionnaire, which was the same for all project partner countries, was answered by 17 people for Greece, of whom all of them identified as women. Social workers, social operators and educators accounted for 47,1% of the total number of persons involved, followed by psychologists, psychotherapists, neuropsychiatrists and psychiatrists who made up 23,5%, so that the social and health system was 70,6% within the questionnaire, against 29,4% for the justice system, described by lawyers and legal operators (see chart entitled “Professional Profile”).

With respect to **age**, 47,1 % of the respondents stated that they were between 26 and 35 years old, tied with 17,6 % were between 36 and 45 years old and between 56 and 65 years old, 11,8% were between 46 and 55 years old, while only 5,9% were between 18 and 25 years old. All the participants have an **education level** of bachelor’s, master’s or PhD. With respect to the **region of origin**, most of the answers refer to either the Attica area (29,4%), where the capital of Greece, Athens is located and the area of Crete (29,4%), in the southern part of the country. 5,8% reflect the Macedonia area, thus, the north area of Greece is under-represented. **The services and institutions** represented are numerous: Ministry of Justice, General Secretariat for Demography and Family Policy and Gender Equality, Police administration, public administration, Support Centres for women, social services, non-governmental organisations, law firms, and others. Likewise, there are numerous **positions** held within them, ranging from operational roles to management, coordination and responsibility positions. The number of people and the **years of work in their current position** are inversely proportional: as the years of service increase, the number of people decreases, so that most of the people who answered the questionnaire have been in their position for less than 10 years (58,8%), although a still significant proportion (around 17% of the total) have held it for more than 16, as it suggests operators with a great deal of experience in the field.



## 2.1 Health and Social Care System

A total of 12 respondents answered the questionnaire for workers and professionals in the social and health system. These were social workers, social operators, educators and psychologists. Below is the picture that emerged.

| All Respondents  | Not at All True for My WP | A Little True for My WP | Somewhat True for My WP | Mostly True for My WP | Completely True for My WP |
|--|---------------------------|-------------------------|-------------------------|-----------------------|---------------------------|
| 1. Written policy is established committing to Trauma Informed Practices (detection of traumatic experiences, actions to avoid re-traumatisation)        | 14,3%                     | 14,3%                   | 0%                      | 57,1%                 | 14,3%                     |
| 2. The service/institution has a formal system for reviewing whether staff are using trauma informed practice  | 28,6%                     | 42,6%                   | 0%                      | 14,3%                 | 14,3%                     |
| 3. There is system of communication in place with other services/institutions working with women and their children for making trauma informed decisions | 28,6%                     | 28,6%                   | 0%                      | 42,6%                 | 0%                        |
| 4. There are structures in place to support consistent trauma informed responses to women and their children across roles within the service/institution | 0%                        | 28,6%                   | 0%                      | 71,4%                 | 0%                        |
| 5. Women and their children are given systematic opportunities to voice needs, concerns, and experiences   | 0%                        | 0%                      | 71,4%                   | 14,3%                 | 14,3%                     |
| 6. The service/institution has a system in place to develop/sustain common trauma informed goals with other services/institutions                        | 57,1%                     | 14,3%                   | 0%                      | 28,6%                 | 0%                        |
| 7. Understanding of impact of trauma is incorporated into daily decision-making practice at my workplace   | 0%                        | 0%                      | 0%                      | 57,1%                 | 42,6%                     |

|   |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|
| 8. Supervision at my workplace includes ways to manage personal and professional stress   | 0%    | 14,3% | 0%    | 57,1% | 28,6% |
| 9. Trauma informed safety plans are written/available for each woman (i.e., triggers, behaviours when over- stressed, strategies to lower stress) | 0%    | 14,3% | 0%    | 57,1% | 28,6% |
| 10. Staff receive supervision from a trauma informed supervisor   | 14,3% | 57,1% | 0%    | 14,3% | 0%    |
| 11. Timely trauma informed assessment is available and accessible to women served by my workplace   | 71,4% | 0%    | 14,3% | 14,3% | 0%    |
| 12. A continuum of trauma informed intervention is available for women served by my workplace.  | 0%    | 14,3% | 71,4% | 0%    | 14,3% |
| 13. A woman's definition of emotional safety is included in treatment plans and or in the procedures at my workplace.                             | 28,6% | 0%    | 42,6% | 14,3% | 14,3% |

In the table, which deserves an overall reading, the cells with the highest values for each issue touched upon are highlighted. First of all, it emerges that:

- in the services and institutions of the social system there are guidelines aimed at promoting trauma-oriented practices, i.e., which recognise the pervasiveness of trauma, promote work to recognise traumatic experiences and strive to avoid re-traumatisation
- there is however a general significant gap in the monitoring of the implementation of such policies
- with respect to collaboration with relevant stakeholders, there is generally a system of communication on trauma-informed practices, but each involved partners sets its own goals with limited systems in sustaining consistent trauma-informed practices
- with respect to staff health and well-being, there are generally supervision procedures in place to support the employees in managing and addressing the trauma their line of work may reflect on them.
- perhaps because of a specificity inherent to social system services and institutions that are based on relationship and care, women victims of violence and their children are welcomed and given the opportunity to express needs and concerns, in a space where understanding and acknowledging the impact of the traumatic experience are included in daily practices and decisions that are made
- respondents to this part of the questionnaire confirm that, in line with the principles of the trauma-informed approach, clear information is provided to the woman about how she can feel safe, accompanying her to work on the trauma and the emotional states that result from it
- social and health system professionals remain rather cautious in claiming that the emotional safety of women is taken into account in their workplaces, that the responses provided to the assisted women and their children by all professionals are trauma-informed, as well as that a continuity of trauma-informed interventions is guaranteed
- the involvement of women victims of violence in a timely process of trauma-informed screening, observation and psychodiagnostic assessment was rated in the lowest place of the questionnaire.

The results of the questionnaire concerning the social and health system provide us with a variety of input, but the number of answers and the polarisation of responses in some cases still leave room for further investigation. The suggestions with respect to a greater

concretisation of the trauma-informed approach in the workplace of those who answered the open questions of the questionnaire provide us with more elements. Some participants have shared their suggestion to enhancing the trauma-informed policies and practices in their organisations.

They specially highlight the need of **collaboration and consistency** on trauma-informed policies between the involved agencies. In particular they propose common trauma specialised training, common protocol of case management, and common official/state guidelines. In addition, an established network of stakeholders will promote further the trauma-informed care. of women and children. Lastly, the standardization of evaluation trauma, e.g. through the individual case assessment, to enhance the common trauma-informed protocol.

## 2.2. Justice System

Only 5 of the respondents were coming from the justice system and all of them were lawyers. Below is the picture that emerged.

| All Respondents   | Not at All True for My WP | A Little True for My WP | Somewhat True for My WP | Mostly True for My WP | Completely True for My WP |
|---|---------------------------|-------------------------|-------------------------|-----------------------|---------------------------|
| Written policy is established committing to trauma responsive practices for women victims of violence and their children.   | 50%                       | 0%                      | 0%                      | 50%                   | 0%                        |
| It is the policy of my organization to regularly screen women and their children for trauma.  | 0%                        | 0%                      | 0%                      | 50%                   | 50%                       |
| In my organization, the policies regarding working with women and their children include a focus on promoting resilience and general well-being.  | 0%                        | 0%                      | 0%                      | 0%                    | 100%                      |
| My organization has specific protocols in place to reduce the "burnout" associated with working with women and their children who have experienced violence.  | 0%                        | 0%                      | 0%                      | 50%                   | 50%                       |
| The diversity in my organization reflects the populations we serve.   | 0%                        | 0%                      | 0%                      | 50%                   | 50%                       |
| Women and their children are appropriately screened for trauma using a standardized tool to better assess the impact of violence against them and therefore to make more informed judicial decisions. | 50%                       | 0%                      | 0%                      | 50%                   | 0%                        |
| Efforts are made to minimize the stressful aspects of the woman (and their children) protection case process.   | 0%                        | 0%                      | 50%                     | 0%                    | 50%                       |
| An understanding of the impact of trauma is incorporated into daily decision-making practice at my workplace.   | 0%                        | 0%                      | 0%                      | 50%                   | 50%                       |
| Families and children are given systematic opportunity to voice needs, concerns, and experiences.   | 0%                        | 0%                      | 0%                      | 0%                    | 100%                      |
| Women (and their children) are treated with respect.  | 0%                        | 0%                      | 0%                      | 0%                    | 100%                      |
| Systems stakeholders treat each other with respect.   | 0%                        | 0%                      | 0%                      | 0%                    | 100%                      |

|  |    |    |    |    |      |
|--|----|----|----|----|------|
| I discuss trauma issues with cross-systems partners. | 0% | 0% | 0% | 0% | 100% |
|--|----|----|----|----|------|

Also in this case, in the table we have highlighted the cells showing a certain balance or higher values for each issue touched and, at a first glance and bearing in mind the scarcity of answers, one can comment an increased consensus in the responses:

- the questions with the most diverse responses referred to the established written policy on trauma-informed care and the use of standardised screening processes with half of the responses indicated a non-existence of official trauma-informed policies and tools.
- Even if there is no common respond on the existence of trauma-informed policies per se, the overall procedures in the working places of the respondents prioritise the well-being of the beneficiaries (women and children) as well as of the employees.
- women and their children are treated with respect and, in the justice system, always have the opportunity to express needs and concerns and to tell their experiences
- there are opportunities for trauma-related discussion and confrontation with other professionals involved in a transversal way in the care system for women victims of violence and their children, as well as there is mutual respect among involved stakeholders.

The participants how have competed the open questions of the questionnaire, suggested the following:

First of all, the introduction of specialised **social professionals** in the justice system (social workers / phycologists) as well as **training courses** for legal practitioners on the impact of trauma and trauma-informed practices/care and trainings that would challenge and address the personal stereotypes of the professionals involved in the justice system. Additionally, as is also mentioned in the response of a social system section, the establishment of **a network of collaborating organisations/institutions** to support and create a safety net around women and children who have survived violence, and shield them from re-traumatisation. Lastly, the legal professionals have stated the need of **monitoring** the implementation of the current legal framework in regards to violence against women.

### 3. Interviews

The data presented above were complemented by 5 in-depth interviews, conducted with professionals from national and local administrations and the justice, health and social systems, who have direct experience of gender-based violence. **The full list of the professional capacity of the interviewees is annexed to the Report.**

The interview was intended to explore the participants' experiences with regard to the knowledge, development and implementation of the trauma-informed approach and to collect their opinions on how and why the use of this approach could improve access to justice, policies and, more generally, all services supporting women victims of violence and their children. The interview targeted the practices of their own organisations and to reflect on how different organisations plan to deal with the impact of trauma on women victims of violence and their children.



### 3.1. Policy

With the exception of the Support Center for women, the remaining interviewees have mentioned either limited or non-existence written policies or guidelines that are in place in their respective institutions in regards to trauma-informed care and practices. The Support Center as it is state-managed institution, follows a general rule of code that prioritises the well-being of women and children beneficiaries, even though they is not a per se section on trauma-informed practices.

Additionally, in the Support Center, only recently in the past year they have implemented procedures specifically on the well-being of the personnel and have integrated this objective in the monthly supervising meetings with frontline professionals. The rest of the participants have stated a complete lack on treating the mental health of the involved staff. In particular, the police officer have stated that besides their yearly standard evaluation and regardless of the possibility to refer to the police phycologist, the mentality of the agency discourages officer to seek for metal support and address any potential trauma.

Lastly, all participants have praised the importance and necessity of policies on trauma-informed care and practices and wished for more action to be taken in the future.

### 3.2. Training, supervision and guidelines

As trauma-informed practices is a generally new sense in the country, most of the participants especially the ones that were not mental health professionals, had only basic understanding of the term. The phycologist interviewed stated that she attended private seminars to further educate herself on trauma-informed care, as she believed it was a importance asset in treating her patience. The state support center's employees receive often centrally organised trainings on how to address victim of violence and even if the material is generally in line with the priorities of trauma-informed care, none of the previous attended trainings were specifically in trauma-informed methodology. In regard to the criminal lawyer, he was offered opportunity to attend specialised seminars on how to addressing victims of gender-violence, but was not a priority of the organisation at that point, however he often referred to the change of mind and the feeling of increased need for specialised approached. The police officer stated that the trainings on violence against women mainly focus on the legal part and the procedural aspects rarely including trauma-oriented guidelines (eg. Do not attempt to touch a victim of violence).

### 3.3. Engagement and involvement of survivors

All participants express understanding on the importance of engaging women in the processes, however, in some cases this is not possible. The police officer for example mentioned that when during an incident there are obvious evidence of domestic violence, the responding officer has the obligation to transfer all involved individuals to the police station for the Domestic Violence department to review the case. This means that they also cannot provide any additional information to the victim for the process that will follow besides the obligatory visit to the police station.

The Support Center was the only organisation that had specific policies on the involvement of the survivor and the manager stated that based on the procedure they try

to cultivate a the sense of security and empowerment to the beneficiaries of the center and on that basis they inform the women of all their options and do not attempt to impact the decision of the women.

### 3.4. Cross Sector Collaboration

The interviews reflected the gravity of cross-sector collaboration and all interviewees stated that either informally or formally collaborate with other different professionals in their line of work. However, there was in no case common approach on addressing victims or a common understanding on trauma-informed practices.

Additionally, as cross-sectoral trainings are gaining ground, the professionals not involved in mental health state again the wish for a more social approach to the standard legal/police trainings

### 3.5. Finance

In reference the budgeting for trauma-informed training the phycologist and criminal lawyer mentioned that the cost of training burdens the professional especially in a specialised new field such as the trauma-informed approach. On the other hand, in the state organisations such as the Support Center and police, the training budget is centrally managed and the officers have very limited saying in the subject of the training

### 3.6. Progress Monitoring and Quality Assurance

The participants mentioned that in no organisation there was an official process of monitoring and evaluation. Feedback from the beneficiaries was in all cases given in a informal way and there was no official record or process in incorporate feedback to their work. The phycologist mentioned that she asks feedback from her patients as part of her professional approach at the end of each session, however they are often reluctant to express their opinion at that stage. For all the professional the monitoring role is upon their supervisor, who reviews how they managed each case and the beneficiaries in not officially involved in these processes.

## 4. Conclusions

In this report we wanted to provide an overview of the knowledge and use of the trauma-informed approach within the systems that encounter women victims of violence and their children and to highlight the areas that can improve further, as well as the needs o the professionals in the field. The questionnaires and interviews are clearly not a representative sample of what is happening at national and local level, but they are valuable starting points for further investigation and consideration. The qualitative-quantitative field research complemented the documentary analysis - which is fundamental for framing the context - and found that what happens at the documentary level also happens at the operational level: like the documents analysed, the services encountered unconsciously adopt one or more principles of the trauma-informed approach without, however, appearing to be familiar with it, with the exception of a few. The fieldwork also confirmed internal trends in the social and health care system and in the justice system: while there is stated commitment the policies often do not reflect that

and often their implementing practices are even more alienated from the trauma-informed approach

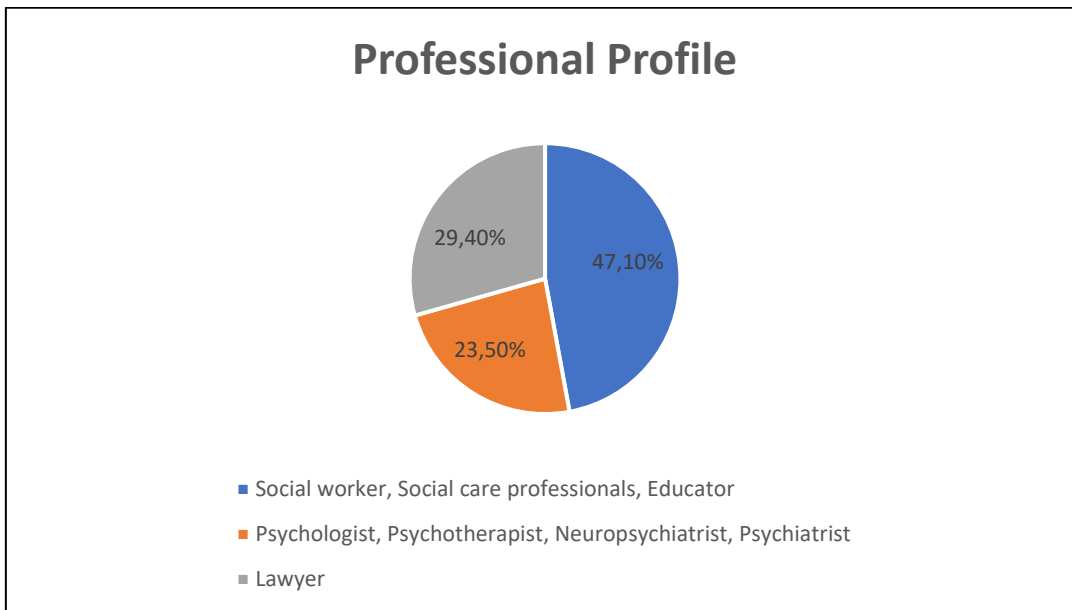
Some evidence emerges from this report that is useful to take up in view of future project developments.

- **Training:** the answers to the open-ended questions of the questionnaire and the interviews revealed the need for specific training on the trauma-informed approach for all professionals who encounter women victims of violence and their children. Cross-sectoral training, training on methodology and practical experiential training on concrete cases, so that the responses provided by all professionals are trauma-informed and consistent. It is recognised that specific training on gender-based violence and the trauma-informed approach would have a significant impact on reducing barriers to access to justice and would contribute to improving the care of women victims of violence and their children.
- **Monitoring and evaluation:** especially through the interviews, the lack of monitoring of the processes was raised, it was a common understanding the feedback of the beneficiaries should be integrated to any evaluation process. Additionally, as in some cases written policies were often disregarded, the need for specific monitoring measures as well as consequences for those who cross them were necessary.
- **Networks:** the answers to the open-ended questions of the questionnaire and the interviews highlighted the appeal for an established network of involved organisations and institutions. This will guarantee a communication and processes among different entities, as well as a common approach on trauma-informed practices.
- **Tools:** what emerges from the open-end questions is a request for trauma related questions to be included in initial assessment and screening of each case. This availability of such questionnaires as well as trauma-related protocols, will provide practical tools to

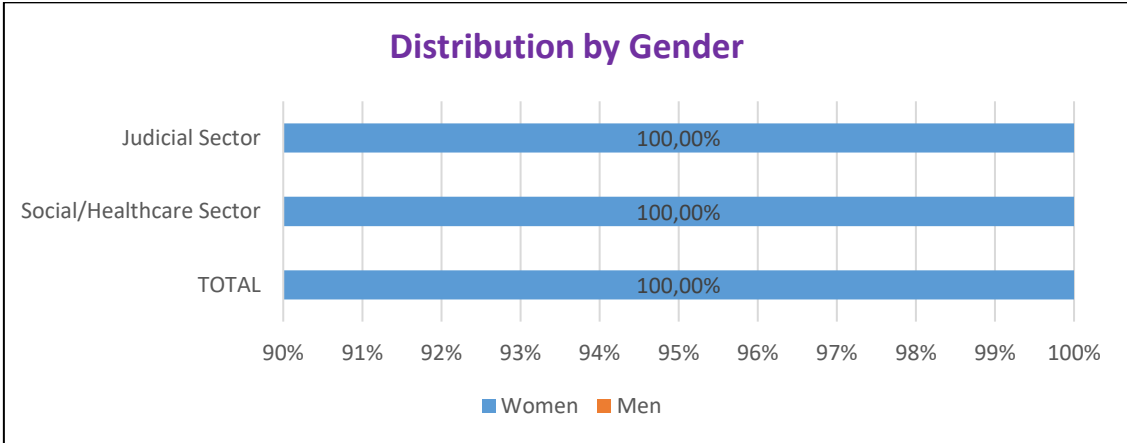
# Annex 1. Survey Tables

## Demographics

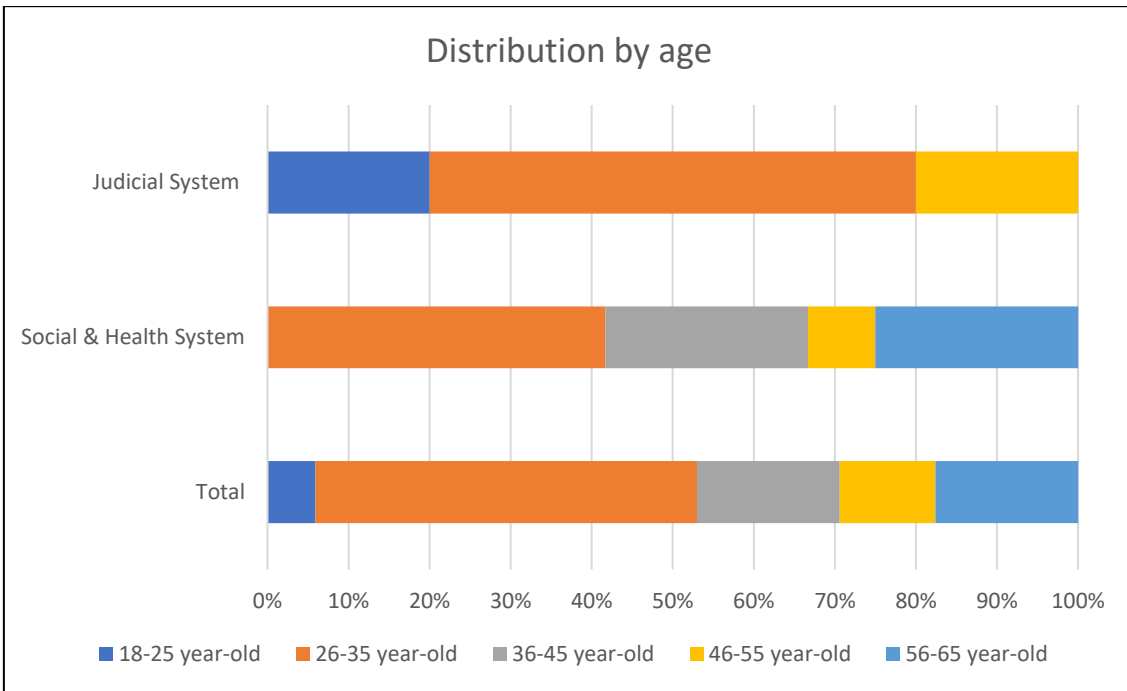
| Professional Profile   | Number    | %             |
|--|-----------|---------------|
| <i>Social and Health Sector</i>                                |           |               |
| Social worker, Social care professionals, Educator             | 8         | 47,1%         |
| Psychologist, Psychotherapist, Neuropsychiatrist, Psychiatrist | 4         | 23,5%         |
| <i>Judicial Sector</i>   |           |               |
| Lawyer   | 5         | 29,4%         |
| <b>Total</b>   | <b>17</b> | <b>100,0%</b> |



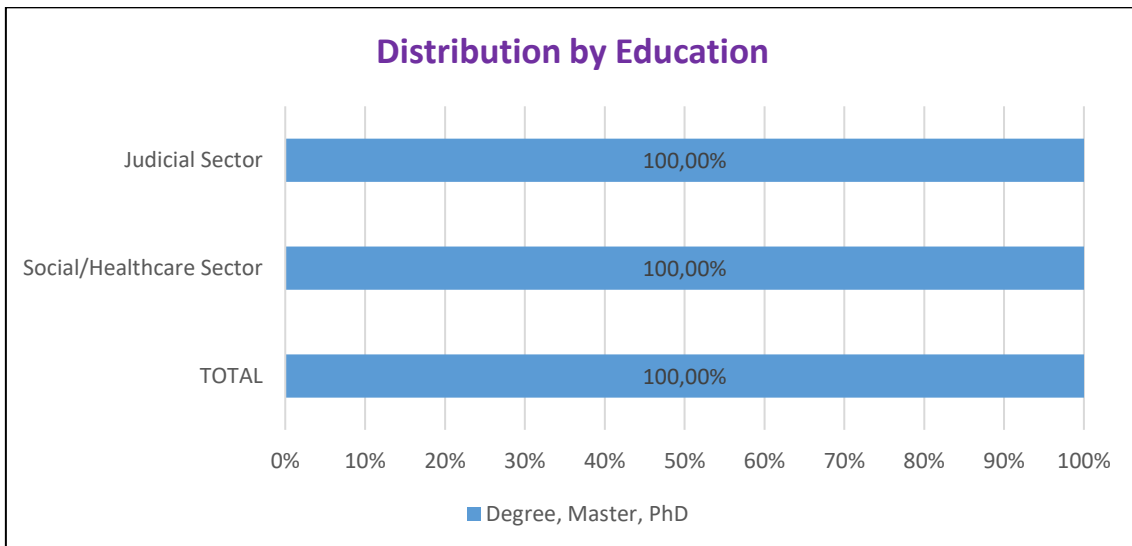
| Gender       | TOTAL     |      | Social & Health System |       | Judicial System |       |
|--------------|-----------|------|------------------------|-------|-----------------|-------|
|              | Number    | %    | Number                 | %     | Number          | %     |
| Women        | 17        | 100% | 12                     | 70,6% | 5               | 29,4% |
| Men          | 0         | 0%   | 0                      | 0%    | 0               | 0,0%  |
| <b>Total</b> | <b>17</b> |      | <b>12</b>              |       | <b>5</b>        |       |



| Age            | TOTAL     |       | Social & Health System |       | Judicial System |     |
|----------------|-----------|-------|------------------------|-------|-----------------|-----|
|                | Number    | %     | Number                 | %     | Number          | %   |
| 18-25 year-old | 1         | 5,9%  | 0                      | 0%    | 1               | 20% |
| 26-35 year-old | 8         | 47,1% | 5                      | 41,7% | 3               | 60% |
| 36-45 year-old | 3         | 17,6% | 3                      | 25%   | 0               | 0%  |
| 46-55 year-old | 2         | 11,8% | 1                      | 8,3%  | 1               | 20% |
| 56-65 year-old | 3         | 17,6% | 3                      | 25%   | 0               | 0%  |
| <b>Total</b>   | <b>17</b> |       | <b>12</b>              |       | <b>5</b>        |     |



| Education           | TOTAL     |      | Social & Health System |      | Judicial System |        |
|---------------------|-----------|------|------------------------|------|-----------------|--------|
|                     | Number    | %    | Number                 | %    | Number          | %      |
| Degree, Master, PhD | 17        | 100% | 12                     | 100% | 5               | 100,0% |
| <b>Total</b>        | <b>17</b> |      | <b>12</b>              |      | <b>5</b>        |        |



| Years in the position | TOTAL     |       | Social & Health System |       | Judicial System |     |
|-----------------------|-----------|-------|------------------------|-------|-----------------|-----|
|                       | Number    | %     | Number                 | %     | Number          | %   |
| 1 - 5 years           | 6         | 35,3% | 5                      | 41,7% | 1               | 20% |
| 6 - 10 years          | 4         | 23,5% | 3                      | 25%   | 1               | 20% |
| 11 - 15 years         | 1         | 5,9%  | 0                      | 0%    | 1               | 20% |
| 16 - 20 years         | 2         | 11,8% | 2                      | 16,7% | 0               | 0%  |
| 21 - 30 years         | 1         | 5,9%  | 1                      | 8,3%  | 0               | 0%  |
| Not Declared          | 3         | 17,6% | 1                      | 8,3%  | 2               | 40% |
| <b>Total</b>          | <b>17</b> |       | <b>12</b>              |       | <b>5</b>        |     |

| Region of origin | TOTAL     |   | Social & Health System |   | Judicial System |   |
|------------------|-----------|---|------------------------|---|-----------------|---|
|                  | Number    | % | Number                 | % | Number          | % |
| Attica           | 5         |   | 4                      |   | 1               |   |
| Macedonia        | 1         |   | 0                      |   | 1               |   |
| Crete            | 5         |   | 4                      |   | 1               |   |
| Not declared     | 6         |   | 4                      |   | 2               |   |
| <b>Total</b>     | <b>17</b> |   | <b>12</b>              |   | <b>5</b>        |   |



## Social & Health System

| All Respondents   | Not at All True for My WP | A Little True for My WP | Somewhat True for My WP | Mostly True for My WP | Completely True for My WP |
|---|---------------------------|-------------------------|-------------------------|-----------------------|---------------------------|
| Written policy is established committing to Trauma Informed Practices (detection of traumatic experiences, actions to avoid re-traumatisation)        | 1<br>14,3%                | 1<br>14,3%              | 0<br>0%                 | 4<br>57,1%            | 1<br>14,3%                |
| The service/institution has a formal system for reviewing whether staff are using trauma informed practice  | 2<br>28,6%                | 3<br>42,6%              | 0<br>0%                 | 1<br>14,3%            | 1<br>14,3%                |
| There is system of communication in place with other services/institutions working with women and their children for making trauma informed decisions | 2<br>28,6%                | 2<br>28,6%              | 0<br>0%                 | 3<br>42,6%            | 0<br>0%                   |
| There are structures in place to support consistent trauma informed responses to women and their children across roles within the service/institution | 0<br>0%                   | 2<br>28,6%              | 0<br>0%                 | 5<br>71,4%            | 0<br>0%                   |
| Women and their children are given systematic opportunities to voice needs, concerns, and experiences   | 0<br>0%                   | 0<br>0%                 | 5<br>71,4%              | 1<br>14,3%            | 1<br>14,3%                |
| The service/institution has a system in place to develop/sustain common trauma informed goals with other services/institutions                        | 4<br>57,1%                | 1<br>14,3%              | 0<br>0%                 | 2<br>28,6%            | 0<br>0%                   |
| Understanding of impact of trauma is incorporated into daily decision-making practice at my workplace   | 0<br>0%                   | 0<br>0%                 | 0<br>0%                 | 4<br>57,1%            | 3<br>42,6%                |
| Supervision at my workplace includes ways to manage personal and professional stress  | 0<br>0%                   | 1<br>14,3%              | 0<br>0%                 | 4<br>57,1%            | 2<br>28,6%                |
| Trauma informed safety plans are written/available for each woman (i.e., triggers, behaviours when over- stressed, strategies to lower stress)        | 0<br>0%                   | 1<br>14,3%              | 0<br>0%                 | 4<br>57,1%            | 2<br>28,6%                |
| Staff receive supervision from a trauma informed supervisor   | 1<br>14,3%                | 4<br>57,1%              | 0<br>0%                 | 1<br>14,3%            | 0<br>0%                   |
| Timely trauma informed assessment is available and accessible to women served by my workplace   | 5<br>71,4%                | 0<br>0%                 | 1<br>14,3%              | 1<br>14,3%            | 0<br>0%                   |
| A continuum of trauma informed intervention is available for women served by my workplace.  | 0<br>0%                   | 1<br>14,3%              | 5<br>71,4%              | 0<br>0%               | 1<br>14,3%                |
| A woman's definition of emotional safety is included in treatment plans and or in the procedures at my workplace.                                     | 2<br>28,6%                | 0<br>0%                 | 3<br>42,6%              | 1<br>14,3%            | 1<br>14,3%                |

## Judicial System

| All Respondents   | Not at All True for My WP | A Little True for My WP | Somewhat True for My WP | Mostly True for My WP | Completely True for My WP |
|---|---------------------------|-------------------------|-------------------------|-----------------------|---------------------------|
| Written policy is established committing to trauma responsive practices for women victims of violence and their children. | 1<br>50%                  | 0<br>0%                 | 0<br>0%                 | 1<br>50%              | 0<br>0%                   |

|   |          |         |          |          |           |
|---|----------|---------|----------|----------|-----------|
| It is the policy of my organization to regularly screen women and their children for trauma.  | 0<br>0%  | 0<br>0% | 0<br>0%  | 1<br>50% | 1<br>50%  |
| In my organization, the policies regarding working with women and their children include a focus on promoting resilience and general well-being.  | 0<br>0%  | 0<br>0% | 0<br>0%  | 0<br>0%  | 2<br>100% |
| My organization has specific protocols in place to reduce the “burnout” associated with working with women and their children who have experienced violence.  | 0<br>0%  | 0<br>0% | 0<br>0%  | 1<br>50% | 1<br>50%  |
| The diversity in my organization reflects the populations we serve.   | 0<br>0%  | 0<br>0% | 0<br>0%  | 1<br>50% | 1<br>50%  |
| Women and their children are appropriately screened for trauma using a standardized tool to better assess the impact of violence against them and therefore to make more informed judicial decisions. | 1<br>50% | 0<br>0% | 0<br>0%  | 1<br>50% | 0<br>0%   |
| Efforts are made to minimize the stressful aspects of the woman (and their children) protection case process.   | 0<br>0%  | 0<br>0% | 1<br>50% | 0<br>0%  | 1<br>50%  |
| An understanding of the impact of trauma is incorporated into daily decision-making practice at my workplace.   | 0<br>0%  | 0<br>0% | 0<br>0%  | 1<br>50% | 1<br>50%  |
| Families and children are given systematic opportunity to voice needs, concerns, and experiences.   | 0<br>0%  | 0<br>0% | 0<br>0%  | 0<br>0%  | 2<br>100% |
| Women (and their children) are treated with respect.  | 0<br>0%  | 0<br>0% | 0<br>0%  | 0<br>0%  | 2<br>100% |
| Systems stakeholders treat each other with respect.   | 0<br>0%  | 0<br>0% | 0<br>0%  | 0<br>0%  | 2<br>100% |
| I discuss trauma issues with cross-systems partners.  | 0<br>0%  | 0<br>0% | 0<br>0%  | 0<br>0%  | 2<br>100% |

## Annex 2. Structured Interviews

|                            |  |
|----------------------------|--|
| Head of Counselling Center | <b>D T</b> – Social worker, Support Center for women, Florina area |
| Lawyer                     | <b>E P</b> – Laywer, Pivate Office, Heraklion                      |
| Phycologist                | <b>C P</b> – Psychologist, Counselling Center, Athens              |
| Police Officer             | <b>P M</b> – Police Officer, Emergency Response Unit, Athens       |

All participants have signed a consent form and the interviews were recorded. Only occupations are made public.





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# CARE4TRAUMA

MEJORA DE LOS SERVICIOS DE APOYO Y ACCESO A LA JUSTICIA DE  
SUPERVIVIENTES DE VIOLENCIAS MACHISTAS A TRAVÉS DE LA ATENCIÓN  
INFORMADA SOBRE EL TRAUMA

## Estado del arte en España INFORME NACIONAL DE DATOS



Women's Support and  
Information Center  
*There is a way out of violence!*





Co-funded by  
the European Union



Mejora de los servicios de apoyo y acceso a la  
justicia de supervivientes de violencias machistas  
a través de la Atención Informada sobre el Trauma

**Evaluación del estado de la cuestión**

**INFORME DE DATOS  
ESPAÑA**

*Marzo 2023*



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El contenido de esta publicación es responsabilidad exclusiva del proyecto Care4Trauma y no refleja necesariamente la opinión de la Unión Europea. Ni las instituciones y organismos de la Unión Europea ni ninguna persona que actúe en su nombre podrán ser considerados responsables del uso que pueda hacerse de la información aquí contenida.

## Proyecto Care4Trauma

La Estrategia sobre los Derechos de las Víctimas 2020-2025 presta especial atención a las necesidades específicas de las víctimas de la violencia de género. En su enfoque de dos vertientes, la UE destaca cómo uno de los principales objetivos presentados en la estrategia es el empoderamiento de las víctimas de delitos para mejorar sus capacidades de denunciar delitos, participar en procesos penales, reclamar indemnizaciones y recuperarse, en la medida de lo posible, de las consecuencias del delito.

Un enfoque capaz de proporcionar un entorno seguro y promover una cultura de empoderamiento y comprensión para las víctimas de la violencia de género es un enfoque que puede conducir a un acceso más coherente a la justicia para las mujeres traumatizadas y a una mejora en el ámbito de la denuncia de la violencia de género, cuyas cifras reales siguen sin estar claras.

La atención informada sobre el trauma (*Trauma Informed Care* en inglés) es un enfoque que reconoce la presencia de síntomas de trauma y reconoce el papel que el trauma puede desempeñar en la vida de una persona. A nivel organizativo, la atención informada sobre el trauma pretende cambiar la cultura organizativa para mejorar la respuesta a los efectos del trauma a todos los niveles. La atención informada sobre el trauma se ha utilizado para combatir los efectos del trauma no abordado y la victimización secundaria dentro de las organizaciones. La victimización secundaria es una forma de retraumatización que, como también se afirma en la Estrategia sobre los Derechos de las Víctimas, sufren a menudo las víctimas de violencia de género en el proceso de recibir apoyo y protección y de acceder al sistema judicial.

Por ello, el proyecto Care4Trauma pretende mejorar el acceso a la justicia de las víctimas de violencia de género a través de:

- 1) reforzar los servicios para mujeres traumatizadas que prestan las organizaciones de apoyo a las víctimas
- 2) fomentar la adopción de la atención informada sobre el trauma en gran parte de organizaciones de apoyo a supervivientes
- 3) ampliar la comprensión de los beneficios que ofrece la atención orientada sobre el trauma.

### Organizaciones del consorcio

| Nombre  | País    | Página web   |
|---|---------|--|
| Associazione Mondodonna   | Italia  | <a href="http://www.mondodonna-onlus.it/">www.mondodonna-onlus.it/</a> |
| Società italiana per lo studio dello stress traumatico - SISST            | Italia  | <a href="http://www.sisst.it/">www.sisst.it/</a>                       |
| Syndesmos Melon Gynaikeion Somateion Irakleioy Kai Nomoy Irakleioy - UWAH | Grecia  | <a href="https://kakopoiisi.gr/">https://kakopoiisi.gr/</a>            |
| Asociación Bienestar y Desarrollo   | España  | <a href="https://abd.org/ca/">https://abd.org/ca/</a>                  |
| Women's Support and Information Centre Npo - WSIC                         | Estonia | <a href="https://naistetugi.ee/en/">https://naistetugi.ee/en/</a>      |
| Autonomna Zenska Kuca Zagreb - Zene Protiv Nasilja Nad Zenama - AZKZ      | Croacia | <a href="https://azkz.hr/">https://azkz.hr/</a>                        |



## Composición del Comité Científico del proyecto

| Nombre                             | Cargo   | Organización que designa |
|------------------------------------|---|--------------------------|
| <b>Vittoria Ardino - Secretary</b> | Profesora adjunto de "Psicología de las emergencias y el trauma, Universidad de Urbino" Carlo Bo                                      | SISST - Italia           |
| <b>Rossella Selmini</b>            | Profesora asociado de Sociología del derecho, desviación y cambio social, Departamento de Ciencias Jurídicas, Universidad de Bolonia  | MondoDonna – Italia      |
| <b>Joana Badia</b>                 | Abogada laboralista, consultora y experta en discriminación de género   | ABD – España             |
| <b>Sophia Balamoutsou</b>          | Profesora MSc Counselling Studies, Facultad de Ciencias Humanísticas - ICPS, Atenas Grecia  | UWAH – Grecia            |
| <b>Hector C. Pagan</b>             | Profesional de la enseñanza superior Universidad de Tartu - Instituto Skytte de Estudios Políticos, Tartu                             | WSIC – Estonia           |
| <b>Una Mikac</b>                   | Investigadora postdoctoral (Psicometría) en el Departamento de Psicología de la Facultad de Humanidades y Ciencias Sociales de Zagreb | AZKZ – Croacia           |

## Informes Nacionales de datos

Este documento está compuesto por los Informes Nacionales de Datos de Estonia, España, Italia, Grecia y Croacia, y contiene una integración a los Informes Nacionales de Evaluación del Estado del Arte elaborados en noviembre de 2022 por cada país sobre la aplicación de los principios de la atención informada sobre el trauma en la legislación, las políticas públicas y los servicios dirigidos a apoyar a las supervivientes de la violencia de género.

Los Informes de Datos nacionales se han elaborado a partir de los resultados de:

- una encuesta en línea dirigida a los profesionales que trabajan en los sistemas social, sanitario y judicial.
- Entrevistas semiestructuradas dirigidas a responsables de servicios e instituciones que se ocupan de la violencia de género.

Para su elaboración, cada socio ha seguido las directrices proporcionadas por el Comité Científico y los Informes de Datos nacionales han sido revisados y validados por el miembro nacional del Comité Científico.



# 1. Informe general sobre los resultados de las encuestas y entrevistas

Teniendo en cuenta el objetivo principal del proyecto Care4Trauma, es decir, favorecer el acceso a la justicia de las mujeres víctimas de violencia de género y la mejora de los servicios dedicados a ellas mediante la aplicación innovadora de un enfoque basado en el trauma, el objetivo de la segunda fase del proyecto, del que se deriva este informe, es:

- explorar cuáles son las percepciones de las figuras institucionales que contribuyen a la definición de las políticas de género en el ámbito de la lucha contra la violencia y el acceso a la justicia desde una perspectiva informada sobre el trauma,
- examinar cuáles son sus percepciones respecto a la adopción del enfoque basado en el trauma en sus organismos, servicios e instituciones.

La atención informada sobre el trauma, descrita ampliamente en el primer informe nacional, reconoce el papel que el trauma puede desempeñar en la vida de las personas que han sufrido violencia y es adoptada por programas, organizaciones o sistemas diseñados intencionadamente para apoyar a las personas traumatizadas que han sufrido o están sufriendo acontecimientos adversos.

Consta de siete principios que se resumen a continuación:

1. **Reconocimiento:** reconocer la omnipresencia del trauma y sus consecuencias, por ejemplo, en la capacidad de contar coherentemente la propia historia. El objetivo del itinerario de ayuda es el reconocimiento del trauma y la violencia sufridos en sus diferentes dimensiones (relacional, física, psicológica, sexual, social, cultural y económica);
2. **Establecer la seguridad emocional:** reconocer la importancia de tranquilizar a la mujer víctima de violencia cuando decide pedir ayuda. Adoptar una actitud empática, acogedora y comprensiva, y garantizar la confidencialidad;
3. **Recuperar la capacidad de decisión y el control sobre la propia vida:** Garantizar trayectorias personalizadas, estructuradas y definidas con la mujer víctima de violencia, respetando su tiempo y autodeterminación. Respetar las decisiones de la mujer, trabajar con ella, no para ella, para que vuelva a ser la protagonista de su propia vida;
4. **Facilitar las conexiones relacionales:** reconstruir los vínculos relacionales de la mujer víctima de violencia, apoyando sus relaciones parentales y de amistad, facilitando la inclusión de la mujer víctima de violencia en el contexto social;
5. **Competencia cultural:** tener en cuenta el contexto social y cultural de la mujer víctima de violencia, facilitar su acceso a los servicios de apoyo y, en el caso de las solicitantes de asilo y refugiadas, reconocer la complejidad de su trauma resultante de la violencia múltiple, repetida y específica de la migración;
6. **Evitar la retraumatización:** evitar de cualquier forma la retraumatización, típica sobre todo en el contexto judicial, que se traduce en un agravamiento psicológico con importantes consecuencias sobre el trauma vivido por la mujer víctima de violencia;
7. **Trauma secundario:** garantizar la formación del personal para protegerlo contra el riesgo de estrés, agotamiento y traumatización secundaria.

Este informe presenta los resultados de:

- I. una encuesta en línea en dos versiones diferentes (una para el sistema sanitario y social y otra para el judicial), enviada al personal de organizaciones y profesionales que apoyan y atienden a las mujeres víctimas de violencia y a sus hijos e hijas;
- II. una serie de entrevistas semiestructuradas dirigidas a profesionales de centros o servicios de la red antiviolencia y a responsables políticos/responsables políticos.

En cuanto a la **encuestas en línea** el principal resultado que destaca es la falta de formalización y reconocimiento de los principios de la atención informada por el trauma en las políticas, procedimientos y protocolos en los servicios y organizaciones de los y las profesionales encuestadas. Se trata de una tendencia detectada tanto en el sistema sanitario y social como en el judicial. No obstante, los y las profesionales encuestadas incorporan y despliegan claramente enfoques en línea con el TIC<sup>1</sup> en sus prácticas laborales cotidianas, especialmente cuando se trata de considerar las voces, experiencias y necesidades planteadas por las supervivientes y sus hijos e hijas, y de tratarlos desde un punto de vista respetuoso y centrado en la víctima.

Las profesionales de la salud y la asistencia social coinciden en que impartir formación, garantizar la supervisión del personal desde la perspectiva del TIC y revisar los procedimientos organizativos internos y externos para que estén en consonancia con los principios de la atención informada por el trauma son acciones clave para garantizar una aplicación adecuada de este enfoque. Las profesionales del sistema judicial también detectan una falta de formación entre los servicios e instituciones judiciales, especialmente en lo que se refiere a la perspectiva de género y a la comprensión de la violencia de género, lo que dificulta el acceso de las supervivientes a la justicia. Esto, sumado a la complejidad de los procesos judiciales, se traduce en una alta exposición de las mujeres a la re-traumatización y revictimización, a la que se refieren las profesionales.

Los resultados detallados de las encuestas en línea pueden consultarse en el capítulo 2.

En cuanto a las **entrevistas cualitativas**, los resultados parecen indicar conclusiones en la misma línea que la investigación documental relativa a España: existe una preocupación moderada sobre el tema de los efectos de la violencia de género en la víctima/sobreviviente, pero el TIC todavía no es una metodología que se utilice en todos sus términos, especialmente en el ámbito judicial, aunque existe cierta concienciación sobre su relevancia.

Se hizo evidente que algunos de sus principios están presentes en la mayoría de las intervenciones de los servicios, especialmente el reconocimiento y el establecimiento de la seguridad emocional. Sin embargo, restaurar la capacidad de decisión y facilitar las conexiones parece estar todavía fuera del alcance de algunos servicios, lo que las profesionales atribuyen a la falta de tiempo, a la insuficiencia de recursos dado el número de víctimas/sobrevivientes y la carga de trabajo y también a un enfoque constante en la emergencia y menos en el largo plazo. El hecho de que la violencia de género no parece reducirse en España, en ninguna de sus formas, parece mantener a las profesionales y a los servicios públicos totalmente ocupados con la intervención urgente, lo que deja poco espacio para mejoras a largo plazo. Esta parece ser también una de las razones por las que el desarrollo de políticas que contemplen la perspectiva

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<sup>1</sup> A lo largo de este documento se utilizarán las siglas TIC, correspondientes al inglés *Trauma Informed Care*, para referir-se a este enfoque.

de los usuarios de los servicios parece constituir un reto, asociado al hecho de que la mayoría de los servicios públicos están diseñados desde una perspectiva descendente que dificulta un enfoque más horizontal.

La competencia cultural también es un principio que apenas empieza a aparecer en algunas metodologías y formaciones y constituye una preocupación para las profesionales que, en muchos casos, entienden que necesitan más formación y herramientas para interactuar con mujeres de orígenes diversos.

También existe un enfoque relevante sobre el trauma secundario, abordado principalmente a través de la supervisión de los equipos pero, según las entrevistadas<sup>2</sup>, todavía ausente en el sistema judicial y sólo ligeramente más común en el sistema psicosocial.

Los resultados detallados de las entrevistas pueden consultarse en el capítulo 3.

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<sup>2</sup> De aquí en adelante se utilizará el femenino genérico para referirse al conjunto de las personas entrevistadas.

## 2. Análisis de los datos de la encuesta

En esta sección presentamos los resultados de la encuesta en línea dirigida a las profesionales. La encuesta se lanzó el 1 de febrero y se difundió a través de las redes sociales de ABD (IG, FB), del boletín de noticias y de correos y mensajes personales e individuales.

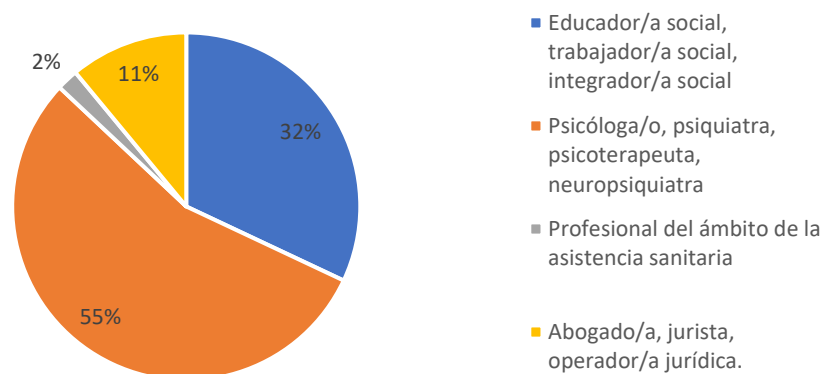
### 2.1 Perfil sociodemográfico de las profesionales

La muestra final de personas encuestadas<sup>3</sup> en España está compuesta por 64 profesionales. Según su perfil sociodemográfico, la mayoría de ellos, el 94%, son mujeres y el 6% restante son hombres (véanse las tablas completas en el anexo 2).

En cuanto a la **edad**, estos profesionales son en su mayoría adultos de entre 36 y 55 años (64%), pero también jóvenes de entre 18 y 35 años (24%) y, en un pequeño porcentaje, tienen entre 56 y 65 años (10%). Sólo el 2% de las encuestadas tiene más de 65 años.

En relación con el **nivel de estudios**, todas las encuestadas han cursado estudios superiores y son licenciadas. En cuanto a su **perfil profesional**, más de la mitad de la muestra son psicólogas, psicoterapeutas, neuropsiquiatras o psiquiatras (55%); el 32% son trabajadoras sociales, operadoras sociales o educadoras; un 11% son abogadas, juristas u operadores jurídicas. Sólo el 2% son operadores sanitarios. También hay que señalar que ninguna de las encuestadas es jueza o magistrada.

**Gráfico 1. Perfil profesional**



Las profesionales encuestadas **trabajan principalmente en Cataluña** (51,6%) y la **Comunidad de Madrid** (41,9%), mientras que el resto no especificó la región del país y sólo una encuestada declaró trabajar en Galicia.

Si agregamos las respuestas en relación con el tipo de servicio o institución donde trabajan, es posible identificar una mayoría de la muestra que trabaja **en servicios públicos destinados a prestar asistencia a las supervivientes de la violencia de género** (53,23%), seguidos de casi un tercio (29%) de las profesionales que trabajan **en ONG u organizaciones del tercer sector social** (algunos de ellos especificando que trabajan en un servicio de atención a la violencia de género, pero también otros que

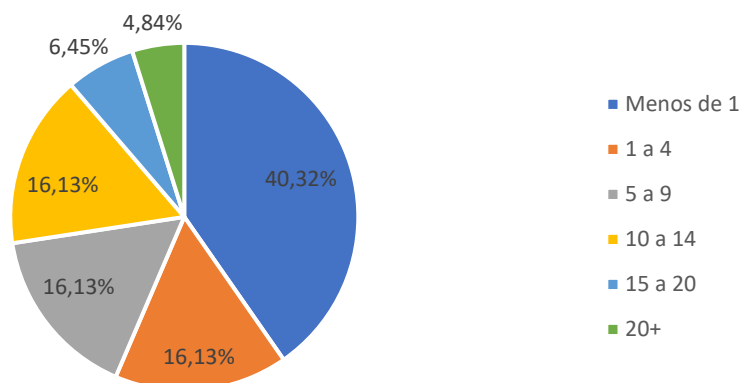
<sup>3</sup> De aquí en adelante se utilizará el femenino genérico para referirse al conjunto de personas encuestadas.



trabajan en programas de prevención de la violencia de género o de inclusión sociolaboral). El 9,68% de las encuestadas trabajan en **servicios sanitarios públicos**, seguidos de un 6,45% que trabajan en **servicios sociales** y un 1,61% que **trabajan en un servicio privado de atención a la violencia de género**.

En relación con los **años de trabajo en su puesto actual**, la mayoría (40,32%) de las profesionales encuestadas tienen de 1 a 4 años de experiencia. El 16,13% tiene de 5 a 9 años, otro 16,13% tiene de 10 a 14, y otro 16,13% tiene de 15 a 20 años de experiencia. El 6,45% tiene más de 20 años de experiencia, y sólo el 4,84% declara tener menos de 1 año de experiencia laboral. La media de años en el puesto actual de las profesionales encuestadas es de 8,3 años (con una desviación típica de 7,6).

**Gráfico 2. Años de experiencia profesional**



A continuación, se presentan los principales resultados de la encuesta, divididos en los dos principales ámbitos de trabajo a los que pertenecen las profesionales.

## 2.2 Profesionales del sistema sanitario y social

La gran mayoría de las profesionales que respondieron a la encuesta pertenecen a este ámbito profesional: en total, 55 profesionales, lo que representa **87% de la muestra**.

### Aplicación de los principios TIC

Se pidió a las profesionales que indicaran en qué medida se aplicaban los distintos principios del enfoque TIC en sus lugares de trabajo. Las opciones de respuesta eran 5 (véase el anexo 1 Metodología). A efectos del análisis y la presentación de los resultados, las 5 opciones de respuesta se han agrupado en 3 opciones principales:

- Para nada o un poco cierto para mi lugar de trabajo.
- Algo cierto en mi lugar de trabajo.
- Mayormente o completamente cierto en mi lugar de trabajo.

Los resultados se muestran en el siguiente gráfico:

**Gráfico 3. Evaluación de los y las profesionales en relación con la aplicación de los principios de las TIC en sus lugares de trabajo - Sistema sanitario y social**



Según los datos, **8 de cada 10 profesionales** afirman que en sus lugares de trabajo las mujeres y los niños tienen **oportunidades sistemáticas de señalar sus preocupaciones, experiencias y voces**, siendo éste el principio más extendido entre todos los lugares de trabajo encuestados (mayoritariamente o totalmente cierto para el 81% de las encuestadas).

Además, la mayoría de las profesionales encuestadas afirman que **la comprensión del impacto del trauma se incorpore a su práctica diaria de toma de decisiones**, en el 65% de los casos, y que **la definición de la seguridad emocional de las mujeres está incluida en los planes de tratamiento y/o en los procedimientos de su lugar de trabajo** (el 57% de la muestra afirma que esto es mayoritaria o totalmente cierto en sus lugares de trabajo).

En cuanto a la **supervisión de las profesionales para gestionar el estrés personal y profesional**, también es un principio generalizado que se aplica en su mayor parte o en su totalidad en el caso del 51% de los centros de trabajo del sistema sanitario y de asistencia social. Sin embargo, cuando se pregunta a las profesionales acerca de la supervisión por parte de un **supervisor que tenga en cuenta el trauma**, las respuestas están más divididas y, mientras que casi la mitad de la muestra afirma que esto es aplicable a sus casos (49%), casi la mitad afirma lo contrario (48%).

En el otro lado del espectro, hay algunos principios que claramente no son tan generales en los lugares de trabajo de las profesionales encuestadas. En este sentido, el 60% de las encuestadas afirman que, en sus entornos profesionales, no es cierto en absoluto o es sólo un poco cierto que los planes de seguridad **informados sobre traumas estén escritos o disponibles para cada mujer**. También es el caso de los principios de tener un sistema **formal para revisar si el personal está utilizando prácticas informadas sobre el trauma** y **tener una política escrita comprometida con las prácticas TIC**: la mitad o casi la mitad de la muestra (52% en un principio y 48% en el otro) afirma que no es cierto en sus lugares de trabajo.

Es posible observar que, en contraste con las prácticas cotidianas llevadas a cabo por las profesionales, que demuestran que las mujeres y los niños son escuchados y tenidos en cuenta en los servicios sanitarios y sociales, y que la toma de decisiones sobre los casos se realiza con una comprensión del impacto del trauma, parece haber una falta de formalización de estos enfoques en los procedimientos y políticas internas que guían a las organizaciones.

**La disponibilidad y accesibilidad de una evaluación oportuna informada por el trauma** para las mujeres atendidas en los lugares de trabajo de las profesionales tampoco es un principio generalizado (el 48% declara que no es cierto en sus casos), como tampoco lo es la **existencia de un sistema de comunicación con otros servicios que trabajan con las supervivientes para la toma de decisiones informada por el trauma**.

Por último, las profesionales están divididos a la hora de aplicar determinados principios. Es el caso, por ejemplo, de la **existencia de un sistema para desarrollar/sostener objetivos comunes informados sobre el trauma con otros servicios**: 4 de cada 10 profesionales afirman que esto es casi cierto en sus lugares de trabajo, mientras que 3 de cada 10 afirman que es poco o nada cierto, y otros 3 de cada 10 dicen que es mayoritaria o totalmente cierto.

## Contribuciones de las profesionales para una mejor aplicación de un enfoque informado sobre el trauma en sus lugares de trabajo.

Las profesionales encuestadas han identificado 3 áreas principales en las que centrarse para mejorar la aplicación del TIC en sus organizaciones:

- **Formación.** Las encuestadas han hecho hincapié en la necesidad de proporcionar formación especializada sobre el enfoque informado sobre el trauma en función de los diferentes perfiles profesionales implicados en todo el proceso de atención, tanto para reforzar los conocimientos disponibles sobre el tema como para introducir directamente el enfoque en los casos en los que es completamente desconocido.  
Asimismo, algunos encuestados indican que esta formación debería ser extensiva a las profesionales de los servicios externos y a toda la red de atención, incluido el sistema judicial.
- **Supervisión.** Esto se aplica a tres niveles diferentes:
  - **Supervisión externa de los casos:** Las profesionales señalan que poder contar con una supervisión externa de los casos es un factor clave para aplicar las prácticas TIC.
  - **Supervisión externa de las profesionales para evitar el estrés personal y profesional.** Las encuestadas han señalado que la supervisión del equipo en esta línea es crucial para evitar el agotamiento, y que ello implica controlar las funciones, la distribución de tareas y el trabajo en red.
  - **Supervisión para garantizar que un enfoque de atención informada por el trauma en las organizaciones.**
- **Procedimientos de organización:**
  - **Protocolos formales y escritos.** Las encuestadas han hecho hincapié en la necesidad de protocolos y procedimientos escritos comunes entre los servicios que trabajan coordinados en la prestación de atención a la violencia de género, pero también dentro de los mismos servicios y organizaciones, con el objetivo de:
    - mejorar la identificación y detección de casos;
    - Mejorar el apoyo prestado, definir y establecer una misma metodología de intervención y garantizar la aplicación de las prácticas TIC en los servicios;
    - Mejorar la aplicación de las prácticas TIC en la coordinación con los servicios externos.
  - **Utilización de técnicas específicas de intervención** en traumas, como el biofeedback y el brainspotting.

## 2.3 Profesionales del sistema judicial

En cuanto a las profesionales encuestadas incluidas en este ámbito profesional, representan el 11% de la muestra (8 encuestadas en total).

### Aplicación de los principios TIC

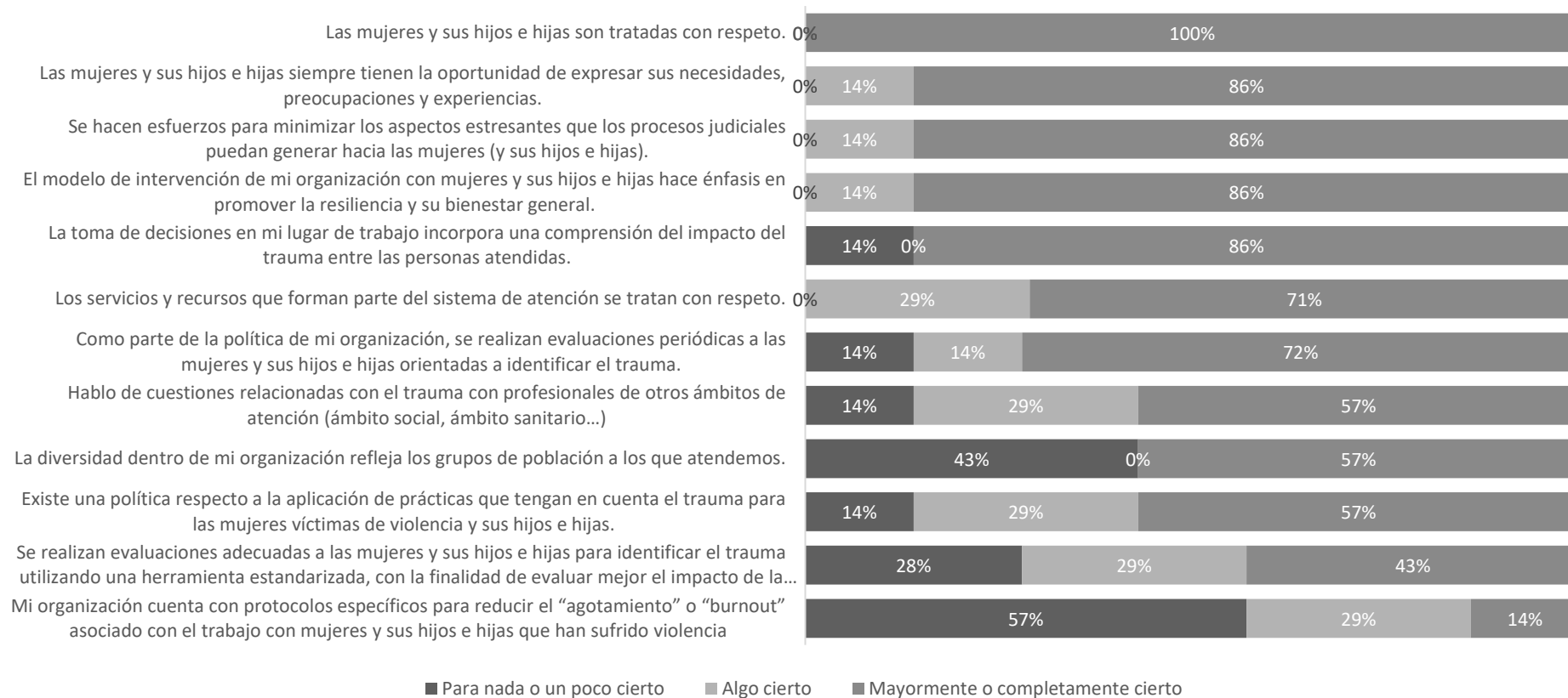
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- Para nada o un poco cierto para mi lugar de trabajo.
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- Mayormente o completamente cierto en mi lugar de trabajo.

Los resultados se muestran en el siguiente gráfico:

**Gráfico 4. Evaluación de los y las profesionales en relación con la aplicación de los principios de las TIC en sus lugares de trabajo - Sistema judicial**





Echando un primer vistazo a los datos, en el caso del sistema judicial es evidente que la mayoría de los indicadores TIC evaluados están muy presentes en los puestos de trabajo de las profesionales encuestadas.

Por ejemplo, todas las encuestadas (el 100% de la muestra) afirman que, en sus lugares de trabajo, **las mujeres y sus hijos e hijas son tratados con respeto**. A continuación, y en el mismo alto porcentaje (86%), las profesionales encuestadas afirman que en sus lugares de trabajo **las mujeres y los y las niñas tienen sistemáticamente la oportunidad de expresar sus necesidades, preocupaciones y experiencias**, que se hacen **esfuerzos para minimizar el impacto estresante de los procedimientos para las supervivientes**, que las **políticas de sus organizaciones incluyen un enfoque en la promoción de la resiliencia y el bienestar de las supervivientes**, y que la **comprensión del impacto del trauma se incorpora a la práctica diaria de toma de decisiones**.

Hay que destacar que, según sus perfiles profesionales, la mayoría de estos profesionales trabajan como abogadas en servicios que prestan atención y apoyo integral social, psicosocial y jurídico a supervivientes de violencia de género y a sus hijos e hijas. Por tanto, teniendo esto en cuenta no es de extrañar que estos principios se garanticen en sus entornos de trabajo y esto pueda no ser extensible a otros entornos laborales como, por ejemplo, una sala de vistas.

A continuación, para el 71% y el 72% de las encuestadas es mayoritariamente o totalmente cierto que las partes interesadas de los sistemas se tratan con respeto y que sus organizaciones tienen como política examinar periódicamente a las mujeres y a sus hijos e hijas para detectar traumas.

Los principios con mayor porcentaje de profesionales que afirman que no se aplican en absoluto, o sólo ligeramente, en su entorno de trabajo son la **existencia de protocolos específicos para reducir el burn out asociado al trabajo con mujeres y sus hijos e hijas que han sufrido violencia** (57%) y la adecuada **detección del trauma a través de una herramienta estandarizada para valorar mejor el impacto de la violencia contra las mujeres y sus hijos e hijas y, por tanto, tomar decisiones judiciales mejor informadas** (28%). Una vez más, y al igual que en el caso del sistema sanitario y social, es posible observar que la formalización de los principios TIC es escasa en las políticas y procedimientos de las organizaciones, incluyendo el uso de herramientas adecuadas para identificar, detectar e intervenir adecuadamente en casos de trauma.

En el caso de la **diversidad en las organizaciones según las poblaciones atendidas**, las profesionales están bastante divididos, ya que el 57% de ellos afirma que es mayoritaria o totalmente cierta en sus lugares de trabajo y el 43% afirma que no lo es en absoluto, o sólo un poco, en su caso.

Por último, sobre la existencia de una **política escrita en los centros de trabajo de las encuestadas que se comprometa con prácticas de atención al trauma para las mujeres víctimas de violencia y sus hijos e hijas**, mientras que el 57% de las profesionales reconoce que es mayoritaria o totalmente cierta en sus casos, el 20% de ellos afirma que es algo cierta y el 14% que no se aplica en absoluto o sólo un poco.

### Barreras de acceso a la justicia para las mujeres víctimas de violencia detectadas por las profesionales

Cuando se les pide que señalen las barreras de acceso a la justicia a las que se enfrentan las supervivientes, las profesionales hacen referencia a:

- La falta de perspectiva de género en estos servicios y, en esta línea, el desconocimiento de la violencia de género por parte de los abogados de oficio;
- la falta de información por parte de las mujeres sobre los procedimientos y la dificultad para comprender los aspectos procedimentales;
- la revictimización, la falta de protección a la que se enfrentan las supervivientes y la victimización secundaria;
- los elevados costes legales;
- el retraso en los procedimientos;
- la dificultad en términos de prueba;
- las barreras y bloqueos emocionales, por parte de las mujeres, relacionados con el miedo y la desconfianza hacia el sistema.

### Necesidades y objetivos para hacer frente a los obstáculos indicados

A continuación, se exponen las principales ideas señaladas por las encuestadas para hacer frente a las barreras y obstáculos anteriores:

- Humanizar el proceso judicial, haciendo que los servicios judiciales sean más accesibles y fáciles de usar;
- fomentar la escucha activa, la empatía y el apoyo a las supervivientes;
- ofrecer formación especializada y formación en perspectiva de género a los operadores judiciales;
- aumentar los recursos humanos y económicos del sistema judicial;
- mejorar los recursos públicos invertidos en asistencia jurídica, entre otras cosas, para combatir la precariedad de los abogados de oficio, que se traduce en una deficiente prestación de apoyo.

### Obstáculos detectados en la aplicación de prácticas informadas por el trauma en el sistema judicial para atender mejor las necesidades de las mujeres víctimas de violencia

Las profesionales detectan los siguientes obstáculos:

- la falta de formación de las profesionales en general, y de formación en perspectiva de género en particular;
- la falta de espacios físicos donde trabajar desde el respeto;
- la falta de voluntad política real para comprender la violencia de género;
- la organización de los tribunales y la falta de comprensión del fenómeno de la violencia de género;
- la falta de una mayor y mejor aplicación de la legislación.

## 3. Entrevistas

### 3.1 Introducción

A lo largo de la fase de entrevistas, el equipo contactó con varias instituciones y organizaciones que pudieron proporcionar información relevante sobre los objetivos del proyecto. La selección siguió los criterios establecidos en la metodología del proyecto, buscando un amplio espectro de profesionales de diversas áreas, teniendo en común el apoyo directo o indirecto a mujeres víctimas/sobrevivientes de violencia de género. En total, se entrevistó a 8 profesionales, que figuran en el anexo 3.

### 3.2 Política interna

En cuanto a la política interna de las organizaciones y servicios públicos en la incorporación de un enfoque TIC, existe un consenso homogéneo en que, aunque la mayoría entiende los efectos del trauma en la víctima y cómo condiciona el proceso de recuperación, no existen procedimientos claros que aborden esta cuestión ni un enfoque particular al respecto, especialmente por parte de los servicios jurídicos. También en los servicios sanitarios, aunque la entrevistada trabajaba para un hospital público, no había procedimientos identificables en relación con la atención directa a las víctimas de violencia de género más allá del contacto con la policía y con el departamento de ginecología.

Merece la pena distinguir entre los servicios públicos y los servicios de las ONG: mientras que se entiende que los primeros tienden a un enfoque de arriba abajo, con normas y tiempos más estrictos y menos espacio para adaptarse a las necesidades de la víctima, se entiende que las ONG son más flexibles y tienen la capacidad de adaptar la intervención a las necesidades de la víctima, situándola en el centro de la intervención. Esto es particularmente relevante en el sentido de que un enfoque TIC exige no sólo un conjunto de protocolos y prácticas establecidas, sino también la aptitud para ser flexible y adaptar la intervención a los efectos del trauma en la víctima. En el ámbito psicosocial fue más frecuente encontrar referencias a la pertinencia de incluir una perspectiva TIC pero todavía no está, en general, explícitamente incluida en los procedimientos o políticas internas. Los servicios de la administración pública entienden tener menos flexibilidad para solicitar formación, pero sobre todo cambios metodológicos. Otros profesionales, en cambio, del ámbito psicosocial, entienden que ha habido otras prioridades como la transversalidad de género y los cambios en legislación, servicios, circuitos y derechos.

Sin embargo, en la mayoría de los casos, este enfoque no está sistematizado ni incluido en la metodología o los procedimientos internos de la institución, sino que está implícito o depende de la formación, la experiencia y el enfoque de cada profesional. En algunas de las entrevistas, las entrevistadas respondieron que algunos profesionales se especializan en trauma en su tiempo libre, independientemente de su afiliación a un servicio de violencia de género, y utilizan ese conocimiento en su trabajo diario, mientras que otros profesionales no aplican plenamente este enfoque por no tener formación en la materia.

Una de las entrevistadas (entrevista 2) explica que todo el enfoque de las organizaciones y de la administración pública se ha centrado en la transversalidad de género en los servicios públicos y del tercer sector, garantizando que este enfoque sea entendido y aplicado con herramientas concretas por todos las profesionales. Por ello,

sólo últimamente otros aspectos y enfoques como las perspectivas transculturales o las TIC han empezado a entrar tanto en el discurso público como en las prácticas, recomendaciones y políticas internas. Aun así, en lo que se refiere a la atención sanitaria a víctimas de violencia de género, no se ha identificado que las profesionales dispongan de formación en perspectiva de género o trauma.

También existe la sensación de que el enfoque general está cambiando hacia uno más interseccional, combinando las múltiples opresiones entre el género y otros ejes como el consumo de drogas o la discapacidad, centrándose más en estos aspectos sociales que en los internos como el trauma (entrevista 1).

En el área jurídica (tribunal, fiscalía y asesoría jurídica) la opinión general es que toda la estructura es particularmente rígida, centrándose sólo en los aspectos legales, y no contemplando el enfoque centrado en la víctima, especialmente en lo relativo al trauma. Prácticamente no existe formación para los jueces en este ámbito y la que existe no es obligatoria, según la entrevistada 7.

Es primordial explicar que en España existen ciertos Juzgados especializados en violencia de género que han recibido una formación básica y superficial en trauma (Entrevista 7). Sin embargo, en España la legislación sólo entiende por violencia de género la que se produce en el ámbito de la pareja o expareja, lo que significa que todas aquellas formas de violencia de género que se producen fuera del ámbito de la pareja íntima son juzgadas por tribunales comunes en los que fiscales, abogados y jueces no han recibido esta formación básica obligatoria sobre violencia de género ni ningún tipo de aproximación a las TIC.

También se expresó que, desde la perspectiva jurídica, la formación en trauma se considera más relevante para el ámbito psicológico de la intervención y que el ámbito jurídico centra su formación en el derecho y las actualizaciones de la ley, más que en los aspectos relacionales entre la víctima y el profesional.

En cuanto al autocuidado de las profesionales, entienden que están expuestos al burnout y al trauma secundario pero, en general, no creen que haya suficiente preocupación al respecto en los procedimientos escritos. En algunos casos, hay sesiones de mindfulness y arteterapia que ayudan a aliviar algunos síntomas, pero las profesionales parecen indicar la necesidad de un enfoque más estructurado del autocuidado desde la perspectiva de las TIC. Todas las encuestadas entienden que esto es esencial para evitar traumas secundarios y para apoyar a las profesionales que están expuestas diariamente a historias y víctimas de violencia de género. En los equipos psicosociales es habitual contar con un espacio de supervisión externa que conlleva esta perspectiva y pretende abordar el autocuidado, aunque no siempre desde una perspectiva TIC: en la mayoría de los casos no se aborda explícitamente el trauma en sí.

La mayoría de los equipos también dedican una media de 40 horas al año a formación y/o autocuidado, pero los temas son seleccionados por todo el equipo y las TIC no son obligatorias ni se abordan con frecuencia. La oferta de formación en TIC tampoco parece ser habitual, salvo a nivel académico a través de un máster en el que algunos profesionales se matriculan en su tiempo libre y sin apoyo (en horas o remuneración) por parte de las organizaciones.

La cultura y la perspectiva transcultural están aún más ausentes en la mayoría de los servicios y organizaciones, ya que se abordan específicamente y desde la perspectiva de las TIC. Aunque la mayoría de las profesionales entienden que este es un enfoque

primordial, reconocen que no ha habido suficiente formación sobre estas cuestiones y especialmente ninguna formación que se cruce con un enfoque de trauma.

En general, las profesionales no tienen una idea clara de la pertinencia de contar con una política organizativa sobre cómo debe realizarse el cribado y/o cómo debe preguntarse sobre el trauma a los usuarios de los servicios. Entienden que cada servicio tiene sus propios métodos con una metodología especializada y que, dada la especialización de cada servicio, sería muy difícil unificar estos enfoques en todos los ámbitos de intervención.

### 3.3 Participación de las supervivientes

Como se ha mencionado a lo largo de las entrevistas y en los distintos apartados de este informe, existe una diferencia notable entre los servicios de la administración pública y los servicios gestionados por ONG también en lo que respecta al espacio para la participación de las supervivientes. Aún así, salvo en un caso, ninguna organización contempla una política de participación de las supervivientes. En la mayoría de los casos, y especialmente en los servicios de la administración pública, las supervivientes disponen de poco espacio para tomar el control de sus propios procesos o implicarse más allá de los modelos de intervención preestablecidos. Esto ni se especifica en la política interna ni ocurre de forma espontánea, en la mayoría de los casos. De hecho, una de las consultoras entrevistadas así lo expresó:

*"Los servicios no están pensados desde este punto de vista, son muy unidireccionales en su diseño. Muchas entidades representan a las mujeres pero, en la práctica, no participan realmente, sino que las entidades se hacen eco de su realidad. Pero ellas mismas no participan, y mucho menos desde una perspectiva interseccional."(Entrevista 1)*

Esto parecía especialmente visible en los servicios judiciales y sanitarios y menos en los servicios psicosociales y, sobre todo, en las ONG. Ante esto, la mayoría de las encuestadas entienden que los modelos de intervención son rígidos y tienen tendencia a ser unilaterales arriba-abajo debido a varios factores como la falta de tiempo o de profesionales, el solapamiento entre varios servicios, la disponibilidad, etc. En el caso de los servicios judiciales, la participación de las supervivientes sólo se contempla desde el punto de vista de sus opciones respecto a los derechos garantizados a las víctimas que pueden elegir activar o renunciar y en el caso de otros servicios y profesionales su participación se contempla en el sentido de que los servicios se adaptan a las necesidades de la superviviente y responden a sus demandas específicas, siempre que éstas se ajusten al ámbito del servicio.

La excepción a esta norma estaría en la entrevista 5 en la que la profesional manifestó utilizar un enfoque muy diferente al de la Administración pública, centrado principalmente en un proceso horizontal construido con la víctima/superviviente y no definido previamente, salvo algunas de las técnicas utilizadas. Bajo esta perspectiva, se ofrece a las mujeres víctimas/sobrevivientes un espacio donde reescribir sus historias, que no incluyen únicamente la victimización que sufrieron, sino muchos otros aspectos de sus vidas y personalidades que pueden plantear como parte del proceso de curación. En este sentido, cada proceso no sólo se hace a medida con la mujer, sino que también es dirigido por ella en cierta medida.

### 3.4 Colaboración intersectorial

En resumen, los participantes entienden que existe una dispersión de concepciones sobre el trauma y la violencia de género desde una perspectiva intersectorial y en

función de los tipos de sectores, organizaciones y profesionales con los que tratan. El tejido social en España es diverso y la colaboración intersectorial es habitual, pero la existencia de servicios y equipos muy especializados parece conducir a visiones diferentes sobre el abordaje de la violencia de género.

En general, las TIC no están claramente presentes en estas colaboraciones y algunos profesionales consideran que existe un desajuste entre los conocimientos y el enfoque de las profesionales especializadas y el enfoque de los servicios genéricos, como los Servicios Sociales o los servicios judiciales.

Una de las entrevistadas (Entrevista 2) entiende que hay mucho miedo por parte de las profesionales no especializadas en violencia de género a abordar este tema, especialmente en lo relacionado con el manejo del riesgo, el temor a no poder dar respuestas que protejan a las víctimas, etc. Por tanto, existe una sensación de evitación por parte de los servicios genéricos y el peso de las intervenciones recae mayoritariamente en los especializados. En los servicios sanitarios, no parece estar presente un enfoque hacia la víctima más allá de la identificación del problema de salud y la adecuada derivación a otros servicios.

También es relevante reflexionar sobre los aspectos territoriales implicados, ya que algunos profesionales mencionan una comprensión heterogénea de la VG y el Trauma en función de que los territorios sean urbanos o rurales y tengan más o menos problemas sociales y recursos para tratar estas cuestiones (Entrevistada 6). En este sentido, parece que la colaboración entre los diferentes sectores también está condicionada por las posibilidades reales disponibles, estando más preocupados por cuestiones prácticas de supervivencia (vivienda, riesgo de sufrir VG, retos socioeconómicos, etc.) que por perspectivas metodológicas como las TIC.

Otra de las entrevistadas (Entrevista 3) añade que los servicios especializados en infancia están particularmente menos centrados en el trauma en relación con la violencia de género y no suelen abordarlo en profundidad, lo que entiende sorprendente dadas las consecuencias de la violencia de género en el comportamiento y desarrollo infantil. También entiende que los servicios judiciales son ajenos al trauma y sus efectos en la víctima, centrándose en los procedimientos y en una relación menos humana.

En el caso de la entrevistada 5, que desarrolla su trabajo en una ONG centrada en mujeres inmigrantes, entiende que la perspectiva de la ONG es completamente diferente a la perspectiva de los servicios públicos, por lo que la colaboración intersectorial es muy compleja. El enfoque del trauma desde una perspectiva holística y centrada en la mujer contrasta con lo que ella entiende que es un enfoque muy esquemático y genérico por parte de estos servicios. "Siempre estamos abiertos a entidades e instituciones, las políticas públicas no son malas pero el problema es que no se hacen realidad. Las entidades se acostumbran a algunos vicios para justificar palabras y conceptos, pero se desdibujan", afirma.

Existe, sin embargo, según las entrevistadas 1 y 6, un intento de generar un discurso homogéneo por parte de la Administración pública, que ha seguido diferentes pasos: generar un discurso común sobre la violencia de género e introducir la perspectiva de género en los servicios públicos y privados fueron las prioridades, a partir de las cuales la administración está avanzando ahora hacia un enfoque interseccional y también algunos intentos de centrarse en el trauma, aún no implementados.

### 3.5 Financiación

Las preguntas relativas a la asignación de un presupuesto específico de la organización/servicio público a la formación sobre el trauma y los enfoques informados



por el trauma no fueron fáciles de responder desde el punto de vista de las entrevistadas, ya que no tienen un conocimiento directo sobre este aspecto, especialmente los que trabajan para la administración pública.

En general, salvo en el caso de los servicios sanitarios, cada organización o servicio público define, para cada año, el tipo de formación que debe priorizar en función de las cuestiones más punzantes que se planteen en ese momento, con un sentimiento de urgencia más que con un sentimiento de creación de un corpus de conocimientos sostenible.

La mayoría de los equipos disponen de un número determinado de horas al año para formación, que suele rondar entre 20 y 40, y estas formaciones son definidas tanto por la coordinación del equipo u organización como por las profesionales en función de sus necesidades. Algunos de los temas tienen que ver con cambios en la legislación en materia de violencia de género y protocolos, supervisión, autocuidados, aspectos interseccionales, etc. No obstante, la formación en trauma no es mayoritaria y la mayoría de las profesionales que cuentan con esta formación la han adquirido fuera del ámbito laboral a través de masters u otro tipo de especializaciones en su tiempo libre.

Parece haber, en general, una atención a la salud mental en la mayoría de los equipos, especialmente de las ONG, y una concienciación sobre la importancia de abordarla y de mejorar las estrategias de intervención psicosocial tanto para las profesionales expuestas a la violencia secundaria como para las víctimas/sobrevivientes.

Especialmente en lo que se refiere al sistema judicial, la formación se centra en la propia ley y no hay formación obligatoria sobre cuestiones relativas a un enfoque centrado en la víctima o el trauma, aunque los jueces y fiscales pueden participar en cualquier formación disponible. No obstante, a la hora de priorizar la formación y debido a las restricciones de tiempo, se da prioridad a los cambios en la legislación y la jurisprudencia antes que a cuestiones como el TIC.

### 3.6 Seguimiento y control de calidad

En cuanto a los mecanismos de seguimiento y aseguramiento de la calidad, una vez más es primordial distinguir entre los procedimientos de la administración pública y la perspectiva de las ONG. En el primer caso, el entendimiento general es que no existe un enfoque concreto y claramente definido de mejora que parta de la contribución de los usuarios de los servicios, ya que estos programas no están diseñados desde esa perspectiva.

Según la entrevistada 1, "las mejoras no se incorporan con frecuencia, los responsables hacen informes y recogen datos y metodologías, pero se centran más en el proceso que en los resultados. Estamos en la foto de captar la realidad y no de incorporar cambios". Las profesionales que trabajan para la administración pública también entienden que no existen indicadores claros de mejora, los que existen tienen más un enfoque cuantitativo y muchas veces las profesionales no están formadas en este tipo de temas.

*"No hay indicadores, los procesos no están establecidos como protocolos, que es una de las dificultades de este servicio. Hay una evaluación de la supervisión del equipo basada en la satisfacción y en ver si ha servido como criterio personal de intervención, pero se basa aquí. No está incorporado en los procedimientos del servicio, son intervenciones más estandarizadas (...) en las que hay una recogida cuantitativa. No se hacen pruebas y no hay test pre y post servicio y los profesionales no han sido formados para ello, la disposición de los profesionales no es positiva para ello." (Entrevistada 2)*



Otra de las entrevistadas entiende que se establecen algunos indicadores, pero estos son cuantitativos, no tienen un enfoque en el trauma y sirven principalmente para la rendición de cuentas del proyecto y no necesariamente para sugerir cambios y mejorar la calidad del servicio prestado.

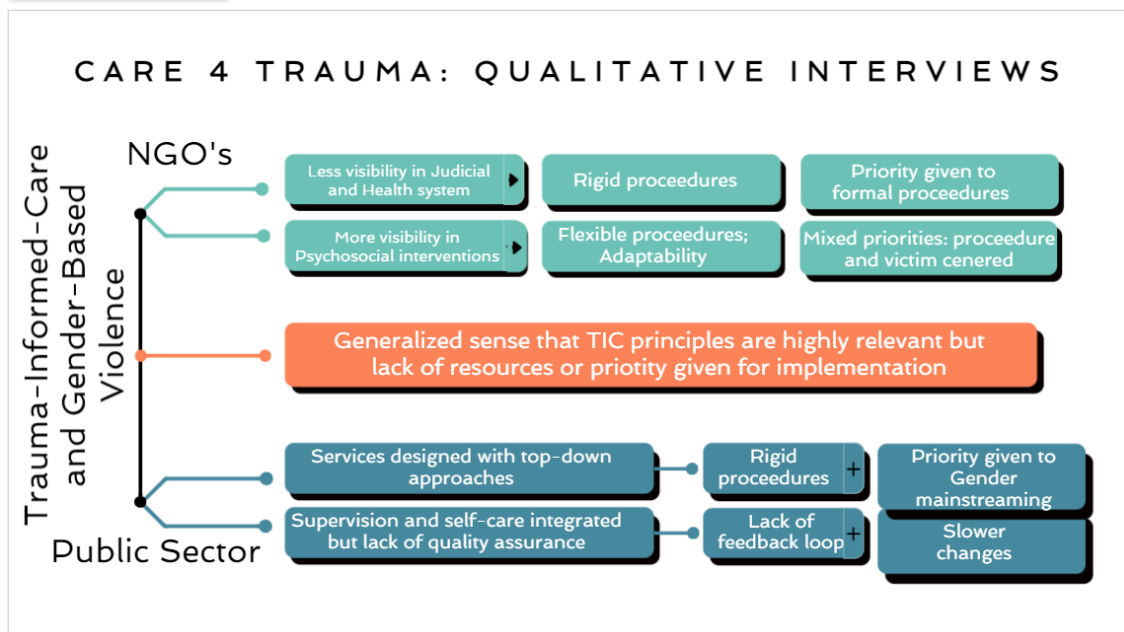
Otra entrevistada (entrevista 6) entiende que existe una responsabilidad legal de proporcionar un servicio de calidad que está completamente regulado en todas sus formas y diseñado para garantizar la calidad. El equipo recibe una evaluación externa a su trabajo por parte del Departamento de Justicia que confirma que se está desarrollando según lo previsto. Sin embargo, sigue siendo un sistema vertical de garantía de calidad y "no hay mucha flexibilidad para el cambio, las funciones están establecidas por ley". Las mujeres no participan en la garantía de calidad, salvo a través de métodos formales de reclamación, y no existe una perspectiva traumática en ninguno de los procedimientos de evaluación y garantía de calidad.

Por otro lado, por parte de las ONG este aspecto parece ser más flexible e incorporar métodos cualitativos y un enfoque centrado en la víctima que contribuye a esta autoevaluación de la calidad del servicio prestado. La entrevistada 5 menciona cómo siempre se presta atención a cómo se sienten las mujeres en relación con el servicio prestado y qué sugieren para adaptar las actividades y procedimientos a sus necesidades, con un claro enfoque en que las mujeres tomen el control de su propio proceso. Entiende que, desde un punto de vista feminista, los procedimientos deben ser flexibles y cualitativos, guiados por los procesos personalizados por los que pasan las mujeres.

La entrevistada 3, también de una ONG financiada por la administración pública, afirma que desde la coordinación se establecen indicadores de calidad que incluyen espacios para la mejora del servicio pero que, en general, estos se recogen y no necesariamente repercuten en cambios directos en el servicio, los cambios tienen más que ver con el apoyo individual y la adecuación de la intervención a las necesidades de cada mujer que con cambios estructurales o en los procedimientos.

### 3.7 Síntesis de los resultados de las entrevistas

En el siguiente cuadro presentamos una visión general de los principales resultados que se desprenden de las entrevistas:



## 4. Conclusiones

Los resultados relativos a las tres fuentes de datos: encuestas online, entrevistas y análisis documental realizadas en el primer informe nacional del proyecto Care4Trauma en España parecen ir todos en la misma línea. Aunque todos los resultados proceden de una pequeña muestra de 62 profesionales en el caso de las encuestas online y de 8 profesionales en el caso de las entrevistas, y por tanto no pueden tomarse como plenamente representativos, sirven para proporcionar una aproximación y una valiosa visión del tema.

Como conclusiones generales, es posible afirmar que los principios de la atención informada sobre el trauma no están formalmente presentes en las políticas, procedimientos y protocolos en los servicios y **organizaciones del sistema de atención sanitaria y social** que prestan apoyo a las supervivientes y a sus hijos e hijas. En realidad, quedó clara la existencia de un desconocimiento generalizado de la expresión *Trauma informed care* y de la novedad que este marco representaba para la mayoría de las entrevistadas en particular. En la mayoría de las entrevistas, antes de comenzar fue necesario explicar qué son las TIC y enunciar los indicadores o aspectos de las TIC que se definieron en la primera parte de la presente investigación, la investigación documental, para facilitar la comprensión de las preguntas.

Esto, sin embargo, no significa que la práctica diaria de trabajo de estos profesionales no esté impulsada por enfoques de intervención que pueden considerarse acordes con las prácticas TIC. De hecho, las respuestas a los cuestionarios muestran que la capacidad de decisión y el control de las mujeres sobre sus propias vidas está asegurada y garantizada por las profesionales que trabajan en estos servicios, que desarrollan con ellas itinerarios personalizados, estructurados y definidos, respetando sus tiempos y necesidades. Asimismo, a lo largo de las entrevistas fue posible señalar algunas buenas prácticas y preocupaciones que abordan cuestiones que están alineadas con el principio fundamental de las TIC, aunque todavía no estén plenamente sistematizadas.

La supervisión del personal está muy extendida en estos servicios, y las profesionales consideran que se les dan herramientas y espacios para gestionar el estrés personal y profesional, aunque no se puede asegurar que se haga desde un enfoque informado sobre el trauma. La comunicación y coordinación con otros servicios para asegurar unos objetivos comunes y una toma de decisiones informada por el trauma es un área a mejorar, probablemente debido a la diferencia de especialización en materia de VG de los servicios de la red y a la confluencia de diferentes enfoques, como se puso de manifiesto en las entrevistas. Parece claro que aún hay margen para desarrollar un discurso y unas prácticas comunes que puedan ser transversales a todos los servicios que atienden a víctimas de VG desde un enfoque informado sobre el trauma.

Finalmente, en resumen, proporcionar formación especializada en trauma a las profesionales, asegurar la supervisión interna y externa del personal desde un enfoque TIC, y promover cambios en los procedimientos organizativos para asegurar la implementación de los principios TIC son las tres principales áreas identificadas por las encuestadas para fomentar la aplicación de este enfoque en sus centros de trabajo, tanto en lo que respecta a las entrevistas como a la encuesta.

En cuanto al **sistema judicial**, cabe destacar que la mayoría de las encuestadas trabajan en servicios de atención integral psicosocial y jurídica a mujeres, por lo que no son representativos de otras áreas de trabajo como los juzgados. En cuanto a las

entrevistas, se pudo identificar que existe un margen de mejora en cuanto a las capacitaciones obligatorias centradas en la víctima con enfoque de perspectiva de género y TIC, ya que estos aspectos no están generalizados en todo el sistema judicial en su más alto nivel.

En una línea opuesta a la anterior, estos profesionales afirman que, en sus organizaciones, hay políticas escritas establecidas que se comprometen con las prácticas sensibles al trauma para las mujeres y sus hijos e hijas. Por el contrario, señalan la falta de una detección adecuada del trauma de las supervivientes mediante herramientas estandarizadas para dar mejor respuesta a sus necesidades. Sin embargo, el bienestar de las mujeres y sus hijos e hijas parece estar en el centro de la intervención, que se centra en promover su resiliencia y se basa en la comprensión del impacto del trauma, lo que demuestra la aplicación parcial de los principios del TIC en estos entornos de trabajo.

En cuanto a la supervisión y el bienestar del personal, un alto porcentaje de estos profesionales ha declarado que en sus organizaciones no existen protocolos específicos para prevenir o reducir el agotamiento asociado al trabajo con supervivientes.

En cuanto a las barreras de acceso a la justicia detectadas, éstas se relacionan principalmente con la falta de formación en perspectiva de género de los operadores judiciales, con la falta de información por parte de las mujeres sobre los procedimientos y la dificultad para comprender los aspectos procesales, y con la complejidad, los retrasos y los costes económicos asociados a los mismos. Las profesionales se dan cuenta de que la mayoría de las mujeres a las que atienden tienen miedo a pasar por un proceso judicial debido al alto coste social y emocional, y la re-traumatización es un resultado común.

Para superar estas barreras de acceso se detecta la necesidad explícita de proporcionar formación en perspectiva de género, pero no sólo, a los operadores de todo el sistema judicial. Fomentar la empatía y la escucha activa de los operadores y, en definitiva, humanizar el proceso judicial, son elementos clave destacados. Tal y como señalan las profesionales, esto debe ir acompañado de una mejora de los recursos públicos y un aumento de los recursos económicos y humanos.

## Anexo 1. Metodología

# Evaluación del estado de la cuestión Metodología<sup>4\*</sup>

### Encuestas a profesionales Entrevistas semiestructuradas

Los términos “Práctica informada sobre el trauma”, “Atención informada sobre el trauma”, “Enfoque informado sobre el trauma” y “Sistemas informados sobre el trauma” se usan ampliamente y de manera intercambiable para referirse, como ya discutimos para el Informe Nacional, a la noción amplia de un programa, organización o sistema que es **diseñado intencionalmente** para apoyar a las personas traumatizadas que experimentaron o están experimentando eventos adversos.

Dichos términos a menudo no están claramente operacionalizados. *Care4Trauma* explora cuáles son las percepciones del grupo destinatario del proyecto (profesionales del ámbito de la atención y recuperación en violencias machistas) en cuanto a la existencia de una visión sensible al trauma entre los recursos, servicios e instituciones a los que pertenecen. Este conocimiento, junto con los resultados de los informes nacionales de cada país, nos permitirá tomar decisiones sobre el diseño del currículum formativo de acuerdo con la cultura local, las organizaciones y las percepciones de los grupos destinatarios. En otras palabras, pretendemos valorar la disposición de los agentes clave para implementar el enfoque sensible al trauma en sus organizaciones.

### Objetivo de la evaluación del estado del arte

El objetivo de esta fase es identificar y abordar mejor las brechas en la atención informada sobre el trauma (también en su intersección con el sistema de justicia) dentro de los lugares de trabajo de los grupos destinatarios. El resultado de esta fase es la descripción del grado de aplicación de los principios de las TIC en todo el sistema (sanitario, asistencial y judicial). Esta fase implica la recolección de datos en la que participan profesionales e informantes clave.

Se recogerá información de los grupos destinatarios a partir de un método mixto de recolección de datos:

- a) una encuesta en línea dividida en dos versiones diferentes (una para el sistema de Salud y Asistencia Social y otra para el Sistema Judicial); se enviará un cuestionario estandarizado al personal de las organizaciones de apoyo a las víctimas y a otros profesionales implicados en el proceso de atención a las mujeres y sus hijos e hijas;
- b) una entrevista semiestructurada dirigida a directores de centros de acogida y centros de lucha contra la violencia y a los encargados de formular políticas en estos temas

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<sup>4\*</sup> © Italian Society of Traumatic Stress Studies (SISST)

## Encuesta online

La encuesta (en diferentes idiomas) se ha diseñado en la plataforma europea 1KA.

Todos los socios tienen acceso a los resultados completos de la encuesta, incluidos los datos recogidos en los demás países socios.

Dependiendo del perfil profesional, el encuestado se dirigirá a la Versión A de la Encuesta o a la Versión B de la Encuesta (véase más abajo).

El número mínimo de encuestados se ha fijado en 40 por país (en total 200).

- a. La muestra debe representar los siguientes indicadores que recopilamos en la sección demográfica
  1. Áreas geográficas;
  2. Tipo de servicio e institución (ámbito sanitario y asistencia social)
    - Hospitales: sala de urgencias donde existe una vía específica de atención a mujeres víctimas de violencia;
    - Servicios sociales;
    - Refugios;
    - Centros contra la violencia;
  2. Tipo de servicio e institución (Sistema Judicial)
  3. Perfiles profesionales:
    - Psicólogas/os
    - psicoterapeutas;
    - psiquiatras
    - educadores/as;
    - Trabajadoras/es sociales;
    - Profesionales de la atención sanitaria;
    - Abogados/as; jueces
  4. Tiempo en el cargo actual

## Aspectos sociodemográficos

|                               |  |      |  |
|-------------------------------|--|------|--|
| Género                        |  | Edad |  |
| País de residencia            |  |      |  |
| Educación                     |  |      |  |
| Perfil profesional            |  |      |  |
| Región del país donde trabaja |  |      |  |
| Tipo de servicio/institución  |  |      |  |
| Cargo actual                  |  |      |  |
| Años en el cargo              |  |      |  |

## Version A – Sistema Social y Sanitario

### Introducción

La atención informada sobre el trauma promueve el uso de un enfoque que asume que las mujeres víctimas de violencia y sus hijos e hijas, incluidos en el sistema de atención, han experimentado algún tipo de trauma que puede mitigarse mediante prácticas adecuadas. Las prácticas informadas sobre el trauma, por lo tanto, se refieren a un paradigma y a una visión organizacional que considera la naturaleza generalizada del trauma y promueve entornos de curación y recuperación, en lugar de prácticas y servicios que pueden volver a traumatizar inadvertidamente. El objetivo de la encuesta es averiguar si el Sistema de Atención Sociosanitaria tiene en cuenta el trauma y de qué manera, y qué cambios cree usted que deberían introducirse para adoptar un enfoque informado sobre el trauma.

### Preguntas

Valore las siguientes afirmaciones en relación a su lugar de trabajo:

|    | Preguntas  | Para nada cierto | Un poco cierto | Algo cierto | Mayorm ente cierto | Completa mente cierto |
|----|--|------------------|----------------|-------------|--------------------|-----------------------|
| 1. | Existe una política escrita comprometida con prácticas informadas sobre el trauma (detección de experiencias traumáticas, acciones para evitar la re-traumatización)                   |                  |                |             |                    |                       |
| 2. | Mi servicio/organización cuenta con un sistema formal para supervisar que el personal está utilizando prácticas informadas sobre el trauma.  |                  |                |             |                    |                       |
| 3. | Existe un sistema de comunicación con otros servicios/instituciones que trabajan con mujeres y sus hijos e hijas para tomar decisiones informadas sobre el trauma.                     |                  |                |             |                    |                       |
| 4. | Existen estructuras que permiten dar respuestas informadas sobre el trauma a mujeres y sus hijos e hijas de manera consistente entre todos los roles dentro de mi servicio/institución |                  |                |             |                    |                       |
| 5. | Las mujeres y sus hijos e hijas siempre pueden expresar sus necesidades, preocupaciones y experiencias.  |                  |                |             |                    |                       |

|     | Preguntas  | Para nada cierto | Un poco cierto | Algo cierto | Mayorm ente cierto | Completa mente cierto |
|-----|--|------------------|----------------|-------------|--------------------|-----------------------|
| 6.  | Mi servicio/institución cuenta con un sistema para desarrollar/sostener objetivos informados sobre el trauma de manera común con otros servicios/instituciones implicados en el proceso de las mujeres           |                  |                |             |                    |                       |
| 7.  | La comprensión del impacto del trauma se incorpora a la práctica diaria de toma de decisiones en mi lugar de trabajo   |                  |                |             |                    |                       |
| 8.  | La supervisión en mi lugar de trabajo incluye formas de manejar el estrés personal y profesional   |                  |                |             |                    |                       |
| 9.  | Los planes de seguridad informados sobre el trauma están escritos/disponibles para cada mujer (es decir, desencadenantes, comportamientos cuando están demasiado estresadas, estrategias para reducir el estrés) |                  |                |             |                    |                       |
| 10. | El personal recibe supervisión de un/una profesional que adopta un enfoque informado sobre el trauma   |                  |                |             |                    |                       |
| 11. | Las mujeres atendidas en mi lugar de trabajo tienen acceso a evaluaciones que se realizan adoptando un enfoque informado sobre el trauma.  |                  |                |             |                    |                       |
| 12. | Las mujeres atendidas en mi lugar de trabajo disponen de un continuo de intervenciones informadas sobre el trauma.   |                  |                |             |                    |                       |
| 13. | La definición de seguridad emocional de una mujer está incluida en los planes de tratamiento o en los procedimientos en mi lugar de trabajo.   |                  |                |             |                    |                       |

Según sus respuestas, proporcione de una a tres ideas para implementar de manera adecuada un enfoque informado sobre el trauma en su lugar de trabajo:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



## Encuesta Versión B – Sistema Judicial

### Introducción

La atención informada sobre el trauma promueve el uso de un enfoque que asume que las mujeres víctimas de violencia y sus hijos e hijas, incluidos en el sistema de atención, han experimentado algún tipo de trauma que puede mitigarse mediante prácticas adecuadas. Las prácticas informadas sobre el trauma, por lo tanto, se refieren a un paradigma y a una visión organizacional que considera la naturaleza generalizada del trauma y promueve entornos de curación y recuperación, en lugar de prácticas y servicios que pueden volver a traumatizar inadvertidamente. El objetivo de la encuesta es averiguar si el Sistema Judicial podría beneficiarse, y de qué manera, al incorporar un enfoque informado sobre el trauma para mejorar la atención proporcionada a mujeres víctimas de violencia y a sus hijos e hijas.

### Preguntas

Valore las siguientes afirmaciones en relación a su lugar de trabajo:

| Preguntas  | Para nada cierto | Un poco cierto | Algo cierto | Mayormente cierto | Completamente cierto |
|--|------------------|----------------|-------------|-------------------|----------------------|
| .1. Existe una política respecto a la aplicación de prácticas que tengan en cuenta el trauma para las mujeres víctimas de violencia y sus hijos e hijas.                           |                  |                |             |                   |                      |
| .2. Como parte de la política de mi organización, se realizan evaluaciones periódicas a las mujeres y sus hijos e hijas orientadas a identificar el trauma.                        |                  |                |             |                   |                      |
| .3. El modelo de intervención de mi organización con mujeres y sus hijos e hijas hace énfasis en promover la resiliencia y su bienestar general.                                   |                  |                |             |                   |                      |
| .4. Mi organización cuenta con protocolos específicos para reducir el “agotamiento” o “burnout” asociado con el trabajo con mujeres y sus hijos e hijas que han sufrido violencia. |                  |                |             |                   |                      |

| Preguntas   | Para nada cierto | Un poco cierto | Algo cierto | Mayormente cierto | Completamente cierto |
|---|------------------|----------------|-------------|-------------------|----------------------|
| .5. La diversidad dentro de mi organización refleja los grupos de población a los que atendemos.  |                  |                |             |                   |                      |
| .6. Se realizan evaluaciones adecuadas a las mujeres y sus hijos e hijas para identificar el trauma utilizando una herramienta estandarizada, con la finalidad de evaluar mejor el impacto de la violencia contra ellas y, en consecuencia, tomar decisiones judiciales informadas. |                  |                |             |                   |                      |
| .7. Se hacen esfuerzos para minimizar los aspectos estresantes que los procesos judiciales puedan generar hacia las mujeres (y sus hijos e hijas).  |                  |                |             |                   |                      |
| .8. La toma de decisiones en mi lugar de trabajo incorpora una comprensión del impacto del trauma entre las personas atendidas.   |                  |                |             |                   |                      |
| .9. Las mujeres y sus hijos e hijas siempre tienen la oportunidad de expresar sus necesidades, preocupaciones y experiencias.   |                  |                |             |                   |                      |
| .10. Las mujeres y sus hijos e hijas son tratadas con respeto.  |                  |                |             |                   |                      |
| .11. Los servicios y recursos que forman parte del sistema de atención se tratan con respeto.   |                  |                |             |                   |                      |
| .12. Hablo de cuestiones relacionadas con el trauma con profesionales de otros ámbitos de atención (ámbito social, ámbito sanitario...)   |                  |                |             |                   |                      |

- .1. Señale tres barreras de acceso a la justicia para las mujeres víctimas de violencia: \_\_\_\_\_
- .2. ¿Cuáles son las necesidades y metas para abordar las barreras que ha indicado? \_\_\_\_\_
- .3. Determine los obstáculos para implementar prácticas informadas sobre el trauma en el sistema de justicia que permitan abordar mejor las necesidades de las mujeres víctimas de violencia:

## Entrevistas semiestructuradas con responsables políticas y líderes de servicios

Las entrevistas estructuradas se llevarán a cabo con profesionales en los niveles de toma de decisiones que tienen experiencia directa en atención a VG. Podríamos aspirar a contratar hasta 10 profesionales de los gobiernos nacionales y locales. y los sistemas de justicia, salud y atención social.

El guión de temas explora las experiencias de los y las participantes en el desarrollo e implementación del Acceso a la Justicia enfoques y enfoques TIC y sus puntos de vista sobre cómo y por qué los enfoques TIC podrían mejorar la política e implementación.

### Potenciales perfiles a entrevistar:

1. Responsable de políticas (apropiado para proporcionar una visión del sistema de atención social y de salud)
2. Coordinador/a de un centro de acogida
3. Director/a de sala de emergencias
4. Fiscal
5. Juez o jueza
6. Abogado o abogada
7. Presidente o presidenta del Colegio de Psicología
8. Presidente o presidenta del Colegio de Trabajo Social
9. Asesor/Comités consultivos para autoridades locales, gobierno (etc.)
10. Los tres restantes podrían ser seleccionados por socios para representar mejor a su país.

Las instrucciones para la entrevista podrían ser: “Por favor, piense en términos de las políticas (prácticas) actuales de su organización. Le haremos algunas preguntas para explorar cómo la organización visualiza y aborda el impacto del trauma en la población a la que atiende.

|                         |  |
|-------------------------|--|
| <p><b>Políticas</b></p> | <p>¿Han incluido ya las políticas y procedimientos escritos de su organización un enfoque sobre el trauma y su incidencia generalizada en las mujeres víctimas de violencia? ¿Incluyen estas políticas y procedimientos un compromiso para reducir la retraumatización?</p> <p>¿Cuenta la organización con un plan específico de salud y bienestar para profesionales, que reconozca la presencia generalizada del trauma y que ayude a supervisores/as y trabajadores/as a apoyar al personal que ha experimentado trauma? ¿Si no, porque no?</p> <p>¿Cómo demuestran las políticas laborales de la organización un compromiso con la capacitación del personal en la prestación de servicios y apoyos que son culturalmente relevantes y están informados sobre el trauma?</p> <p>¿En qué sentido considera que podría ser beneficioso contar con una política organizacional sobre cómo debe realizarse una evaluación informada sobre el trauma a las personas usuarias, y/o cómo se debe preguntar sobre el trauma?</p> |
|-------------------------|--|

|  |  |
|--|--|
| <p><b>Compromiso y participación de las supervivientes</b></p> | <p>¿Tiene su organización una política de participación de las mujeres supervivientes, que describa su misión y lo que quiere lograr al involucrarlas? ¿El personal ha estado involucrado en discusiones sobre cómo funcionará esto o en los posibles obstáculos para su implementación?</p> <p>¿Qué se puede hacer para mejorar la confianza y la transparencia entre el personal, en el caso de que haya supervivientes que se involucran en la planificación y prestación del servicio? ¿Cómo se ha identificado y delineado claramente su función para evitar confusiones?</p> |
| <p><b>Colaboración intersectorial</b></p>                      | <p>¿Se han identificado colaboraciones adecuadas? ¿Cómo? ¿Es este proceso suficiente?</p> <p>¿Existe un sistema de comunicación con otras instituciones, servicios y agencias asociadas que trabajan con las mujeres que reciben atención para tomar decisiones informadas sobre el trauma?</p> <p>¿Están estos otros servicios informados sobre el trauma?</p> <p>¿Qué mecanismos existen para promover la formación intersectorial sobre trauma y los enfoques informados sobre el trauma?</p>   |
| <p><b>Financiación</b></p>                                     | <p>¿Cómo incluye el presupuesto de la organización financiación para la capacitación y formación continua de profesionales en relación al trauma y a los enfoques informados sobre trauma?</p> <p>¿Qué financiación existe para la capacitación intersectorial sobre trauma y los enfoques informados sobre el trauma?</p>   |
| <p><b>Seguimiento del proceso y calidad</b></p>                | <p>¿Qué mecanismos existen para que la información recopilada se incorpore a los procesos de garantía de calidad de la organización y en qué medida abordan dichos mecanismos la creación de servicios y apoyos accesibles, culturalmente pertinentes e informados sobre el trauma?</p> <p>¿Qué medidas o indicadores se utilizan para evaluar los progresos de la organización en la integración de los principios para proporcionar una atención informada sobre el trauma?</p>  |

## Anexo 2. Tablas de datos – encuestas online

### Género

|                         | Frecuencia | Porcentaje |
|-------------------------|------------|------------|
| Hombre                  | 4          | 6%         |
| Mujer                   | 58         | 94%        |
| Prefiero no especificar | 0          | 0%         |
| Válido                  | 62         | 100%       |

### Edad

|                    | Frecuencia | Porcentaje |
|--------------------|------------|------------|
| Entre 18 y 25 años | 2          | 3%         |
| Entre 26 y 35 años | 13         | 21%        |
| Entre 36 y 45 años | 20         | 32%        |
| Entre 46 y 55 años | 20         | 32%        |
| Entre 56 y 65 años | 6          | 10%        |
| Más de 65 años     | 1          | 2%         |
| Válido             | 62         | 100%       |

### Nivel educativo

|                         | Frecuencia | Porcentaje |
|-------------------------|------------|------------|
| Estudios universitarios | 62         | 100%       |
| Educación secundaria    | 0          | 0%         |
| Formación profesional   | 0          | 0%         |
| Válido                  | 62         | 100%       |

### Perfil profesional

|   | Frecuencia | Porcentaje |
|---|------------|------------|
| Educador/a social, trabajador/a social, integrador/a social | 20         | 32%        |
| Psicóloga/o, psiquiatra, psicoterapeuta, neuropsiquiatra    | 34         | 55%        |
| Profesional del ámbito de la asistencia sanitaria           | 1          | 2%         |
| Abogado/a, jurista, operador/a jurídica.                    | 7          | 11%        |
| Juez/a, magistrado/a  | 0          | 0%         |
| Válido  | 62         | 100%       |

### Región del país donde trabaja (respuestas agregadas)

|               | Frecuencia | Porcentaje |
|---------------|------------|------------|
| Catalunya     | 32         | 51,61%     |
| Madrid        | 26         | 41,94%     |
| Galicia       | 1          | 1,61%      |
| No especifica | 3          | 4,84%      |
| Válido        | 62         | 100%       |

### Tipo de servicio/institución (respuestas agregadas)

|   | Frecuencia | Porcentaje |
|---|------------|------------|
| ONG, Entidad tercer sector social                     | 18         | 29,03%     |
| Servicio público de atención a la violencia de género | 33         | 53,23%     |
| Servicios sociales                                    | 4          | 6,45%      |
| Servicios de salud públicos                           | 6          | 9,68%      |
| Servicio privado de atención a la violencia de género | 1          | 1,61%      |
| Válido  | 62         | 100%       |

### Años de experiencia en el cargo actual (respuestas agregadas)

|                 | Frecuencia | Porcentaje |
|-----------------|------------|------------|
| Menos de 1 año  | 3          | 4,84%      |
| De 1 a 4 años   | 25         | 40,32%     |
| De 5 a 9 años   | 10         | 16,13%     |
| De 10 a 14 años | 10         | 16,13%     |
| De 15 a 20 años | 10         | 16,13%     |
| Más de 20 años  | 4          | 6,45%      |
| Válido          | 62         | 100%       |

## Anexo 3. Lista de personas entrevistadas

1. **Gemma Altell:** Consultora de Género para la Administración Pública, especialmente la Generalitat de Catalunya, en temas de Violencia de Género;
2. **Elisa Micciola:** Psicóloga del Colegio de Psicólogos de Cataluña;
3. **Virginia Mora:** Coordinadora de CAPSEM Centro Psicosocioeducativo para mujeres y sus hijos e hijas víctimas de violencia de género en Madrid;
4. **Ana Pagán Mena:** Abogada que trabaja en el SIE (Servicio de Intervención Especializada) del Garraf-Penedès, Cataluña, con víctimas de violencia de género;
5. **Maria Eugenia Blandón:** Miembro de la Comisión de Género del Colegio de Trabajadores Sociales de Cataluña y fundadora de la Asociación Mujer diáspora;
6. **Mònica Pujadas and Cristina Gomez:** Trabajadora social y Coordinadora de la Oficina de Atención a la Víctima del Delito del Departamento de Justicia, Derechos y Memoria de la Generalitat de Cataluña;
7. **Carmen Martínez:** Juez del Juzgado de lo Común de Andalucía;
8. **Alba Caballer:** Médica de urgencias del Hospital Parc Taulí.



## Anexo 4. Resumen de las entrevistas individuales

### Entrevista 1: Consultora en violencia de género para la administración pública

*Observación: Antes de realizar la entrevista, fue necesario explicar lo que significa Atención Informada sobre el Trauma (Trauma Informed Care) ya que los profesionales no conocían el concepto*

#### **a. Política interna**

En la administración pública no se presta especial atención al trauma, y en la metodología no se menciona la atención informada sobre el trauma. Sin embargo, subyace en algunas de las mejores prácticas y en la legislación. Últimamente, la atención prestada a la responsabilidad de la administración pública y el reconocimiento de la violencia institucional han ido desplazando la atención hacia un enfoque más sensible al trauma.

En general, hay espacios de autocuidado y supervisión para apoyar a las profesionales y prevenir el estrés traumático secundario secundarios, pero en términos prácticos hay otras prioridades que atender y no necesariamente hay un enfoque en el trauma en sí, sino en temas colaterales. También en cuanto a la formación a profesionales, que, aunque no esté centrada en el trauma específicamente, puede ser subyacente.

#### **b. Compromiso y participación de las supervivientes**

No se consulta especialmente a las mujeres supervivientes sobre posibles cambios en el proceso de ayuda y, muy a menudo, se adopta un enfoque estereotipado y prejuicioso hacia sus comentarios. Sería muy importante incluir sus opiniones, pero a menudo no hay tiempo para cambios estructurales debido a las constantes emergencias.

Al mismo tiempo, las mujeres supervivientes no son bienvenidas para participar en la mejora de los servicios y no están representadas políticamente en grupos o asociaciones, por lo que tienen poco poder político para mejorar el sistema. Las mujeres también tienen otras prioridades personales, y mejorar el sistema es algo muy lejano para ellas.

Por último, los servicios son muy unidireccionales y se basan en un modelo de arriba abajo. Se necesitaría tiempo, recursos, una comunicación más fluida y honesta y una lógica de servicio totalmente diferente para permitir una mayor implicación por parte de las mujeres.

#### **c. Colaboración intersectorial**

Existen algunos intentos de hacer los procedimientos más homogéneos en cuanto a compartir principios similares, aunque el trauma en sí no suele estar representado en este intento. Una dificultad importante es el amplio abanico de profesionales que intervienen en el apoyo a las víctimas de VG, desde trabajadores/as sociales a policías, psicólogos/as, abogados/as, sanitarios/as, etc. Como cada uno ve el caso desde una perspectiva diferente es muy difícil encontrar un discurso común.

Aunque no hay un enfoque en el trauma, el nuevo Protocolo para abordar la violencia de género incluye un fuerte enfoque en la responsabilidad de la administración, por lo que esto debería permitir ampliar el enfoque en el trauma.

#### **d. Financiación**

Es imposible saber cómo distribuye la administración pública la financiación para abordar el trauma, ya que los servicios y programas no están diseñados desde la perspectiva de esta lógica o enfoque.

#### **e. Seguimiento del proceso y calidad**

Las mejoras no se incorporan con frecuencia, las profesionales responsables informan y recopilan datos y metodologías, pero se centran más en el proceso que en los resultados y los cambios. Muchos conceptos ni siquiera están claros de la misma manera para todas las profesionales y los indicadores son heterogéneos, los servicios aún no están en esta fase.

Entrevista 2: Psicóloga que trabaja para la administración pública en un servicio de violencia de género y forma parte del Colegio Oficial de Psicología de Cataluña.

#### **a. Política interna**

En los servicios de violencia, esta perspectiva no está incorporada en los documentos escritos ni en los protocolos. En los últimos años se ha priorizado la incorporación de la perspectiva de género, pero esta perspectiva aún no ha sido consensuada, por lo que el abordaje del trauma aún no se ha instalado. A nivel personal, algunos miembros de los equipos reciben formación sobre estos temas, pero se trata de iniciativas individuales y no por parte de las organizaciones.

Las profesionales entienden que están expuestas al burnout y al trauma secundario e intentan prevenirlo, pero no existe un plan claro en la organización centrado en el trauma. También en términos de formación las profesionales identifican que no hay un enfoque claro sobre el trauma y las iniciativas son principalmente individuales.

#### **b. Compromiso y participación de las supervivientes**

La participación de las mujeres supervivientes no se prioriza ni se tiene especialmente en cuenta, y se identifica que esto supondría una gran mejora. Las mujeres están expuestas a mucha vulnerabilidad social y psicológica y sería primordial incluir sus puntos de vista. Al formar parte de la administración pública, no existen mecanismos que garanticen la participación de las supervivientes en el diseño de los proyectos, se trata de una metodología unilateral. No obstante, las mujeres se sienten cómodas abordando temas traumáticos con profesionales y sienten que están en un espacio seguro.

También se detecta un aumento en la tendencia a llevar a cabo intervenciones en grupo. Hay un intento de incluir una perspectiva transcultural, pero poco sistematizada.

#### **c. Colaboración intersectorial**

Aunque existe colaboración intersectorial, ésta es escasa, al igual que la comprensión del trauma. Muchas profesionales temen abordar la violencia y la evitan, y además la formación es escasa y no se centra en el trauma.

#### **d. Financiación**

La ONG financia hasta 20 horas de formación, pero los temas los deciden las profesionales o la ONG y no suelen ser el trauma.

#### **e. Seguimiento del proceso y calidad**

Las profesionales tienen acceso a supervisión especializada en trauma porque así lo exigieron. A parte del seguimiento de la calidad del servicio, hay muy pocos indicadores y muchos procesos no siguen un protocolo claro o indicaciones estándar y muy a menudo todo lo que tiene que ver con la supervisión se entiende como un tipo de auditoría o control, y no es bien recibido por las profesionales.

### Entrevista 3: Abogada de un centro de violencia de género de la Generalitat de Cataluña (gestionada por una ONG)

*Observación: Antes de realizar la entrevista, fue necesario explicar lo que significa Atención Informada sobre el Trauma (Trauma Informed Care) ya que los profesionales no conocían el concepto*

#### **a. Política interna**

La ONG tiene en cuenta el impacto de la violencia de género en las mujeres desde una perspectiva de Género y la seguridad emocional desde una perspectiva transversal con todas las profesionales. También el empoderamiento de las mujeres a través del reconocimiento de sus derechos y agencia es relevante para la intervención. También hay una preocupación por los aspectos culturales, aunque no existe respecto a esto un protocolo sistemático escrito.

El equipo tiene acceso a espacios de supervisión, pero la perspectiva del trauma no está necesariamente presente y esto no es una prioridad por parte de la Organización, razón por la cual algunas profesionales buscan formación y apoyo fuera de ésta. Las profesionales tienen acceso a horas de formación y pueden elegir temas de formación de un catálogo, pero no se incluye la atención informada sobre el trauma. La jurista recibe formación en aspectos legales y cambios en la ley, pero no en temas relacionados con la comunicación y el establecimiento de una relación con la superviviente, sino centrados más bien en cuestiones prácticas.

#### **b. Compromiso y participación de las supervivientes**

La participación de las mujeres supervivientes en la evaluación del servicio no está presente debido a las limitaciones de tiempo que llevan al equipo a trabajar en un estado de respuesta a las solicitudes más que a poder planificar su intervención. Se envían algunas encuestas a las mujeres supervivientes, pero éstas no repercuten necesariamente en la mejora del apoyo.

Las mujeres participan proactivamente en la intervención de grupo y se sienten seguras para expresar lo que necesitan, pero no participan en el diseño de la intervención.

#### **c. Colaboración intersectorial**

Muchos servicios públicos y privados no especializados en violencia de género no tienen un enfoque orientado al trauma y la ONG considera que son ellas quienes acaban realizando esta pedagogía a otros servicios. No hay formación intersectorial en temas de trauma, cada profesional recibe formación práctica en las materias que le son más relevantes.

#### **d. Financiación**

La abogada no lo sabe, ya que no se encarga de este aspecto, pero sabe que la formación recibida no se centra en el trauma en particular.

#### **e. Seguimiento del proceso y calidad**

No se contemplan indicadores de mejora, y las mejoras no se incorporan necesariamente a la metodología. Se recoge alguna información sobre la actividad, pero no se refleja necesariamente en la metodología y las intervenciones.

### Entrevista 4: Directora de un Centro de Violencia de Género del Ayuntamiento de Madrid (gestionado por una ONG)

*Observación: Antes de realizar la entrevista, fue necesario explicar lo que significa Atención Informada sobre el Trauma (Trauma Informed Care) ya que los profesionales no conocían el concepto*

#### **a. Política interna**

Se hace hincapié en el impacto de la violencia de género tanto en la mujer como en sus hijos e hijas, y se intenta evitar que haya una re-traumatización. Los procedimientos internos mencionan la experiencia traumática. Las profesionales tienen unas 60 horas de formación, la mayoría de ellas a su elección y en función de sus necesidades, aunque éstas no suelen estar centrada en el trauma o las competencias culturales. Como medida de autocuidado, también tienen supervisión y seguimiento, que puede incluir el trauma, pero que no podrían considerarse desde una perspectiva informada sobre el trauma. También algunas profesionales buscan formación por su cuenta sobre temas de trauma.

Existen procedimientos internos para recoger las sugerencias de las mujeres y la evaluación del apoyo recibido, y esta información se recoge en el informe anual, pero no hay indicadores ni procesos concretos para incluir estas sugerencias en la prestación de servicios. Algunas acciones pueden cambiar y adaptarse a las necesidades de las mujeres, pero no necesariamente los procedimientos internos, sólo el apoyo a medida.

#### **b. Compromiso y participación de las supervivientes**

Es importante dar más confianza y estructura a las mujeres para que participen más y también a sus hijos. Las mujeres participan activamente en algunas jornadas de celebración concretas, pero normalmente no interfieren ni sugieren el tipo de prestación de servicios que necesitan, aunque el plan de acción se adapta a sus necesidades.

#### **c. Colaboración intersectorial**

El enfoque del trauma está presente sobre todo en los servicios de violencia de género y en las ONG; otros servicios, principalmente los de protección de la infancia y los judiciales, carecen de esta perspectiva. Esto es especialmente claro en la demanda que hacen jueces/as y abogados/as sobre las experiencias de las supervivientes y a menudo lleva a re-traumatizar a las mujeres. El Ayuntamiento ofrece formación para todas las profesionales de los servicios sociales, pero no sobre la atención informada por el trauma, por lo que no hay formación intersectorial.

#### **d. Financiación**

Aunque las profesionales tienen acceso a horas de formación, no existe una partida económica concreta dedicada a la formación informada sobre el trauma o a su inclusión en las prácticas laborales.

#### **e. Seguimiento del proceso y calidad**

Existen algunos indicadores de proceso que son tanto cuantitativos como cualitativos, aunque no se basan en el trauma.

**Entrevista 5: Trabajadora social de la Comisión de Género del Colegio de Trabajo Social de Cataluña y responsable de una asociación de mujeres inmigrantes.**

#### **a. Política interna**

Se considera que la visión entre los recursos de la administración pública y los recursos de las ONG y liderados por mujeres consiste en enfoques totalmente diferentes. Por un lado, los servicios de la Administración pública se entienden como rígidos, unidireccionales y que utilizan un modelo único de intervención donde las mujeres no son las protagonistas de su propio proceso; mientras que el entendimiento de las ONG y organizaciones lideradas por mujeres sitúan a las mujeres en el centro de la intervención desde una perspectiva fluida y de comprensión de las estrategias para sanar el trauma.

Desde este punto de vista, la política interna de esta organización dirigida por mujeres aborda el trauma desde una perspectiva holística y va más allá de la etiqueta trauma

para centrarse en la persona en un sentido amplio. El momento oportuno, las expectativas, las estrategias de comunicación y el empoderamiento proactivo del grupo son algunas de las características de este paradigma de intervención.

#### **b. Compromiso y participación de las supervivientes**

Las mujeres supervivientes están siempre en el centro de la acción, ya que desarrollan la intervención juntas, en función de sus necesidades. Se movilizan, se reúnen en grupos más pequeños para diversas actividades, en un proceso de curación en grupo.

#### **c. Colaboración intersectorial**

Existe una colaboración intersectorial, pero los puntos de vista sobre la intervención son muy diferentes. Otras organizaciones o la administración pública tienen, en muchos casos, algunas nociones sobre el trauma, pero la forma de abordarlo varía mucho. Siguen contando con los servicios públicos para los casos más complejos, cuando la mujer superviviente expresa esta necesidad y para la cobertura de las necesidades básicas.

#### **d. Financiación**

No hay una parte fija del presupuesto dedicada a la formación, ya que cambia en función de las necesidades y prioridades de las profesionales. Aun así, la salud mental y la prevención del trauma secundario forman parte de las opciones de formación.

#### **e. Seguimiento del proceso y calidad**

El alto grado de participación de las mujeres supervivientes en el proceso garantiza que la calidad de las acciones se examine en todo momento y se adapte a las necesidades de las mujeres, de acuerdo con criterios profesionales. Los indicadores no son cuantitativos ni numéricos, son principalmente flexibles a las diferentes actividades que se llevan a cabo y dependen mucho de los comentarios de las mujeres y de su mejora.

### **Entrevista 6: Coordinadora de la Oficina de Atención a las Víctimas del Delito - Departamento de Justicia de Cataluña y Trabajadora social de la misma oficina.**

#### **a. Política interna**

El trauma se tiene en cuenta, especialmente en la comprensión del impacto de la violencia de género y las expectativas de intervención, que va más allá del trauma para centrarse también en otros aspectos sociales. Aun así, los tiempos y el control de su propio proceso no son algo que se pueda flexibilizar ya que la conexión con el proceso judicial lleva a tener que adaptarse a los tiempos judiciales. Las sesiones de grupo tampoco se desarrollan, pero existe interés en hacerlo. El autocuidado y evitar el trauma secundario se apoya en la formación, espacios de trabajo en equipo pero por ahora no hay supervisión externa. Se detecta la necesidad de formación en competencia cultural.

#### **b. Compromiso y participación de las supervivientes**

Oficialmente, la participación de las mujeres en su propio proceso no se tiene necesariamente en cuenta, pero las mujeres tienen demandas específicas en el catálogo de servicios disponibles entre los que elegir. Al estar relacionado con el sistema judicial, el trabajo desarrollado depende mucho de los horarios judiciales específicos y de las actividades relacionadas como acompañar a las mujeres a los tribunales, apoyo en cuestiones judiciales, etc. Existe una comprensión subyacente del impacto del trauma.

#### **c. Colaboración intersectorial**

Existe una colaboración intersectorial, aunque los conceptos de violencia y trauma varían según el servicio o la institución. El enfoque se basa en la intervención en red y la formación y el enfoque se centran más en el trauma que antes.

#### **d. Financiación**

En lugar de la asignación financiera, lo que define estas acciones es el número de horas dedicadas a la formación y el autocuidado. Las profesionales disponen de unas 40 horas al año para estas actividades más otras sesiones externas a las que pueden sumarse. Las profesionales definen prioridades en la formación que pueden estar relacionadas con el trauma o no, en función de las cuestiones más urgentes que deban abordarse.

#### **e. Seguimiento del proceso y calidad**

La calidad del servicio está muy regulada y determinada por ley, no hay indicadores claros aparte de una evaluación externa realizada al funcionamiento del proceso. No está basado en el trauma.

### Entrevista 7: Jueza, Andalucía

#### **a. Política interna**

El ámbito jurídico se centra en los procedimientos y normativas con una perspectiva alejada de los aspectos humanos de todo el procedimiento. Aunque los juzgados especializados en violencia de género tienen una formación básica sobre los efectos de la violencia en la víctima, éstos constituyen un pequeño porcentaje de las profesionales y la formación en estas materias no es lo suficientemente profunda y no se centra específicamente en el trauma.

No se presta ninguna atención a la atención de las profesionales expuestas a la violencia de género secundaria y que tienen una gran responsabilidad sobre las víctimas.

#### **b. Compromiso y participación de las supervivientes**

Las víctimas participan en su proceso en el sentido de que la ley garantiza ciertos derechos y opciones que pueden reclamar o rechazar. Las víctimas cuentan con el apoyo de servicios públicos y profesionales que pueden explicarles en profundidad los distintos pasos del proceso judicial. Aparte de eso, todo el procedimiento está definido por la legislación y aquí ya no hay lugar para la participación de los supervivientes.

#### **c. Colaboración intersectorial**

Los tribunales tienen conexiones directas con abogados/as, fiscales, fuerzas policiales y, en cierta medida, con organizaciones de la sociedad civil. Queda mucho por hacer en cuanto a la concienciación y el enfoque del trauma por parte del sistema judicial, ya que no se presta atención al trauma ni a la esfera emocional de la víctima y todo el sistema sigue procedimientos rígidos.

#### **d. Finanzas**

No es posible cuantificar la cantidad destinada a formación y actividades centradas en el trauma, pero no existe formación obligatoria en esta materia para los y las jueces, aunque pueden participar en formaciones voluntarias. No es muy común centrarse en el trauma.

#### **e) Seguimiento del proceso y calidad**

Los tribunales no se someten a ningún tipo de evaluación y el éxito sólo se mide en número de casos resueltos, independientemente de cómo se hayan resuelto. No se presta ninguna atención al trauma en ninguno de los procedimientos judiciales, ni a los aspectos transculturales, ni a ningún otro aspecto relacionado con las víctimas.

### Entrevista 8: Médica de urgencias de un hospital público

*Observación: Antes de realizar la entrevista, fue necesario explicar lo que significa Atención Informada sobre el Trauma (Trauma Informed Care) ya que los profesionales no conocían el concepto*



**a) Política interna**

En el ámbito de la sanidad, y en concreto de la medicina general y de urgencias, la entrevistada entiende que no existen políticas específicas escritas con un enfoque informado sobre el trauma respecto a la asistencia a las víctimas de violencia de género. El procedimiento habitual es contactar con la policía y con el servicio de ginecología para explorar si hubo violencia sexual. No hay psicólogos o psicólogas de urgencias, por lo que la urgencia médica no va más allá de estas actividades que, si están sistematizadas, no fueron socializadas ni objeto de formación.

Además, no existe un plan de autocuidado centrado en el apoyo de las profesionales y, por lo tanto, no se lleva a cabo des de una atención informada sobre el trauma. No hay formación sobre competencia cultural ni sobre otras dimensiones de la atención informada sobre el trauma.

**b) Compromiso y participación de las supervivientes**

Este aspecto no se incluye en la metodología médica definida; la víctima se limita a ser informada de cada paso de la intervención, pero sin margen de participación más allá de aceptar o no las intervenciones sugeridas.

**c) Colaboración intersectorial**

La entrevistada identifica que cada vez más profesionales, especialmente mujeres, están más sensibilizadas y concienciadas con la violencia de género desde una perspectiva intersectorial. Sin embargo, no existen formaciones sistematizadas ni espacios de debate y la atención informada sobre el trauma no está presente a ningún nivel.

**d) Financiación**

Dado que no existe formación disponible en este ámbito, las preguntas no son aplicables.

**e) Seguimiento del proceso y calidad**

No hay espacio para prácticas de garantía de calidad, excepto en el servicio de atención al cliente, donde las mujeres pueden depositar quejas o sugerencias sobre el servicio prestado. Sin embargo, la entrevistada expresa que no existe ningún procedimiento para incluir estas sugerencias o quejas en las metodologías del servicio, por lo que no contribuyen a la mejora del mismo.





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# CARE4TRAUMA

MIGLIORARE I SERVIZI DEDICATI ALLE DONNE VITTIME DI VIOLENZA E  
L'ACCESSO ALLA GIUSTIZIA ATTRAVERSO L'APPROCCIO TRAUMA ORIENTATO

## Lo stato dell'arte in Italia DATA REPORT



Women's Support and  
Information Center  
*There is a way out of violence!*





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the European Union



Migliorare i servizi dedicati alle donne vittime di violenza  
e l'accesso alla giustizia  
attraverso l'approccio trauma orientato

**Valutazione dello stato dell'arte**

**DATA REPORT  
ITALIA**

*Marzo 2023*

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Il contenuto di questa pubblicazione è sola responsabilità del progetto Care4Trauma e non necessariamente riflettono le opinioni dell'Unione Europea. Le istituzioni, enti o persone che agiscono per conto dell'Unione Europea non possono essere ritenute reponsabili per l'uso che può essere fatto delle informazioni qui contenute.



## Il progetto Care4Trauma

La “Strategia per i diritti delle vittime 2020-2025” dell’Unione Europea pone particolare attenzione alle esigenze specifiche delle vittime della violenza di genere. Nel suo articolato approccio l’UE sottolinea come uno dei principali obiettivi individuati nella Strategia sia quello di consentire alle vittime di reato di migliorare le loro capacità di denunciare i reati, partecipare ai procedimenti penali, chiedere un risarcimento e riprendersi, per quanto possibile, dalle conseguenze del reato.

Un approccio in grado di fornire un ambiente sicuro e promuovere una cultura di empowerment e comprensione per le vittime di GBV è un approccio che può portare a un accesso più coerente alla giustizia per le donne traumatizzate e a un miglioramento nell’area della denuncia di GBV, i cui numeri reali rimangono ancora poco chiari.

Il Trauma-informato (TIC) è un approccio che identifica la presenza di sintomi traumatici e riconosce il ruolo che il trauma può svolgere nella vita di un individuo. A livello organizzativo, Il TIC mira a cambiare la cultura organizzativa per migliorare a tutti i livelli la risposta agli effetti del trauma. Il TIC è stato utilizzato per combattere gli effetti del trauma non affrontato e della vittimizzazione secondaria all’interno di diverse organizzazioni. La vittimizzazione secondaria è una forma di ri-traumatizzazione che (come asserito anche dalla EU Victims’ Right Strategy) è spesso affrontata dalle vittime di violenza di genere anche mentre riceve supporto e protezione e nell’accesso al sistema giudiziario.

Pertanto, il progetto Care4Trauma mira a migliorare l’accesso alla giustizia delle vittime di GBV attraverso:

1. rafforzare i servizi per le donne traumatizzate forniti dalle organizzazioni di sostegno alle vittime
2. incoraggiare l’adozione di un approccio trauma informato in un numero maggiore di organizzazioni di supporto
3. ampliare la comprensione del beneficio offerto dall’approccio TIC.

### Organizzazioni Partner

| Nome  | Paese   | Website  |
|---|---------|--|
| Associazione Mondodonna   | Italia  | <a href="http://www.mondodonna-onlus.it/">www.mondodonna-onlus.it/</a> |
| Società italiana per lo studio dello stress traumatico - SISST            | Italia  | <a href="http://www.sisst.it/">www.sisst.it/</a>                       |
| Syndesmos Melon Gynaikeion Somateion Irakleioy Kai Nomoy Irakleioy - UWAH | Grecia  | <a href="https://kakopoiisi.gr/">https://kakopoiisi.gr/</a>            |
| Asociación Bienestar y Desarrollo   | Spagna  | <a href="https://abd.org/ca/">https://abd.org/ca/</a>                  |
| Women's Support and Information Centre Npo - WSIC                         | Estonia | <a href="https://naistetugi.ee/en/">https://naistetugi.ee/en/</a>      |
| Autonomna Zenska Kuca Zagreb - Zene Protiv Nasilja Nad Zenama - AZKZ      | Croazia | <a href="https://azkz.hr/">https://azkz.hr/</a>                        |

## Composizione del Comitato Scientifico del progetto

| Nome                               | Posizione  | Appointing Partner  |
|------------------------------------|--|---------------------|
| <b>Vittoria Ardino - Secretary</b> | Docente di Psicologia delle Emergenze e del Trauma all'Università di Urbino                | SISST - Italia      |
| <b>Rossella Selmini</b>            | Docente di Sociologia giuridica, della devianza e mutamento sociale, Università di Bologna | MondoDonna - Italia |
| <b>Joana Badia</b>                 | Avvocato giuslavorista, esperta di discriminazione di genere                               | ABD - Spagna        |
| <b>Sophia Balamoutsou</b>          | Docente in Counselling Studies, College for Humanistic Sciences – ICPS, Atene              | UWAH - Grecia       |
| <b>Hector C. Pagan</b>             | Skytte Institute of Political Studies, Università di Tartu                                 | WSIC - Estonia      |
| <b>Una Mikac</b>                   | Postdoctoral Researcher (Psicometria), Dipartimento di Psicologia, Università di Zagabria  | AZKZ - Croazia      |

## I Data Reports

Questo documento è composto dai Data Reports nazionali di Estonia, Spagna, Italia, Grecia e Croazia e fornisce un'integrazione ai Rapporti Nazionali di valutazione dello stato dell'arte prodotti nel novembre 2022 da ciascun paese sull'applicazione dei principi TIC nella legislazione, nelle politiche pubbliche e nei servizi indirizzati a sostenere le sopravvissute alla violenza di genere.

I Data Reports nazionali sono stati redatti sulla base dei risultati ottenuti tramite:

- un questionario online rivolto ai professionisti che lavorano nei sistemi sociali, sanitari e giudiziari
- interviste semi-strutturate a dirigenti di servizi e istituzioni che si occupano di violenza di genere

Per la elaborazione dei Data Reports, ogni partner si è basato sulle linee guida fornite dal Comitato Scientifico e i Data Report nazionali sono stati esaminati e validati dal rispettivo membro nazionale del Comitato Scientifico.

# 1. Introduzione

Considerato l'obiettivo ultimo del progetto Care4Trauma, cioè favorire l'accesso alla giustizia alle donne vittime di violenza di genere ed il miglioramento dei servizi ad esse dedicati attraverso l'applicazione innovativa di un approccio Trauma-Orientato, l'obiettivo di questa seconda fase del progetto, da cui deriva questo report, è stato dunque quello di:

- esplorare quali sono le percezioni delle figure istituzionali che concorrono alla definizione delle politiche di genere in tema di contrasto alla violenza e accesso alla giustizia in ottica trauma-orientata
- quali le loro percezioni rispetto all'adozione dell'approccio Trauma-Orientato nelle loro agenzie, servizi, istituzioni.

L'approccio Trauma-Orientato, come ampiamente descritto nel primo rapporto nazionale, riconosce il ruolo che il trauma può ricoprire nella vita delle persone che hanno subito violenza ed è adottato da programmi, organizzazioni o sistemi che sono intenzionalmente progettati per sostenere le persone traumatizzate che hanno vissuto o stanno vivendo eventi avversi. I principi che compongono l'approccio sono riassunti di seguito, in modo che possiate tenerli come riferimento durante la lettura di questo rapporto.

1. **Riconoscimento:** riconoscere la pervasività del trauma e le sue conseguenze, ad esempio sulla capacità di raccontare coerentemente la propria storia. Obiettivo del percorso di aiuto è il riconoscimento del trauma e della violenza subita nelle sue diverse dimensioni (relazionale, fisica, psicologica, sessuale, sociale, culturale ed economica);
2. **Stabilire la sicurezza emotiva:** riconoscere l'importanza di mettere la donna vittima di violenza a suo agio nel momento in cui decide di chiedere aiuto. Adottare un atteggiamento empatico, accogliente, comprensivo e garantire riservatezza;
3. **Ripristino della capacità decisionale e del controllo della propria vita:** assicurare percorsi personalizzati, strutturati e definiti con la donna vittima di violenza, nel rispetto dei suoi tempi e della sua autodeterminazione. Rispettare le scelte della donna, lavorare con la donna e non per la donna affinché torni ad essere protagonista della propria vita;
4. **Facilitare le connessioni relazionali:** ricostruire le connessioni relazionali della donna vittima di violenza, sostenere le sue relazioni parentali e amicali, facilitare l'inserimento della donna vittima di violenza nel contesto sociale;
5. **Competenza culturale:** considerare il background sociale e culturale della donna vittima di violenza, facilitare il suo accesso ai servizi di supporto e, nel caso di donne richiedenti asilo e rifugiate, riconoscere la complessità del loro trauma derivante da violenze multiple, ripetute e specifiche del percorso migratorio;
6. **Evitare la ri-traumatizzazione:** scongiurare in qualsiasi modo la ri-traumatizzazione, tipica soprattutto del contesto processuale, da cui deriva un aggravio psicologico con conseguenze importanti sul trauma vissuto dalla donna vittima di violenza;
7. **Trauma secondario:** garantire la formazione del personale a protezione dal rischio di stress, burn-out e traumatizzazione secondaria.

In base all'obiettivo descritto poco sopra, una seconda fase della ricognizione sullo stato dell'arte ha previsto la raccolta di informazioni da professionisti/e e informatori/rici qualificati/e attraverso:

- a) un questionario online diviso in due versioni diverse (una per il sistema sanitario e sociale e l'altra per il sistema giudiziario), sottoposto al personale delle organizzazioni e ai/alle professionisti/e che sostengono e supportano le donne vittime di violenza e i/le loro figli/e;
- b) un'intervista semi-strutturata rivolta a responsabili di case rifugio e centri antiviolenza e a decisori politici/responsabili delle politiche<sup>1</sup>.

## Continuità con il Rapporto Nazionale

Nel primo rapporto nazionale del progetto Care4Trauma, redatto a novembre 2022, viene presentata una fotografia ad oggi della situazione italiana in materia di violenza di genere, come rappresentata in alcuni documenti chiave (principali leggi sulle vittime di violenza di genere a livello nazionale e regionale, linee guida e protocolli sviluppati a livello nazionale e locale, altra letteratura grigia) selezionati in relazione agli obiettivi del progetto. L'obiettivo di quel primo rapporto era di cogliere come le istituzioni, le associazioni impegnate sul tema e altri attori fondamentali avessero affrontato il tema dell'accesso alla giustizia per le vittime di violenza e dell'offerta di servizi trauma-orientati. Tale documentazione è stata contestualizzata nell'ambito della descrizione del fenomeno nel nostro Paese, attraverso le conoscenze offerte dalle indagini ISTAT sulla vittimizzazione e, in particolare, facendo riferimento alle disposizioni del Codice Penale.

Nel primo report viene innanzitutto descritta l'evoluzione legislativa rispetto ai reati previsti dal Codice Penale, alle tutele in ambito processuale e alle misure di assistenza e sostegno alle vittime di violenza di genere. Nonostante l'attenzione al problema sia aumentata (ad esempio, un maggiore sforzo per evitare la vittimizzazione secondaria durante i procedimenti; un sostegno più strutturato alle vittime - assistenza legale gratuita, reddito di libertà, risarcimento da parte dello Stato, finanziamento dei centri antiviolenza e delle case di accoglienza), il Codice Penale italiano non adotta una prospettiva di genere, cioè non attribuisce importanza al genere delle vittime o alla discriminazione di genere in cui la violenza contro le donne affonda le sue radici. Tuttavia, è proprio il genere la variabile da considerare, basti osservare l'andamento opposto nel tempo degli omicidi di uomini (via via in diminuzione) e quelli di donne (piuttosto stabili). In generale, i reati che hanno come vittime le donne sono stabili o addirittura in aumento, ma si tratta di dati parziali in quanto i reati di genere sono tra i meno denunciati per diverse ragioni: difficoltà nel riconoscimento della violenza, inconsapevolezza che la violenza subita costituisca reato, normalizzazione di quel comportamento, paura delle conseguenze, paura del giudizio, vergogna, sfiducia nelle autorità. Le risposte dei sistemi giudiziario e sociale e sanitario sono spesso inadeguate e contribuiscono alla scarsa denuncia, oltre a produrre vittimizzazione secondaria.

Il rapporto prosegue compiendo una mappatura della diffusione dell'approccio Trauma-Orientato attraverso l'analisi dei documenti più importanti delle aree geografiche italiane che in qualche modo si sono distinte per il loro approccio alla violenza di genere. Dall'analisi emerge che la parola trauma è presente nel 50% di questi documenti, anche se, in modo più o meno esplicito e importante, ognuno di essi contiene almeno uno dei principi che compongono l'approccio. Da questa analisi documentale è sorta la necessità di approfondire se e quanto è conosciuto e utilizzato l'approccio Trauma-Orientato nei servizi che incontrano donne vittime di violenza di genere e come questo può migliorare l'accesso alla giustizia.

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<sup>1</sup> La descrizione puntuale dell'approccio adottato è riportata nella Metodologia del Data Report.

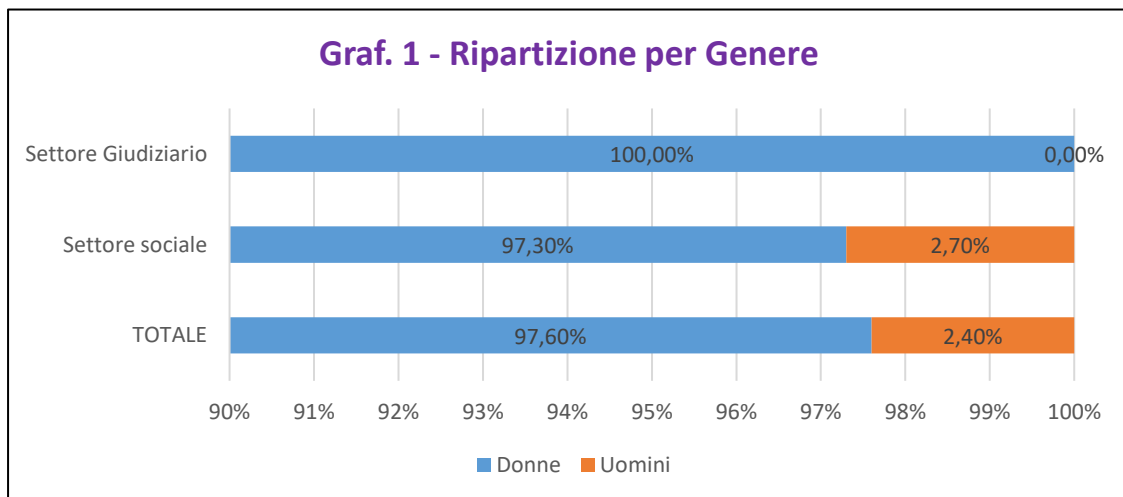


Come sottolineato nel primo rapporto nazionale, dall'analisi dei documenti provenienti da contesti territoriali piuttosto virtuosi, sembra che questi rivolgano particolare attenzione a percorsi di empowerment per donne vittime di violenza e che vadano nella direzione dell'approccio Trauma-Orientato – o almeno di alcuni suoi principi –, senza tuttavia sembrare conoscerlo. Il sistema giudiziario, inoltre, pare essersi mosso in questi ultimi anni per adottare alcune misure volte a contenere il più possibile i rischi della ri-traumatizzazione e della vittimizzazione secondaria. Tuttavia, il problema della violenza di genere è gestito a livello nazionale ancora in maniera troppo emergenziale, evitando di approcciarlo in modo strutturale e cioè di riconoscerlo come problema sociale. Inoltre, le disuguaglianze territoriali che segnano l'Italia rendono il contesto nazionale molto disomogeneo anche in tema di approccio e contrasto alla violenza di genere: le regioni italiane che lavorano di più in tema di violenza di genere sono quelle del Nord-Ovest, seguite da quelle del Centro, con un notevole distacco rispetto alle altre aree del paese, mentre la regione Emilia-Romagna è la sola in cui l'approccio orientato al trauma è esplicitamente adottato.

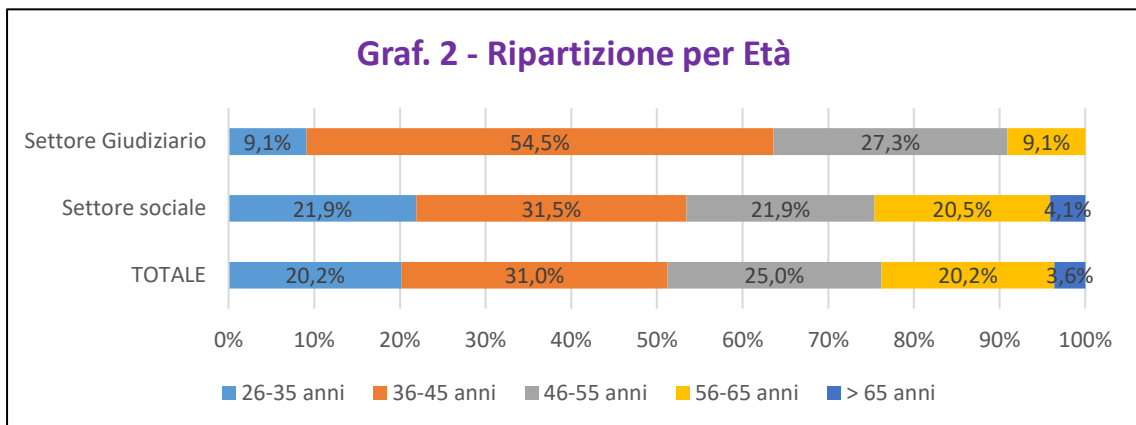
## 2. Questionari online

### 2.1. Profilo sociodemografico dei professionisti e delle professioniste

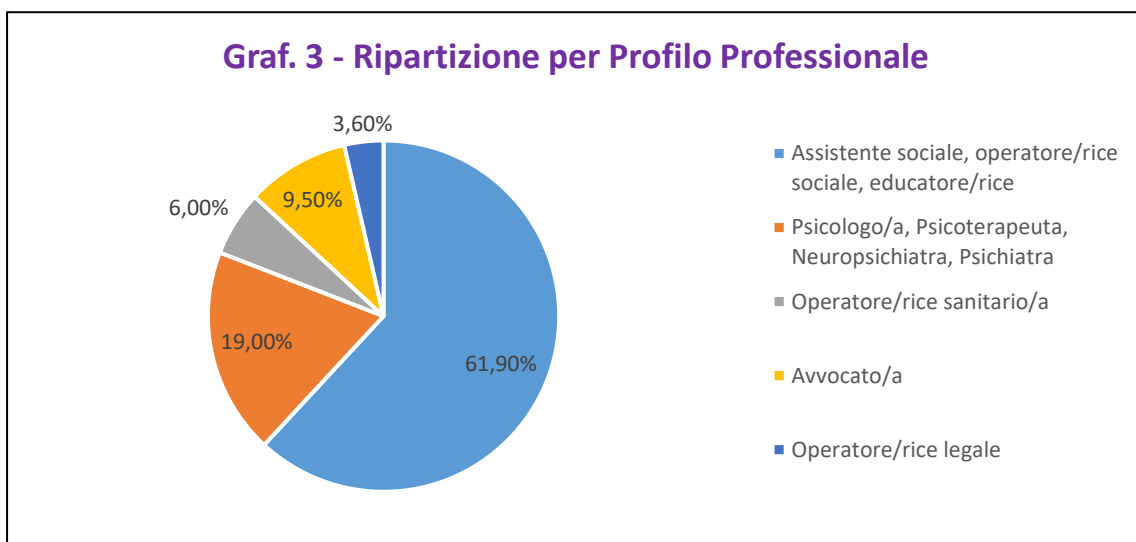
Al questionario, uguale per tutti i paesi partner di progetto, hanno risposto 84 persone per l'Italia, di cui 82 donne e 2 uomini (vedi grafico 1 "Ripartizione per Genere").



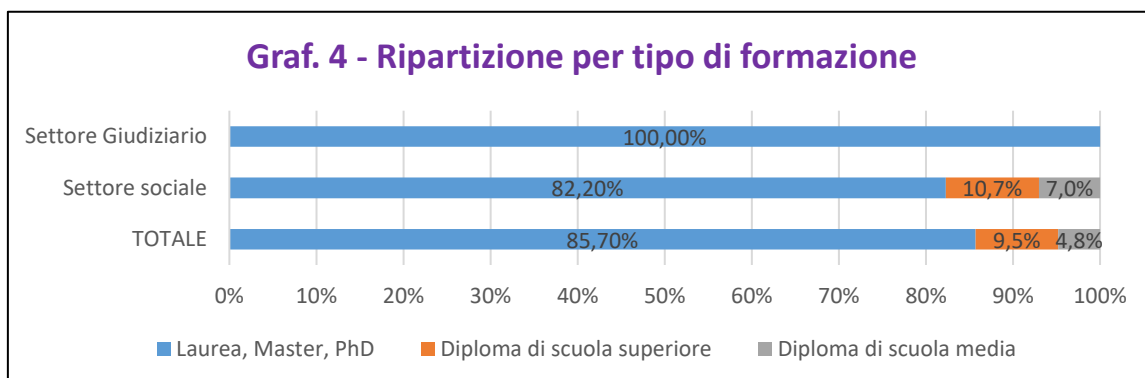
Rispetto all'età, il 31 % delle persone raggiunte ha dichiarato di avere tra i 36 e i 45 anni, il 25% tra i 46 e i 55 anni, a parimerito col 20% le persone che hanno tra i 26 e i 35 anni e tra i 56 e i 65 anni, mentre sono solo il 4% le persone che hanno più di 65 anni (vedi grafico 2 "Ripartizione per età").



Assistenti sociali, operatori/rici sociali ed educatori/rici sono il 62% del totale delle persone coinvolte, seguiti/e da psicologi/he, psicoterapeuti/e, neuropsichiatri/e e psichiatri/e che costituiscono il 19%, mentre operatori e operatrici sanitarie rappresentano il 6%. Pertanto, i professionisti del sistema sociale e sanitario rappresentano l'87% del campione totale, contro il 13% rappresentato dai professionisti del sistema giudiziario (avvocati e operatori legali) (vedi grafico 3 intitolato "Ripartizione per Profilo professionale").



Del totale, l'86% delle persone ha un **livello di educazione** pari a laurea, master o PhD, il 10% (8 persone) ha un diploma di scuola superiore, mentre il 5% (4 persone) ha un diploma di scuola media (vedi grafico 4 intitolato "Ripartizione per tipo di formazione").



Rispetto alla **regione di provenienza**, la maggior parte delle risposte si riferisce a Emilia-Romagna e Piemonte (69%), con una buona rappresentanza della Valle d'Aosta (11%) e una risposta rispettivamente per Toscana, Sardegna, Lazio, Veneto e Marche (vedi tabella 1 intitolata "Regione di provenienza"). Quindi, l'Emilia – Romagna è decisamente sovra rappresentata, e questo dipende in parte dal fatto che si tratta di una delle regioni più attive nel contrasto alla violenza di genere e nella quale vi è una forte sensibilità da parte delle istituzioni e della società civile verso il fenomeno.

| <b>Tabella 1</b>              |               |                        |                            |
|-------------------------------|---------------|------------------------|----------------------------|
| <b>Regione di provenienza</b> | <b>TOTALE</b> | <b>Sistema Sociale</b> | <b>Sistema Giudiziario</b> |
| Emilia R.                     | 31            | 16                     | 5                          |
| Piemonte                      | 27            | 25                     | 2                          |
| Valle d'Aosta                 | 9             | 9                      | 0                          |
| Altre Regioni                 | 5             | 3                      | 2                          |
| Non dichiarato                | 12            | 10                     | 2                          |
| <b>Totale</b>                 | <b>84</b>     | <b>73</b>              | <b>11</b>                  |

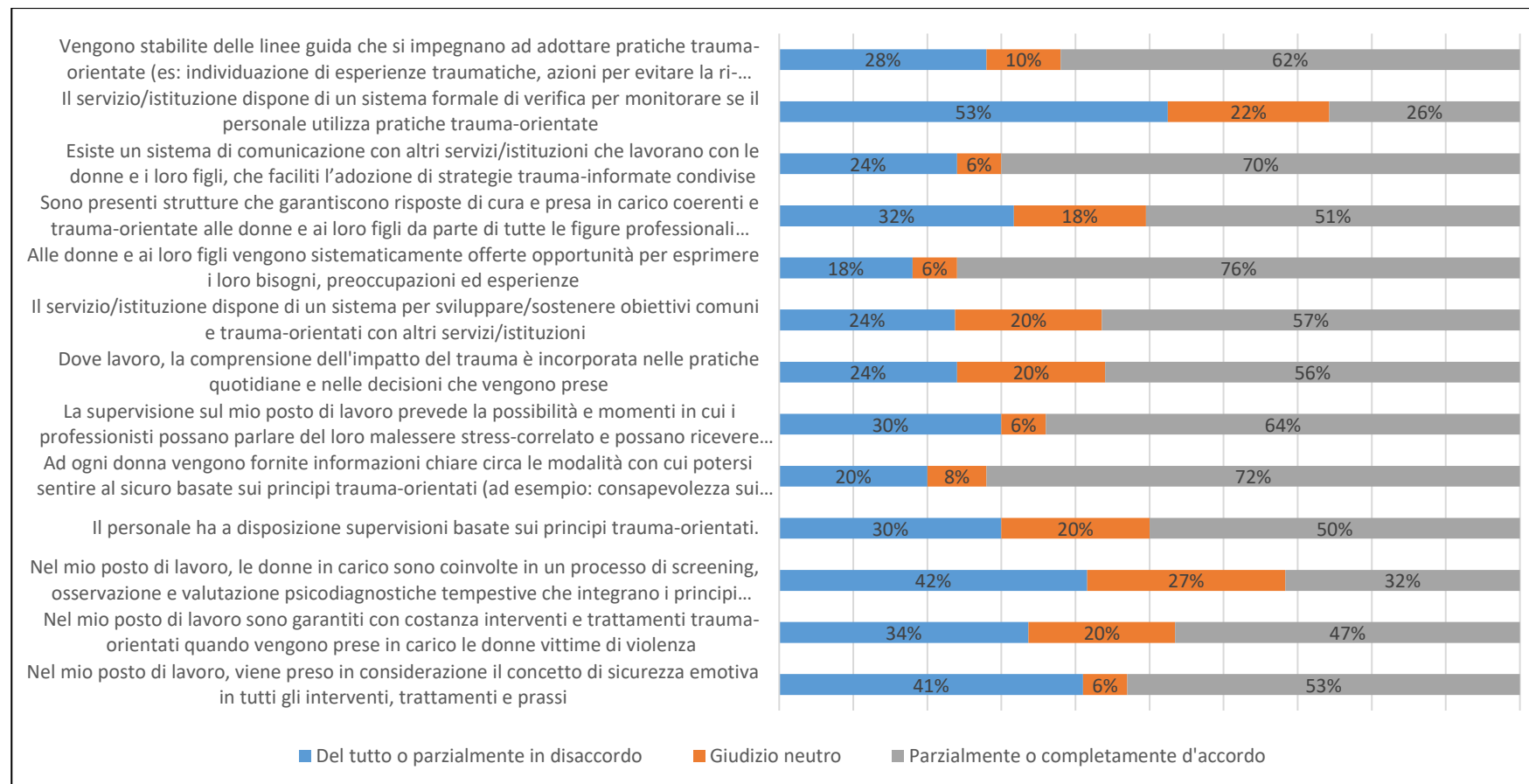
I **servizi e le istituzioni** rappresentati sono numerosi: Amministrazione Pubblica, Aziende Servizi alla Persona, AUSL territoriali, ospedali, consultori, Servizi Sociali, SAL, case rifugio e centri anti violenza, CGIL, cooperative sociali, associazioni, organizzazioni di volontariato, università, studi legali, Tribunali. Allo stesso modo, sono numerose **le posizioni ricoperte** all'interno di essi, da ruoli operativi a incarichi dirigenziali, di coordinamento e responsabilità. Il numero di persone e gli **anni di lavoro nella posizione attuale** sono inversamente proporzionali: all'aumentare degli anni di servizio cala il numero di persone, per cui la maggior parte delle persone che ha risposto al questionario ricopre la sua posizione da meno di 10 anni (64%), anche se una quota comunque rilevante (circa il 20% del totale) la ricopre da più di 16, dato che fa pensare ad operatrici ed operatori con grande esperienza in materia (vedi tabella 2 intitolata "Anni nella posizione").

| <b>Tabella 2</b>            |               |          |                        |          |                            |          |
|-----------------------------|---------------|----------|------------------------|----------|----------------------------|----------|
| <b>Anni nella posizione</b> | <b>TOTALE</b> |          | <b>Sistema Sociale</b> |          | <b>Sistema Giudiziario</b> |          |
|                             | <i>Numero</i> | <i>%</i> | <i>Numero</i>          | <i>%</i> | <i>Numero</i>              | <i>%</i> |
| Da 1 a 5 anni               | 32            | 38,1%    | 29                     | 39,7%    | 3                          | 27,3%    |
| Da 6 a 10 anni              | 22            | 26,2%    | 19                     | 26,0%    | 3                          | 27,3%    |
| Da 11 a 15 anni             | 13            | 15,5%    | 11                     | 15,1%    | 3                          | 27,3%    |
| Da 16 a 20 anni             | 4             | 4,8%     | 4                      | 5,5%     |                            |          |
| Da 21 a 30 anni             | 8             | 9,5%     | 5                      | 6,8%     | 2                          | 18,2%    |
| Da più di 30 anni           | 5             | 6,0%     | 5                      | 6,8%     |                            |          |
| <b>Totale</b>               | <b>84</b>     |          | <b>73</b>              |          | <b>11</b>                  |          |

## 2.2. Sistema sociale e sanitario

Al questionario per lavoratori/rici e professionisti/e del sistema sociale e sanitario hanno risposto in modo completo 51 persone. Di seguito il quadro che ne è emerso.

**Graf. 5 – Risposte al questionario dei/delle professionisti/e del sistema sociale e sanitario**



Emerge che:

- nei servizi e nelle istituzioni del sistema sociale e sanitario esistono delle linee guida volte a promuovere pratiche trauma-orientate, che riconoscono cioè la pervasività del trauma, promuovono un lavoro di riconoscimento delle esperienze traumatiche e si impegnano ad evitare una ri-traumatizzazione;
- rispetto alla salute e al benessere del personale, le opinioni sono molto positive in quanto riportano la possibilità offerta dalla supervisione di momenti di confronto e condivisione rispetto a difficoltà vissute sul lavoro e confermano l'esistenza di programmi di supervisione basati sui principi dell'approccio Trauma-Orientato;
- pare esistere un sistema di comunicazione tra servizi e istituzioni a supporto delle donne vittime di violenza e dei/delle loro figli/e che facilita l'adozione di strategie condivise ed obiettivi comuni trauma-orientati; tuttavia, l'adozione di tali pratiche da parte di lavoratori e lavoratrici e della rete sembrerebbe non essere monitorata;
- forse per una specificità propria ai servizi e alle istituzioni del sistema sociale e sanitario che si basano sulla relazione e la cura, le donne vittime di violenza e i/le loro figli/e vengono accolti/e e viene data loro la possibilità di esprimere bisogni e preoccupazioni, in uno spazio in cui la comprensione e il riconoscimento dell'impatto dell'esperienza traumatica sono inclusi nelle pratiche quotidiane e nelle decisioni che vengono prese;
- chi ha risposto a questa parte di questionario conferma che, in linea con i principi dell'approccio Trauma-Orientato, vengono fornite alla donna informazioni chiare rispetto alle modalità con cui potersi sentire al sicuro, accompagnandola a lavorare sul trauma e sugli stati emotivi che ne derivano;
- professionisti e professioniste del sistema sociale e sanitario rimangono piuttosto cauti/e nel sostenere che, nei loro luoghi di lavoro, la sicurezza emotiva della donna sia tenuta in considerazione, che le risposte fornite alle donne assistite e ai/alle loro figli/e da parte di tutte le figure professionali siano trauma-orientate, così come che venga garantita loro una continuità di interventi trauma-orientati;
- la valutazione è piuttosto bassa rispetto al coinvolgimento delle donne vittime di violenza in un processo tempestivo di screening, osservazione e valutazione psicodiagnostici coerenti con i principi trauma-orientati.

### Contributi dei/delle professionisti/e per una migliore implementazione di un approccio Trauma-orientato nei loro luoghi di lavoro

I risultati del questionario relativo al sistema sociale e sanitario ci forniscono svariati spunti di riflessione, ma il numero delle risposte e la loro scarsa polarizzazione (sono, infatti, tutte piuttosto positive) rendono il quadro ancora confuso. I suggerimenti rispetto ad una maggiore concretizzazione dell'approccio Trauma-Orientato nei luoghi di lavoro di chi ha risposto alle domande aperte del questionario ci forniscono elementi in più.

Si chiede innanzitutto di spiegare e raccontare cos'è l'approccio Trauma-Orientato attraverso una formazione a tutti gli operatori e le operatrici che incontrano donne vittime di violenza e i/le loro figli/e.

*L'approccio Trauma Orientato perché sia un metodo efficace deve essere conosciuto, riconosciuto e applicato da tutti i soggetti che ruotano attorno alla donna che chiede aiuto in quanto vittima di violenza di genere.*

*Sarebbe necessaria una formazione obbligatoria specifica su questo tema di tutto il personale della "filiera" antiviolenza per non vanificare l'efficacia di questo*

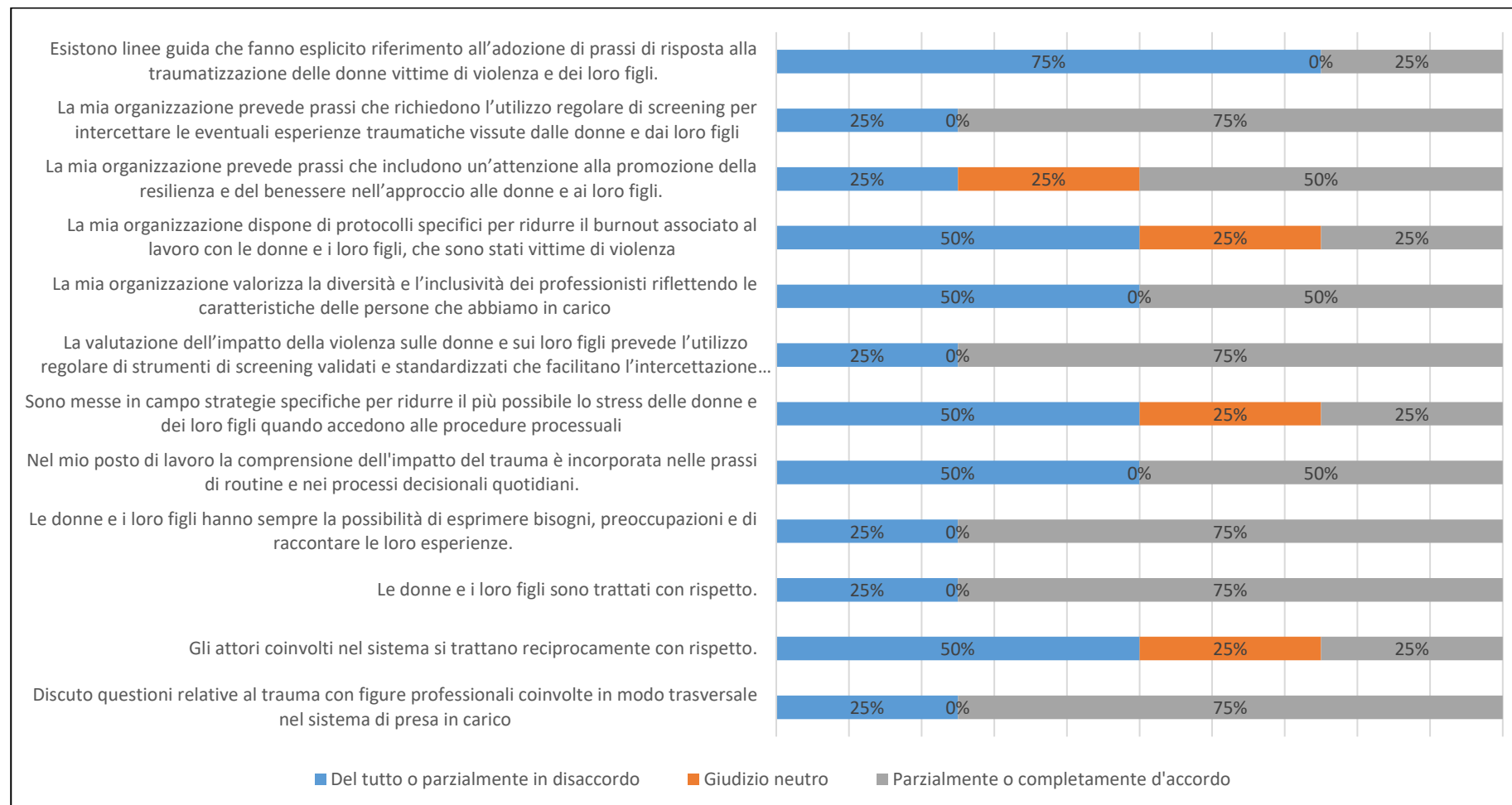
*importante approccio, ovvero delle operatrici dei Centri Antiviolenza, delle assistenti sociali dei Servizi sociali territoriali, degli operatori dei Centri di Salute Mentale e della Neuropsichiatria infantile, delle Consulenti Tecniche Uniche (CTU) nominate dai Giudici dei Tribunali.*

Il tema **formazione** è forse il più citato, accompagnato da quello della **supervisione** e del **monitoraggio/valutazione** degli interventi: formazione sul metodo, formazione pratica esperienziale su casi concreti, formazione congiunta ed integrata tra sistema sanitario-sociale-educativo, condivisione di strumenti specifici da adottare quotidianamente e in ogni singola situazione, supervisione sui singoli casi per implementare la capacità di intercettare, prevenire e curare il trauma. Grande importanza è data alla **rete**, al lavoro integrato tra pubblico e privato, in particolare alla necessità di creare servizi preferenziali rispetto alla cura del trauma per le donne vittime di violenza e per i/le loro figli/e e garantire loro supporti psicologici e psicoterapeutici gratuiti, considerati il modo più efficace per elaborare l'esperienza traumatica. Infine, creazione di **protocolli di intervento e linee guida** che contengano indicazioni chiare e condivise con tutti i soggetti della rete a supporto di donne vittime di violenza e dei/delle loro figli/e.

### 2.3. Sistema giudiziario

Al questionario per operatori/rici e professionisti/e del sistema giudiziario hanno risposto solamente 4 persone. Di seguito il quadro che ne è emerso.

**Graf. 6 – Risposte al questionario dei/delle professionisti/e del sistema giudiziario**





Ad un primo sguardo e tenendo presente la scarsità delle risposte, il quadro che ne emerge è molto più frammentato ed eterogeneo rispetto al primo:

- lo screening per intercettare eventuali esperienze traumatiche sembra essere praticato; infatti, sembra vengano utilizzati regolarmente strumenti di screening validati e standardizzati che facilitano l'intercettazione delle esperienze traumatiche e del loro effetto al fine di valutare l'impatto traumatico della violenza sulle donne e sui/sulle loro figli/e;
- si presta attenzione alla promozione della resilienza e del benessere nell'approccio con questo target;
- le donne e i/le loro figli/e sono trattati/e con rispetto e, nel sistema giudiziario, hanno sempre la possibilità di esprimere bisogni e preoccupazioni e di raccontare le loro esperienze;
- vi sono occasioni di discussione e confronto relative al trauma con altre figure professionali coinvolte in modo trasversale nel sistema di presa in carico delle donne vittime di violenza e dei/delle loro figli/e;
- quanto a professionisti/e e operatori/rici legali, le rispettive organizzazioni valorizzano, con misure e modalità diverse, la diversità e l'inclusività di ciascuno/a riflettendo così le caratteristiche delle persone che hanno in carico;
- non tutti gli attori coinvolti nel sistema si trattino reciprocamente con rispetto;
- sembrano non esistere linee guida che facciano esplicito riferimento all'adozione di prassi di risposta alla traumatizzazione delle donne vittime di violenza e dei/delle loro figli/e;
- non sempre la comprensione dell'impatto del trauma è incorporata nelle prassi di routine e nei processi decisionali quotidiani;
- non sono introdotte strategie specifiche per ridurre il più possibile lo stress delle donne e dei/delle loro figli/e quando accedono alle procedure processuali;
- non esistono protocolli specifici per ridurre il burnout associato al lavoro con le donne vittime di violenza e i/le loro figli/e.

### Barriere all'accesso alla giustizia per le donne vittime di violenza rilevate da operatori e operatrici del settore

Sono troppe poche le risposte in questo ambito per poter fare un discorso generale e tantomeno generalizzato, ma anche in questo caso le risposte alle domande aperte ci vengono in aiuto. Tra gli ostacoli che le donne vittime di violenza e i/le loro figli/e incontrano nel momento in cui entrano in contatto con il sistema giudiziario sono citati:

1. l'impreparazione del personale (Polizia Giudiziaria e Magistrati/e) rispetto alla presa in carico di donne vittime di violenza e dei/delle loro figli/e e alla lettura e comprensione del trauma;
2. la mancanza di percorsi di qualificazione interdisciplinare per Pubblici Ministeri e Giudici applicati alle sezioni specializzate;
3. la mancanza di comunicazione della rete che permetta una presa in carico integrata;
4. la mancanza di prassi operative stabilite e linee guida definite;
5. la diffidenza di persone con altri background sociali e culturali nell'affidarsi al sistema giudiziario italiano;
6. ostacoli di ordine sociale come i preconcetti e il pregiudizio sulle donne;
7. il predominio della mentalità maschile anche nelle professioniste donne;
8. la prevalenza del concetto della bigenitorialità e dell'affido condiviso.

## Bisogni e obiettivi per affrontare le barriere indicate

A fronte di tali ostacoli, sono stati avanzati alcuni suggerimenti: innanzitutto l'introduzione di **percorsi di formazione** mirati per operatori/rici giudiziari/e, la creazione di **momenti di confronto** tra chi opera nel sistema giudiziario ed esperti/e in materia di violenza di genere da cui derivino equipe multidisciplinari e tavoli di confronto a carattere regionale e nazionale. Qualcuno/a entra più nello specifico suggerendo di affrontare gli ostacoli di ordine sociale attraverso l'introduzione del **concetto di violenza** nelle sezioni civili dei Tribunali, la **sospensione** immediata dell'**affido condiviso**, almeno laddove la violenza sia accertata, l'eliminazione del concetto di conflitto che confonde e sminuisce la violenza subita e il trauma vissuto.

## Ostacoli rilevati per l'implementazione di pratiche trauma-orientate nel sistema giudiziario per rispondere meglio ai bisogni delle donne vittime di violenza

Infine, per quanto riguarda gli ostacoli che impediscono o rallentano la concretizzazione di prassi trauma-orientate che permetterebbero al sistema giudiziario di rispondere meglio alle esigenze delle donne vittime di violenza e dei/delle loro figli/e, si suggerisce di **formare** Magistrati/e, CTU ed avvocati/e specializzati/e in diritto di famiglia – così come assistenti sociali e psicologi/he che si occupano della tutela minori – con corsi specifici sulla violenza di genere, in modo che questa tematica non sia di competenza esclusiva dei centri antiviolenza e di prevedere **l'affiancamento di figure specializzate** (quali psicologi/he) ad ausilio della Magistratura, anche giudicante.

## 3. Interviste

I dati appena discussi sono stati integrati da 12 interviste in profondità, condotte con professioniste provenienti da Amministrazioni nazionali e locali e dei sistemi di giustizia, sanità e assistenza sociale, che hanno esperienza diretta di violenza di genere<sup>2</sup>.

L'intervista aveva l'intenzione di esplorare le esperienze delle partecipanti rispetto alla conoscenza, lo sviluppo e l'implementazione dell'approccio Trauma-Orientato e raccogliere le loro opinioni su come e perché l'utilizzo di questo approccio potrebbe migliorare l'accesso alla giustizia, le politiche e, più in generale, tutti i servizi a supporto delle donne vittime di violenza e dei/delle loro figli/e. Le istruzioni per l'intervista erano di pensare alle pratiche delle proprie organizzazioni di riferimento e riflettere sul modo in cui le diverse organizzazione prevedono di affrontare l'impatto del trauma sulle donne vittime di violenza e sui/sulle loro figli/e.

### 3.1. Policy

Rispetto alle politiche adottate da ogni singola organizzazione intervistata in materia di violenza di genere e approccio Trauma-Orientato è difficile fare un unico discorso perché ogni organizzazione è a sé. L'unica cosa che è possibile dire in linea generale è che, ad eccezione dell'Associazione Mondo Donna, capofila di questo progetto e promotrice dell'approccio, non vi si fa quasi mai esplicito riferimento anche se, in molti casi, le

<sup>2</sup> L'elenco delle persone intervistate è riportato come Allegato a questo Rapporto.

politiche e le linee guida di ogni singola organizzazione prevedono un'attenzione al trauma, alla sua pervasività per le donne vittime di violenza e i/le loro figli/e e esprimono un impegno a ridurre la loro ri-traumatizzazione. L'Associazione Mondo Donna ha adottato politiche e linee guida che applica costantemente nella relazione con le donne vittime di violenza, per cui l'obiettivo primario è proprio quello di evitare la ri-traumatizzazione. La casa rifugio dell'Associazione Mondo Donna, Casa Phoebe, è nata nel 2020 come struttura trauma-orientata, in cui il lavoro sul trauma accompagna la donna sin dal suo inserimento in struttura: per gli inserimenti ordinari si riunisce un'equipe di valutazione composta dalle professionalità ritenute più utili allo scopo – tutte comunque formate sull'approccio Trauma-Orientato –, che valuta la possibilità per la donna e/o per il nucleo di aderire al percorso trauma-orientato all'interno della struttura; per gli inserimenti in emergenza, invece, i tempi di accoglienza sono molto veloci per cui l'equipe si prende un mese di osservazione per valutare l'idoneità della donna e/o del nucleo. Uno dei percorsi trauma-orientati proposti è, per esempio, quello di psicoterapia, percorso di consapevolezza che prevede una narrazione ampia dei vissuti traumatici della vita della donna cui seguono incontri di esposizione, in cui si lavora sul trauma ripercorrendo emozioni, stati d'animo e corporei e rivivendo ricordi, e incontri di stabilizzazione, in cui si chiede alla donna com'è andata, come si è sentita. È un percorso facoltativo che non tutte le donne possono affrontare, per cui le operatrici spiegano bene alla donna di cosa si tratta e l'accompagnano ad una decisione consapevole. Quotidianamente, poi, le operatrici della casa rifugio fanno psico-educazione, lavorano cioè sul riconoscimento di una continuità tra i vissuti traumatici del passato e la vita quotidiana, che definisce il modo in cui si è, ci si sente e si affrontano le cose. In linea con quanto emerso dai questionari, gli ambiti della psicologia, della psicoterapia e dell'assistenza sociale e sanitaria sono, per loro natura, molto attenti alla tematica del trauma e della cura.

*Singoli atteggiamenti, presi singolarmente e non inseriti all'interno di un approccio globale, complessivo, sono tipici della nostra professione, su questo su come su altre tematiche, e quindi diciamo che spontaneamente siamo portati a gestire certe situazioni di delicatezza nel rispetto di tutte queste questioni, quindi non andando a incidere su quella che è ad esempio la vittimizzazione secondaria, cioè mi racconti una cosa poco credibile e io vado a fondo e cerco di capire, quasi quasi ti dico "tu cosa hai fatto per arrivare a una situazione così?". Ecco, questo non lo facciamo, poi magari ci può essere sempre un professionista inadeguato, ecco, però non è nell'adeguatezza del comportamento dell'assistente sociale.*  
Presidente Ordine Assistenti Sociali E-R.

*Quando la donna viene in Pronto Soccorso perché maltrattata, abusata, oltre ai lividi che si vedono sulla pelle, tutti i lividi psicologici vengono fotografati da questo referto psicologico.*  
Psicologa psicoterapeuta Ausl Romagna

Operatori e operatrici di Pronto Soccorso che incontrano e accolgono donne vittime di violenza in acuto sono portati/e a lavorare più sull'emergenza, prestano attenzione al trauma subito solo nella misura in cui prendono in carico le donne e attivano tutte le procedure previste a livello sanitario. Quanto alle assistenti sociali, non adottano un approccio teorico specifico sul tema della violenza di genere e collaborano con enti e strutture che ne adottano diversi. I loro riferimenti sono nelle linee di indirizzo regionali che si sono susseguite nel tempo, sia sul tema del maltrattamento/abuso sui minori, sia sul tema della violenza di genere. Il loro lavoro, più che sulla rielaborazione del trauma vissuto, è indirizzato sulle sue conseguenze, su ciò che succede dopo. Negli ultimi anni, grazie anche all'entrata in vigore del Codice Rosso, sono aumentate la sensibilità e la cultura sul tema del trauma e sono cresciute le collaborazioni tra servizi pubblici sociali e sanitari e le strutture specializzate sulla violenza di genere, le quali hanno certamente

concorso ad aumentare l'attenzione sul tema. Negli organi di Polizia, la Comandante della Polizia Municipale di Vergato sostiene che in merito alla violenza di genere si presta più attenzione all'aspetto giuridico che non al trattamento della vittima, il tema del trauma è estraneo. Nelle strutture giudiziarie, poi, il rischio di ri-traumatizzazione nella trattazione di reati di violenza di genere è talmente elevato che il Consiglio Superiore della Magistrature ha dedicato a questo tema una lunga serie di risoluzioni e ingiunzioni come quella del maggio 2018<sup>3</sup> in cui viene indicato cosa deve essere fatto a livello giudiziario nella trattazione di questi reati, riferendosi alla necessità di approcciarsi alla vittima per evitare qualunque forma di vittimizzazione secondaria. Come si è già visto nei questionari in merito agli ostacoli che le donne e i/le loro figli/e incontrano nel sistema giudiziario, il rischio di vittimizzazione secondaria in ambito giudiziario può avere una molteplicità di cause: può dipendere dall'inadeguatezza dell'ascolto della vittima sia nella fase di audizione processuale investigativa che in quella di presentazione della denuncia/querela da cui dipendono le indagini e, dunque, tutto il processo, dalla lunghezza dei processi nel tempo, dal disinteresse delle istituzioni verso i bisogni di tutela della vittima, dalla negazione dell'audizione protetta e dell'incidente probatorio, dallo screditamento e dall'umiliazione della vittima da parte soprattutto dell'avvocato/a dell'imputato, in sede civile dal frequente disconoscimento della violenza e le conseguenti decisioni in merito ad affidamento di minori, separazione e divorzio, da stereotipi giudiziari e determinazioni giudiziarie esito di pregiudizi culturali, ecc. Come nel caso del Servizio Sociale, i cambiamenti sociali e culturali si riflettono anche nell'ambito giudiziario dove, seppur lentamente e con le resistenze tipiche di quel settore, la situazione sta cambiando nel tempo. Non si parla di approccio Trauma-Orientato ma c'è un tentativo di rispettare le indicazioni riguardo alla necessità di evitare in tutti i modi gli effetti di un'ulteriore traumatizzazione come conseguenza dell'inadeguatezza del processo.

*Già noto l'attenzione dei Magistrati in Tribunale quando pongono domande in occasione di processi, si vede che attenzione c'è e si nota la differenza rispetto a qualche anno fa. Non posso dire la stessa cosa riguardo ad alcuni colleghi avvocati, ognuno fa il suo mestiere, tira acqua al suo mulino, ma la traumatizzazione secondaria spesso la fa vivere l'avvocato della difesa.*

Avvocata penalista

Rispetto agli avvocati e alle avvocate penalisti/e, l'approccio non è conosciuto ed è anche difficile valutare l'adozione dei suoi principi nelle relazioni tra il/la professionista e l'assistita. Neanche a livello politico, infine, si parla di approccio Trauma-Orientato, anzi, in queste sedi risuona come molto lontano perché le funzioni sono più di tipo decisionale, piuttosto che operativo. Di certo, però, non conoscendo l'approccio non lo si include nelle leggi, nei protocolli, nelle linee di indirizzo che vengono redatte e promosse, facendo sì che non diventi qualcosa di strutturale nella presa in carico di donne vittime di violenza e dei/delle loro figli/e ma resti un'esperienza sporadica e particolare.

Come nel caso dei documenti analizzati per il primo report di progetto, sebbene l'approccio Trauma-Orientato sia poco conosciuto, l'adozione di uno o più dei suoi principi è diffusa tra le realtà incontrate. Si riportano di seguito alcune delle pratiche adottate dalle professioniste intervistate e dalle loro organizzazioni, riconducibili ad una visione e una metodologia orientata al trauma:

- Nel caso di refertazione psicologica per violenza dell'Ausl della Romagna il trauma viene definito come stress acuto o stress post traumatico dentro l'anamnesi della situazione. Viene riconosciuto e tenuto in considerazione quanto sia fisiologico che ci siano amnesie o frammentazioni nel racconto.

<sup>3</sup> "Risoluzione sulle linee guida in tema di organizzazione e buone prassi per la trattazione dei procedimenti relativi a reati di violenza di genere e domestica" (delibera 9 maggio 2018).

*Penso che la donna vittima di violenza che arriva da noi non possiamo vittimizzarla ulteriormente, nel senso che nel momento in cui la signora riesce ad aprirsi va un po' assecondata, bisogna rispettare i suoi tempi, per cui anche se noi abbiamo dei test perché dobbiamo definire una credibilità in Tribunale, c'è un momento per fare i test che può essere all'inizio del primo colloquio, può essere a metà, può essere alla fine, dipende dal bisogno e dallo stato emotivo della persona. Il protocollo credo che sia estremamente utile, ma che si debba lasciare la flessibilità all'empatia del professionista per raccogliere le informazioni giuste nel luogo giusto. Come si fanno i referti ce lo insegnano, però andando dietro al come si sente la persona in quel momento.*  
 Psicologa psicoterapeuta Ausl Romagna

Un atteggiamento simile è adottato anche dall'avvocata penalista intervistata:

*Per quello che è la mia esperienza, nel momento in cui incontro una donna, non parto chiedendo di raccontare cos'è successo, ma "dimmi tu se ti va di parlarne e cosa ti va di dirmi". Alcuni episodi, ad esempio, non li ho mai sentiti raccontare ma letti dalla querela, nei casi in cui c'è già una querela. Poi i racconti sono frammentati, le cose vengono fuori in diversi momenti non perché la persona è reticente, ma perché avendo subito un trauma importante certe cose a volte vengono fuori nel momento in cui se ne riesce a parlare per la prima volta. Alcune donne a volte mi dicono "cavolo questo me lo sono ricordata adesso" perché è meccanismo psicologico e si tende a rimuoverle.*  
 Avvocata penalista

- In Pronto Soccorso la donna che arriva dichiarando di aver subito una violenza riceve un codice di intervento prioritario. Una volta presa in carico e per tutta la durata della sua permanenza in ospedale, la donna viene assistita da un'ostetrica, figura ritenuta più adatta a quel ruolo.

*Uno dei cardini della nostra formazione dal 2005 ad oggi: noi nel momento in cui abbiamo donna in pronto soccorso, non sta a noi giudicare la plausibilità del suo racconto. Noi non abbiamo il dovere di accertamento ma dobbiamo accogliere il disagio e sulla base del racconto fare quello che dobbiamo fare, poi saranno altre sedi a valutare.*  
 Responsabile Ambulatorio Urgenze Violenze sessuali dell'ospedale Maggiore di Bologna

Recentemente, sono stati affissi in tutti i bagni dell'AUSL di Bologna degli adesivi con i riferimenti dei centri antiviolenza.

- La stazione della Polizia Municipale di Vergato ha vinto un bando della Regione Emilia-Romagna che le ha permesso di creare una Stanza Rosa con bagno adiacente, uno spazio in cui la donna vittima di violenza possa sentirsi accolta ed essere tranquilla. In questa stanza si svolgono anche le audizioni delegate del Pubblico Ministero, gli incontri protetti con i genitori e le assistenti sociali la utilizzano per leggere i decreti di allontanamento.
- La Procura della Repubblica di Bologna ha elaborato nel 2019 un vademecum operativo che elenca ciò che deve essere fatto a livello investigativo dalle Forze di Polizia e dai/dalle Magistrati/e inquirenti, e ciò che non va fatto. Il vademecum affronta anche il tema dell'ascolto empatico e non giudicante della vittima, la necessità di creare ambienti rassicuranti per evitare di accrescere il senso di disagio della vittima. Inoltre, contiene indicazioni su come assicurare alla vittima una



conoscenza delle sequenze processuali in suo favore per renderla il più possibile partecipe di ciò che succede. La Procura della Repubblica di Bologna ha poi stipulato altri protocolli con il Tribunale Civile e la Procura dei Minori per cercare di incentivare la collaborazione e agevolare il passaggio e lo scambio di materiale, con l'Ordine degli Psicologi per avere reperibilità immediata di psicologi/he che possano supportare in particolare l'ascolto dei minori.

- La Regione Emilia-Romagna ha di recente approvato le linee guida per la presa in carico di donne vittime di violenza presso i Pronto Soccorsi. Trattano della presa in carico ma anche delle modalità con cui le vittime vengono dimesse, raccomandazioni, accorgimenti utili. L'utilità delle linee guida sta nel garantirne l'applicazione omogenea in tutta la Regione e non fare affidamento solamente sulla sensibilità di dirigenti e professionisti/e dei diversi contesti.

### 3.2. Formazione, supervisione e linee guida

Le parole dell'avvocata penalista intervistata rendono bene l'idea di come funziona in tutti gli ambiti la formazione sul tema violenza di genere, per non parlare di quella relativa all'approccio Trauma-Orientato: "a macchia di leopardo". Lei, ad esempio, si è formata autonomamente poiché, ad di là di qualche formazione organizzata dalla Fondazione Forense, sostiene non esserci un programma di formazione specifico in materia di violenza di genere, né tantomeno sull'approccio Trauma-Orientato.

*E su trauma orientato non ho trovato grandi riferimenti, manca perché è una cosa vista come nuova, anche se è approccio utilizzato senza saperlo. Io ho scoperto che non chiedere a donna vittima di violenza di raccontare ma dire "raccontami quello che ritieni" è già un approccio trauma orientato.*

Avvocata penalista

Tutto ciò è confermato dalla giudice dell'Ufficio G.I.P./G.U.P. del Tribunale di Bologna, la quale sostiene che l'approccio Trauma-Orientato è sconosciuto nel mondo della giustizia, mentre il Consiglio Superiore della Magistratura organizza diverse attività di formazione di tipo giuridico sui reati di genere, che tuttavia non includono approfondimenti sulle modalità di approccio alla vittima. Questo dato conferma, dunque, la sensazione delle 4 persone che hanno risposto al questionario del sistema giudiziario, che non esistano cioè linee guida che facciano esplicito riferimento all'adozione di prassi di risposta alla traumatizzazione delle donne vittime di violenza e dei/delle loro figli/e. La Procuratrice aggiunta presso il Tribunale di Bologna, a capo dell'area di specializzazione che si occupa di violenza di genere e reati su minori, racconta però che è data grande importanza alla formazione verso le Forze di Polizia da parte di Magistrati/e e operatori/rici legali, anche se non specificatamente sul trauma. Questa necessità nasce dalla consapevolezza di dover garantire una maggiore qualità nelle attività investigative. La stazione della Polizia Municipale di Vergato è un caso un po' speciale: la Comandante ha sentito il bisogno di integrare la sua formazione con una formazione universitaria che entrasse maggiormente nel merito del trattamento della vittima, non solo sotto l'aspetto giuridico. Diventata Comandante, ha insistito perché i/le sue colleghi/e si formassero presso la scuola interregionale di Polizia di Modena, sensibile sul tema e collegata alla Fondazione Emilia-Romagna per vittime di reati violenti, che offre un corso specialistico sul trauma, condotto da psicologi/he, operatrici antiviolenza, psicoterapeuti/e, ecc. In ambito sanitario la situazione non si discosta di molto da quanto accade nel sistema giudiziario, la responsabile dell'Ambulatorio Urgenze Violenze sessuali dell'ospedale Maggiore di Bologna sostiene che nel curriculum di studio di tutte le professioni sanitarie la tematica della violenza di genere viene affrontata solo grazie a qualche docente

illuminato/a, ma non è qualcosa di strutturato, mentre la formazione sull'approccio Trauma-Orientato è proprio inesistente.

La formazione su questi temi allora la si costruisce nel tempo per ogni singolo servizio, parallelamente alla costruzione di percorsi di formazione individuali, e questo implica una differenziazione importante a livello di prestazioni offerte e garantite. Ad esempio, l'AUSL della Romagna organizza dei "gruppi di miglioramento", cioè momenti di confronto e formazione con diverse professionalità (medici legali, avvocati/e), adattati ogni anno alle esigenze che l'equipe sente prioritarie. Laddove c'è un Ordine, la formazione è continua ma generale, perché, come nel caso di psicologi e psicologhe, aperta a tutti/ gli/le iscritti/e e a tutti gli orientamenti e metodologie. Sta poi al/la singolo/a professionista formarsi e approfondire un determinato approccio. Certo è che la formazione sulla violenza di genere è curata e costante, sia da parte degli Ordini che dei singoli servizi/centri, perché viene riconosciuta la delicatezza del tema e il suo carattere specifico. Sebbene non specifica sull'approccio Trauma-Orientato, la Regione Emilia-Romagna investe molto nella formazione sulla violenza di genere, soprattutto in ottica preventiva: proprio in questo periodo, in accordo con l'Ufficio Scolastico regionale partirà una formazione per docenti di scuole superiori per la promozione di una cultura di genere e il contrasto alla violenza in tutte le scuole dell'Emilia Romagna e partirà un corso di formazione per mediatori e mediatrici culturali che si trovano a dover lavorare con donne vittime di violenza e i/le loro figli/e. La casa rifugio Casa Phoebe è l'unica a fare formazione specifica sull'approccio Trauma-Orientato e questa riguarda le operatrici antiviolenza così come tutte le figure che partecipano alla presa in carico (psicologhe, assistenti sociali, ecc.).

In tema violenza di genere e approccio Trauma-Orientato manca qualcosa di sistemico, strutturale e specialistico che garantisca una formazione di base a tutti/e i/le professionisti/e che (potenzialmente) assistono donne vittime di violenza perché, come sostenuto anche da C. F., responsabile della Commissione Pari-Opportunità dell'Ordine degli Psicologi della Regione Emilia-Romagna, avere a che fare con vittime di violenza di genere è particolarmente complesso e delicato, è qualcosa che ha una sua specificità e che va al di là dell'evento traumatico poiché comprende una dimensione emotiva e di significati ben diversa da altri fenomeni traumatici e che richiede formazione per essere affrontata. Inoltre, la formazione è fondamentale per garantire livelli omogenei di presa in carico su tutto il territorio e in tutti i servizi, per evitare il rischio che tutto il percorso dipenda dalla sensibilità e dalla preparazione del/la professionista che la donna incontra.

*Il trattamento di reati da Codice Rosso, violenza domestica, non può essere appannaggio di una sola persona. Vorrebbe dire che la vittima si affida al caso di trovare nella stazione dei Carabinieri o della Polizia la persona che quel giorno ha avuto la fortuna di incontrare che sa come accoglierla, come trattare. Ancora a livello collettivo non c'è presa di coscienza, ma anche al livello dell'operatore di Polizia Giudiziaria. Il problema che affrontano le vittime quando vanno in caserma e non trovano un operatore competente nella materia vuol dire non essere accolte, non trovare un referente e questo spesso allontana la vittima dal fare denuncia. È un problema, assolutamente correlato all'accesso alla Giustizia. Noi siamo front office, i primi che la vittima trova sul territorio. C'è discriminazione anche in questo, non sapere attuare politiche anche sociali, perché quando una persona arriva non vuole solo sporgere denuncia ma essere aiutata a tutto tondo. La persona che prende la denuncia deve essere competente a indirizzare la vittima, vuol dire multidisciplinarietà delle competenze, non solo sotto l'aspetto giuridico.*

Comandante della Polizia Municipale di Vergato (Bologna)



Un altro aspetto che va di pari passo con la formazione è la supervisione, essenziale per garantire e tutelare la salute e il benessere del personale che quotidianamente si relaziona con vittime di violenza di genere ed è per questo esposto alla sofferenza altrui.

*Rispetto ad alcune situazioni soccombenti, non sai come gestirle, è brutto per te che ti trovi in difficoltà e peggio per la persona che ti trovi dall'altra parte, ci manca solo che non abbia una difesa adeguata.*

Avvocata penalista

Oltre a tutelare salute e benessere, laddove fatta la supervisione è ulteriore occasione di formazione poiché presuppone scambio e confronto. A Casa Phoebe, ad esempio, la supervisione parte da casi concreti e da lì lavora sia sui casi che sul vissuto emotivo delle operatrici in relazione agli stessi e sulle esperienze personali che possono riattivarsi nella relazione con donne vittime di violenza. Tra le realtà incontrate, Casa Phoebe è l'unica ad avere momenti specifici per la supervisione personale e d'equipe, oltre a psicologi/he e assistenti sociali che, per la loro professione, devono lavorare molto su di sé e sulla relazione d'aiuto. Questo conferma il dato emerso dai questionari relativi al sistema sociale e sanitario, compilati per la maggioranza proprio da queste figure professionali. In generale, tutte le organizzazioni raccontano di trarre grande beneficio dai confronti spontanei, dalla condivisione tra colleghi/e e dal supporto reciproco. La supervisione e il supporto psicologico e metodologico rivolto al/la professionista è considerato troppo spesso superfluo, soprattutto nel sistema giudiziario dove si ritiene che chi ne dovesse avere bisogno non sarebbe più ritenuto/a idoneo/a a giudicare, ma, oltre a tutelare la salute del/la lavoratore/rice, ha una ricaduta concreta sulla qualità del servizio che si offre e, dunque, sulla donna e i/le suoi/sue figli/e. Una linea guida su come approcciarsi alle donne vittime di violenza e ai/alle loro figli/e e su come svolgere uno screening sul trauma sarebbe allora di grande aiuto, proprio come strumento di supporto metodologico ed emotivo nel primo approccio alla vittima, momento di possibile spaesamento per l'operatore/rice.

*Perché poi sono quelle situazioni critiche in cui nel momento del bisogno, nell'assistenza a queste donne, avere tutti gli elementi chiari e definiti o non averli fa la differenza della risposta che tu dai anche in termini emotivi perché se non sei preparato, non sai affrontare anche quel discorso del gap emotivo.*

Presidente Ordine Assistenti Sociali E-R.

Nonostante dai questionari relativi al sistema sociale e sanitario emerga che esistono delle linee guida volte a promuovere pratiche trauma-orientate, la maggior parte delle persone intervistate non ha sostenuto lo stesso, anzi ne ha espresso il bisogno. Una linea guida aumenterebbe la sensibilità in tutte le professionalità che incrociano situazioni di violenza di genere, garantirebbe continuità anche in caso di turnover del personale, regolerebbe i compiti specifici di ciascun attore, favorirebbe la creazione di reti e, come si è già detto più volte, uniformerebbe le procedure da adottare, le renderebbe omogenee sul territorio. Dovrebbe essere però uno strumento flessibile, che dia indicazioni utili ma che lasci anche libertà d'azione perché ogni servizio ha la sua specificità e, soprattutto, come dice la responsabile di Casa Phoebe, "le linee guida te le dà l'utente, è lei che ti regola su come avvicinarti a lei". Le linee guida infatti sono utili se chiare e concise, ma possono anche essere limitanti se dense e seguite troppo rigidamente.

### 3.3. Coinvolgimento delle sopravvissute

*Quello che facciamo presuppone che la donna accetti di farlo e non sempre è automatico e semplice.*

Responsabile Ambulatorio Urgenze Violenze sessuali dell'ospedale Maggiore di Bologna

*Se tu le togli il potere decisionale e lei vuole togliersi dal ciclo della violenza, ripeti quello che ha subito in casa e poi, se decidi tu per lei, molto spesso lei torna indietro, dopo un po' torna a casa. A volte è meglio magari accompagnarla un attimo, poi lei decide, deve decidere lei, deve essere lei l'autrice del suo salvataggio - anche se poi nessuno si salva da solo.*

Psicologa psicoterapeuta Ausl Romagna

Questo il principio da cui parte la relazione d'aiuto, valido per quasi tutte le realtà intervistate. Tutto il percorso di uscita da una condizione di violenza si basa sulla volontà della donna, che non è obbligata a fare niente che non voglia, anzi, fondamentale per il percorso e la relazione di fiducia è che la donna si implichì e questo presuppone una motivazione solida. In qualsiasi momento la donna può scegliere di interrompere e questa scelta viene rispettata, anche se non senza frustrazione da parte del/la professionista che la sta accompagnando. Il coinvolgimento della donna assume diverse forme in ogni servizio: in casa rifugio si investe tutto sul coinvolgimento nelle attività di casa per rendere le donne attive, dare loro un senso di efficacia, ricostruire una routine, riempire la giornata con attività pratiche. Si lavora molto sul saper fare, su risorse e competenze per colmare quel senso di sospensione dalla vita dato dalla messa in protezione. Per quanto riguarda il Servizio Sociale, il coinvolgimento è intrinseco nella professione, oggetto della formazione accademica e inserito nel Codice Deontologico; risponde ai principi di libertà, autodeterminazione e autonomia della persona in situazione di fragilità; quindi, vale per le donne vittime di violenza come per ogni altra categoria. È chiaro tuttavia che la donna, data la sua condizione di traumatizzazione, può non essere in grado di prendere decisioni in modo del tutto lucido e consapevole, quindi è cura del/la professionista accompagnarla – senza sostituirsi – con empatia e sensibilità e soprattutto darle informazione chiare e spiegarle tutti i passaggi, più volte se necessario. Questo principio è adottato in tutti i servizi: nel sistema sanitario, ad esempio, vengono forniti tutti i riferimenti dei servizi di supporto e tutte le informazioni rispetto a esami e refertazione psicologica, cui la donna decide di sottoporsi o no. Nel sistema giudiziario si presta molta attenzione alla consegna e alla spiegazione alla vittima di tutti gli avvisi che le permettono di capire e seguire le sequenze processuali, sforzandosi di usare un linguaggio il più possibile comprensibile. L'oscurità del sistema e delle sequenze dei processi può causare una ri-traumatizzazione, per cui Magistrati/e e Forze di Polizia cercano di assicurare questo coinvolgimento.

In ambito giudiziario, laddove ci siano reati procedibili d'ufficio, è chiaro che l'iter processuale si attiva e si svolge a prescindere dall'adesione della vittima. È questo un fattore che rende la complessità vissuta da alcune figure professionali incontrate.

*In Romagna quando una donna arriva dal Pronto Soccorso spieghiamo alla signora che cos'è la refertazione per violenza, spieghiamo che siamo dei pubblici ufficiali e se lei ci racconta cose che sono reati procedibili d'ufficio siamo obbligati a mandare la segnalazione in Procura, per cui le chiediamo l'assenso proprio. [...] La refertazione è uno strumento difficile da fare perché noi psicologi psicoterapeuti siamo formati a empatizzare con la persona e cercare modi per avvicinarci a lei. Nel momento in cui tu devi refertare, tu devi essere obiettivo perché quel documento va in Tribunale, quindi devi essere misurato fra l'accoglienza e il contenimento.*

Psicologa psicoterapeuta Ausl Romagna

*Quando arriva una donna io devo subito dire una cosa: che io non sono un'assistente sociale, non sono un'operatrice. Se mi dovesse raccontare reati per*

*cui c'è una procedibilità di ufficio, io non posso che andare avanti. Quindi la metto davanti a questa cosa, le dico ti posso aiutare in un altro modo. Se vieni e non hai intenzione di denunciare io non ti obbligo, ma ti metto in contatto con qualcuno sul territorio che ti può aiutare. Io non spingo se non c'è volere, ma la aiuto a mettersi in contatto con associazione Mondo Donna, accompagno o chiamo io, cerco di instradarla nel percorso perché purtroppo il nostro limite è quello. Non posso estraniarmi da quella che è la mia funzione. Cerco di essere dolce ed empatica ma non posso prendere certe info e tenerle per me in modo riservato.*

Comandante della Polizia Municipale di Vergato (Bologna)

Ruoli di questo tipo sono molto delicati, necessitano di un grande esercizio per dimostrare empatia e fermezza allo stesso tempo. Il comportamento da adottare è di grande accoglienza e indirizzamento verso gli altri servizi di supporto. Il ruolo di Pubblici Ministeri e Polizia Giudiziaria è ancora più delicato perché, sebbene debbano approcciarsi alla vittima con empatia e assenza di giudizio, devono seguire il Codice di Procedura Penale che prevede la valutazione oggettiva dei fatti con indagini a carattere di completezza e dunque anche in favore dell'indagato. Allo stesso tempo devono tenere conto della specificità dei reati di cui si occupano, per cui possono esserci lacune o discontinuità nel racconto della vittima, o ancora ritrattazioni, e valutare le dichiarazioni alla luce del quadro probatorio complessivo. Quanto a chi difende la donna nel processo, deve mantenere un ruolo da "terzo spettatore", per cui trovare un equilibrio tra quello che la donna intende fare e ciò che lui/lei ritiene migliore ai fini del processo. Per poter valutare con lucidità la strategia migliore, è necessario mantenere un certo distacco dalla donna assistita e da quello che sta vivendo, senza tuttavia risultare un "pezzo di ghiaccio". Terzietà nell'osservazione, dunque, agire sulla base di quello che il/la professionista vede, che è diverso da quello che la donna vittima di violenza vive da dentro. È opinione condivisa da tutte le persone intervistate che l'aspetto più delicato del lavoro con donne vittime di violenza e i/le loro figli/e è quello relazionale: di fronte alla difficoltà relazionale, l'operatore/rice può reagire giudicando o, al contrario, immedesimandosi eccessivamente, per cui è necessario trovare il giusto equilibrio tra distacco ed empatia affinché possa instaurarsi la relazione d'aiuto. Non è eccessivo sostenere che tutto il percorso di fuoriuscita dalla violenza si basa sulla relazione di fiducia; a volte le relazioni sono conflittuali, le aspettative che si creano inevitabili, per questo è fondamentale mettere confini ed essere molto chiari sui ruoli di ciascuno. Nel sistema sociale generalmente si creano relazioni di fiducia molto positive, educatrici e operatrici sono legate dalle obbligazioni appena viste. L'obiettivo della relazione è sempre quello di accompagnare le donne vittime di violenza verso l'autonomia e non ricreare quei rapporti di dipendenza e sottomissione tipici della violenza di genere.

### 3.4. Collaborazione intersettoriale

Le collaborazioni tra i servizi che supportano donne vittime di violenza e i/le loro figli/e sono tante e varie; è difficile fare un discorso generale perché ogni organizzazione si muove diversamente tra la rete degli attori. Di certo, come emerge anche dai questionari, le reti ci sono, alcune formali altre più informali, alcune più consolidate altre meno. Per quanto riguarda la città di Bologna, ad esempio, esistono due diversi tavoli, uno a livello comunale e l'altro a livello metropolitano. Sono luoghi di confronto finalizzati a garantire una qualità sempre più alta degli interventi di presa in carico di donne vittime di violenza e dei/delle loro figli/e. Il tavolo tecnico metropolitano è coordinato dalla città metropolitana, vi partecipano gli enti locali, i distretti socio-sanitari e i centri antiviolenza, si riunisce a cadenza trimestrale e affronta tutte le questioni di tipo tecnico e di raccordo operativo; da questo tavolo è nato il protocollo metropolitano che regola l'accoglienza, l'ascolto e l'ospitalità di donne vittime di violenza. Questo tavolo ha favorito negli anni la conoscenza reciproca, il rispetto dei ruoli e il lavoro integrato. Il tavolo comunale, invece,

a cadenza semestrale, è coordinato dall'Assessore alle Pari Opportunità del Comune di Bologna e vede la partecipazione di istituzioni e associazioni che, nel territorio bolognese, intervengono a supporto di donne vittime di violenza: servizi dell'antiviolenza, AUSL di Bologna, ASP Città di Bologna, Comando provinciale Carabinieri di Bologna, Questura di Bologna, Tribunale per i minorenni dell'Emilia-Romagna, Procura della Repubblica presso il Tribunale per i Minorenni, Tribunale di Bologna, Procura della Repubblica presso il Tribunale di Bologna, Città Metropolitana di Bologna, Comune di Bologna. Questo tavolo si occupa della qualificazione della risposta del sistema complessivo sulle tematiche della violenza di genere, nel concreto regola tutte le procedure e i ruoli propri a tutti gli attori che compongono la rete a supporto della donna vittima di violenza e dei/delle suoi/sue figli/e. È un tavolo di confronto in cui si discutono punti di forza e limiti del sistema, che ha portato alla produzione di un protocollo che formalizza il ruolo di ciascuno, le attenzioni da coltivare e le direzioni da prendere per un miglioramento costante di tutto il sistema. Si può dire che grazie ad un lavoro annoso la città metropolitana di Bologna è riuscita a creare una rete che dialoga e collabora sul tema, con un impegno costante a migliorare ed efficientare il sistema. Le interlocuzioni a base ristretta tra singole realtà sono all'ordine del giorno e riguardano la gestione di casi particolari o problematiche specifiche (ad esempio consulenze con medici legali, con la Procura minori, ecc.). Sono occasioni di conoscenza reciproca per i servizi, un modo anche per capire con chi si comunica e lavora in modo più immediato e fluido e instaurare collaborazioni significative, sia per l'operatore/rice che per la donna. Anche a livello regionale esiste un tavolo di confronto sulla violenza di genere che si riunisce 3/4 volte in un anno, formato da tutte le istituzioni e le associazioni che intervengono a supporto della donna vittima di violenza e dei/delle suoi/sue figli/e al fine di aggiornarsi in modo costante su ciò che avviene e ciò di cui c'è bisogno. Si condividono i Protocolli, ci si confronta, si portano e monitorano dati. Parallelo al tavolo sulla violenza di genere c'è un tavolo sulle politiche di genere in cui la componente "lavoro" è molto rappresentata e i due tavoli insieme cercano di dare una risposta quanto più completa e sistemica alla donna vittima di violenza. Inoltre, la Regione Emilia-Romagna, facendo riferimento al Piano regionale contro la violenza di genere, ha intenzione di avviare una serie di incontri su ogni territorio della Regione per rafforzare legame e interazione, condividere pratiche e progettualità, garantire omogeneità su tutto il territorio. Le parole della Comandante della Polizia Municipale di Vergato descrivono figurativamente ed efficacemente ciò che dovrebbe essere la collaborazione intersettoriale:

*Ognuno deve fare il suo pezzettino, è come una staffetta. Tu corri perché l'ultimo deve arrivare. Tutti e 5 che corriamo, dobbiamo fare il nostro e dobbiamo farlo bene. Se l'ultimo arriva al traguardo è anche merito di chi ha passato il testimone, che ha reso favorevole la vittoria. Tante volte non lo vediamo neanche il risultato finale, ma io tendo a lavorare bene perché devi pensare di fare il meglio per la persona che è venuta e si è affidata a te. Devi farlo anche se non richiesto, non pensare che tanto poi lo faranno altri.*

Comandante della Polizia Municipale di Vergato (Bologna)

Come si è potuto osservare, non si fa mai riferimento all'approccio Trauma-Orientato. I tavoli, così come le interazioni tra singole realtà, sono spazi di confronto tecnici e operativi, formati da organizzazioni che adottano approcci diversi. Ciononostante, l'impegno di alcune realtà, tra cui l'Ordine degli Psicologi, è quello di riportare l'attenzione sul significato del trauma vissuto dalle donne vittime di violenza, non collocare il fenomeno come qualsiasi altro evento traumatico ma riconoscerlo come portatore di una specificità sociale, culturale e identitaria.

Sebbene si sappia vagamente cos'è l'approccio Trauma-Orientato, non esiste una formazione intersettoriale specifica sul tema, o quantomeno sul trauma. Diverso è per la formazione intersettoriale sulla violenza di genere, promossa dai Protocolli e dagli

accordi metropolitani e spesso organizzata dalle figure più esperte in materia di violenza di genere, sia del sistema sociale e sanitario che del sistema giudiziario. Più che intersettoriali, sarebbe più corretto parlare di formazioni rivolte ad un singolo settore, ad esempio le Forze dell'Ordine, da parte di un altro settore, ad esempio psicologi e psicologhe, probabilmente perché i livelli di conoscenza e sensibilità sono diversi per ognuno, così come ruoli e competenze, per cui c'è un bisogno maggiore di formazioni mirate. Non mancano comunque formazioni destinate a più professionalità (professioni sanitarie, Forze dell'Ordine e servizi dell'antiviolenza, assistenti sociali e psicologi/he, psicologi/he e avvocati/e, ecc.) in un'ottica di interdisciplinarietà, integrazione e maggiore qualità dell'intervento.

### 3.5. Aspetti finanziari

Una formazione continua sul trauma e sulla metodologia trauma-orientata rivolta al personale è garantita solamente dal piano economico della casa rifugio Casa Phoebe e dalla stazione della Polizia Municipale di Vergato, la quale dispone di un piano economico gestionale che ogni anno destina un capitolo di spesa a quello. La maggior parte delle altre organizzazioni intervistate prevede dei finanziamenti – sempre esigui – per la formazione del personale sulla violenza di genere, ma non si tratta di formazioni specifiche sul trauma e sull'approccio Trauma-Orientato. Per quanto riguarda gli Ordini (psicologi/he e assistenti sociali) la formazione è finanziata da una parte delle quote degli/delle iscritti/e, mentre la formazione di operatori e operatrici legali è affidata alla Scuola Superiore della Magistratura. Rispetto all'esistenza di finanziamenti per la formazione intersettoriale sul trauma e sulla metodologia Trauma-Orientata, le persone intervistate non ne hanno contezza e sostengono che, nel caso esistessero, non finanzierebbero una formazione specifica sull'approccio. Allontanandoci dalla formazione del personale e adottando uno sguardo un po' più ampio in termini di finanziamenti, la Regione Emilia-Romagna dimostra un grande impegno nel contrasto alla violenza di genere anche da un punto di vista finanziario. L'Assessora alle Pari Opportunità ha raccontato, ad esempio, che per il secondo anno consecutivo la Regione ha integrato in maniera rilevante le risorse nazionali per il reddito di libertà, triplicandole. Inoltre, la Regione destina una grossa cifra per bandi che riguardano la promozione di una cultura di genere e il contrasto alla violenza, il sostegno del lavoro femminile e iniziative di welfare innovativo.

### 3.6. Monitoraggio e garanzia di qualità

Non esistono in nessuna delle organizzazioni intervistate sistemi di monitoraggio e controllo della qualità degli interventi che permettano di creare e migliorare i servizi da un punto di vista trauma-orientato. Anche nelle due realtà più vicine a questo approccio, Casa Phoebe e la stazione della Polizia Municipale di Vergato, questi strumenti sono destrutturati, non sono delle vere e proprie pratiche operative. A Casa Phoebe, ad esempio, il monitoraggio e il controllo della qualità degli interventi avvengono all'interno della supervisione, in cui si condividono casi e punti di vista sul lavoro complessivo. La condivisione porta all'integrazione di nuove modalità e buone pratiche ma non si tratta di un processo definito. La Polizia Municipale di Vergato controlla la qualità dei suoi interventi sulla base dell'esito del percorso della donna e memorizza per il futuro gli elementi di successo, anche se è vero che ogni intervento dipende da una moltitudine di variabili che rendono complicato capire quali dipendono dal lavoro del/la professionista, quali dalla persona, quali dal contesto. Anche la Procura di Bologna e l'AUSL della Romagna si comportano più o meno allo stesso modo. La prima controlla la qualità del suo lavoro sulla base dei riscontri processuali e attraverso il confronto interno all'area di specializzazione violenza di genere e reati su minori.



*Ci confrontiamo su situazioni che hanno avuto risposte inattese (ad esempio misure cautelari non accolte), poi il confronto prosegue nei tavoli dei sottoscrittori dell'accordo metropolitano, utile soprattutto se vengono presentate le criticità. Serve quando ci diciamo cosa non ha funzionato, prendiamo coscienza delle problematiche e cerchiamo di ragionare insieme sul modo per evitarne la futura verifica.*

Procuratrice aggiunta presso il Tribunale di Bologna

Le psicologhe psicoterapeute dell'AUSL della Romagna rivedono la donna dopo circa 40 giorni dalla refertazione psicologica e osservano i risultati da un punto di vista psicologico (come sta la donna) e processuale (quanto, ad esempio, il decreto di allontanamento del maltrattante è stato celere), per poi parlarne all'interno dei gruppi di miglioramento e registrare gli interventi che hanno determinato un esito più positivo.

*Nei gruppi di miglioramento i casi che raccontiamo hanno ripercussioni nel senso che vedendo che facendo una determinata cosa in un modo il decreto di allontanamento del maltrattante arriva in maniera più veloce, allora lo riproponi e lo estendi alle tue colleghe in modo tale che anche gli altri lo facciano. Il controllo della qualità è fatto da noi, autogestito, però lo si fa.*

Psicologa psicoterapeuta Ausl Romagna

Presso l'Ambulatorio Urgenze Violenze sessuali dell'ospedale Maggiore di Bologna, l'esperimento dell'ostetrica come case manager e figura di accompagnamento della donna in ospedale ha avuto un grande successo, valutato sulla base del più alto tasso di ritorni per il controllo a distanza di 15 giorni, e per questo è stato integrato definitivamente nella procedura. È chiaro che, mentre il percorso processuale è molto "valutabile", elementi come il superamento del trauma o la tutela della vittima dalla traumatizzazione secondaria sono più difficili da monitorare. Non esistono indicatori per valutare l'efficacia degli interventi in questo senso, il monitoraggio è principalmente quantitativo e non riguarda in nessun modo il trauma. L'accordo metropolitano, ad esempio, oltre ai tavoli di confronto per capire cosa funziona e cosa no, prevede il monitoraggio dei dati: raccoglie tutti i dati di servizi e associazioni (quante sono le donne, quanto rimangono nel sistema dell'accoglienza e dell'ospitalità, di quale provenienza) e li elabora. A livello regionale, invece, la legge 6 del 2014, Legge quadro per la parità e contro le discriminazioni di genere, prevede l'istituzione di un osservatorio che ogni anno raccoglie dati e informazioni ed è in grado di restituire una mappatura rilevante del fenomeno. Da quando questo osservatorio esiste, vengono rilevati ogni anno i profili delle donne vittime di violenza (provenienza, figli/e, condizione lavorativa), quanti accessi ai centri antiviolenza e alle case rifugio, per quanto tempo, da chi è partita la presa in carico, gli accessi ai Pronto Soccorsi, gli esiti dei processi, ecc.

## 4. Conclusioni

In questo report si è voluto riportare una fotografia della conoscenza e dell'utilizzo dell'approccio Trauma-Orientato all'interno dei sistemi che incontrano donne vittime di violenza e i/le loro figli/e ed evidenziare esempi di esperienze e buone pratiche dei servizi incontrati che vanno nella direzione di quest'approccio o, comunque, sono significative e d'ispirazione. I questionari e le interviste non sono chiaramente un campione rappresentativo di ciò che avviene a livello nazionale e locale, ma sono punti di partenza preziosi per ulteriori approfondimenti e considerazioni. La ricerca sul campo qualitativa ha integrato l'analisi documentale – fondamentale per inquadrare il contesto di riferimento – e ha riscontrato che ciò che avviene a livello documentale avviene anche a livello operativo: come i documenti analizzati, i servizi incontrati adottano

inconsapevolmente uno o più principi dell'approccio Trauma-Orientato senza tuttavia sembrare conoscerlo, ad eccezione di pochi. La ricerca sul campo, inoltre, ha confermato anche gli andamenti interni al sistema sociale e sanitario e a quello giudiziario: mentre il primo si impegna maggiormente ad adottare un approccio e una presa in carico attenti al trauma e volti ad evitare la ri-traumatizzazione, nel secondo esistono ancora barriere che provocano traumatizzazioni secondarie nelle donne e ostacolano l'accesso alla giustizia. Ciononostante, diverse persone intervistate hanno convenuto che il sistema giudiziario ha fatto passi avanti nel corso degli ultimi anni e che sta aumentando sempre più la sensibilità sul tema.

Emergono da questo report alcune evidenze che è utile riprendere in vista dei prossimi sviluppi del progetto. Nel grafico che segue, presentiamo una panoramica generale dei principali risultati emersi dal questionario e dalle interviste, seguita da una descrizione più dettagliata.

**Graf. 7 – Sintesi dei dati**



- **Formazione:** le risposte alle domande aperte del questionario e le interviste hanno fatto emergere la necessità di una formazione specifica sull'approccio Trauma-Orientato per tutte le figure professionali che incontrano donne vittime di violenza e i/le loro figli/e. Formazione interna ad ogni settore e intersettoriale, formazione sulla metodologia e formazione pratica esperienziale su casi concreti, così che le risposte fornite da parte di tutte le figure professionali siano orientate al trauma e venga garantita una continuità di interventi trauma-orientati. Viene riconosciuto che la formazione specifica sulla violenza di genere e l'approccio Trauma-Orientato avrebbe un impatto significativo sulla riduzione degli ostacoli all'accesso alla giustizia e contribuirebbe a migliorare la presa in carico delle donne vittime di violenza e dei/delle loro figli/e.



- Supervisione: si è visto quanto la relazione d'aiuto con donne vittime di violenza e i/le loro figli/e possa mettere a dura prova le competenze professionali e la tenuta emotiva e psicologica dei/delle professionisti/e e quanto, allo stesso tempo, la supervisione non sia garantita per tutti i servizi del sistema. La supervisione personale, settoriale e intersettoriale sui vissuti emotivi e sui singoli casi implementerebbe la capacità del sistema di intercettare, prevenire e curare il trauma e, soprattutto, tutelerebbe la salute e il benessere del personale, garantendo così una maggiore qualità degli interventi in favore delle donne vittime di violenza e dei/delle loro figli/e.
- Monitoraggio e valutazione: di grande importanza anche il monitoraggio e la valutazione degli interventi, pratiche informali o addirittura assenti all'interno dei servizi. Le persone intervistate hanno espresso l'importanza della condivisione e della discussione nei tavoli di lavoro, nelle equipe e nei singoli servizi dei punti di forza e dei limiti del sistema. Strutturare maggiormente questa pratica e individuare degli indicatori aiuterebbe ciascun servizio e il sistema nel complesso a migliorarsi sempre più e permetterebbe di valutare l'impatto che si ha sul fenomeno anche in termini di trauma.

## Allegato 1. Metodologia\*

I termini Pratiche trauma informate, Approccio trauma informato, Sistemi trauma informati, come già esposto nel Rapporto Nazionale, sono utilizzati estesamente ed in modo intercambiabile per riferirsi ad un ampio concetto di programma, organizzazione o sistema **intenzionalmente progettato** per sostenere individui traumatizzati che hanno sperimentato o stanno vivendo eventi avversi.

Questi termini, e queste policy, spesso non sono chiaramente definiti in modalità operative. Il progetto **Care4Trauma** intende esplorare quali siano le percezioni dei gruppi di riferimento rispetto all'esistenza di una potenziale visione trauma informata nelle proprie agenzie, servizi, istituzioni. Queste considerazioni, insieme ai risultati del Rapporto Nazionale, serviranno per decidere su come progettare il curriculum per la formazione, in base alla cultura locale, alle organizzazioni e alle percezioni delle parti interessate. In altre parole, si cercherà di valutare la disponibilità degli attori chiave ad introdurre l'approccio trauma informato.

### Obiettivi della valutazione dello stato dell'arte

L'obiettivo di questa fase è identificare e affrontare le lacune del trauma informato (nella sua intersezione anche con il sistema giudiziario) all'interno dei luoghi di lavoro dei gruppi di riferimento. Il risultato di questa fase è la descrizione del grado di attuazione dei principi Trauma informato nel sistema (sanitario, sociale e giudiziario). In linea con l'obiettivo, questa fase prevede una raccolta di dati che coinvolge professionisti e soggetti chiave.

I partecipanti saranno coinvolti in una raccolta dati a metodo misto:

- a. un questionario online in due diverse versioni (una per il sistema sociale e sanitario e l'altra per il sistema giudiziario); il questionario standardizzato sarà sottoposto al personale delle organizzazioni di sostegno alle vittime e ad altri professionisti coinvolti nel processo di sostegno alle donne e ai loro figli.
- b. interviste semi-strutturate rivolte ai responsabili di case-rifugio e centri antiviolenza, professionisti coinvolti nel sostegno alle donne vittime di violenza, ai policy maker

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\* © Società Italiana per lo studio dello stress traumatico (SISST)

## Questionario Online

Il questionario (nelle diverse lingue dei paesi partner) è stato progettato sulla piattaforma europea 1KA. Tutti I partner di progetto hanno accesso ai risultati completi del questionario, inclusi i dati raccolti negli altri paesi.

Sulla base del profilo professionale, i rispondenti sono indirizzati al questionario in Versione A o Versione B (si veda oltre).

Il numero minimo di rispondenti è stato fissato a 40 per paese (in totale 200). Inoltre:

- a. I rispondenti sono classificati sulla base di dati di natura demografica:
  - .1. Area geografica di provenienza
  - .2. Tipo di servizio e istituzione (sanità e servizi sociali);
    - Ospedali: pronto soccorso, laddove esista un percorso specifico per donne vittime di violenza
    - Servizi sociali
    - Case rifugio
    - Centri Antiviolenza
- b. Tipo di servizio e istituzione (Sistema giudiziario)
- c. Profilo Professionale:
  - Assistenti sociali, Operatori sociali, Educatori (Versione A)
  - Psicologi, Psicoterapisti, Neuropsichiatri, Psichiatri (Versione A)
  - Operatori sanitari (Versione A)
  - Avvocati, Giuristi, Operatori leali, Esperti legali (Versione B)
  - Giudici, Magistrati (Versione B)
- d. Anni di servizio

### Aspetti Demografici

|                                   |  |     |  |
|-----------------------------------|--|-----|--|
| Genere                            |  | Età |  |
| Paese di residenza                |  |     |  |
| Formazione                        |  |     |  |
| Profilo professionale             |  |     |  |
| Regione del Paese in cui si opera |  |     |  |
| Tipe di servizio/istituzione      |  |     |  |
| Posizione attuale:                |  |     |  |
| Anni nella posizione:             |  |     |  |

## Versione A - Settore Sociale e Sanitario

### Introduzione

Il paradigma Trauma Orientato promuove l'adozione di un approccio di prevenzione standardizzato che trova le sue basi nel presupposto che le donne vittime di violenza ed i loro figli in carico al sistema di protezione, abbiano vissuto alcune forme di trauma che possono essere attenuate grazie all'impiego di pratiche di cura appropriate.

L'approccio Trauma Orientato si riferisce quindi ad un paradigma, e ad una visione strategica, che comprende e prende in considerazione la natura pervasiva del trauma, promuovendo un sistema di guarigione e presa in carico adeguato, al fine di evitare azioni e procedure che possano inavvertitamente contribuire alla ri-traumatizzazione delle vittime.

L'indagine si propone di esplorare se e come il Sistema Socio-Sanitario adotti procedure Trauma-Orientate e quali sono le strategie ed i cambiamenti da adottare per promuoverne una maggiore diffusione.

### Questionario A

Valutate le seguenti affermazioni con riferimento al vostro attuale luogo di lavoro:

|   | Del tutto in disaccordo | Parzialmente in disaccordo | Giudizio neutro | Concordo parzialmente | Concordo completamente |
|---|-------------------------|----------------------------|-----------------|-----------------------|------------------------|
| 1. Vengono stabilite delle linee guida che si impegnano ad adottare pratiche trauma-orientate (es: individuazione di esperienze traumatiche, azioni per evitare la ri-traumatizzazione, etc...).                              |                         |                            |                 |                       |                        |
| 2. Il servizio/istituzione dispone di un sistema formale di verifica per monitorare se il personale utilizza pratiche trauma-orientate  |                         |                            |                 |                       |                        |
| 3. Esiste un sistema di comunicazione con altri servizi/istituzioni che lavorano con le donne e i loro figli, che faciliti l'adozione di strategie trauma-informate condivise   |                         |                            |                 |                       |                        |
| 4. Sono presenti strutture che garantiscono risposte di cura e presa in carico coerenti e trauma-orientate alle donne e ai loro figli da parte di tutte le figure professionali presenti all'interno del servizio/istituzione |                         |                            |                 |                       |                        |

|  | Del tutto in disaccordo | Parzialmente in disaccordo | Giudizio neutro | Concordo parzialmente | Concordo completamente |
|--|-------------------------|----------------------------|-----------------|-----------------------|------------------------|
| 5. Alle donne e ai loro figli vengono sistematicamente offerte opportunità per esprimere i loro bisogni, preoccupazioni ed esperienze  |                         |                            |                 |                       |                        |
| 6. Il servizio/istituzione dispone di un sistema per sviluppare/sostenere obiettivi comuni e trauma-orientati con altri servizi/istituzioni  |                         |                            |                 |                       |                        |
| 7. Dove lavoro, la comprensione dell'impatto del trauma è incorporata nelle pratiche quotidiane e nelle decisioni che vengono prese  |                         |                            |                 |                       |                        |
| 8. La supervisione sul mio posto di lavoro prevede la possibilità e momenti in cui i professionisti possano parlare del loro malessere stress-correlato e possano ricevere indicazioni su come gestirlo.   |                         |                            |                 |                       |                        |
| 9. Ad ogni donna vengono fornite informazioni chiare circa le modalità con cui potersi sentire al sicuro basate sui principi trauma-orientati (ad esempio: consapevolezza sui fattori scatenanti circa vissuti emotivi intensi e improvvisi, strategie per la regolazione emotiva) |                         |                            |                 |                       |                        |
| 10. Il personale ha a disposizione supervisioni basate sui principi trauma-orientati.  |                         |                            |                 |                       |                        |
| 11. Nel mio posto di lavoro, le donne in carico sono coinvolte in un processo di screening, osservazione e valutazione psicodiagnostiche tempestive che integrano i principi trauma-orientati  |                         |                            |                 |                       |                        |
| 12. Nel mio posto di lavoro sono garantiti con costanza interventi e trattamenti trauma-orientati quando vengono prese in carico le donne vittime di violenza  |                         |                            |                 |                       |                        |
| 13. Nel mio posto di lavoro, viene preso in considerazione il concetto di sicurezza emotiva in tutti gli interventi, trattamenti e prassi  |                         |                            |                 |                       |                        |

Sulla base delle vostre risposte, fornite da uno a tre suggerimenti grazie ai quali si potrebbe concretizzare in modo più efficace l'approccio Trauma-Orientato nel vostro luogo di lavoro

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Versione B – Settore Giudiziario

### Introduzione

Il paradigma Trauma Orientato promuove l'adozione di una prassi professionale e organizzativa che si basa sul presupposto che le donne vittime di violenza ed i loro figli in carico al sistema di protezione, abbiano vissuto esperienze traumatiche complesse che potrebbero essere gestite e, gradualmente, superate se il sistema implementasse una visione trauma-orientata alla cura e alla presa in carico

L'approccio Trauma Orientato si riferisce, quindi, ad un paradigma, e ad una visione strategica, che comprende e prende in considerazione la natura pervasiva del trauma, promuovendo un sistema di cura e presa in carico adeguato, al fine di evitare azioni e procedure che possano inavvertitamente contribuire alla ri-tramautizzazione delle vittime. L'indagine si propone di esplorare se e come il Sistema Giuridico vigente potrebbe diventare più efficace qualora adottasse un approccio alla giustizia basato sui principi trauma-orientati per rispondere alle donne vittime di violenza e ai loro figli.

### Questionario

Valutate le seguenti affermazioni con riferimento alla vostra percezione del sistema giudiziario vigente:

|   | Del tutto in disaccordo | Parzialmente in disaccordo | Giudizio neutro | Concordo parzialmente | Concordo completamente |
|---|-------------------------|----------------------------|-----------------|-----------------------|------------------------|
| 1. Esistono linee guida che fanno esplicito riferimento all'adozione di prassi di risposta alla traumatizzazione delle donne vittime di violenza e dei loro figli.                |                         |                            |                 |                       |                        |
| 2. La mia organizzazione prevede prassi che richiedono l'utilizzo regolare di screening per intercettare le eventuali esperienze traumatiche vissute dalle donne e dai loro figli |                         |                            |                 |                       |                        |
| 3. La mia organizzazione prevede prassi che includono un'attenzione alla promozione della resilienza e del benessere nell'approccio alle donne e ai loro figli.                   |                         |                            |                 |                       |                        |
| 4. La mia organizzazione dispone di protocolli specifici per ridurre il burnout associato al lavoro con le donne e i loro figli, che sono stati vittime di violenza               |                         |                            |                 |                       |                        |



|  | Del tutto in disaccordo | Parzialmente in disaccordo | Giudizio neutro | Concordo parzialmente | Concordo completamente |
|--|-------------------------|----------------------------|-----------------|-----------------------|------------------------|
| 5. La mia organizzazione valorizza la diversità e l'inclusività dei professionisti riflettendo le caratteristiche delle persone che abbiamo in carico  |                         |                            |                 |                       |                        |
| 6. La valutazione dell'impatto della violenza sulle donne e sui loro figli prevede l'utilizzo regolare di strumenti di screening validati e standardizzati che facilitano l'intercettazione delle esperienze traumatiche e del loro effetto; |                         |                            |                 |                       |                        |
| 7. Sono messe in campo strategie specifiche per ridurre il più possibile lo stress delle donne e dei loro figli quando accedono alle procedure processuali   |                         |                            |                 |                       |                        |
| 8. Nel mio posto di lavoro la comprensione dell'impatto del trauma è incorporata nelle prassi di routine e nei processi decisionali quotidiani.  |                         |                            |                 |                       |                        |
| 9. Le donne e i loro figli hanno sempre la possibilità di esprimere bisogni, preoccupazioni e di raccontare le loro esperienze.  |                         |                            |                 |                       |                        |
| 10. Le donne e i loro figli sono trattati con rispetto.  |                         |                            |                 |                       |                        |
| 11. Gli attori coinvolti nel sistema si trattano reciprocamente con rispetto.  |                         |                            |                 |                       |                        |
| 12. Discuto questioni relative al trauma con figure professionali coinvolte in modo trasversale nel sistema di presa in carico   |                         |                            |                 |                       |                        |

- .1. Per favore indichi tre ostacoli che secondo lei le donne vittime di violenza e i loro figli incontrano nel momento in cui entrano in contatto con il sistema giudiziario:
- .2. Quali sono, secondo lei, le necessità a cui fare fronte e gli obiettivi da porsi per affrontare gli ostacoli indicati sopra?
- .3. Per favore, indichi quali sono gli ostacoli che impediscono o rallentano la concretizzazione di prassi trauma-orientate che permetterebbero al Sistema Giudiziario di rispondere meglio alle esigenze delle donne vittime di violenza e ai loro figli.

## Interviste semi-strutturate a policy makers and dirigenti di servizi

Le interviste strutturate riguardano professionisti a livello decisionale che hanno esperienza diretta di violenza di genere. L'obiettivo è quello di individuare fino a 12 professionisti che operano nei governi nazionali e/o locali e nei sistemi dell'assistenza sociale, nella sanità e nel settore della giustizia.

La guida tematica predisposta esplora le esperienze dei intervistati nello sviluppo e nell'implementazione di accesso alla giustizia e di approcci Trauma orientati e le loro opinioni su come e perché gli approcci Trauma orientati potrebbero migliorarne le politiche e la loro implementazione.

### Professionisti da intervistare

1. Un Policy maker (che abbia una visione sistemica del sistema sociale e sanitario)
2. Un dirigente di Casa rifugio
3. Un dirigente di Pronto Soccorso
4. Un procuratore
5. Un giudice
6. Un avvocato
7. The President of the National Psychological Association
8. The President of the National Social Worker Association
9. An Advisor/member of Advisory committees for Local Authorities, central Government (etc)
- 10 to 12 The remaining three professionals are to be selected by the Partners to better represent their country

Queste le indicazioni per gli intervistati: *Si prega di pensare in termini di attuali politiche (pratiche) della vostra organizzazione. Faremo alcune domande per esplorare come l'organizzazione immagina e affronta l'impatto del trauma sulla popolazione obiettivo.*

|   |   |
|---|---|
| <b>Policy</b>                             | <p>Le politiche e le procedure scritte dell'organizzazione hanno già incluso un'attenzione al trauma, alla sua pervasività per le donne vittime di violenza e hanno espresso un impegno a ridurre la ri-traumatizzazione?</p> <p>L'organizzazione dispone di un piano specifico per la salute e il benessere del personale, che riconosce la pervasività del trauma e aiuta a sostenere i supervisori e gli operatori che avessero subito un trauma? Se no, perché?</p> <p>In che modo le politiche del personale dell'organizzazione dimostrano l'impegno a formare il personale per fornire servizi e supporti culturalmente rilevanti e informati sul trauma?</p> <p>Quanto sarebbe utile avere una politica organizzativa sul modo in cui lo screening dovrebbe essere completato e/o su come gli utenti del servizio dovrebbero essere interrogati sui traumi?</p> |
| <b>Coinvolgimento delle sopravvissute</b> | <p>La vostra organizzazione ha una politica di coinvolgimento dei sopravvissuti, che delinea la vostra missione e ciò che volete ottenere coinvolgendo i sopravvissuti? Il personale è stato</p>  |

|   |  |
|---|--|
|   | <p>coinvolto in discussioni su come funziona e sugli ostacoli all'attuazione?</p> <p>Cosa si può fare per migliorare la fiducia e la trasparenza del personale, a vantaggio delle sopravvissute, che viene coinvolto nella pianificazione e nell'erogazione dei servizi? Come è stato identificato il loro ruolo in modo collaborativo e chiaramente delineato per evitare qualsiasi confusione?</p>   |
| <b>Collaborazione intersettoriale</b>   | <p>Sono state individuate collaborazioni adeguate? Come? Questo processo è sufficiente?</p> <p>Esiste un sistema di comunicazione con altre istituzioni, servizi e agenzie che lavorano con le donne beneficiarie di servizi per prendere decisioni informate sul trauma?</p> <p>I partner con cui collaborate sono informati sul trauma?</p> <p>Quali meccanismi sono in atto per promuovere la formazione intersettoriale sul trauma e sugli approcci informati al trauma?</p> |
| <b>Aspetti finanziari</b>               | <p>How does the organisation's budget include funding support for ongoing training on trauma and trauma-informed approaches for leadership and staff development?</p>  |
| <b>Monitoraggio e Quality Assurance</b> | <p>What mechanisms are in place for information collected to be incorporated into the organisation's quality assurance processes and how well do those mechanisms address creating accessible, culturally relevant, trauma-informed services and supports?</p>   |

## Allegato 2. Tavole statistiche

| Profilo professionale  | Numero    | %             |
|--|-----------|---------------|
| <i>Settore Sociale e Sanitario</i>                                 |           |               |
| Assistente sociale, operatore/ricerica sociale, educatore/ricerica | 52        | 61,9%         |
| Psicologo/a, Psicoterapeuta, Neuropsichiatra, Psichiatra           | 16        | 19,0%         |
| Operatore/ricerica sanitario/a                                     | 5         | 6,0%          |
| <i>Settore Giudiziario</i>   |           |               |
| Avvocato/a   | 8         | 9,5%          |
| Operatore/ricerica legale  | 3         | 3,6%          |
| <b>Totale</b>  | <b>84</b> | <b>100,0%</b> |

| Genere        | TOTALE    |       | Sistema Sociale |       | Sistema Giudiziario |        |
|---------------|-----------|-------|-----------------|-------|---------------------|--------|
|               | Numero    | %     | Numero          | %     | Numero              | %      |
| Donne         | 82        | 97,6% | 71              | 97,3% | 11                  | 100,0% |
| Uomini        | 2         | 2,4%  | 2               | 2,7%  | 0                   | 0,0%   |
| <b>Totale</b> | <b>84</b> |       | <b>73</b>       |       | <b>11</b>           |        |

| Età           | TOTALE    |       | Sistema Sociale |       | Sistema Giudiziario |       |
|---------------|-----------|-------|-----------------|-------|---------------------|-------|
|               | Numero    | %     | Numero          | %     | Numero              | %     |
| 26-35 anni    | 16        | 21,9% | 16              | 21,9% | 3                   | 27,3% |
| 36-45 anni    | 23        | 31,5% | 23              | 31,5% |                     |       |
| 46-55 anni    | 16        | 21,9% | 16              | 21,9% | 6                   | 54,5% |
| 56-65 anni    | 15        | 20,5% | 15              | 20,5% | 1                   | 9,1%  |
| > 65 anni     | 3         | 4,1%  | 3               | 4,1%  | 1                   | 9,1%  |
| <b>Totale</b> | <b>84</b> |       | <b>73</b>       |       | <b>11</b>           |       |

| Formazione                  | TOTALE    |       | Sistema Sociale |       | Sistema Giudiziario |        |
|-----------------------------|-----------|-------|-----------------|-------|---------------------|--------|
|                             | Numero    | %     | Numero          | %     | Numero              | %      |
| Laurea-master-PhD           | 72        | 85,7% | 61              | 82,2% | 11                  | 100,0% |
| Diploma di scuola superiore | 8         | 9,5%  | 8               | 10,7% |                     |        |
| Diploma di scuola media     | 4         | 4,8%  | 4               | 7,0%  |                     |        |
| <b>Totale</b>               | <b>84</b> |       | <b>73</b>       |       | <b>11</b>           |        |

| Anni nella posizione | TOTALE    |       | Sistema Sociale |       | Sistema Giudiziario |       |
|----------------------|-----------|-------|-----------------|-------|---------------------|-------|
|                      | Numero    | %     | Numero          | %     | Numero              | %     |
| Da 1 a 5 anni        | 32        | 38,1% | 29              | 39,7% | 3                   | 27,3% |
| Da 6 a 10 anni       | 22        | 26,2% | 19              | 26,0% | 3                   | 27,3% |
| Da 11 a 15 anni      | 13        | 15,5% | 11              | 15,1% | 3                   | 27,3% |
| Da 16 a 20 anni      | 4         | 4,8%  | 4               | 5,5%  |                     |       |
| Da 21 a 30 anni      | 8         | 9,5%  | 5               | 6,8%  | 2                   | 18,2% |
| Da più di 30 anni    | 5         | 6,0%  | 5               | 6,8%  |                     |       |
| <b>Totale</b>        | <b>84</b> |       | <b>73</b>       |       | <b>11</b>           |       |

| Regione di provenienza | TOTALE    | Sistema Sociale | Sistema Giudiziario |
|------------------------|-----------|-----------------|---------------------|
| Emilia R.              | 31        | 16              | 5                   |
| Piemonte               | 27        | 25              | 2                   |
| Valle d'Aosta          | 9         | 9               | 0                   |
| Altre Regioni          | 5         | 3               | 2                   |
| Non dichiarato         | 12        | 10              | 2                   |
| <b>Totale</b>          | <b>84</b> | <b>73</b>       | <b>11</b>           |

## Risposte al Questionario online

### Sistema sociale e sanitario

| Tutti i Rispondenti   | Del tutto in disaccordo | Parzialmente e in disaccordo | Giudizio neutro | Concordo parzialmente | Concordo completamente |
|---|-------------------------|------------------------------|-----------------|-----------------------|------------------------|
| 1. Vengono stabilite delle linee guida che si impegnano ad adottare pratiche trauma-orientate (es: individuazione di esperienze traumatiche, azioni per evitare la ri-traumatizzazione, etc...) | 7<br>14%                | 7<br>14%                     | 5<br>10%        | 19<br>37%             | 13<br>25%              |
| 2. Il servizio/istituzione dispone di un sistema formale di verifica per monitorare se il personale utilizza pratiche trauma-orientate  | 18<br>35%               | 9<br>18%                     | 11<br>22%       | 6<br>12%              | 7<br>14%               |
| 3. Esiste un sistema di comunicazione con altri servizi/istituzioni che lavorano con le donne e i loro figli, che faciliti l'adozione di strategie trauma-informate condivise                   | 5<br>10%                | 7<br>14%                     | 3<br>6%         | 22<br>44%             | 13<br>26%              |
| 4. L'organizzazione del servizio/istituzione garantisce risposte coerenti e trauma-orientate alle donne e ai loro figli da parte di tutte le figure   | 5<br>10%                | 11<br>22%                    | 9<br>18%        | 18<br>35%             | 8<br>16%               |
| 5. Alle donne e ai loro figli vengono sistematicamente offerte opportunità per esprimere i loro bisogni, preoccupazioni ed esperienze   | 2<br>4%                 | 7<br>14%                     | 3<br>6%         | 20<br>39%             | 19<br>37%              |
| 6. Il servizio/istituzione dispone di un sistema per sviluppare/sostenere obiettivi comuni e trauma-orientati con altri servizi/istituzioni   | 4<br>8%                 | 8<br>16%                     | 10<br>20%       | 20<br>39%             | 9<br>18%               |
| 7. Dove lavoro, la comprensione dell'impatto del trauma è incorporata nelle pratiche quotidiane e nelle decisioni che vengono prese   | 6<br>12%                | 6<br>12%                     | 10<br>20%       | 14<br>27%             | 15<br>29%              |

|  |           |           |           |           |           |
|--|-----------|-----------|-----------|-----------|-----------|
| 8. La supervisione sul mio posto di lavoro prevede la possibilità e momenti in cui i professionisti possano parlare del loro malessere stress-correlato e possano ricevere indicazioni su come gestirlo  | 11<br>22% | 4<br>8%   | 3<br>6%   | 10<br>20% | 22<br>44% |
| 9. Ad ogni donna vengono fornite informazioni chiare circa le modalità con cui potersi sentire al sicuro basate sui principi trauma-orientati (ad esempio: consapevolezza sui fattori scatenanti circa vissuti emotivi intensi e improvvisi, strategie per la regolazione emotiva) | 4<br>8%   | 6<br>12%  | 4<br>8%   | 22<br>44% | 14<br>28% |
| 10. Il personale ha a disposizione supervisioni basate sui principi trauma-orientati   | 9<br>18%  | 6<br>12%  | 10<br>20% | 13<br>26% | 12<br>24% |
| 11. Nel mio posto di lavoro, le donne in carico sono coinvolte in un processo di screening, osservazione e valutazione psicodiagnostiche tempestive che integrano i principi trauma-orientati  | 12<br>24% | 9<br>18%  | 14<br>27% | 9<br>18%  | 7<br>14%  |
| 12. Il mio posto di lavoro garantisce con continuità interventi di carattere trauma-orientata alle donne assistite   | 7<br>14%  | 10<br>20% | 10<br>20% | 15<br>29% | 9<br>18%  |
| 13. La definizione di sicurezza emotiva della donna è inclusa nei piani di trattamento o nelle procedure del mio luogo di lavoro   | 7<br>14%  | 14<br>27% | 3<br>6%   | 15<br>29% | 12<br>24% |

### Sistema giudiziario

| Tutti i Rispondenti   | Del tutto in disaccordo | Parzialmente in disaccordo | Giudizio neutro | Concordo parzialmente | Concordo completamente |
|---|-------------------------|----------------------------|-----------------|-----------------------|------------------------|
| 1. Esistono linee guida che fanno esplicito riferimento all'adozione di prassi di risposta alla traumatizzazione delle donne vittime di violenza e dei loro figli   | 3<br>75%                | 0<br>0%                    | 0<br>0%         | 1<br>25%              | 0<br>0%                |
| 2. La mia organizzazione prevede prassi che richiedono l'utilizzo regolare di screening per intercettare le eventuali esperienze traumatiche vissute dalle donne e dai loro figli   | 0<br>0%                 | 1<br>25%                   | 0<br>0%         | 2<br>50%              | 1<br>25%               |
| 3. La mia organizzazione prevede prassi che includono un'attenzione alla promozione della resilienza e del benessere nell'approccio alle donne e ai loro figli  | 0<br>0%                 | 1<br>25%                   | 1<br>25%        | 0<br>0%               | 2<br>50%               |
| 4. La mia organizzazione dispone di protocolli specifici per ridurre il burnout associato al lavoro con le donne e i loro figli, che sono stati vittime di violenza   | 2<br>50%                | 0<br>0%                    | 1<br>25%        | 1<br>25%              | 0<br>0%                |
| 5. La mia organizzazione valorizza la diversità e l'inclusività dei professionisti riflettendo le caratteristiche delle persone che abbiamo in carico   | 0<br>0%                 | 2<br>50%                   | 0<br>0%         | 1<br>25%              | 1<br>25%               |
| 6. La valutazione dell'impatto della violenza sulle donne e sui loro figli prevede l'utilizzo regolare di strumenti di screening validati e standardizzati che facilitano l'intercettazione delle esperienze traumatiche e del loro effetto | 1<br>25%                | 0<br>0%                    | 0<br>0%         | 1<br>25%              | 2<br>50%               |
| 7. Sono messe in campo strategie specifiche per ridurre il più possibile lo stress delle donne e dei loro figli quando accedono alle procedure processuali  | 2<br>50%                | 0<br>0%                    | 1<br>25%        | 0<br>0%               | 1<br>25%               |

|  |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|
| 8. Nel mio posto di lavoro la comprensione dell'impatto del trauma è incorporata nelle prassi di routine e nei processi decisionali quotidiani | 0<br>0%  | 2<br>50% | 0<br>0%  | 1<br>25% | 1<br>25% |
| 9. Le donne e i loro figli hanno sempre la possibilità di esprimere bisogni, preoccupazioni e di raccontare le loro esperienze                 | 1<br>25% | 0<br>0%  | 0<br>0%  | 2<br>50% | 1<br>25% |
| 10. Le donne e i loro figli sono trattati con rispetto   | 1<br>25% | 0<br>0%  | 0<br>0%  | 0<br>0%  | 3<br>75% |
| 11. Gli attori coinvolti nel sistema si trattano reciprocamente con rispetto   | 1<br>25% | 1<br>25% | 1<br>25% | 1<br>25% | 0<br>0%  |
| 12. Discuto questioni relative al trauma con figure professionali coinvolte in modo trasversale nel sistema di presa in carico                 | 1<br>25% | 0<br>0%  | 0<br>0%  | 2<br>50% | 1<br>25% |



## Allegato 3. Sintesi delle interviste

Barbara Lori

Assessora alle Pari Opportunità della Regione Emilia-Romagna

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| <p><b>Policy</b></p>                             | <p>La Regione Emilia-Romagna si affida principalmente alla legge 6 del 2014, Legge quadro per la parità e contro le discriminazioni di genere, che prevede la creazione di un Piano di azione per il contrasto alla violenza di genere, già alla sua terza edizione (la prima nel 2016, la seconda nel 2021). Il Piano di azione per il contrasto alla violenza di genere si regge su tre pilastri:</p> <ol style="list-style-type: none"> <li>1. Governance: idea che il territorio abbia coordinamento interistituzionale che agisce in logica di rete.</li> <li>2. Prevenzione: iniziative di formazione.</li> <li>3. Protezione: accompagnamento nei percorsi di uscita dalla violenza tramite, ad esempio, il reddito di libertà.</li> </ol> <p>In attuazione al Piano di azione per il contrasto alla violenza di genere la Regione ha avviato linee di progetto specifiche che prevedono una formazione targettizzata (es. Ufficio Scolastico regionale, mediatori/rici). Nelle intenzioni c'è lavoro insieme alle Forze di Polizia e all'ambito sanità.</p> <p>Si parla parzialmente di approccio Trauma-Orientato. Di recente (Delibera ottobre 2022) sono state approvate le linee guida per la presa in carico di donne vittime di violenza presso il Pronto Soccorso, si occupano della presa in carico ma anche delle modalità di dimissione. Alcune attività e professionalità considerano il trauma, ma non tutte. L'obiettivo delle linee guida è di garantirne l'applicazione omogenea in tutta la Regione.</p> <p>La linea guida può essere utile per migliorare attività di accoglienza e presa in carico e può servire anche per sensibilizzare e informare a 360 gradi tutte le professionalità che incrociano queste situazioni, non sempre attente e preparate per accogliere casi anche difficili, e poi poter attivare i percorsi giusti nelle fasi successive. La linea guida sarebbe utile perché negli ambiti della sanità e del sociale in particolare il turnover del personale è piuttosto elevato. È utile che ci sia uno stato di allerta sufficientemente alto per poter saper cogliere tutte le situazioni, anche quelle magari più nascoste, e indirizzarle sui percorsi di aiuto più adeguati.</p> |
| <p><b>Coinvolgimento delle sopravvissute</b></p> | <p>La Regione non incontra direttamente donne vittime di violenza, non si occupa direttamente dei servizi resi direttamente ai cittadini e alle cittadine.</p>  |
| <p><b>Collaborazione intersettoriale</b></p>     | <p>Il riferimento è il Piano di azione per il contrasto alla violenza di genere. La Regione avvierà tra poco incontri provincia per provincia per rafforzare legame e interazione tra gli attori che incontrano donne vittime di violenza, condivisione delle progettualità. La legge 6 del 2014 prevede un tavolo che riguarda tutti gli interlocutori, a partire da quelli istituzionali, i Comuni, i centri antiviolenza. In ogni ambito provinciale, poi, esistono protocolli di collaborazione e su questo la Regione vuole lavorare perché c'è disomogeneità tra un territorio e l'altro. I referenti della Regione gireranno fisicamente in ogni provincia e interloquiranno con tutti gli attori per far sì che laddove non esistono protocolli di</p>  |

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|   | <p>collaborazione possano essere messi in campo e dove esistono possano essere integrati con tutte le figure (ASL, Forze dell'Ordine, scuola) che possono concorrere a promuovere una cultura della parità e a mettere in atto misure preventive per il contrasto alla violenza.</p>  |
| <b>Aspetti finanziari</b>                 | <p>La Regione ha messo a bilancio negli ultimi due anni 1.300.000€ per integrare i fondi nazionali sul reddito di libertà che il primo anno erano 208.000€. Mette poi 2 milioni all'anno per bandi che riguardano la promozione di una cultura di genere e il contrasto alla violenza e il tema donne e lavoro, cofinanziando così progetti a sostegno del lavoro femminile e per iniziative di welfare innovativo. La Regione poi trasferisce ai centri antiviolenza, attraverso i Comuni, le risorse nazionali destinate a centri antiviolenza e case rifugio e condivide con Comuni e centri antiviolenza un pacchetto di risorse nazionali destinate all'accompagnamento dei percorsi di uscita dalla violenza, l'autonomia abitativa.</p>  |
| <b>Monitoraggio e Garanzia di qualità</b> | <p>Rispetto ai progetti che arrivano per i diversi bandi la Regione non fa un monitoraggio puntuale, non ha indicatori perché sono progetti diversissimi tra loro per cui è impossibile applicare monitoraggio attraverso griglie di riferimento strette. La scelta che è stata fatta sin dalle prime fasi di attuazione della legge è di lasciare spazio di creatività ai territori con una valutazione puntuale e attenta alla coerenza rispetto agli obiettivi declinati nel bando a monte e poi controllo e verifica puntuale e capillare in modo che tutte le attività previste siano effettivamente realizzate (es. numero di partecipanti, target, rendicontazione). Deve esserci corrispondenza tra gli obiettivi della scheda progetto e ciò che è stato effettivamente realizzato.</p> <p>La legge 6 del 2014 prevede l'istituzione di un osservatorio che ogni anno raccoglie dati e informazioni e restituisce una serie di dati. L'osservatorio profila le situazioni (donne sole, con figli, quanti figli, accesso o no alle case rifugio, per quanto tempo, presa in carico attraverso Pronto Soccorso o contatto diretto con centro antiviolenza, piuttosto che servizi sociali). È un po' una mappatura.</p> |

**Carmelina Fierro**

Responsabile Commissione Pari-Opportunità - Ordine Psicologi E-R.

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|---------------|--|
| <b>Policy</b> | <p>C'è tutta un'area della psicologia formata specificamente sull'elaborazione e il lavoro nei casi di situazioni di stress post traumatico. Nella scuola di formazione di psicologia dell'emergenza che tratta situazioni specifiche di trauma, situazioni stressanti per quanto riguarda evento vissuto in maniera traumatica, le scuole hanno l'intervento specifico sulle donne vittime di violenza. Viene riconosciuto non solo il trauma come focus di intervento ed elaborazione ma anche la particolarità della violenza sulle donne, quell'evento traumatico che richiede una sua specificità.</p> <p>La formazione di psicologi e psicologhe è sì acquisire metodologie e tecniche, ma è anche spazio in cui il professionista - che comunque è in relazione di aiuto - ha la possibilità di una formazione continua su di sé. Questo è tipico della relazione di aiuto in generale. Fenomeno burnout tipico di una situazione di cortocircuito o comunque di disagio di chi è in una continua relazione di aiuto.</p> <p>La formazione dell'Ordine è generale perché aperta a tutti gli iscritti che hanno anche orientamenti diversi. L'Ordine non ha uno specifico orientamento, deve garantire orientamento di tutti e le diverse proposte che ci sono, è formazione ampia e poi a livello personale si va ad approfondire nelle singole specifiche scuole. La commissione</p> |
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|  | <p>pari opportunità ha fatto diversi corsi sulla violenza perché riconosce che la violenza sulle donne ha una sua specificità e non tutti sono pronti per poterci poi lavorare.</p> <p>Linee guida oltre che dire cosa fare, come fare, cercano di capire qual è il problema, riconoscerlo, individuare obiettivi e uniformare perché molto nasce da sollecitazione delle comunità del volontariato e terzo settore ma tanto deve essere riconosciuto a livello pubblico. Per una donna significa anche avere un riconoscimento in tutti gli altri ambiti della sua vita perché una donna che viene accolta, oltre a dover elaborare il proprio trauma, a ridefinirsi nell'esistenza, ha bisogno di una rete di supporto che va al di là della casa, del centro. Se tu come istituzione hai linee guida in qualche modo riconosci necessità, bisogno, il metodo, però attivi anche rete di servizi in cui ognuno è responsabile della sua risposta. Linee guida danno garanzia di una rete.</p>  |
| <p><b>Coinvolgimento delle sopravvissute</b></p> | <p>Non è l'ordine a coinvolgere le donne direttamente. Coinvolgimento e partecipazione sono costituenti nel diritto della persona che vuole intraprendere il proprio cammino considerando la specificità della situazione che sta vivendo.</p> <p>Sulla metodologia ognuno ha il proprio orientamento, il setting può cambiare a seconda degli orientamenti dello specifico professionista. Quello che va garantito è l'autonomia della persona che chiede aiuto.</p>  |
| <p><b>Collaborazione intersettoriale</b></p>     | <p>L'Ordine si interfaccia innanzitutto con la Regione e partecipa al tavolo regionale sulla violenza di genere dove c'è confronto costante con altre realtà impegnate: amministrazioni, comune, servizi sanitari, servizi sociali, terzo settore. Il tavolo è occasione per confronto e aggiornamento costante di quello che avviene e di quello di cui c'è bisogno. È da lì che parte eventuale linea guida o eventuale legge regionale, portata poi a livello nazionale. Dal tavolo devono emergere anche le situazioni concrete, anche i risultati o le criticità.</p> <p>Non si parla specificatamente di approccio Trauma-Orientato, c'è una varietà di approcci diversi, ognuno adotta il suo e i sono tavoli più operativi. Il compito dell'Ordine a livello istituzionale è riportare l'attenzione sul significato del trauma, ridare dignità alla parola trauma, alla parola paura e, in merito alle donne, dare specificità al fenomeno, collocarlo non come evento qualsiasi.</p> <p>Sempre più l'Ordine si sta aprendo ad altre professioni, nei webinar ad esempio si invitano avvocati, psicologi, educatori, assistenti sociali per favorire interdisciplinarietà. La formazione è importante per fare bene il proprio lavoro in questo settore. L'Ordine fa formazione ai propri iscritti, ma tra i relatori si invitano anche altre professioni.</p> |
| <p><b>Aspetti finanziari</b></p>                 | <p>L'ordine ha suo bilancio dato dalle quote degli iscritti. Una parte importante di queste quote viene destinata alla formazione e ogni anno una parte di questi fondi la destiniamo alla commissione pari opportunità che segue nello specifico la violenza sulle donne oltre ad altre tematiche.</p> <p>Le formazioni che coinvolgono le altre professionalità di solito sono eventi aperti, convegno, seminari, aperti alle altre professioni ma anche alla cittadinanza. C'è anche una parte di informazione e sensibilizzazione della cittadinanza, quindi sono eventi aperti. L'ordine realizza queste opportunità di formazione e informazione e promozione.</p>   |
| <p><b>Monitoraggio e Garanzia di qualità</b></p> | <p>L'Ordine fa monitoraggio della qualità dei suoi interventi in quanto Ordine. Gli iscritti dicono quali sono le cose da migliorare o da integrare. Ogni webinar è valutato. I centri, come i vari metodi, devono</p>   |

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|  | avere indicatori di valutazione, anche per poter essere destinatari di eventuali fondi nazionali e europei. |
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**Elena Corsini**  
Comandante della Polizia Municipale di Vergato (Bologna)

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| <p><b>Policy</b></p>                             | <p>In generale, nell'organo di Polizia la figura dell'agente è vista più sotto l'aspetto giuridico e non sul trattamento della vittima. A Vergato invece si adottano alcune pratiche riconducibili all'approccio trauma-orientato. C'è ad esempio una stanza rosa, nata grazie a fondi della Regione Emilia-Romagna. Lì ora si fanno le audizioni delegate dal Pubblico Ministero, gli incontri protetti con i genitori, le assistenti sociali leggono i decreti di allontanamento.</p> <p>La supervisione non c'è, ma ci dovrebbe essere, non solo su questo aspetto ma anche per l'incidente mortale ad es., un evento che ti porta a dover subire il trauma dell'altro, ti apre cassetti della memoria. A maggior ragione per reati di questo tipo. Viene considerata superflua ma dovrebbe essere imposta per tutelare la salute delle persone. Si parla molto tra colleghi, ci si accoglie.</p> <p>Lei ha fatto una formazione universitaria legata al trattamento della vittima (non sotto aspetto giuridico ma a livello psicologico). Diventata Comandante ha voluto che i colleghi fossero formati presso la scuola interregionale di polizia di Modena, collegata a fondazione Emilia-Romagna vittime di reati violenti. Si tratta di una formazione multidisciplinare fatta da psicologi, operatori che trattano violenza di genere, codice rosso, psico-terapisti. È specifica sul trauma e cofinanziata da fondo europeo. Il trattamento di reati da codice rosso non può essere appannaggio di una sola persona, la vittima non può affidarsi al caso di trovare nella stazione dei Carabinieri o della Polizia la persona che sa come accoglierla, come trattare. Non trovare operatori competenti allontana la vittima da fare denuncia. Quando persona arriva non vuole solo sporgere denuncia ma essere aiutata a tutto tondo, bisogna saper attuare anche politiche sociali.</p> <p>La linea guida non ti fa cadere nel panico, perché l'operatore ha reazioni anche lui. Avere procedure aiuta anche nel primo approccio, in cui non si sa bene come fare. A livello capillare porta a non doversi affidare al caso o andare quando c'è la persona in servizio che sai che ti può aiutare.</p> |
| <p><b>Coinvolgimento delle sopravvissute</b></p> | <p>Gli agenti di polizia chiariscono la loro posizione: se la donna dovesse raccontare reati per cui c'è procedibilità di ufficio, loro non possono non andare avanti. Se la donna non vuole sporgere denuncia la mettono in contatto con qualcuno sul territorio che la può aiutare. Nonostante le informazioni, le donne non sono obbligate a rivolgersi agli altri servizi. Se c'è procedibilità di ufficio però gli agenti non possono esimersi e sono chiari da subito. Con la denuncia si attivano i servizi sociali e il centro antiviolenza. Se l'autorità giudiziaria stabilisce una misura precauzionale, gli agenti danno attuazione.</p> <p>È difficile trincerarsi dietro un ruolo, mantenere distacco. Si è molto chiari rispetto a ciò che possono fare e ciò che no. Termini ingaggio chiari e palesi. Essere prudentziali è protezione di tutte e due le parti.</p>   |
| <p><b>Collaborazione intersettoriale</b></p>     | <p>Con i servizi sociali c'è molta collaborazione perché cercata personalmente. Molta umanità e predisposizione di chi coordina i servizi. Insieme ai servizi sociali e all'ospedale si è cercato di iniziare un protocollo, ma è bloccato, ancora in fase embrionale.</p>   |

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|   | <p>La Comandante è da 15 anni che ha iniziato a formarsi sull'approccio Trauma-Orientato, allora era qualcosa di non conosciuto e pensare che un reato nei confronti della persona dovesse essere gestito sotto aspetto psicologico non era conosciuto. Oggi è più conosciuto, ma lasciato sempre alla sensibilità dell'operatore di polizia giudiziaria o medico o assistente sociale.</p> <p>Non c'è formazione intersettoriale sul trauma. La collaborazione c'è un po' e sta aumentando la sensibilità.</p> |
| <b>Aspetti finanziari</b>                 | <p>Nonostante il turnover sono tutti formati. La stazione ha un PEG (piano economico gestionale) e ogni anno attribuisce un capitolo di spesa alla formazione.</p> <p>Non c'è formazione intersettoriale, ma il bisogno formativo è emerso in sede di protocollo.</p>   |
| <b>Monitoraggio e Garanzia di qualità</b> | <p>Il controllo qualità è informale e limitativo dell'aspetto positivo degli interventi.</p>  |

Gina Simoni

Responsabile del Servizio Minori del Comune di Bologna

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| <b>Policy</b> | <p>I servizi rivolti a famiglie e minori del Comune di Bologna non hanno adottato un approccio teorico specifico sul tema della violenza di genere, lavorano con strutture che hanno diversi approcci al tema della violenza di genere. Però hanno diverse tappe formative interne sul tema del maltrattamento in generale e della violenza di genere in particolare. I servizi rivolti a famiglie e minori hanno in Italia un orientamento previsto dalle linee di indirizzo nazionali sulla vulnerabilità familiare, che derivano dal programma nazionale P.I.P.P.I., che contiene principi, strumenti, modalità operative, in particolare sul target famiglie e minori, ma anche sulla violenza di genere. Il tema del trauma è sottofondo di tutte le linee di indirizzo. Negli ultimi anni, anche grazie alle linee di indirizzo, è cresciuta nei servizi una cultura sul tema del trauma e il raccordo con i servizi sanitari ed educativi, e si cerca di lavorare in una logica integrata. Tra servizi pubblici e strutture specializzate si è sviluppato un dialogo che ha portato sicuramente a una crescita di sensibilità reciproca.</p> <p>Il Comune di Bologna ha un ufficio che è dedicato al tema della cura del personale dal punto di vista della salute del benessere. Il servizio sociale ha percorsi specifici che riguardano in particolare la supervisione del personale, con il PNRR la supervisione sarà obbligatoria per tutti i servizi che fanno presa in carico dei cittadini. Nel PNRR supervisione, oltre la supervisione dei gruppi, è prevista la supervisione individuale. I servizi del Comune di Bologna hanno poi fatto dei percorsi con la Polizia Locale sulle cure e le attenzioni legate alla logistica degli uffici, alla modalità di svolgimento dei colloqui, mentre con uno psicologo legate alla modalità di ascolto di situazioni particolarmente delicate, complesse, a come prevenire o trattare situazioni molto dolorose o escalation conflittuali con gli utenti, e con lui c'è un canale aperto anche per i singoli operatori che si sono sentiti molto invasi dalle problematiche lavorative. Si cura poi l'equipe, luoghi di confronto reale, scambio, in cui i responsabili coordinatori svolgono una funzione di cura tecnica del gruppo, delle persone.</p> <p>Il servizio sociale del Comune di Bologna svolge una formazione giuridica e giuridico sociale una volta al mese sui temi della violenza di genere, dell'applicazione della norma del codice rosso e sulle procedure, sulla cura della segnalazione, su tutto il percorso che poi</p> |
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|   | segue dopo l'iniziale emersione del fenomeno. Questa formazione la svolge il consulente giuridico e Gina Simoni in quanto referente di queste tematiche. C'è dunque un sottofondo costante di formazione anche per i nuovi operatori che entrano nei servizi. Ci sono poi percorsi formativi svolti da operatori del servizio sociale presso altri servizi su questi temi.   |
| <b>Coinvolgimento delle sopravvissute</b> | Gina Simoni esprime la frustrazione relativa ai percorsi che si concludono con un rientro al domicilio da parte della donna o la negazione nell'ambito dei procedimenti della denuncia iniziale. La scommessa di tutti i servizi è garantire quel senso di tenuta e di cura che rassicuri la donna.  |
| <b>Collaborazione intersettoriale</b>     | <p>Ci sono più livelli di collaborazione tra i servizi pubblici e tutto il sistema di accoglienza, consulenza giuridico psicologica sulla violenza di genere. Questo raccordo avviene sia a livello comunale che a livello metropolitano, ci sono diverse sedi di confronto. Esiste un tavolo tecnico metropolitano che dialoga relativamente a tutti gli aspetti di intreccio tecnico, quindi tutti i raccordi operativi, e ha prodotto il protocollo metropolitano sull'accoglienza in senso ampio. In questo tavolo metropolitano siedono gli enti locali e tutte le strutture della violenza autorizzate dalla Regione con questa definizione. L'altro tavolo invece è comunale, è un tavolo che vede la partecipazione dell'ente locale, della Polizia Locale, dell'Azienda USL, di ASP città di Bologna, dei servizi sociali, del Tribunale per i Minori, la Procura per i Minori, la Procura Ordinaria, il Tribunale Ordinario. È un tavolo che si occupa della qualificazione della risposta del sistema complessivo sulle tematiche della violenza di genere, si parla di tutte le procedure, del ruolo di ogni attore, della formazione degli stessi relativamente a questi temi. Questo tavolo ha prodotto a sua volta un protocollo.</p> <p>Il tavolo si sono prefissi più volte di fare delle formazioni integrate. In questo momento non c'è niente di attivo ed è uno dei temi e degli obiettivi dei prossimi tavoli, perché la pandemia ha contribuito a gestire le attività in emergenza che è ora da stabilizzare.</p> |
| <b>Aspetti finanziari</b>                 | Non se ne è parlato per mancanza di tempo.   |
| <b>Monitoraggio e Garanzia di qualità</b> | Non se ne è parlato per mancanza di tempo.   |

Grazia Nart

Giudice presso l'Ufficio G.I.P. / G.U.P. del Tribunale di Bologna

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| <b>Policy</b> | <p>Le norme di recente introdotte mirano a tutelare la vittima (parte offesa), tanto più se minore. Vengono adottati tutta una serie di accorgimenti per sentire il minore, ma anche la vittima maggiorenne. Vi sono corsie preferenziali per questi processi, per cui c'è priorità nella fissazione dei processi. Rispetto al trauma non si parla, mentre c'è attenzione alla risocializzazione, correzione del comportamento dell'uomo: da un anno e mezzo/due è stata introdotta la norma per cui se un soggetto vuole aderire alla pena sospesa (con condanne inferiori a 2 anni) deve fare un percorso per gli uomini maltrattanti. L'attenzione è rivolta alle donne, ma il giudice che è superpartes deve tutelare anche l'imputato. Rispetto alla persona offesa adulta si fanno le domande che possono farsi per una persona adulta senza particolari attenzioni. Diverso per i minori, lì c'è aiuto psicologo e soprattutto coi più piccoli, lo psicologo dell'età evolutiva fa lui le</p> |
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|   | <p>domande. Questo approccio non esiste per la donna vittima di violenza, le tutele sono di tipo legislativo, pratico.</p> <p>Incidente probatorio: mentre con minori si fa sempre, con maggiorenni non sempre. Casi di incidente probatorio (audizione parte offesa anticipata rispetto al processo, con modalità del processo) lo deve chiedere il Pubblico Ministero e i casi sono stabiliti da legge, non è generico. Lo si fa per casi molto gravi, nell'ordinario no. Forma tassativa e non frequentissima, diverso è per il minore. Non ci sono protocolli specifici adottati per donne vittime di violenza ma è sempre su impulso del Pubblico Ministero, in questi casi stabiliti da legge. Con minore è obbligatorio senza discrezionalità del giudice nell'accogliere o meno, mentre per adulti il giudice potrebbe negare.</p> <p>L'approccio trauma orientato non è conosciuto e non esiste in Tribunale un piano specifico per la salute e il benessere del personale. La supervisione avviene solo in caso di Appello o Cassazione. Per Grazia Nart supervisione e supporto all'operatore non sono auspicabili perché significherebbero che la persona non è più idonea a giudicare. La figura del giudice deve essere asettica, senza scompensi.</p> <p>L'approccio trauma-orientato è sconosciuto nel mondo della giustizia. Si usano riguardi per la persona offesa, ma particolari approcci no. Formazione continua sul trauma no, ma si fanno quelle del Consiglio Supremo della Magistratura sui reati di genere. Sono formazioni di vario tipo ma sempre di tipo giuridico (norma, sua evoluzione), non che riguardino l'approccio parte offesa.</p> <p>Le linee guida non sono strumenti del giudice, ma se ci fossero potrebbero essere prese in considerazione e quantomeno conosciute.</p> |
| <b>Coinvolgimento delle sopravvissute</b> | Non è una parte che la riguarda in quanto giudice per le indagini e le udienze preliminari.  |
| <b>Collaborazione intersettoriale</b>     | L'ufficio G.I.P./G.U.P. collabora con l'ufficio Procura e le Forze dell'Ordine, chi svolge indagini e poi partecipa ai tavoli in Comune dove ci sono i centri antiviolenza, il Comune, tutte le forze di polizia, giudici e pubblici ministeri. Grazia Nart è un po' perplessa rispetto a questi tavoli perché non ritiene consono il suo coinvolgimento rispetto al ruolo terzo che ha in quanto giudice, sostiene che i tavoli dovrebbero essere più tecnici.  |
| <b>Aspetti finanziari</b>                 | Il Tribunale non prevede un piano economico autonomo e a parer suo non esistono finanziamenti per la formazione specifica sull'approccio trauma-orientato.   |
| <b>Monitoraggio e Garanzia di qualità</b> | Il Tribunale non prevede monitoraggio e controllo della qualità.   |

Lucia Russo

Procuratrice aggiunta presso il Tribunale di Bologna

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| <b>Policy</b> | Il rischio di vittimizzazione secondaria nella trattazione del reato di violenza di genere è oggetto di diffusa consapevolezza nelle strutture giudiziarie, quindi il Consiglio Superiore della Magistratura ha dedicato su questi temi una serie di risoluzioni e ingiunzioni. La vittimizzazione secondaria è un rischio molto presente nella trattazione di questi reati, può dipendere da inadeguatezza in ascolto vittima, nella fase di audizione processuale investigativa, nella fase di presentazione della denuncia/querela, può dipendere da disinteresse delle istituzioni verso bisogni di tutela della vittima. C'è vittimizzazione secondaria anche in |
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dinamiche civilistiche: frequente disconoscimento violenza genere, affidamento minori, separazione/divorzio. E poi stereotipi giudiziari, determinazioni giudiziarie che costituiscono esito di pregiudizio culturale. Pare che la situazione nel tempo sia cambiata e sta cambiando, anche solo rispetto a 10 anni fa. C'è una diffusa creazione di aree di specializzazione, soprattutto in uffici inquirenti. Ad oggi il 90% delle Procure della Repubblica ha aree di specializzazione che si occupano di questi reati ed è importante come elemento incentivante rispetto a formazione e confronto operatori. Ci sono state sicuramente molte iniziative formative della Scuola superiore della magistratura: ogni anno corsi a partecipazione volontaria, a disposizione molti strumenti per cercare di formarsi. Poi tante indicazioni del Consiglio superiore magistratura: ad esempio, nella risoluzione del maggio 2018 il CSM indica cosa deve essere fatto a livello giudiziario nella trattazione di questi reati, parla di necessità di approcciarsi alla vittima per evitare qualunque forma di vittimizzazione secondaria, affronta il tema della valutazione del rischio, della necessaria collaborazione con altri enti e associazioni che stanno sul territorio e che devono costituire reti di protezione a vantaggio vittime. Il tema dell'ascolto della vittima è affrontato diffusamente, necessità ascolto empatico e non giudicante, creare ambienti rassicuranti per vittime, necessità evitare situazioni che accrescono senso disagio vittima.

Non si parla di approccio trauma orientato ma si cerca nella dinamica operativa di evitare in tutti i modi effetti di ulteriore traumatizzazione come conseguenza dell'inadeguatezza del processo.

Non esiste un'attenzione specifica alla salute e al benessere del personale. È importante sia per la salute dell'operatore giudiziario e di polizia, sia per la vittima del reato che si rapporta con loro.

Un'attenzione specifica non esiste, esistono norme di carattere generale che riguardano la salute del lavoratore ma senza una specifica attenzione alla questione della traumatizzazione, a meno che non sia propria malattia diagnosticata per cui il lavoratore potrà fruire delle tutele previste dalla legge. Non è prevista supervisione/supporto psicologico.

La Scuola Superiore della Magistratura ogni anno organizza diversi eventi in cui il tema viene sviscerato attraverso teoria con la partecipazione di professionalità diverse (esperti in altre discipline, medicina legale, psicologi, non solo magistrati). Poi c'è una formazione di tipo specialistico locale verso le Forze di Polizia, su sollecitazione del Consiglio Superiore della Magistratura. Il tema della formazione non è perfettamente adempiuto in ogni sua parte, sempre necessità continuo aggiornamento e formazione, ma rispetto 10 anni fa tema affrontato in modo completamente diverso: 10 anni fa eventi rari e espressioni di sensibilità individuali, ora situazione è diversa, anche da parte delle strutture apicali delle Forze di Polizia c'è una continua iniziativa verso iniziative formative e/o linee guida anche da loro predisposte. Formazione specifica sul trauma no, ma nelle formazioni possono esserci relazioni di professionisti che si occupano del trauma e della vittimizzazione secondaria.

I punti di riferimento sono normativi, per quanto riguarda l'approccio alla vittima ci sono 2 strumenti sovranazionali: Convenzione Istanbul (e conseguente decreto femminicidio 2013) e Direttiva vittima 2012 (europea), che contiene informazioni di grandissima importanza per approccio vittima. Un vademecum emanato nel 2019 gli dà indicazioni su ciò da fare o no in sede investigativa. Il loro punto di riferimento sono le norme primarie o secondarie nazionali o sovranazionali adottate e tutto ciò che contribuisce ad arricchire patrimonio conoscitivo del Magistrato o delle Forze di Polizia.

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| <b>Coinvolgimento delle sopravvissute</b> | <p>Da un punto di vista teorico, il fatto di consegnare alla vittima gli avvisi che consentono di vedere le sequenze processuali rappresenta una forma di coinvolgimento della vittima rispetto ad un percorso assolutamente oscuro. Alle vittime a Bologna vengono consegnati avvisi che prevedono prerogative processuali e gli elenchi dei centri antiviolenza. Quando parliamo di ascolto empatico e non giudicante della vittima, chi indaga deve cercare di evitare azioni inadeguate verso vittime, dall'altro lato deve comportarsi secondo il codice di procedura penale che prevede valutazione oggettiva dei fatti tenendo conto della specificità dei reati di cui si occupa.</p>   |
| <b>Collaborazione intersettoriale</b>     | <p>Collaborazione con altre realtà c'è. Sono stati stipulati protocolli istituzionali che hanno dato luogo a formazione di tavoli di confronto tra associazioni e istituzioni sul territorio: autorità giudiziaria, forze di polizia, centri antiviolenza, servizi sociali, ecc. Attività di confronto tra chi sta sul territorio è presente, applicata, ci si incontra 2 volte all'anno in seduta plenaria, ci si confronta su problemi riscontrati in vari contesti. Poi capita di avere interlocuzione a base più ristretta con singole realtà (servizi sociali o procura minori) per ragionare insieme su problema di interesse comune, riguardo alla gestione di un singolo procedimento.</p> <p>Parole chiave formazione e confronto: formazione continua ha fatto sì che nel corso degli ultimi anni le cose sono cambiate perché alcune norme messe in moto meccanismi che hanno portato al miglioramento della qualità della risposta investigativa e giudiziaria. Incentivare e promuovere attività formativa verso tutti operatori (giudiziari, polizia, scuola, sanità, socioassistenziali). Altro momento importante è il confronto, almeno 2 volte all'anno in sede plenaria nel tavolo di sottoscrittori del protocollo, per affrontare criticità manifestate in singole situazioni e riflettere su come mettere in campo soluzioni volte al miglioramento delle situazioni.</p> |
| <b>Aspetti finanziari</b>                 | <p>Strutture centrali stato prevedono partecipazione gratuita a percorsi formativi. Come singole Procure della Repubblica non c'è autonomia finanziaria che possa essere usata per attività formative.</p>  |
| <b>Monitoraggio e Garanzia di qualità</b> | <p>L'esito del lavoro lo si vede dai riscontri processuali. Che comunque non sono riscontro di buona qualità per quanto riguarda l'aspetto della tutela della vittima da traumatizzazione secondaria. Verifica sulla qualità la si fa attraverso confronto interno all'area di specializzazione violenza di genere e reati su minori, ci si confronta su situazioni che hanno avuto risposte inattese (es. misure cautelari non accolte), poi confronto nel tavolo dei sottoscrittori, utile soprattutto se presentate le criticità.</p>  |

Lucia Zanzani  
 Responsabile Casa Rifugio "Casa Phoebe" – Bologna

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| <b>Policy</b> | <p>Casa Phoebe nasce come struttura trauma orientata, il lavoro con le nostre ospiti è focalizzato su approccio trauma-orientato. Valutiamo approccio trauma orientato fin dall'inserimento in cui si discute, all'interno di un'equipe di valutazione formata sul trauma, dell'adesione della persona o del nucleo al progetto. Si fa psico-educazione, un lavoro sui vissuti traumatici su un piano pratico attraverso molti colloqui psicoeducativi. Si lavora sul riconoscere che c'è continuità rispetto vita quotidiana e circostanze del passato che influenzano il modo di stare al mondo. Serve riconoscere questa</p> |
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|  | <p>continuità, lavorarci, gestirla. Si compilano schede di osservazione strutturate.</p> <p>Le operatrici di Casa Phoebe fanno 2 supervisioni al mese: una è trauma orientata con Vittoria Ardino sui casi. Lei le spinge a lavorare sulla consapevolezza con le donne, cioè esporre le riflessioni, non riportarle solo in equipe ma condividere quel che si può con le ospiti, renderle consapevoli, parlare, evitare tabù e di essere vaghe, andare al cuore di certe questioni e certi vissuti. L'altra supervisione è un monitoraggio più operativo sui vissuti di difficoltà dell'equipe: come si sta, quali casi con cui si fa più fatica, con chi si lavora meglio, con chi non si riesce a lavorare. C'è la possibilità di avere anche un supporto psicologico individuale se necessario. La referente, poi, è molto disponibile a momenti di confronto e supporto.</p> <p>Casa Phoebe apre nel 2020 e ad apertura viene fatta una formazione di 40 ore a tutta l'equipe sull'approccio trauma-orientato. Poi l'equipe cambia e vengono fatte formazioni più brevi successive per supportare i nuovi entrati. Poi sono state formate le psicoterapeute perché l'approccio trauma-orientato non riguarda una scuola di formazione psicologica, ma è formazione specifica che va integrata. Formazione anche ai servizi, ai responsabili delle assistenti sociali, per fornire anche metodologia di invio attenta al trauma. Tutte queste formazioni in momenti diversi, perché sono specifiche per ciascuno. La supervisione è anche un po' formazione. Ci sono supervisioni in cui si parla più di casi, altre in cui si ascolta di più, si guardano i materiali teorici, si modificano. L'approccio è in scoperta e Casa Phoebe collabora a renderlo il più funzionale possibile.</p> <p>La metodologia funge da linea guida, ma più info si hanno e meglio è. Dipende però anche dall'utente che si presenta, ci sono donne che sono fiume in piena altre che parlano a monosillabe. Le linee guida sono utili ma a volte c'è limite, dipende da come le si usa: se in modo troppo ampio è confusivo, se in modo troppo specifico è limitante.</p> |
| <p><b>Coinvolgimento delle sopravvissute</b></p> | <p>A Casa Phoebe si coinvolgono le donne nelle attività della casa per renderle attive, dare loro un senso di efficacia, di utilità, di routine, di riempimento. Si lavora per dare loro un ruolo di sapere e rinforzarle nel riconoscere i punti di forza. Tutto il percorso si basa comunque sulla volontà della donna, la stessa permanenza in casa rifugio non è obbligatoria. Può essere valutato altro luogo di protezione/tutela. Fondamentale per relazione di fiducia che la donna si implichi, se no il percorso si sgretola.</p> <p>Le relazioni a volte sono anche conflittuali, dipende da casi, a livello generale relazioni di fiducia positive. Essendo una scelta della donna quella di essere lì, non vive la presenza delle operatrici come costrizione. Oltre a supportarle le operatrici devono anche separarsi e renderle autonome, non ricreare un rapporto di dipendenza perché le donne devono allenarsi a indipendenza e emancipazione. Le aspettative ci sono sempre, ma si definiscono ruoli sin da subito. Le persone vittime di violenza tendono alla dipendenza, ad affidare all'altro il sapere e mettersi in posizione di sottomissione.</p>   |
| <p><b>Collaborazione intersettoriale</b></p>     | <p>Col tempo le operatrici hanno capito con chi lavorano meglio e hanno perciò attivato collaborazioni più strette e quotidiane.</p> <p>Casa Phoebe nel 2022 è entrata nell'accordo metropolitano, accordo di finanziamenti della città metropolitana, per cui ha cominciato a confrontarsi e collaborare con altre strutture dell'antiviolenza. Casa Phoebe fa poi parte del tavolo dell'accordo metropolitano che promuove anche formazioni sul tema della violenza di genere a cui le operatrici hanno partecipato.</p>  |

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| <b>Aspetti finanziari</b>                 | L'Associazione Mondo Donna prevede una formazione continua per le operatrici di Casa Phoebe. In più, la struttura riceve fondi dalla Città Metropolitana per il sostegno e il mantenimento della casa rifugio. |
| <b>Monitoraggio e Garanzia di qualità</b> | Monitoraggio e controllo della qualità vengono fatti durante la supervisione quando si condividono punti di vista sui casi. Momenti di equipe e supervisione sono monitoraggio delle cose che si fanno.        |

**Maria Chiara Briani**

Presidente Ordine Assistenti Sociali E-R.

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| <b>Policy</b>                             | <p>L'Ordine non segue direttamente le situazioni di trauma, gestisce le politiche e la promozione della professione. Negli ultimi anni, dall'entrata in vigore del Codice Rosso, c'è più sensibilità su questi temi, per cui si è resa necessaria una maggiore formazione per assistenti sociali. L'approccio trauma-orientato è poco conosciuto, ma la violenza di genere interessa sempre più tutte le aree del servizio sociale (minori, anziani, ecc.). Gli atteggiamenti dell'approccio sono tipici della professione, l'attenzione è dunque alta rispetto ai rischi di vittimizzazione secondaria.</p> <p>Non sembrano esserci politiche specifiche per la salute e il benessere del personale ma c'è comunque un'attenzione rispetto ad eventuali difficoltà dei singoli operatori: nell'assegnazione, nella gestione delle situazioni, se un operatore è in difficoltà si tende ad assegnare il caso a qualcun altro.</p> <p>C'è formazione continua nei singoli servizi e per l'Ordine rispetto alla violenza di genere, ma non sul trauma. Ogni anno si affrontano degli aspetti diversi legati alla tematica. L'Ordine garantisce un inquadramento generale mentre di metodologia e prassi operative territoriali si occupano i singoli servizi.</p> <p>Una linea guida sarebbe fondamentale, con tutti i limiti di una linea guida se è rigida, però interpretata come uno strumento flessibile diventa fondamentale perché si tratta di momenti in cui al di là dell'esperienza dell'operatore ci si può trovare in una situazione di impasse emotiva, perché sono situazioni veramente provanti in cui in poco tempo bisogna prendere delle decisioni importanti e saper supportare la donna in una maniera adeguata, consapevoli che lì si gioca la riuscita di molto di quello che viene dopo. Come ci si approccia nel primo momento fa la differenza di come una donna si sente sostenuta, supportata, e vede possibile un'uscita da questa situazione.</p> |
| <b>Coinvolgimento delle sopravvissute</b> | <p>Fondamentale il coinvolgimento della persona: nella misura in cui si è un professionista formato adeguatamente, questo coinvolgimento lo si opera di default perché fa parte del proprio modo di lavorare, del proprio dovere professionale. Un atteggiamento di questo tipo è regolato dal codice deontologico delle assistenti sociali. Il codice deontologico detta quello che deve essere il comportamento adeguato, a maggior ragione nelle situazioni di fragilità in cui la persona non è perfettamente in grado di capire tutto, di orientarsi immediatamente, per cui c'è bisogno di un accompagnamento, spiegare e rispiegare e sostenere, a volte anche guidare senza però mai sostituirsi all'altro, sempre nella chiarezza di quello che si sta facendo e dove potenzialmente si sta andando.</p> <p>L'assistente sociale deve essere in grado di stare accanto e di avere empatia, cioè saper comprendere quello che vive quella persona in</p>  |

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|   | <p>quel momento senza entrare in una dimensione di amicizia o di parità. Il professionista ha in mano la chiarezza, la lucidità di dove siamo, dove dobbiamo andare, cosa possiamo fare, cosa non possiamo fare e come è bene guidare la persona anche in relazione con tutti gli altri referenti e con le risorse del territorio. Rimane colui che dà alla persona gli elementi per prendere le sue decisioni.</p>   |
| <b>Collaborazione intersettoriale</b>     | <p>Gli interlocutori dei servizi sociali sono il terzo settore, il Centro di Salute Mentale, il servizio tossicodipendenza, la Polizia Locale, i Carabinieri, tutte le interfacce istituzionali. C'è una collaborazione continua.</p> <p>Formazioni intersettoriali ce n'è, è chiaro che è uno di quei settori in cui l'interdisciplinarietà è un elemento vincente. Una formazione era stata fatta insieme ai Carabinieri, alla Polizia Locale oltre che alle operatrici di casa delle donne. A Bologna è stato fatto un protocollo operativo che vedeva il coinvolgimento di tutte queste figure che erano presenti alla formazione. Un'altra formazione era rivolta ad assistenti sociali e psicologi, prevedeva relazioni anche dei personaggi del Tribunale.</p> |
| <b>Aspetti finanziari</b>                 | <p>Né nei servizi né nell'Ordine è previsto un piano economico su questa formazione specifica sul trauma, anche se l'Ordine ha proprio una programmazione economica dedicata all'offerta formativa anche in tema di violenza di genere.</p>   |
| <b>Monitoraggio e Garanzia di qualità</b> | <p>Non ci sono indicatori della qualità di quello che si fa, perché si fa fatica ad andare a misurare la qualità di un intervento che è molto poco quantificabile, essendo legato a una moltitudine di variabili per cui si fa fatica a capire di un intervento qual è l'effetto che dipende dal professionista, quanto dall'altra persona e quanto dal contesto.</p>   |

## Marinella Lenzi

Responsabile Ambulatorio Urgenze Violenze sessuali" dell'ospedale Maggiore di Bologna

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| <b>Policy</b> | <p>Da 15 anni l'ospedale Maggiore ha sviluppato un protocollo di accertamenti e visite finalizzato alla presa in carico di donne vittime di violenza sessuale in acuto (72 ore). Nel 2005 si è iniziato il percorso, trasformato in procedura condivisa con ospedale Sant'Orsola e altre aziende ospedaliere dal 2007 ed è tuttora in corso. Il contesto lavorativo rispetto a questa tematica è l'attività Pronto Soccorso e il percorso di assistenza alla nascita. La formazione agli operatori permette poi di intercettare anche situazioni non in acuto. Rispetto a 10 anni fa adesso c'è più attenzione a capire che anche situazioni non esplicite/acute possono evidenziare sotto situazioni di violenza e trauma. C'è più sensibilità rispetto passato, ma tutto più complicato dal fatto che non è semplice mantenere alta attenzione, preparazione e sensibilizzazione su queste cose.</p> <p>Non si parla mai di approccio trauma-orientato.</p> <p>Il supporto psicologico al personale non è strutturato e non è garantito, ci si trova spesso soluzioni personali e non istituzionali. Ci si confronta spesso tra colleghi e questo è di grande aiuto, anche se è una pratica non strutturata. Se qualcuno vive situazioni traumatiche che gli impediscono di svolgere il lavoro, c'è la possibilità di attivare una richiesta di supporto psicologico ma spesso ci si cerca soluzioni personali o si chiede di andare via. Uno dei motivi del turnover è anche questo.</p> <p>Nel curriculum di studio di tutte le professioni sanitarie, forse qualcosa si dice della violenza ma non è qualcosa di strutturato. Una delle</p> |
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|   | <p>problematiche principali se si è coinvolti in situazioni di gestione della violenza è trovare giusto tasto relazionale. Modalità relazionali sono molto difficili. La difficoltà è trovare il giusto livello comunicazione ed empatia, che non è né commiserazione né giudizio. In azienda non si è mai parlato di approccio trauma orientato. Le formazioni sono continue relative alla violenza genere e alla violenza sessuale e vengono affrontati molto gli aspetti medico legali che mettono molta ansia ai professionisti.</p>   |
| <b>Coinvolgimento delle sopravvissute</b> | <p>Quello che si fa in ospedale presuppone la che donna accetti di farlo. Tutti gli step presuppongono consenso (visita, esami, documentazione fotografica). Viene spiegato alla donna che ha possibilità di denunciare e viene data l'informazione che si può rivolgere al centro antiviolenza.</p>   |
| <b>Collaborazione intersettoriale</b>     | <p>C'è collaborazione con psicologi esterni perché non c'è uno psicologo nell'unità operativa dell'ospedale, ma non si tratta di professionisti specializzati in materia (presenti soprattutto nei centri antiviolenza). Altre collaborazioni ci sono: Forze dell'Ordine, assistenti sociali, ecc.</p>   |
| <b>Aspetti finanziari</b>                 | <p>Tutti gli anni si programmano progetti formativi, alcuni prevedono finanziamenti modestissimi, molti sono a costo zero (internamente, es. medico legale). Ci sono poche migliaia di euro per la formazione ogni anno. La formazione è interna con anche apporti esterni e prevede ampi spazi di confronto piuttosto che relazioni frontali.</p> <p>Le ultime formazioni erano interprofessionali ma comunque interne (medici e ostetriche, professioni sanitarie). In passato sono state fatte anche formazioni condivise con altre professionalità, es. Forze dell'Ordine e servizi sociali. Si costruiscono ad esempio percorsi a livello regionale, poi le procedure si costruiscono internamente ad ogni servizio e unità operativa. Non si tratta comunque di formazioni trauma-orientate.</p> |
| <b>Monitoraggio e Garanzia di qualità</b> | <p>Il monitoraggio è grezzo: quanti casi si affrontano in un anno. Tutti i dati relativi a questi interventi sono messi su un programma informatico. Un esempio di controllo di qualità: da quando è stata introdotta l'ostetrica come figura di accompagnamento della donna nelle ore in cui sta in ospedale, il tasso di ritorni per controllo dopo 15 giorni è molto più alto. Ci si interroga su come vanno le cose ma non c'è ogni anno un report strutturato. È un problema di carenza di risorse e personale che si dedichi specificatamente a quello.</p>  |

Melissa Mercuriali  
Psicologa psicoterapeuta Ausl Romagna

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| <b>Policy</b> | <p>L'AUSL della Romagna ha avviato nel 2015 una sperimentazione di refertazione psicologica per violenza che viene allegata al referto di pronto soccorso. Non si parla di approccio trauma-orientato, se si tratta di un primo episodio si parla di stress acuto, se si tratta di un episodio che si prolunga nel tempo diventa una sintomatologia post traumatica generalmente o una reazione di adattamento. Il trauma viene definito in questo senso dentro l'anamnesi della situazione. Rispetto alla refertazione psicologica, bisogna rispettare i tempi della donna per cui si fa attenzione allo stato emotivo della persona per raccogliere le informazioni giuste nel luogo giusto. Il referto psicologico si fa solo se la donna se la sente, glielo si spiega ed è lei che sceglie se farlo e allegarlo al referto di Pronto Soccorso oppure no.</p> |
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|  | <p>L'AUSL della Romagna ha fatto una procedura aziendale che spiega come ci si comporta con la donna vittima di violenza che si presenta in Pronto Soccorso, sono tutti i passaggi.</p> <p>L'AUSL della Romagna fa al suo interno degli incontri di formazione tutti gli anni e dei gruppi di miglioramento, in cui c'è la possibilità di confrontarsi con le colleghe per casi difficili. Supervisione la si fa tra colleghe in modo informale o si costruiscono percorsi individuali di perfezionamento e formazione.</p> <p>La formazione iniziale sulla refertazione psicologica ha preso da esempio l'esperienza di Napoli della dott.ssa Reale e da lì si è raffinato lo strumento grazie ai test internazionali validati e seguendo ciò che accadeva a Napoli. All'interno dei gruppi di miglioramento si cerca di organizzare ogni anno degli incontri, con il medico legale, con l'avvocato, si fa formazione con la Questura per ripassare i reati procedibili d'ufficio e vedere quali sono le modifiche. Ogni anno si progetta la formazione sulla base delle esigenze che si sentono.</p> |
| <p><b>Coinvolgimento delle sopravvissute</b></p> | <p>Quando una donna arriva dal Pronto Soccorso le si spiega cos'è la refertazione per violenza, che le psicologhe sono pubbliche ufficiali e se lei racconta cose che sono reati procedibili d'ufficio sono obbligate a mandare la segnalazione in Procura. C'è attenzione e accoglienza se la donna non è pronta e i colloqui di refertazione vengono fatti solo quando c'è il consenso.</p> <p>La refertazione è uno strumento difficile da fare perché, sebbene psicologi psicoterapeuti siano formati a empatizzare con la persona, nel momento in cui devono refertare devono essere obiettivi perché quel documento va in Tribunale.</p>   |
| <p><b>Collaborazione intersettoriale</b></p>     | <p>Le psicologhe psicoterapeute collaborano innanzitutto con il Pronto Soccorso che è il primo accesso della donna, oppure con i medici di base che mandano la donna in Pronto Soccorso. Si interfacciano poi con il centro antiviolenza del territorio, con il medico di base, con il consultorio, con il CSM, con il servizio sociale, con la neuropsichiatria, con le Forze dell'Ordine. In Romagna si è costituita una rete che lavora bene su questo tema.</p> <p>L'Ordine degli psicologi viene spesso chiamato a fare formazione, ad esempio alle Forze dell'Ordine.</p>  |
| <p><b>Aspetti finanziari</b></p>                 | <p>Non sono previsti finanziamenti per una formazione sull'approccio trauma-orientato nello specifico, né per una formazione continua, non c'è nel budget. Tutte le formazioni sono fatte internamente.</p>  |
| <p><b>Monitoraggio e Garanzia di qualità</b></p> | <p>Dopo circa 40 giorni dalla refertazione si incontra di nuovo la donna e le si ripropongono i test fatti, le si chiede come sta e si osservano i risultati ottenuti da tutti i punti di vista, non solo psicologico. Anche nei gruppi di miglioramento ci si raccontano i casi e si fanno delle riflessioni sulle procedure che han funzionato di più o di meno. Il controllo della qualità è dunque informale, "autogestito" come dice l'intervistata.</p> <p>Esistono indicatori numerici di esito di processo, c'è un Excel, un database, in cui vengono raccolti tutti i dati anno per anno e si vede chi accetta, chi non accetta, cosa si ottiene, se c'è un allontanamento, se c'è una separazione, se ritornano insieme, ecc.</p>  |



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| <p><b>Policy</b></p>                             | <p>Per quello che riguarda professionisti, nello specifico avvocati, l'attenzione al trauma c'è poco. È difficile capire quanto l'approccio trauma orientato venga utilizzato perché ogni avvocato nel confronto col proprio assistito adotta i termini che ritiene più opportuni, è difficile una valutazione in questo senso. Da parte dell'Ordine la situazione è la stessa. L'attenzione al trauma, più che nel rapporto singolo tra professionista e assistita, sarebbe importante soprattutto in sede processuale perché la vera ri-traumatizzazione è in quel momento lì. È importante aumentare la sensibilizzazione rispetto a questo in formazione avvocati.</p> <p>La supervisione non esiste, aiuta la condivisione con colleghi e colleghe che si occupano di questi casi, ma è una cosa spontanea e non strutturata.</p> <p>La formazione sul trauma viene fatta autonomamente, non c'è un programma specifico. Sarebbero utili corsi e percorsi professionalizzanti per avvocati che si occupano di questo tema, per avere una maggiore specializzazione e competenza. E siccome chiunque si può interessare di violenza di genere, tutti dovrebbero sapere che modalità adottare verso assistiti di questo tipo. Su tema violenza genere ci sono seminari che organizzano associazioni tra cui la Fondazione Forense, ma manca qualcosa di sistemico, un corso di specializzazione.</p> <p>Una linea guida sarebbe fondamentale. Per quanto riguarda gli avvocati non esistono protocolli o vademecum.</p> |
| <p><b>Coinvolgimento delle sopravvissute</b></p> | <p>Il ruolo dell'avvocato è delicatissimo e tutto si gioca sulla relazione. L'empatia è necessaria, ma è necessario mettere anche qualche confine. Il ruolo dell'avvocato è ruolo da terzo spettatore, deve stare un passo indietro rispetto all'assistita e a quello che sta vivendo per vedere le cose con un distacco necessario.</p>   |
| <p><b>Collaborazione intersettoriale</b></p>     | <p>Alcune istituzioni, tra cui il Comune di Bologna, si sono attivate per promuovere dialogo e tavoli interistituzionali. Appuntamenti di dialogo sempre stati proposti. L'approccio trauma-orientato è a macchia di leopardo.</p>   |
| <p><b>Aspetti finanziari</b></p>                 | <p>È lavoratrice autonoma.</p>   |
| <p><b>Monitoraggio e Garanzia di qualità</b></p> | <p>La sua tipologia di professione non è sottoposta a controlli rispetto al proprio operato.</p>   |

**Simona Lembi**

Responsabile del Piano Uguaglianza della Città Metropolitana di Bologna

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| <p><b>Policy</b></p> | <p>Il Piano per l'Uguaglianza è una nuova misura che trae origine da una normativa europea e di cui la città metropolitana ne ha fatto una vera e propria politica, un nuovo modo di intendere le politiche delle pari opportunità, capace di permeare tutte le aree di lavoro della pubblica amministrazione. Il piano si compone di 5 aree, tra cui il contrasto alla violenza di genere. In questo ambito tutte le azioni sono volte ad agire sulla prevenzione, protezione, autonomia delle donne.</p> <p>Mai sentito parlare di trauma orientato.</p> <p>La Città Metropolitana approva un PIAO, piano integrato delle attività e dell'organizzazione, e un PAP, piano delle azioni positive, per promuovere salute e benessere personale. Gli interlocutori sono</p> |
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|   | <p>Comuni e enti locali. Sono strumenti orientati sul benessere e sull'empowerment.<br/>Non c'è formazione sull'approccio trauma-orientato.</p>   |
| <b>Coinvolgimento delle sopravvissute</b> | <p>Città Metropolitana lavora sul piano dell'accordo e sulla rete, non fa azioni sporadiche ma diffuse e condivise con il più ampio territorio. Non lavora direttamente con donne vittime di violenza.</p>  |
| <b>Collaborazione intersettoriale</b>     | <p>La Città Metropolitana coordina tavoli tematici politici e tecnici con tutti i soggetti pubblici e privati del territorio, volti a contrastare il fenomeno della violenza di genere e dal 2015 ha sottoscritto l'"accordo di ambito metropolitano" per la realizzazione di attività e interventi di ascolto, accoglienza e ospitalità per donne che hanno subito violenza. Partecipano enti locali, associazioni ed è un accordo che sostiene un sistema di accoglienza e ospitalità per donne maltrattate che hanno subito violenza. L'accordo e il piano hanno individuato collaborazioni con la rete dei servizi a supporto di chi subisce violenza.</p> <p>La formazione intersettoriale c'è, ma non proprio sul trauma.</p> |
| <b>Aspetti finanziari</b>                 | <p>L'intervistata non è in grado di rispondere a queste domande.</p>  |
| <b>Monitoraggio e Garanzia di qualità</b> | <p>L'accordo metropolitano prevede il monitoraggio dei dati raccolti da associazioni e servizi: quante sono le donne, quanto rimangono, di quale provenienza. L'analisi è anche qualitativa, si chiede ai centri e ai servizi cosa funziona e cosa no. Indicatori ancora non ci sono, sono previsti nel Piano per l'Uguaglianza quindi certamente da adottare.</p>  |



### **101056671/Care4Trauma/JUST-2021-JACC**

Project co-funded by the European Union's Justice Programme (JUST).

This publication was produced with the financial support of the European Union.

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# CARE4TRAUMA

SOOPÕHISE VÄGIVALLA OHVRITE TUGITEENUSTE JA ÕIGUSKAITSE  
KÄTTESAADAVUSE PARANDAMINE TRAUMATEADLIKU LÄHENEMISE KAUDU

## Hetkeolukorra aruanne Eesti



Naiste tugi- ja teabekeskus  
Vägivallast on väljapääs!



SISST



autonomna  
ženska kuća  
zagreb



## **Care4Trauma**

Soolise vägivalda ohvrite tugiteenuste ja õiguskaitse  
kättesaadavuse parandamine traumateadliku  
lähenemise kaudu

## **Hetkeolukorra aruanne – Eesti**

Märts 2023

## Care4Trauma

Soolise vägivalla ohvrite tugiteenuste ja õiguskaitse kättesaadavuse parandamine traumateadliku lähenemise kaudu

Projekti nr: 101056671

## 2. TÖÖPAKETT

Hetkeolukorra aruanne – Eesti

Autorid: Mari Puniste ja Triin Taal (Naiste Tugi- ja Teabekeskus, NTKK)



**Naiste tugi- ja teabekeskus**

*Vägivallast on väljapääs!*



*Selle väljaande sisu eest vastutavad ainuisikuliselt projekti „Care4Trauma“ partnerid ning see ei pruugi kajastada Euroopa Liidu arvamust. Euroopa Liidu institutsioonid ega organid ega ükski nende nimel tegutsev isik ei vastuta käesolevas väljaandes esitatud teabe kasutamise eest.*

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## Sissejuhatus

Care4Trauma (Soopõhise vägivalda ohvrite tugiteenuste ja õiguskaitsese kättesaadavuse parandamine traumateadliku lähenemise kaudu) on ELi kaasrahastatud projekt, mille eesmärk on parandada soolise vägivalda ohvrite juurdepääsu õigusemõistmisele, arendades ohvritele pakutavaid teenuseid. Projekti esimeses etapis kaardistavad partnerid viiest riigist (Horvaatia, Eesti, Kreeka, Itaalia ja Hispaania) traumateadlike lähemiste rakendamise hetkeolukorra oma riigis.

Esmalt koostati riigipõhine aruanne, mis käsitles soolise vägivalda levikut Eestis, kuidas on tagatud ellujääjate ligipääs õiguskaitsesele ja milliste takistustega nad kokku puutuvad. Samuti sisaldas see riiklike, piirkondlike ja kohalike õigusaktide, poliitikate, suuniste ja ohvriuuringu analüüsi seoses traumateadlike lähenemiste käsitlemisega. Eesti õigus- ja sotsiaalsüsteemis ei ole põhimõttelisi probleeme seoses õiguskaitsese või traumateadliku praktikaga. Kokkuvõttes võib öelda, et mitmed puudused esinevad peamiselt rakendamise tasandil. Teatud põhimõtteid tuleks tunnustada ja seada prioriteediks kõrgematel tasanditel. Näiteks tuleks tunnustada soolist vägivalda kui spetsiifilist vägivaldaliiki, aga ka juurutama arusaama, et aja jooksul suureneb vajadus mõista eri kultuuridest pärit inimesi, nende traditsioone ja kultuurilisi väärtusi ka õiguskaitsesüsteemis.

Et paremini mõista, kuidas spetsialistid hindavad traumateadlike lähenemisviiside kasutamist ja rakendamist oma töökohal, töötas Care4Trauma konsortsium SISST (The Italian Society of Traumatic Stress Studies) eestvedamisel välja küsitluse ja intervjuuküsimused sotsiaal- ja tervishoiu- ning õigussfääri spetsialistidele.

Käesolev aruanne võtab kokku Eesti valdkonna spetsialistidega läbiviidud uuringu ja intervjuude tulemused. Aruande metoodika on kättesaadav käesoleva dokumendi lõpus.

## 1. Online-uuring

Care4Trauma partnerid töötasid välja veebipõhise uuringu, mis oli suunatud sotsiaal-, tervishoiu- ja õigusvaldkonna spetsialistidele ning sisaldas 19 küsimust 39 muutujaga. Sõltuvalt vastaja taustast jagunes küsitlus kaheks. Veebiküsitlus loodi 1KA platvormil inglise keeles ja kõigis projektipartnerite keeltes.

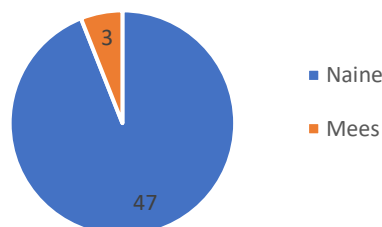
Otselink eestikeelsele küsitlusele jagati kõigile asjaomastele sidusrühmadele e-posti ja sotsiaalmeedia kaudu. Sihtorganisatsioonide hulgas olid kohalike omavalitsuste sotsiaalosakonnad, ohvriabiüksused, naiste tugikeskused, Eesti Sotsiaaltöö Assotsiatsioon, Eesti Psühholoogide Liit, Eesti Psühhoanalüütiline Selts, Eesti kohtud, Prokuratuur ja Eesti Advokatuur. Küsitluse täitmisega alustas sada kolmkümmend (130) inimest. Kahjuks jättis 43% vastanutest küsitluse pooleli ja 74 spetsialisti vastas kõikidele küsimustele. Üheks põhjuseks võib olla see, et küsitluse esimest osa – demograafilised andmed – peeti liiga spetsiifiliseks. Arvestades Eesti väiksust, kadus kõigi nõutud andmete täitmisega vastajate anonüümsus.

## 1.1 Sotsiaal- ja tervishoiuvaldkonna esindajate küsitluse tulemused

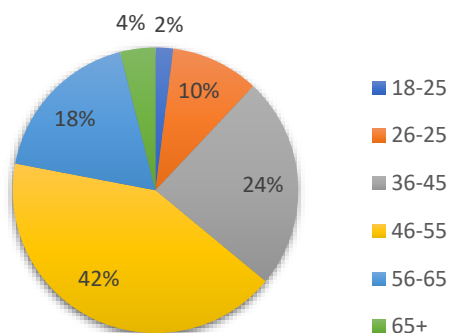
Kokku täitis küsitluse 50 spetsialisti erinevatest sotsiaalosakondadest. Vastanutest 94% (47) olid naised ja 6% (3) mehed.

Vastajad esindasid kõiki vanuserühmi. Enamik vastanutest (42%) kuulus vanusegruppi 46-55, järgnesid 36-45-aastased (24%) ja 56-65-aastased (18%). Kaks inimest olid üle 65-aastased ja 1 inimene kuulus vanuserühma 18-25.

Sugu - sotsiaal- ja tervishoiuvaldkond



Vastajate vanus - sotsiaal- ja tervishoiuvaldkond



99% (49 vastajat) omab kõrgharidust (bakalaureuse-, magistri- või doktorikraad) ja ühel (1) inimesel on keskharidus.

Geograafiliselt jaguneb Eesti neljaks: põhja-, lõuna-, ida- ja läänepiirkond. Kõik piirkonnad olid esindatud. Enamik vastanutest töötab Põhja-Eestis (48%, n=24), järgnesid Lääne-Eesti (18%, n=9), Lõuna-Eesti (8%, n=4) ja Ida-Eesti (4%, n=2). Üks vastaja töötab välismaal ja 20% (n=10) vastanutest ei soovinud seda teavet avaldada.

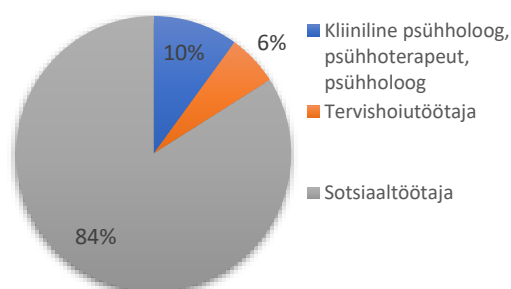
Enamik vastanutest töötas sotsiaalsektoris - 84% (42). Need olid kohalike omavalitsuste sotsiaaloskondade, ohvriabi, nõustamisteenuste, päevakeskuste, haiglate, koolide, naiste tugikeskuste ja erihoidlasutuste esindajad. Keskmine töökogemus praegusel ametikohal oli seitse aastat. Kolmel inimesel oli 20 või enam aastat töökogemust ja kaheksal inimesel kümme või enam aastat.

Kolm vastajat (6%) esindasid tervishoiusektorit (apteeker, psühhiaater ja meditsiiniõde), kelle töökogemus oli keskmiselt 10 aastat.

Viis vastajat (10%) esindasid psühholooge ja psühhoterapeute, kelle töökogemus oli keskmiselt 12,4 aastat.

Vastajatel paluti hinnata erinevaid väiteid, mis puudutasid traumateadikke praktikaid ja lähenemisviise nende praeguses töökohas 5-palli skaalal (ei kehti minu töökohas üldse; pigem ei kehti minu töökohas; mõnevõrra kehtib minu töökohas; enamasti kehtib minu töökohas; täiesti kehtib minu töökohas). Väited jagunesid üldiselt kolme kategooriasse:

Elukutse - sotsiaal- ja tervishoiuvaldkond



organisatsioonilised küsimused, ametkondade vaheline koostöö ja naistele/ohvritele osutatavad teenused. Pärast väidete hindamist esitati vastajatele avatud küsimus, kus oli võimalik esitada ettepanekuid praeguse süsteemi parandamiseks.

### 1.1.1 Organisatsioon

64% (n=32) sotsiaal- ja tervishoiuvaldkonna esindajatest teatas, et nende töökohal ei ole kehtestatud kirjalikke juhiseid, mis kohustaks neid järgima traumateadlikke lähenemisi. Ainult 14% (n=7) väitis, et on kehtestatud konkreetsed juhised. Enamik sotsiaal- ja tervishoiuteenuste osutajatest peaksid võtma prioriteediks kindlate kirjalike juhiste välja töötamise, mida saaks järgida traumaatiliste kogemuste tuvastamiseks ja taasohvristamise vältimiseks.

Kuna enamikul organisatsioonidel ei ole kirjalikke juhiseid, rakendatakse vaid vähestes organisatsioonides (16%, n=8, enamasti ja täiesti kehtiv minu töökohas) regulaarseid sisehindamisi traumateadlike praktikate kasutamise osas. 72% (n=36) väitis, et puuduvad meetmed traumateadlike lähenemiste kasutamise jälgimiseks.

Teenuste raames hindas 24% (n=12) vastanutest, et nende töökoha puhul vastab enamasti või täielikult tõele, et asutuse sisene struktuur toetab järjepidevat traumateadlikku tuge naistele ja nende lastele kõigis teenuse etappides. 50% (n=25) väitis, et see ei vasta üldse või pigem ei vasta nende töökoha puhul tõele. See võib olla seotud kirjalike juhiste ja hindamissüsteemide puudumisega. Ilma ametliku struktuuri ja juhtkonna toetuseta ei ole võimalik rakendada traumateadlikke praktikaid. Samas on 60% (n=30) vastanutest öelnud, et nende töökoha puhul vastab enamasti või täielikult tõele, et trauma mõju mõistmine on kaasatud igapäevastesse otsustuste tegemisse. Võimalik, et spetsialistid mõistavad traumateadlikke lähenemisviiside vajalikkust individuaalsel tasandil. Seega peavad organisatsioonid oma juhiseid uuendama, et praktikate kasutamine oleks tagatud.

Mis puutub spetsialistidele töökohal pakutavasse supervisiooni, siis 40% nõustus (enamasti või täielikult), et töötajad saavad supervisiooni traumateadlikult juhendajalt, ning peaaegu pooled (48%) väitsid, et supervisioon hõlmab nii isikliku kui ka tööalase stressi maandamise viise.

### 1.1.2 Ametkondade vaheline koostöö

Ametkondade vaheline koostöö on viimastel aastatel Eestis hoogsalt arenenud. Teabevahetus teiste organisatsioonidega on 72% (n=36) vastanute hinnangul toimiv (minu töökohas kehtib mõnevõrra, enamasti ja täielikult). 54% (n=27) spetsialistide sõnul tehakse traumateadlike praktikate tõhusama rakendamise ja arendamise eesmärgil koostööd teiste teenuseosutajate ja muude organisatsioonidega.

Siiski, üle veerandi (28%) vastanutest väitis, et kommunikatsioon teiste naiste ja nende lastega töötavate organisatsioonidega on puudulik ning 24% (n=12) ütles, et ühine koostöö traumateadlike praktikate rakendamiseks ei toimi. Kuigi ametkondade vahelisele koostööle on üha enam rõhku pandud ja selle vajadust tunnustatakse, ei rakenda veerand teenustest ohvrite abistamisel koostööd. See toob kaasa ohvrite jooksutamise erinevate asutuste vahel ja oma loo korduva jutustamise, mis on omakorda taasohvristav.

### 1.1.3 Naistele/ohvritele suunatud teenused

Enamik vastanutest (74%, n=37, enamasti või täiesti kehtiv minu töökohal) väitis, et naistele ja nende lastele on tagatud võimalus oma vajadusi, muresid ja kogemusi väljendada. Lisaks nõustus 78% vastanutest, et naise emotsionaalse turvalisuse määratlus sisaldub juhtumiplaanides ja töökoha protseduurides. Teisest küljest on kirjalike traumateadlike turvalisuse tagamise plaanide kasutamine abivajajatega väga vähe levinud (22%, n=11, enamasti või täielikult kehtiv). Samuti ei kasutata naiste puhul laialdaselt ka traumapõhiseid hindamisi. 44% väitis, et nende töökohas ei kasutata hindamist (ei kehti, pigem ei kehti). Umbes kolmandik vastanutest (34%) väitis, et nende töökohal on õigeaegne traumapõhine hindamine naistele kättesaadav. Hindamise puudumine võib olla seotud ka organisatsiooni poliitika ja tavadega, kuna organisatsioonis puuduvad üldised ametlikud traumateadlikke praktikaid toetavad juhised.

| Versioon A   | Hinnake palun järgnevaid väiteid vastavalt hetkeolukorrale Teie töökohas: |                              |                                |                               |                              |
|--|---|------------------------------|--------------------------------|-------------------------------|------------------------------|
|  | Vastused  |                              |                                |                               |                              |
|  | Ei kehti minu töökohas üldse  | Pigem ei kehti minu töökohas | Mõnevõrra kehtib minu töökohas | Enamasti kehtib minu töökohas | Täiesti kehtiv minu töökohas |
| Kehtestatud on kirjalikud juhised traumateadliku praktika rakendamiseks (traumaatiliste kogemuste tuvastamine, taasohvristamise vältimine).                    | 15 (30%)  | 17 (34%)                     | 5 (10%)                        | 6 (12%)                       | 7 (14%)                      |
| Regulaarselt viiakse läbi sisehindamisi traumateadlike praktikate kasutamise osas.   | 20 (40%)  | 16 (32%)                     | 6 (12%)                        | 6 (12%)                       | 2 (4%)                       |
| Infovahetus teiste naiste ja nende lastega töötavate organisatsioonide ja teenuseosutajatega on toimiv ja aitab kaasa traumateadlike otsuste tegemisele.       | 7 (14%)   | 7 (14%)                      | 16 (32%)                       | 9 (18%)                       | 11 (22%)                     |
| Loodud on asutusesisene struktuur, mis toetab järjepidevat traumateadlikku tuge naistele ja nende lastele kõigis teenuse etappides.                            | 13 (26%)  | 12 (24%)                     | 13 (26%)                       | 7 (14%)                       | 5 (10%)                      |
| Naistele ja nende lastele antakse võimalus väljendada oma vajadusi, muresid ja kogemusi.   | 3 (6%)  | 4 (8%)                       | 6 (12%)                        | 12 (24%)                      | 25 (50%)                     |
| Traumateadlike praktikate tõhusama rakendamise ja arendamise eesmärgil tehakse koostööd teiste teenuseosutajate ja muude organisatsioonidega.                  | 3 (6%)  | 9 (18%)                      | 11 (22%)                       | 12 (24%)                      | 15 (30%)                     |
| Arusaam trauma mõjust on igapäevaste otsuste tegemisel olulisel kohal.   | 4 (8%)  | 5 (10%)                      | 11 (22%)                       | 12 (24%)                      | 18 (36%)                     |
| Töökohal pakutav supervisioon pakub võimalusi nii isikliku kui tööalase stressi maandamiseks.  | 7 (14%)   | 8 (16%)                      | 11 (22%)                       | 12 (24%)                      | 12 (24%)                     |
| Iga naise jaoks on koostatud individuaalne traumat arvestav turvalisuse tagamise plaan (sh päästikud, ülepinge indikaatorid, stressi vähendamise strateegiad). | 20 (40%)  | 12 (24%)                     | 7 (14%)                        | 7 (14%)                       | 4 (8%)                       |
| Supervisiooni viib läbi traumateadlik juhendaja.   | 12 (24%)  | 9 (18%)                      | 9 (18%)                        | 10 (20%)                      | 10 (20%)                     |
| Abivajavatele naistele on tagatud õigeaegne traumapõhine hindamine.  | 11 (22%)  | 11 (22%)                     | 10 (20%)                       | 10 (20%)                      | 7 (14%)                      |
| Abivajavatele naistele on tagatud järjepidev traumateadlik teenus.   | 11 (22%)  | 10 (20%)                     | 14 (28%)                       | 7 (14%)                       | 8 (16%)                      |
| Juhtumiplaani koostamisel ja/või muudes toimingutes võetakse aluseks naise sõnastust tema emotsionaalse ohutuse kohta.   | 7 (14%)   | 7 (14%)                      | 7 (14%)                        | 14 (28%)                      | 15 (30%)                     |

### 1.1.4 Ettepanekud

Vastajatel paluti esitada üks kuni kolm ideed, kuidas paremini rakendada traumapõhist lähenemist oma töökohal. Kokku avaldas arvamust 21 inimest. Kaksteist vastajat rõhutas vajadust tõsta teadlikkust ja koolitada spetsialiste traumateadlikke tavade osas. Samuti rõhutati vajadust valdkondadevahelise koostöö järelle (n=2) ja kirjalike juhiste kehtestamist (n=2). Kohaliku omavalitsuse esindaja mainis, et vägivalla teemad ei ole suure töökoormuse tõttu prioriteediks.

“KOV ja kohtumajad võiksid oluliselt paremaid samme teha. Endiselt kohtab 13. sajandi arvamusi isegi kohtulahendites ja KOVi protokollides.”

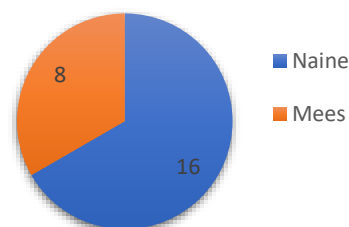
## 1.2 Õigussüsteemi esindajate küsitluse tulemused

Kõigil Care4Trauma uuringule vastanutel on kõrgharidus.

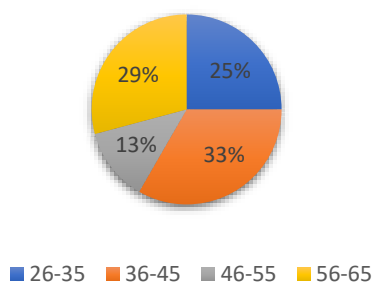
Uuringu täitis kokku 24 justiitssüsteemi esindajat. 67% (n=16) vastanutest olid naised ja 33% (n=8) mehed.

Enamik vastanutest (33%) kuulus vanusegruppi 36-45, järgnesid 56-65-aastased (29%) ja 26-55-aastased (25%). Kolm vastajat kuulusid vanuserühma 46-55.

Vastajate sugu -  
justiitssüsteem



Vastajate vanus -  
justiitssüsteem



Geograafiliselt olid esindatud kõik neli Eesti piirkonda, kusjuures enamik vastanutest (42%, n=10) oli pärit Lõuna-Eestist, järgnesid Põhja-Eesti (33%, n=8), Lääne-Eesti (13%, n=3) ja üks vastaja Ida-Eestist. Kaks spetsialisti (8%) ei soovinud seda teavet avaldada.

Kümme vastajat (42%) olid kohtunikud ja 14 (58%) olid ringkonnaprokurörid, prokuröri abid, advokaadid või juristid.

Kohtunike keskmine töökogemus oli 15 aastat, siiski tasub märkida, et pooltel

kohtunikest (5) oli 23 või rohkem aastat töökogemust.

Vastajatel paluti hinnata erinevaid väiteid, mis puudutasid traumateadikke praktikaid ja lähenemisviise nende praeguses töökohas 5-palli skaalal (ei kehti minu töökohas üldse; pigem ei kehti minu töökohas; mõnevõrra kehtib minu töökohas; enamasti kehtib minu töökohas; täiesti kehtib minu töökohas). Väited jagunesid üldiselt kolme kategooriasse: organisatsioonilised küsimused, õigussüsteemi koostöö ja naiste/ohvrite ja nende laste kohtlemine õigussüsteemis. Vastajatel paluti ka määratleda, missugused on peamised aspektid, mis takistavad vägivallaohvritest naiste juurdepääsu õiguskaitsele ja kuidas neid takistusi peaks ületama.

### 1.2.1 Organisatsioon

54% (n=13, ei kehti üldse, pigem ei kehti) vastajate sõnul puuduvad kirjalikud juhised, mis kohustavad traumateadlikke tavasid järgima. Samuti ei ole tavaks regulaarselt kontrollida naisi ja nende lapsi võimalike traumade osas (n=13, ei kehti üldse, pigem ei kehti).

55% väitis, et töös vägivallaohvritest naiste ja nende lastega keskendutakse nende toimetuleku ja üldise heaolu toetamisele täielikult või enamasti, 25% väitis, et see kehtib mõnevõrra. Seega arvab enamik vastanutest, et abivajajate toetamine õigusüsteemis on ametlikult juurutatud. Samuti arvab 75% vastanutest, et arusaam trauma mõjust on igapäevaste otsuste tegemisel olulisel kohal.

Toetus spetsialistidele, kes töötavad soolise vägivalla juhtumitega, on oluline, et vähendada läbipõlemist ja stressi. 21% väitis, et nende töökohal on olemas konkreetsed meetmed töötajate toetamiseks. Murettekitav on see, et 38% (n=9) tunnistab, et puuduvad meetmed vägivalda kogunud naiste ja nende lastega töötavate töötajate toetamiseks. Et vältida läbipõlemist ja pakkuda vajalikku tuge sekundaarse trauma korral, peavad organisatsioonid investeerima traumateadlike superviisorite poolt korrapärase supervisiooni pakkumisse.

### 1.2.2 Õigussüsteem

Üldine hinnang Eesti õigussüsteemile ja traumateadlikkule koostööle on positiivne. Enamik vastanutest, 76%, leiab, et süsteemi sidusrühmad kohtlevad üksteist lugupidavalt (ükski vastanutest ei väitnud, et see pole üldse nii). 71% (n=17, kehtib mõnevõrra, enamasti või täiesti) tunnistab, et traumaga seotud küsimusi arutatakse partneritega teistest asutustest/valdkondadest.

### 1.2.3 Naised ja lapsed õigussüsteemis

Vägivalla või traumade avastamiseks ei kasutata piisavalt hindamisvahendeid. Vaid kolmandik vastanutest ütles, et nende töökohal kasutatakse vägivalla mõju hindamiseks standardiseeritud hindamisvahendit (34%, enamasti ja täiesti kehtiv). Siiski, õigussüsteemi esindajad püüavad naisi ja nende lapsi süsteemis kaitsta - 92% (n=22, pigem, enamasti ja täiesti kehtiv) tunnistavad, et püütakse minimeerida menetluse käigus vägivallaohvritest naistele (ja nende lastele) stressi tekitamist. Spetsialistid usuvad, et naisi ja nende lapsi koheldakse austusega (71%, täiesti kehtiv) ning neil on võimalus väljendada oma vajadusi, muresid ja kogemusi (50%, täiesti kehtiv).

### 1.2.4 Takistused ja lahendused

Vastajatel paluti nimetada kolm aspekti, mis takistavad vägivallaohvritest naiste juurdepääsu õiguskaitsele. Vastas 18 inimest. Kõige sagedamini (n=12) mainiti hirmu (hirm rääkida, abi otsida, hirm tagajärgede ees kurjategija jaoks või kurjategija poolt), millele järgnes teadmiste/teadlikkuse puudumine (n=10) (teadmised õigustest, kust abi saada). Samuti toodi välja ohvri rahaline olukord kui ka sõltuvus kurjategijast.



Spetsialistidelt küsiti, kuidas nimetatud takistusi ületada. Üheksa korral peeti olukorra parandamise lahendusena teadlikkuse tõstmist/koolitusi. Märkimisväärne on ka süsteemne koostöö juhtumite äratundmisel ja sekkumiste kavandamisel. Kohalike omavalitsuste sotsiaalosakonnad peaksid pöörama rohkem tähelepanu rahaliselt ebasoodsas olukorras olevatele peredele, et tuvastada võimalikke abivajajaid ja tegutseda vastavalt.

“Süsteem on suur, inimeste koolitamine võtab aega. Kohustuslikke koolitusi pole.”

| Version B   | Hinnake palun järgnevaid väiteid vastavalt hetkeolukorrale Teie töökohas: |                              |                                |                               |                              |
|---|---|------------------------------|--------------------------------|-------------------------------|------------------------------|
| Vastused  |   |                              |                                |                               |                              |
|   | Ei kehti minu töökohas üldse  | Pigem ei kehti minu töökohas | Mõnevõrra kehtib minu töökohas | Enamasti kehtib minu töökohas | Täiesti kehtiv minu töökohas |
| Kehtestatud on kirjalikud juhised traumateadlike praktikate järgimise kohta töös vägivaldaohvitest naiste ja nende lastega.   | 8 (33%)   | 5 (21%)                      | 4 (17%)                        | 1 (4%)                        | 6 (25%)                      |
| Tavaks on regulaarselt hinnata naise ja nende lapsi võimaliku trauma osas.  | 6 (26%)   | 7 (30%)                      | 4 (17%)                        | 2 (9%)                        | 4 (17%)                      |
| Töös vägivaldaohvitest naiste ja nende lastega keskendutakse nende toimetuleku ja üldise heaolu toetamisele.  | 3 (13%)   | 2 (8%)                       | 6 (25%)                        | 4 (17%)                       | 9 (38%)                      |
| Minu asutuses rakendatakse meetmeid, et vähendada vägivalda kogunud naiste ja nende lastega töötamisega seotud läbipõlemist.  | 5 (21%)   | 4 (17%)                      | 9 (38%)                        | 1 (4%)                        | 5 (21%)                      |
| Minu asutuses väärtustatakse spetsialistide mitmekesisust ja kaasatust.   | 0 (0%)  | 2 (8%)                       | 7 (29%)                        | 9 (38%)                       | 6 (25%)                      |
| Vägivaldaohvitest naiste ja nende laste traumakogemust hinnatakse, kasutades selleks standardiseeritud hindamisvahendit, et paremini mõista vägivalda mõju ja teha seeläbi teadlikumaid juriidilisi otsuseid. | 9 (38%)   | 4 (17%)                      | 3 (13%)                        | 5 (21%)                       | 3 (13%)                      |
| Püüeldakse selle poole, et minimeerida menetluse käigus vägivaldaohvitest naistele (ja nende lastele) stressi tekitamist.   | 1 (4%)  | 1 (4%)                       | 7 (29%)                        | 6 (25%)                       | 9 (38%)                      |
| Arusaam trauma mõjust on igapäevaste otsuste tegemisel olulisel kohal.  | 2 (8%)  | 4 (17%)                      | 6 (25%)                        | 4 (17%)                       | 8 (33%)                      |
| Naistele ja nende lastele antakse võimalus väljendada oma vajadusi, muresid ja kogemusi.  | 1 (4%)  | 2 (8%)                       | 6 (25%)                        | 3 (13%)                       | 12 (50%)                     |
| Naisi (ja nende lapsi) koheldakse austusega.  | 0 (0%)  | 1 (4%)                       | 1 (4%)                         | 5 (21%)                       | 17 (71%)                     |
| Süsteemi sidusrühmad kohtlevad üksteist austusega.  | 0 (0%)  | 1 (4%)                       | 5 (21%)                        | 9 (38%)                       | 9 (38%)                      |
| Traumaga seotud küsimusi arutatakse partneritega teistest asutustest/valdkondadest.   | 2 (8%)  | 5 (21%)                      | 5 (21%)                        | 4 (17%)                       | 8 (33%)                      |

## 2. Intervjuud

Eespool esitatud andmeid täiendasid viis süvaintervjuud, mis viidi läbi justiits- ja sotsiaalsüsteemi spetsialistidega, kellel on otsene kogemus naiste ja laste vastu suunatud vägivaldaga. Vaatamata arvukatele katsetele kaasata tervishoiusüsteemi spetsialiste, ei õnnestunud meil seda teha. Intervjueeritavate ametikohad on aruandele lisatud.

Intervjuude eesmärk oli uurida osalejate kogemusi seoses traumateadlike lähenemisviiside tundmise, arendamise ja rakendamisega ning koguda nende arvamusi selle kohta, kuidas ja miks selle lähenemisviisi kasutamine võiks parandada juurdepääsu õigusemõistmisele ja üldisemalt kõigile vägivaldaohvreid ja nende lapsi toetavatele



teenustele. Intervjuude käigus uuriti, milliseid praktikaid rakendatakse ja kuidas erinevad organisatsioonid käsitlevad trauma mõju vägivaldaohvritest naistele ja nende lastele. Oluline on märkida, et Eestis on vägivalda käsitus sooneutraalne. Peale mõne konkreetse teenuse, näiteks naiste tugikeskuse teenuse, käsitletakse vägivalda pigem teisest vaatenurgast kui ohvri soost. Eesti poliitikaraamistik keskendub naistevastase vägivalda valdkonnas peamiselt perevägivaldale. See kajastub ka intervjuude tulemustes. Välja arvatud naiste tugikeskuse teenuse osutaja, ei tunnista intervjuueeritud organisatsioonid soolist naistevastast vägivalda kui vägivalda, mis on suunatud naise vastu sellepärast, et ta on naine, või et see oleks miski, mis puudutab naisi ebaproportsionaalselt. Laias laastus jagunesid vastused kaheks: naiste tugikeskuse teenuse osutaja ja teised intervjuueeritavad (ministeerium, kohalik omavalitsus, prokuratuur, hoolekandekeskus).

## 2.1 Poliitika

Mis puutub organisatsiooni poolt kehtestatud juhistesse naiste- ja lastevastase vägivalda ning traumateadlike lähenemisviisi kohta, siis peale naiste tugikeskuse teenuse osutaja ei ole mujal kehtestatud kirjalikke juhiseid ja meetmeid, mis keskenduksid traumale, selle levikule vägivalda ohvriks langenud naiste puhul ega vägivalda ohvritele üldiselt. Mõned intervjuueeritavad mainisid seadustest tulenevaid üldisi eeskirju. Samuti öeldi, et kolleegide vahel on toimunud arutelud traumateadlikke lähenemisviisi üle, kuid need puudutavad pigem vägivalda üldiselt, mitte niivõrd naistevastast vägivalda. Isegi kui seda teemat on arutatud ja on olemas arusaam, et tuleb vältida taasohvristamist, puuduvad kirjalikud põhimõtted ja meetmed. Seevastu naiste tugikeskuse teenuse osutajal on kirjalikud juhised ja strateegiad, mis keskenduvad vägivalda ohvriks langenud naiste puhul traumale ja selle laiale levikule. Neid peetakse nurgakiviks töös vägivalda kogenud naiste ja lastega.

Eestis on töötaja tervise- ja tööohutuse hindamine kohustuslik, seega on igas organisatsioonis olemas töökeskkonna riskianalüüs. Riskianalüüs peab sisaldama tegevuskava, milles määratakse kõikides tegevusvaldkondades ja kõigil juhtimistasanditel rakendatavad meetmed töötajate terviseriskide ennetamiseks või vähendamiseks. Samuti peab see arvestama töötajate sugu. Kõigil intervjuueeritud organisatsioonidel olid olemas töökeskkonna riskianalüüsid, kuid need ei tunnista naistevastast vägivalda ega trauma levikut ega toeta konkreetselt töötajaid, kes on kogenud otsest või sekundaarset traumat. Viimastel aastatel on sotsiaalvaldkonnas muutunud normiks, et töötajate toetamiseks kasutatakse supervisiooni ja kovisiooni. Samuti pakuvad kõik intervjuueeritud organisatsioonid töötajatele võimalust saada vajadusel psühholoogilist tuge. Jällegi erineb naiste tugikeskus teistest intervjuueeritud organisatsioonidest. Lisaks töökeskkonna riskianalüüsile on neil iga töötaja kohta individuaalne tervise- ja heaolukava, mis võtab arvesse trauma laia levikut, et toetada töötajaid, kes on kogenud otsest või sekundaarset traumat.

Rõhutati, et traumateadlik lähenemine on Eestis üsna hiljutine areng ja sellest räägitakse üha enam. Spetsiaalset käsiraamatut traumateadlikku klienditöö kohta ei ole, kuid töötajatele pakutakse vajaduspõhist koolitust, et aidata neil paremini toime tulla erinevate kliendirühmadega.

Harva pakutakse koolitusi kliendi kultuuritausta mõistmiseks, kui see erineb meie endi omast. Naiste tugikeskus märkis, et kuigi koolitusi ei ole, arvestatakse klientide kultuurilise tausta eripäradega nii palju kui võimalik. Organisatsiooni teenuste kujundamisel on seda vajadust arvestatud ja võimalikud probleemid läbi töötatud. Mittetraditsioonilise kultuuritaustaga kliendid on intervjuu ajal samuti teenusel.

Intervjueeritavad nägid potentsiaalset kasu juhustest, mis toetaksid töötajaid trauma sümptomite äratundmisel ja traumast rääkimisel traumakogemusega inimesega. Traumast rääkimine traumata kogemusega ei pruugi olla loomulik; traumaga kaasnevad müüdid ja eelarvamused, mis ei pruugi tõele vastata. Juhendmaterjal aitaks teemas paremini orienteeruda. Ühelgi intervjueeritud organisatsioonil ei ole sellist juhendmaterjali. Naiste tugikeskuse sõnul ei ole juhendmaterjale koostatud. Ometi on töötajad põhjalikult koolitatud, et ära tunda trauma sümptomeid naistev- ja lastevastase vägivalda kontekstis, ning nad oskavad ellujääjaga rääkida selliselt, et see on teda toetav.

## 2.2 Ellujääjate kaasamine

Eestis rakendatav juhtumikorralduse mudel eeldab kliendi kaasamist. Seega on ellujääja kaasamine sotsiaaltöö valdkonnas elementaarne. Õigussüsteemis kaasatakse ellujääja seaduse piires võimalikult suures ulatuses. See põhimõte kajastus ka intervjuudes. Kõik intervjueeritavad tõid välja, et ilma ohvri kaasamiseta on töö ebaefektiivne ja klient saab tavaliselt juhtumit juhtida. Kaasamine aitab kaasa juhtumi lahendamisele hõlmates mh kokkulepete sõlmimist ja muul viisil kliendile võimaluse andmist kontrollida oma elus toimuvat. Kaasamise eesmärk sõltub eelkõige juhtumist, kuid üldiselt on see kliendi vastutus tema elu eest. Näiteks võib ohver ühekordsete vägivalda juhtumite korral otsustada kas soovib osaleda lepituses või mitte. Kokkuleppemenetluse käigus saab kannatanu avaldada arvamust süüdlasele mõistetava karistuse kohta. See arvamus ei ole prokurörile ja kohtule siduv, kuid on võimalik, et seda võetakse karistuse määramisel vähemalt osaliselt arvesse. Samuti toodi välja, et usalduse suurendamiseks peaks olema rohkem isiklikku suhtlemist ja vähem bürokraatiat, rohkem menetlustoimingute selgitamist ja muud toetust erinevate toimingute puhul.

Mis puutub usalduse loomisesse ellujäänutega, siis kõik intervjueeritavad pidasid vajalikuks avatust, selgitustööd ja ausust suhtlemisel traumeeritud inimesega, samuti lahendustele orienteeritust. Kui õigussüsteemis ei peetud rolli piiridesse jäämist probleemiks, siis sotsiaalsüsteemis tegutsevad organisatsioonid tõstatasid rollipiiride ja võimaliku rollisegaduse küsimuse. Võimalike lahendustena toodi välja koolitamist, supervisioonide ja kovisioonide läbiviimist. Oluline on probleemide tekkimisel kiiresti reageerida.

Naiste tugikeskuse teenuse osutaja tõi välja, et rollidentiteedi küsimust jälgitakse juba värbamise käigus, sest töötaja iseloomuomadused peavad vastama pakutavale tööle. Soodustatakse töötajate vahelist usalduslikku suhet, mis aitab säilitada rollipiire, kuna sel juhul on julgust arutada tekkinud probleeme kolleegiga. Kui tekib rollipiiride hägustumine, viiakse esimesel võimalusel läbi kovisioon. Rollipiiride hoidmisega tekkivates probleemides nähakse ka võimalust õppida. Mõnikord on raske hoida fookust ja töötaja libastub, sest tahab rohkem aidata. Siis on võimalus küsida, et keda sa aitad, kas ennast või klienti, ja mis on sinu roll siin täna. Rolliküsimus tõstatub aeg-ajalt, sõltuvalt juhtumist: mida keerulisem on juhtum, seda parem on õppimisvõimalus.

## 2.3 Valdcondade-vaheline koostöö

Traumat kogunud inimesi toetavad organisatsioonid on teada ja ligipääsetavad. Positiivse poole pealt mainiti uut ohvriabi seadust, mis selgitab olemasolevaid teenuseid ja võimalusi tõhusamaks toetuseks traumata kogunud inimestele. Riik pakub ohvrite tugiteenuseid koos piirkondlike nõustajatega sotsiaalkindlustusameti kaudu. Seda mainiti positiivse aspektina, sest oluline on isikliku kontakti olemasolu, mitte teadmine, millise asutuse poole pöörduda. Isikliku kontakti olulisust rõhutas ka naiste tugikeskuse teenuse osutaja, kes märkis, et mõne partneri puhul sõltub saadud abi tõhusus eelkõige

juhtumiga tegelevast spetsialistist. Inimestevahelist suhtlust ja infopäevi nähti hea võimalusena partnerlussuhte loomisel ja erinevate traumateadlike praktikate jagamisel. Koostöö on tõhus, kui partnerite vahel valitseb usaldus. Huvitaval kombel hindas õigussüsteem partnereid traumateadlikeks, sotsiaalsüsteem lähemaid partnereid traumateadlikeks, kuid üldises teadlikkuses nägi puudujääke, ning ainus spetsiaalselt naistevastase vägivallega tegelev organisatsioon hindas partnereid mitte väga traumateadlikeks.

Eestis on riigi poolt kehtestatud kommunikatsioonimudel teatud keerulisemate juhtumite jaoks. Intervjueeritud organisatsioonid ei ole välja töötanud kommunikatsioonisüsteemi partneritega. Kommunikatsioon on inimesepõhine ja põhineb peamiselt praktikal. Seevastu naiste tugikeskusel on olemas kommunikatsioonistrateegia, milles on muu hulgas sätestatud igale sihtrühmale oma kommunikatsioonisignaali ja sõnastus.

## 2.4 Rahastamine

Välja arvatud naiste tugikeskuste teenus, mis on spetsiaalne naistevastase vägivalga juhtumitega tegelev teenus, ei ole intervjueeritavate eelarvetes konkreetselt eraldatud vahendeid, et toetada pidevat koolitust trauma ja traumateadliku lähenemise kohta naistevastase vägivalga või üldiselt vägivalga kontekstis. See ei tähenda siiski, et trauma ja traumateadlikku praktika alane koolitus ei ole kättesaadav, vaid vahendeid ei ole selgesõnaliselt eraldatud traumateadlikkuse edendamiseks. Samuti toodi välja, et kui koolitus on vajalik, ei ole probleemi selle pakkumisega, sõltumata sellest, kas sel teemal on ette nähtud konkreetsed koolitusressursid või mitte. See põhimõte kehtib sõltumata sellest, kas planeeritav koolitus on valdkondlik või valdkonnaülene.

## 2.5 Seire ja kvaliteedi tagamine

Teenuse kvaliteet tagatakse vastavalt seadustes ja määrustes sätestatud nõuetele. Need nõuded ei käsitle eraldi naiste ja laste vastu suunatud vägivalda, välja arvatud naiste tugikeskuse teenuse puhul. Nagu eespool mainitud, on Eestis vägivalgakäsitlus sooneutraalne, see kajastub erinevate asutuste töökorralduses ja suunistes. Töötajate toetavate koolituste planeerimisel kasutatakse sisendina eelkõige arenguveestlusi ja rahulolu-uuringuid. Siiski ei puudutata rahulolu-uuringutes ja arenguveestlustes traumasid ja traumateadlikku lähenemist üldiselt ega naistevastase vägivalga kontekstis. Organisatsioonid ei hinda eraldi tulemusi liikumisel traumateadlike lähenemiste rakendamise suunas, kuna selliseid näitajaid, mis aitaksid hinnata, ei ole.

Teisest küljest, naiste tugikeskuse teenuse osutajale riigi poolt kehtestatud nõuded ja organisatsiooni enda teenusekirjeldus toetavad kättesaadava, kultuuriliselt asjakohase, traumateadliku teenuse ja toetuse pakkumist. Lisaks toetab intervjueeritud organisatsiooni traumateadliku teenuse ja toetuse pakkumist väärtuspõhine arengukava, mis toetab traumasid arvestava teenuse osutamist, teenuste spetsifikatsioon ja kommunikatsioonistrateegia, mis on spetsiaalselt välja töötatud naiste- ja lastevastase vägivalga seotud probleemide käsitlemiseks. Organisatsiooni liikumist traumateadliku lähenemise suunas on püütud hinnata pöördumiste statistika ja tagasisideküsitluste kaudu, kuna praegu puudub hea hindamisvahend või näitaja, mis annaks objektiivset tagasisidet organisatsiooni teenuse ja toetuse kohta. Mõlemal juhul on teatud küsitavused. Näiteks täidetakse tagasisidevormid üldjuhul teenuseosutaja juures, mis võib mõjutada vastuseid. Teisalt ei pruugi klient osata hinnata, kas toetus oli piisav, kui ta ei tea, milline teenus peaks olema.

### 3. Järeldused

Valim on suhteliselt väike, et teha põhjalikke järeldusi selle kohta, kuidas traumateadlik on Eesti kohtu-, sotsiaal- ja meditsiinisüsteem üldiselt. Ei ole võimalik hinnata, kui traumateadlik on süsteem seoses naiste ja laste vastu suunatud vägivaldaga, kuna intervjueriti ainult ühte konkreetset teenuseosutajat, kes tunnistab naiste ja laste vastu suunatud vägivalda kui vägivalda erivormi. Intervjuude vastused ei anna teavet naistevastase vägivaldaga seotud aspektide kohta, kuna enamik intervjueritud organisatsioonide ei käsitle naistevastast vägivalda eraldi vägivaldaliigina. Siiski annavad nad mõningast teavet üldise traumateadlikkuse kohta. Eesti vägivaldapolitiika on sooneutraalne ja kuigi naistevastast vägivaldast räägitakse üha enam, käsitletakse Eesti poliitikaraamistikus naistevastast vägivalda eelkõige perevägivalda kontekstis.

Siiski on võimalik veebiküsitluse ja intervjuude tulemuste kokkuvõtteks välja tuua teatud aspekte.

1. Riiklikul tasandil on oluline tunnustada naistevastast soolist vägivalda kui vägivalda, mis on suunatud naise vastu sellepärast, et ta on naine, või mis puudutab naisi ebaproportsionaalselt ning mille mõju on levinud ja kaugeleulatuv.
2. Teadlikkuse tõstmine naiste ja laste vastu suunatud vägivalda tunnustamise kaudu aitab kaasa traumateadlike otsuste tegemisele ning naiste ja laste vastu suunatud vägivaldajuhtumite puhul taasohvrustamise ennetamisele.
3. Puuduvad kirjalikud juhised ja suunised, mis toetaksid traumateadlike tavade rakendamist organisatsioonides. Kuigi põhiteadmised trauma olemuse ja traumateadlike tavade kohta on olemas ja meetodeid arutatakse, ei ole see piisav, et tagada traumateadlike teenuste ja abi osutamine.
4. Kuigi on olemas baasarusaam, et kultuuriline taust mõjutab oluliselt seda, kuidas naistevastase vägivalda ohvreid või lapsi aidata, puuduvad konkreetsed teadmised ja koolitusvõimalused nende teadmiste kohta, mis aitavad pakkuda kultuuriliselt tundlikku teenust.
5. Puudu on valdkondlikest ja valdkondadevahelistest koolitustest naiste- ja lastevastase vägivalda kohta. Lisaks teadmiste omandamise võimalusele on valdkondadevahelise koolituse lisaväärtus ka võimalus võrgustike loomiseks mislähbi soodustatakse ametkondade vahelist koostööd.
6. Ellujäänute abistamine on esmatähtis; igaüks annab endast parima. Siiski võib teadmiste ja valdkondadevahelise koostöö puudumine takistada tegelikku abi osutamist abivajajale.
7. Selleks, et tagada naistevastase vägivalda ohvritele ja lastele kõrgetasemelised traumateadlikud teenused, tuleb välja töötada hindamisvahendid, mis võimaldavad anda objektiivset tagasisidet organisatsioonide pakutava teenuse ja toetuse kvaliteedi kohta.

## Lisa 1: Hetkeolukorra analüüsi metoodika\*

### Spetsialistide online küsimustik Pool-struktureeritud intervjuud

Mõisteid trauma-teadlik praktika, traumat arvestav hooldus, trauma-teadlik lähenemine ja trauma-teadlik süsteem kasutatakse laialdaselt ja vaheldumisi, viidates laiale mõistele. Tegemist on organisatsiooni või süsteemiga, mis on **teadlikult loodud** toetama traumeeritud inimesi.

Sellised terminid ja poliitikad ei ole sageli selgelt määratletud. Care4Trauma uurib, millised on sihtrühmade arusaamad potentsiaalse traumateadliku visiooni olemasolust nende asutustes ja organsatsioonides. Riiklike aruannetega koos vaadeldes, saame sisendi, kuidas koostada õppekava vastavalt kohalikule kultuurile, organisatsioonidele ja sidusrühmade arusaamadele. Teisisõnu püüame hinnata võtmeisikute valmisolekut traumateadlikku lähenemist rakendada.

#### Uurimuse eesmärk

Uurimuse eesmärk on tuvastada ja käsitleda trauma-teadliku lähenemise (selle ristumiskohas ka kohtusüsteemiga) lünki sihtrühmade töökohtades. Uurimuse tulemuseks on trauma-teadlike põhimõtete rakendamise kirjeldus kogu süsteemis (tervishoid, sotsiaalhoolekanne ja kohtusüsteem). Vastavalt eesmärgile hõlmab see etapp andmete kogumist, millesse kaasatakse spetsialistid ja võtmeisikud.

Osalejaid kaasatakse uuringusse sega-meetodi alusel:

- a. online küsitlus, mis on jagatud kaheks erinevaks versiooniks (üks tervishoiu- ja sotsiaalsüsteemi ning teine justiitssüsteemi jaoks); standard küsimustik tugiorganisatsioonide töötajatele ning teistele vägivalda ohvritest naiste ja nende laste toetamise protsessis osalevatele spetsialistidele
- b. poolstruktureeritud intervjuu, mis on suunatud naiste tugikeskuste juhtidele ja poliitikakujundajatele

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\* © *Italian Society of Traumatic Stress Studies (SISST)*

## Online küsimustik

Küsimustik on üles seatud kõigis partnerkeeltes platvormil 1KA ([www.1ka.si](http://www.1ka.si)).

Kõigil partneritel on küsimustiku tulemustele ligipääs, nii enda riigi kui partnerriikide omadele.

Sõltuvalt vastaja elukutse profiilist jaguneb küsimustik kaheks – uuringu versioon A ja versioon B (allpool täpsemalt).

Minimaalselt eeldatakse igast riigist 40 vastajat (kokku 200)

- a. Valim peaks esindama järgmisi demograafilisi näitajaid:
  1. Geograafiline piirkond
  2. Teenuse/organisatsiooni liik (tervishoid või sotsiaalia);
    - Haiglad: erakorralise meditsiini osakond, kus on kindlad juhised vägivalda ohvritest naistele teenuse osutamiseks
    - Sotsiaalteenused
    - Naiste tugikeskused

Teenuse/organisatsiooni liik (justiitssüsteem);

- b. Elukutse profiilid:
  - Sotsiaaltöötaja, sotsiaalhoolekande spetsialist (Versioon A)
  - Kliiniline psühholoog, psühhoterapeut, psühholoog (Versioon A)
  - Tervishoiutöötaja (Versioon A)
  - Prokurör, advokaat, jurist (Version B)
  - Kohtunik (Version B)
- c. Töötatud aastate arv

## Demograafilised näitajad

| Sugu                                       | Vanus |
|--|-------|
| Elukoha riik                               |       |
| Haridustase                                |       |
| Elukutse                                   |       |
| Piirkond, kus töötate                      |       |
| Teenus/asutus                              |       |
| Hetke ametikoht                            |       |
| Käesoleval ametikohal töötatud aastate arv |       |

## Version A - Tervishoid ja sotsiaalsfäär

### Sissejuhatus

Traumateadlik lähenemine eeldab, et naistevastase vägivalda ohvrid ja nende lapsed on kogenud teatud tüüpi traumasid, mille mõjusid saab sobivate praktikate abil leevendada. Traumateadlik lähenemine võtab arvesse traumade kõikehõlmavat olemust, toetab paranemist ja taastumist ning püüab vältida taasohvristamist.

Küsitluse eesmärk on uurida, kas ja kuidas tervishoiu- ja sotsiaalhoolekandesüsteem on traumateadlik ning millised peaksid teie arvates olema muudatused, et liikuda traumateadlikuma lähenemisviisi poole.

### Küsimused

Hinnake palun järgnevaid väiteid vastavalt hetkeolukorrale Teie töökohas.

| Nr. | Väide  | Ei kehti minu töökohas üldse | Pigem ei kehti minu töökohas | Mõnevõrra kehtib minu töökohas | Enamasti kehtib minu töökohas | Täiesti kehtiv minu töökohas |
|-----|--|------------------------------|------------------------------|--------------------------------|-------------------------------|------------------------------|
| 1.  | Kehtestatud on kirjalikud juhised traumateadliku praktika rakendamiseks (traumaatiliste kogemuste tuvastamine, taasohvristamise vältimine).              |                              |                              |                                |                               |                              |
| 2.  | Regulaarselt viiakse läbi sisehindamisi traumateadlike praktikate kasutamise osas.   |                              |                              |                                |                               |                              |
| 3.  | Infovahetus teiste naiste ja nende lastega töötavate organisatsioonide ja teenuseosutajatega on toimiv ja aitab kaasa traumateadlike otsuste tegemisele. |                              |                              |                                |                               |                              |
| 4.  | Loodud on asutusesisene struktuur, mis toetab järjepidevat traumateadlikku tuge naistele ja nende lastele kõigis teenuse etappides.                      |                              |                              |                                |                               |                              |



| Nr. | Väide  | Ei kehti minu töökohas üldse | Pigem ei kehti minu töökohas | Mõnevõrra kehtib minu töökohas | Enamasti kehtib minu töökohas | Täiesti kehtiv minu töökohas |
|-----|--|------------------------------|------------------------------|--------------------------------|-------------------------------|------------------------------|
| 5.  | Naistele ja nende lastele antakse võimalus väljendada oma vajadusi, muresid ja kogemusi.   |                              |                              |                                |                               |                              |
| 6.  | Traumateadlike praktikate tõhusama rakendamise ja arendamise eesmärgil tehakse koostööd teiste teenuseosutajate ja muude organisatsioonidega.                  |                              |                              |                                |                               |                              |
| 7.  | Arusaam trauma mõjust on igapäevaste otsuste tegemisel olulisel kohal.   |                              |                              |                                |                               |                              |
| 8.  | Töökohal pakutav supervisioon pakub võimalusi nii isikliku kui tööalase stressi maandamiseks.  |                              |                              |                                |                               |                              |
| 9.  | Iga naise jaoks on koostatud individuaalne traumat arvestav turvalisuse tagamise plaan (sh päästikud, ülepinge indikaatorid, stressi vähendamise strateegiad). |                              |                              |                                |                               |                              |
| 10. | Supervisiooni viib läbi traumateadlik juhendaja.   |                              |                              |                                |                               |                              |
| 11. | Abivajavatele naistele on tagatud õigeaegne traumapõhine hindamine.  |                              |                              |                                |                               |                              |
| 12. | Abivajavatele naistele on tagatud järjepidev traumateadlik teenus.   |                              |                              |                                |                               |                              |
| 13. | Juhtumiplaani koostamisel ja/või muudes toimingutes võetakse aluseks naise sõnastust tema emotsionaalse ohutuse kohta.   |                              |                              |                                |                               |                              |

Esitage oma vastuste põhjal üks kuni kolm ideed traumateadliku lähenemisviisi paremaks rakendamiseks teie töökohal:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Version B - Justiitssüsteem

### Sissejuhatus

Traumateadlik lähenemine eeldab, et naistevastase vägivallaohvrid ja nende lapsed on kogenud teatud tüüpi traumasid, mida saab sobivate praktikate abil leevendada. Traumateadlik lähenemine võtab arvesse traumade kõikehõlmavat olemust, toetab paranemist ja taastumist ning püüab vältida taasohvristamist. Küsitluse eesmärk on uurida, kas ja kuidas võiks justiitssüsteem saada kasu traumateadlike lähenemiste rakendamisest, et toetada paremini naistevastase vägivallaohvreid ja nende lapsi.

### Küsimused

Hinnake palun järgnevat väidet vastavalt hetkeolukorrale Teie töökohas:

| Väide   | Ei kehti minu töökohas üldse | Pigem ei kehti minu töökohas | Mõnevõrra kehtib minu töökohas | Enamasti kehtib minu töökohas | Täiesti kehtiv minu töökohas |
|---|------------------------------|------------------------------|--------------------------------|-------------------------------|------------------------------|
| .1. Kehtestatud on kirjalikud juhised traumateadlike praktikate järgimise kohta töös vägivallaohvitest naiste ja nende lastega.   |                              |                              |                                |                               |                              |
| .2. Tavaks on regulaarselt hinnata naisi ja nende lapsi võimaliku trauma osas.  |                              |                              |                                |                               |                              |
| .3. Töös vägivallaohvitest naiste ja nende lastega keskendutakse nende toimetuleku ja üldise heaolu toetamisele.  |                              |                              |                                |                               |                              |
| .4. Minu asutuses rakendatakse meetmeid, et vähendada vägivalda kogenud naiste ja nende lastega töötamisega seotud läbipõlemist.  |                              |                              |                                |                               |                              |
| .5. Minu asutuses väärtustatakse spetsialistide mitmekesisust ja kaasatust.   |                              |                              |                                |                               |                              |
| .6. Vägivallaohvitest naiste ja nende laste traumakogemust hinnatakse, kasutades selleks standardiseeritud hindamisvahendit, et paremini mõista vägivalla mõju ja teha seeläbi teadlikumaid juriidilisi otsuseid. |                              |                              |                                |                               |                              |

| Väide  | Ei kehti minu töökohas üldse | Pigem ei kehti minu töökohas | Mõnevõrra kehtib minu töökohas | Enamasti kehtib minu töökohas | Täiesti kehtiv minu töökohas |
|--|------------------------------|------------------------------|--------------------------------|-------------------------------|------------------------------|
| .7. Püüeldakse selle poole, et minimeerida menetluse käigus vägivallaohvritest naistele (ja nende lastele) stressi tekitamist. |                              |                              |                                |                               |                              |
| .8. Arusaam trauma mõjust on igapäevaste otsuste tegemisel olulisel kohal.   |                              |                              |                                |                               |                              |
| .9. Naistele ja nende lastele antakse võimalus väljendada oma vajadusi, muresid ja kogemusi.                                   |                              |                              |                                |                               |                              |
| .10. Naisi (ja nende lapsi) koheldakse austusega.  |                              |                              |                                |                               |                              |
| .11. Süsteemi sidusrühmad kohtlevad üksteist austusega.  |                              |                              |                                |                               |                              |
| .12. Traumaga seotud küsimusi arutatakse partneritega teistest asutustest/valdkondadest.                                       |                              |                              |                                |                               |                              |

- .1. Palun tooge välja kolm aspekti, mis takistavad vägivallaohvritest naiste juurdepääsu õiguskaitsele: \_\_\_\_\_
- .2. Kuidas peaks teie poolt välja toodud takistustega tegelema?: \_\_\_\_\_
- .3. Palun tooge välja takistused traumateadlikku lähenemise rakendamiseks justitssüsteemis \_\_\_\_\_

## Poolstruktureeritud intervjuud poliitika kujundajate ja teenuse osutajatega

Poolstruktureeritud intervjuud viiakse läbi otsustustasandi spetsialistidega, kellel on otsene kogemus soopõhisevägivallaga. Eesmärgiks võiks olla igast partnerriigist kuni 12 spetsialisti (nii vabariigi valitusest kui ka kohalikest omavalitsustest ning justiits-, tervishoiu- ja sotsiaalhoolekandesüsteemidest).

Intervjuude käigus uuritakse osalejate kogemusi õiguskaitsese juurdepääsu ja traumateadlike lähenemiste väljatöötamisel ja rakendamisel ning seisukohti selle kohta, kuidas ja miks traumateadlikud lähenemised võiksid poliitikate elluviimist parandada.

### Potentsiaalsed intervjuueeritavad:

1. Poliitikakujundaja (sobib tervishoiu- ja sotsiaalhoolekandesüsteemi süsteemse ülevaate saamiseks)
2. Tugikeskuse juht
3. EMO juht
4. Prokurör
5. Kohtunik
6. Advokaat
7. Psühholoogide liidu juht
8. Sotsiaaltöö assotsiatsiooni juht
9. Kohalike omavalitsuste, keskvalitsuse (jm) nõunik
10. -12. Ülejäänud kolm spetsialisti valitakse vastavalt partnerriigi eripäradele

Intervjuu sissejuhatus võiks olla järgmine: *Palun mõelge oma organisatsiooni kehtivatele poliitikatele (tavadele). Esitage teile mõned küsimused, et uurida, kuidas organisatsioon käsitleb trauma mõju sihtrühmale.*

|                              |   |
|------------------------------|---|
| <b>Poliitika</b>             | <p>Kas organisatsioonis rakendatavad poliitika, tööprotsessid ja juhendid on suunatud traumateadliku lähenemise põhimõtete rakendamisele, tunnustavad trauma mõju naistevastase vägivalda ohvritele ja aitavad vältida taasohvrustamist?</p> <p>Kas töökeskkonna riskianalüüs (töötajate tervise- ja heaoluplaan, kui on) arvestab trauma laia levimust ja kaugeleulatuvat mõju ning aitab toetada traumasid kogunud töötajaid? Kui ei, miks mitte?</p> <p>Kuidas organisatsiooni personalipoliitika toetab töötajate koolitamist traumaga seotud teadmiste, suhtumiste ja praktikate omandamist selliselt, et pakutav teenus ja töötajate suhtumine oleks traumateadlik ja traumakogemusega inimese kultuurilist tausta arvestav?</p> <p>Kas organisatsioonil peaks olema juhendid selle kohta, kuidas ära tunda trauma sümptomeid ja küsida traumasid kogunud inimeselt trauma kohta?</p> |
| <b>Ellujääjate kaasamine</b> | <p>Kas traumakogemusega inimene on kaasatud nõustamisprotsessi ja kui palju ta saab suunata temaga tehtavat tööd? Milline on kaasamise eesmärk?</p>   |

|   |  |
|---|--|
|   | <p>Mida saab teha, et suurendada usaldust ja läbipaistvust traumakogemusega inimese ja organisatsiooni meeskonna vahelises suhtluses? Kuidas toetatakse töötajate rolliselgust ja aidatakse neil oma rollis püsida?</p>  |
| <p><b>Valdkondade-<br/>vaheline<br/>koostöö</b></p> | <p>Kas on teada millised süsteemid/organisatsioonid pakuvad abi ja tuge traumakogemusega inimesele? Kuidas nendeni jõuti? Kas protsess on olnud selge ja piisav?</p> <p>Kas on välja töötatud traumateadlike otsuste tegemist toetav kommunikatsioonijuhend koostööpartneritega?</p> <p>Kas koostööpartnerid on traumateadlikud?</p> <p>Kuidas edendatakse valdkondadeülest teadlikkust trauma ja traumateadlike lähenemisviiside kohta?</p> |
| <p><b>Rahastamine</b></p>                           | <p>Kas organisatsiooni eelarves on ette nähtud vahendid töötajate ja juhtkonna järjepidevaks koolitamiseks traumaga seotud teadmiste, suhtumiste ja praktikate osas?</p> <p>Kas on ettenähtud vahendid valdkonnadeülesteks koolitusteks trauma ja traumateadlike lähenemisviiside kohta?</p>   |
| <p><b>Seire ja<br/>kvaliteedi<br/>tagamine</b></p>  | <p>Milliseid strateegiaid kasutatakse organisatsiooni kvaliteedijuhtimises? Kas ja mil määral need strateegiad aitavad kaasa kättesaadava, kliendi kultuurilist tausta arvestava ja traumateadliku teenuse/abi loomisele?</p> <p>Milliseid hindamisinstrumente ja näitajaid (indikaatoreid) rakendatakse, et hinnata organisatsiooni tulemusi liikumisel traumateadlikuma lähenemise suunas?</p>   |

## Lisa 2: Uuringu tabelid

### Sugu

|          | Sagedus | Protsent |
|----------|---------|----------|
| Naine    | 63      | 85%      |
| Mees     | 11      | 15%      |
| Valiidne | 74      | 100%     |

### Vanus

|          | Sagedus | Protsent |
|----------|---------|----------|
| 18-25    | 1       | 1%       |
| 26-35    | 11      | 15%      |
| 36-45    | 20      | 27%      |
| 46-55    | 24      | 32%      |
| 56-65    | 16      | 22%      |
| 65+      | 2       | 3%       |
| Valiidne | 74      | 100%     |

### Haridus

|             | Sagedus | Protsent |
|-------------|---------|----------|
| Kõrgharidus | 73      | 99%      |
| Keskharidus | 1       | 1%       |
| Valiidne    | 74      | 100%     |

### Elukutse

|   | Sagedus | Protsent |
|---|---------|----------|
| Sotsiaaltöötaja                                   | 42      | 57%      |
| Kliiniline psühholoog, psühhoterapeut, psühholoog | 5       | 7%       |
| Tervishoiutöötaja                                 | 3       | 4%       |
| Prokurör, advokaat, jurist                        | 14      | 19%      |
| Kohtunik  | 10      | 14%      |
| Valiidne  | 74      | 100%     |

## Piirkond (koondandmed)

|                   | Sagedus | Protsent |
|-------------------|---------|----------|
| Põhja             | 32      | 43%      |
| Lõuna             | 14      | 19%      |
| Ida               | 3       | 4%       |
| Lääne             | 12      | 16%      |
| Muu               | 1       | 1%       |
| Ei soovi avaldada | 12      | 16%      |
| Valiidne          | 74      | 100%     |

## Teenuse liik (koondandmed)

|                           | Sagedus | Protsent |
|---------------------------|---------|----------|
| Kohalik omavalitsus       | 29      | 39%      |
| Kohus                     | 10      | 14%      |
| Muud teenused             | 8       | 11%      |
| Prokuratuur               | 8       | 11%      |
| Haigla/kliinik/med.asutus | 7       | 9%       |
| Ohvriabi                  | 5       | 7%       |
| Naiste tugikeskus         | 3       | 4%       |
| Advokaadibüroo            | 2       | 3%       |
| Täpsustamata              | 2       | 3%       |
| Valiidne                  | 74      | 100%     |

## Töökogemus aastates

|                      | Sagedus | Protsent |
|----------------------|---------|----------|
| Vähem kui aasta      | 1       | 1%       |
| 1 kuni 4 aastat      | 34      | 46%      |
| 5 kuni 9 aastat      | 9       | 12%      |
| 10 kuni 14 aastat    | 8       | 11%      |
| 15 kuni 19 aastat    | 9       | 12%      |
| 20 kuni 24 aastat    | 6       | 8%       |
| Rohkem kui 25 aastat | 5       | 7%       |
| Täpsustamata         | 2       | 3%       |
| Valiidne             | 74      | 100%     |



Tabel Versioon A – Tervihoid ja sotsiaalhoolekanne

| Versioon A   | Hinnake palun järgnevaid väiteid vastavalt hetkeolukorrale<br>Teie töökohas: |                              |                                |                               |                              |           |
|--|--|------------------------------|--------------------------------|-------------------------------|------------------------------|-----------|
|  | Vastused   |                              |                                |                               |                              |           |
|  | Ei kehti minu töökohas üldse   | Pigem ei kehti minu töökohas | Mõnevõrra kehtib minu töökohas | Enamasti kehtib minu töökohas | Täiesti kehtiv minu töökohas | Valiidne  |
| Kehtestatud on kirjalikud juhised traumateadliku praktika rakendamiseks (traumaatiliste kogemuste tuvastamine, taasohvrustamise vältimine).                    | 15 (30%)   | 17 (34%)                     | 5 (10%)                        | 6 (12%)                       | 7 (14%)                      | 50 (100%) |
| Regulaarselt viiakse läbi sisehindamisi traumateadlike praktikate kasutamise osas.   | 20 (40%)   | 16 (32%)                     | 6 (12%)                        | 6 (12%)                       | 2 (4%)                       | 50 (100%) |
| Infovahetus teiste naiste ja nende lastega töötavate organisatsioonide ja teenuseosutajatega on toimiv ja aitab kaasa traumateadlike otsuste tegemisele.       | 7 (14%)  | 7 (14%)                      | 16 (32%)                       | 9 (18%)                       | 11 (22%)                     | 50 (100%) |
| Loodud on asutusesisene struktuur, mis toetab järjepidevat traumateadlikku tuge naistele ja nende lastele kõigis teenuse etappides.                            | 13 (26%)   | 12 (24%)                     | 13 (26%)                       | 7 (14%)                       | 5 (10%)                      | 50 (100%) |
| Naistele ja nende lastele antakse võimalus väljendada oma vajadusi, muresid ja kogemusi.   | 3 (6%)   | 4 (8%)                       | 6 (12%)                        | 12 (24%)                      | 25 (50%)                     | 50 (100%) |
| Traumateadlike praktikate tõhusama rakendamise ja arendamise eesmärgil tehakse koostööd teiste teenuseosutajate ja muude organisatsioonidega.                  | 3 (6%)   | 9 (18%)                      | 11 (22%)                       | 12 (24%)                      | 15 (30%)                     | 50 (100%) |
| Arusaam trauma mõjust on igapäevaste otsuste tegemisel olulisel kohal.   | 4 (8%)   | 5 (10%)                      | 11 (22%)                       | 12 (24%)                      | 18 (36%)                     | 50 (100%) |
| Töökohal pakutav supervisioon pakub võimalusi nii isikliku kui tööalase stressi maandamiseks.  | 7 (14%)  | 8 (16%)                      | 11 (22%)                       | 12 (24%)                      | 12 (24%)                     | 50 (100%) |
| Iga naise jaoks on koostatud individuaalne traumat arvestav turvalisuse tagamise plaan (sh päästikud, ülepinge indikaatorid, stressi vähendamise strateegiad). | 20 (40%)   | 12 (24%)                     | 7 (14%)                        | 7 (14%)                       | 4 (8%)                       | 50 (100%) |
| Supervisiooni viib läbi traumateadlik juhendaja.   | 12 (24%)   | 9 (18%)                      | 9 (18%)                        | 10 (20%)                      | 10 (20%)                     | 50 (100%) |
| Abivajavatele naistele on tagatud õigeaegne traumapõhine hindamine.  | 11 (22%)   | 11 (22%)                     | 10 (20%)                       | 10 (20%)                      | 7 (14%)                      | 49 (98%)  |
| Abivajavatele naistele on tagatud järjepidev traumateadlik teenus.   | 11 (22%)   | 10 (20%)                     | 14 (28%)                       | 7 (14%)                       | 8 (16%)                      | 50 (100%) |
| Juhtumiplaani koostamisel ja/või muudes toimingutes võetakse aluseks naise sõnastust tema emotsionaalse ohutuse kohta.   | 7 (14%)  | 7 (14%)                      | 7 (14%)                        | 14 (28%)                      | 15 (30%)                     | 50 (100%) |

## Tabel Versioon B – Justiitsüsteem

| Versioon B  | Hinnake palun järgnevaid väiteid vastavalt hetkeolukorrale<br>Teie töökohas: |                              |                                |                               |                              |           |
|---|--|------------------------------|--------------------------------|-------------------------------|------------------------------|-----------|
|   | Vastused   |                              |                                |                               |                              |           |
|   | Ei kehti minu töökohas üldse   | Pigem ei kehti minu töökohas | Mõnevõrra kehtib minu töökohas | Enamasti kehtib minu töökohas | Täiesti kehtiv minu töökohas | Vallidne  |
| Kehtestatud on kirjalikud juhised traumateadlike praktikate järgimise kohta töös vägivallaohvitest naiste ja nende lastega.   | 8 (33%)  | 5 (21%)                      | 4 (17%)                        | 1 (4%)                        | 6 (25%)                      | 24 (100%) |
| Tavaks on regulaarselt hinnata naise ja nende lapsi võimaliku trauma osas.  | 6 (26%)  | 7 (30%)                      | 4 (17%)                        | 2 (9%)                        | 4 (17%)                      | 23 (99%)  |
| Töös vägivallaohvitest naiste ja nende lastega keskendutakse nende toimetuleku ja üldise heaolu toetamisele.  | 3 (13%)  | 2 (8%)                       | 6 (25%)                        | 4 (17%)                       | 9 (38%)                      | 24 (100%) |
| Minu asutuses rakendatakse meetmeid, et vähendada vägivalda kogunud naiste ja nende lastega töötamisega seotud läbipõlemist.  | 5 (21%)  | 4 (17%)                      | 9 (38%)                        | 1 (4%)                        | 5 (21%)                      | 24 (100%) |
| Minu asutuses väärtustatakse spetsialistide mitmekesisust ja kaasatust.   | 0 (0%)   | 2 (8%)                       | 7 (29%)                        | 9 (38%)                       | 6 (25%)                      | 24 (100%) |
| Vägivallaohvitest naiste ja nende laste traumakogemust hinnatakse, kasutades selleks standardiseeritud hindamisvahendit, et paremini mõista vägivalla mõju ja teha seeläbi teadlikumaid juriidilisi otsuseid. | 9 (38%)  | 4 (17%)                      | 3 (13%)                        | 5 (21%)                       | 3 (13%)                      | 24 (100%) |
| Püüeldakse selle poole, et minimeerida menetluse käigus vägivallaohvitest naistele (ja nende lastele) stressi tekitamist.   | 1 (4%)   | 1 (4%)                       | 7 (29%)                        | 6 (25%)                       | 9 (38%)                      | 24 (100%) |
| Arusaam trauma mõjust on igapäevaste otsuste tegemisel olulisel kohal.  | 2 (8%)   | 4 (17%)                      | 6 (25%)                        | 4 (17%)                       | 8 (33%)                      | 24 (100%) |
| Naistele ja nende lastele antakse võimalus väljendada oma vajadusi, muresid ja kogemusi.  | 1 (4%)   | 2 (8%)                       | 6 (25%)                        | 3 (13%)                       | 12 (50%)                     | 24 (100%) |
| Naisi (ja nende lapsi) koheldakse austusega.  | 0 (0%)   | 1 (4%)                       | 1 (4%)                         | 5 (21%)                       | 17 (71%)                     | 24 (100%) |
| Süsteemi sidusrühmad kohtlevad üksteist austusega.  | 0 (0%)   | 1 (4%)                       | 5 (21%)                        | 9 (38%)                       | 9 (38%)                      | 24 (100%) |
| Traumaga seotud küsimusi arutatakse partneritega teistest asutustest/valdkondadest.   | 2 (8%)   | 5 (21%)                      | 5 (21%)                        | 4 (17%)                       | 8 (33%)                      | 24 (100%) |

## Lisa 3: Intervjuudes osalejad

Kõik osalejad on allkirjastanud nõusolekuvormi. Avalikustatakse ainult ametikoha põhiselt.

1. Naiste tugikeskuse tegevjuht
2. Sotsiaalministeeriumi nõunik (perede heaolu ja turvaliste suhete osakond)
3. Kohaliku omavalitsuse sotsiaalosakonna juhataja
4. Hoolekandekeskuse juhataja asetäitja
5. Ringkonnaprokurör, Ringkonnaprokuratuur (alaealiste ja lähisuhtevägivalla kuritegude osakond)



### **101056671/Care4Trauma/JUST-2021-JACC**

Project co-funded by the European Union's Justice Programme (JUST).

This publication was produced with the financial support of the European Union.

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# CARE4TRAUMA

POBOLJŠANJE USLUGA PODRŠKE ŽRTVAMA RODNO UVJETOVANOG  
NASILJA I PRISTUPA PRAVOSUĐU PUTEM SUSTAVA POMOĆI I PODRŠKE  
TEMELJENOG NA ZNANJIMA O TRAUMI

## Procjena trenutnog stanja u Republici Hrvatskoj IZVJEŠTAJ



Women's Support and  
Information Center  
*There is a way out of violence!*







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Poboljšanje usluga podrške žrtvama rodno  
uvjetovanog nasilja i pristupa pravosuđu putem  
sustava pomoći i podrške temeljenog na  
znanjima o traumi

## **Procjena trenutnog stanja**

### **IZVJEŠTAJ**

*Ožujak 2023.*

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Sadržaj ove publikacije isključiva je odgovornost projekta Care4Trauma i ne odražava nužno stajališta Europske unije. Niti institucije i tijela Europske unije niti bilo koja osoba koja djeluje u njihovo ime ne mogu se smatrati odgovornima za korištenje u njima sadržanih informacija.



## Projekt Care4Trauma

Strategija za prava žrtava 2020.– 2025. osobito je usmjerena na posebne potrebe žrtava rodno uvjetovanog nasilja. U svom dvosmjernom pristupu EU ističe kako je jedan od glavnih ciljeva strategije osnažiti žrtve zločina da poboljšaju svoje sposobnosti prijavljivanja zločina, sudjeluju u kaznenom postupku, traže naknade te da se oporave od posljedice zločina koliko god je to moguće.

Pristup koji može osigurati sigurno okruženje i promicati kulturu osnaživanja i razumijevanja žrtve rodno uvjetovanog nasilja pristup je koji može dovesti do dosljednijeg pristupa pravosuđu za traumatizirane žene i poboljšanja u području prijavljivanja slučajeva rodno uvjetovanog nasilja čiji točan broj još uvijek ne znamo.

Sustav pomoći i podrške temeljen na znanjima o traumi (TIC) pristup je koji prepoznaje simptome traume i priznaje ulogu koju trauma može imati na život pojedinca. Na organizacijskoj razini TIC ima za cilj promijeniti organizacijsku kulturu kako bi se poboljšao odgovor na utjecaj traume na svim razinama. TIC se primjenjuje u borbi protiv utjecaja neriješene traume i sekundarne viktimizacije u organizaciji. Sekundarna viktimizacija ili trauma izazvana sustavom oblik je retraumatizacije s kojim se, kako navodi i Strategija prava žrtava, žrtve rodno uvjetovanog nasilja često suočavaju u procesu dobivanja podrške i zaštite te u pristupu pravosudnom sustavu.

Stoga je projekt Care4Trauma usmjeren na poboljšanje pristupa pravosuđu za žrtve rodno uvjetovanog nasilja, i to na sljedeće načine:

- 1) jačanje usluga za traumatizirane žene koje pružaju organizacije za podršku žrtvama
- 2) poticanje usvajanje pristupa temeljenog na znanjima o traumi u većem broju organizacija koje pružaju potporu
- 3) bolje razumijevanje prednosti koje nudi pristup TIC-a.

### Partnerske organizacije

| Naziv   | Država     | Internetska stranica   |
|---|------------|--|
| Associazione Mondodonna (Udruga Mondodonna)   | Italija    | <a href="http://www.mondodonna-onlus.it/">www.mondodonna-onlus.it/</a> |
| Società italiana per lo studio dello stress traumatico - SISST (Talijansko društvo za proučavanje traumatskog stresa - SISST) | Italija    | <a href="http://www.sisst.it/">www.sisst.it/</a>                       |
| Syndesmos Melon Gynaikeion Somateion Irakleioy Kai Nomoy Irakleioy - UWAH (Savez udruga žena iz Herakliona – UWAH)            | Grčka      | <a href="https://kakopoiisi.gr/">https://kakopoiisi.gr/</a>            |
| Asociación Bienestar y Desarrollo (Udruga za dobrobit i razvoj)   | Španjolska | <a href="https://abd.org/ca/">https://abd.org/ca/</a>                  |

|  |          |   |
|--|----------|---|
| Women's Support and Information Centre Npo - WSIC (Centar za podršku i informiranje žena Npo - WSIC) | Estonija | <a href="https://naistetugi.ee/en/">https://naistetugi.ee/en/</a> |
| Autonomna ženska kuća Zagreb - Žene protiv nasilja nad ženama - AŽKZ                                 | Hrvatska | <a href="https://azkz.hr/">https://azkz.hr/</a>                   |

## Sastav Znanstvenog odbora projekta

| Ime i prezime                   | Funkcija   | Partner              |
|---------------------------------|--|----------------------|
| <b>Vittoria Ardino – tajnik</b> | Pomoćni profesor „Psihologija kriznih stanja i traume, Sveučilište u Urbino“ Carlo Bo  | SISST – Italija      |
| <b>Rossella Selmini</b>         | Izvanredna profesorica sociologije prava, devijantnosti i društvenih promjena, Odjel za pravne znanosti, Sveučilište u Bologni | MondoDonna – Italija |
| <b>Joana Badia</b>              | Pravnica za radno pravo, savjetnica i stručnjakinja za rodnu diskriminaciju  | ABD – Španjolska     |
| <b>Sophia Balamoutsou</b>       | Predavačica na magistarskim studiju savjetovanja, Visoka škola za humanističke znanosti – ICPS, Atena, Grčka                   | UWAH – Grčka         |
| <b>Hector C. Pagan</b>          | Stručni nastavnik za visoko školstvo, Sveučilište u Tartuu - Skytte Institut političkih studija, Tartu                         | WSIC – Estonija      |
| <b>Una Mikac</b>                | Poslijedoktorandica (Psihometrija) Odsjeka za psihologiju, Filozofski fakultet u Zagrebu                                       | AŽKZ – Hrvatska      |

## Izvještaji

Ovaj dokument se odnosi na HRVATSKU i doprinosi skupu nacionalnih izvješća o podacima za Estoniju, Španjolsku, Italiju i Grčku te je integriran s nacionalnim izvještajima svake zemlje iz studenog 2022. o procjeni trenutnog stanja primjene načela TIC-a u zakonodavstvu, javnim politikama i uslugama podrške preživjelima rodno uvjetovanog nasilja.

Nacionalni izvještaj izrađen je na temelju rezultata:

- internetske ankete namijenjene stručnjacima koji rade u socijalnom, zdravstvenom i pravosudnom sustavu
- polustrukturiranih intervjua s voditeljima službi i ustanova koji se bave rodnom uvjetovanim nasiljem

Za izradu izvještaja svaki je partner slijedio smjernice Znanstvenog odbora, a nacionalne izvještaje pregledao je i potvrdio nacionalni član Znanstvenog odbora.

## Uvod

Prvi nacionalni izvještaj projekta Care4Trauma, izrađen u studenom 2022., dao je pregled stanja rodno uvjetovanog nasilja nad ženama u Hrvatskoj, uključujući najvažnije statističke podatke i zakonodavni okvir, okvirni model pristupa pravosuđu te okvir postojećih zdravstvenih i socijalnih politika za žene koje su preživjele rodno uvjetovano nasilje. Pružio je i detaljnu analizu mapiranja trenutnih doseg sustava pomoći i podrške temeljenog na znanjima o traumi (TIC) uvidom u mjerodavne zakone, lokalne propise i politike kako bi se utvrdila razina TIC-a koja se pruža u zemlji putem sustava za sprječavanje i borbu protiv nasilja nad ženama i nasilja u obitelji.

Analiza predstavljena u prvom izvještaju pokazala je da većina zakonskih i drugih dokumenata uključuje neku vrstu upućivanja na položaj žrtve te da su mnoga načela TIC-a neizravno u njih uključena u sklopu općeg konteksta te posebnih mjera i članaka. Postoji opća svijest o ranjivosti žena koje su preživjele nasilje, kao i o dalekosežnim posljedicama nasilja koje uključuju smanjenu sposobnost nošenja s njima i traumu. Ta se svijest ogleda u nekim analiziranim dokumentima koji odgovornost za nasilje jasno pripisuju počinitelju i upozoravaju na izbjegavanje retraumatizacije.

Međutim, nedostaje temeljno shvaćanje da žene koje su preživjele rodno uvjetovano nasilje pate od visokih razina traume, stoga trebaju poseban pristup kako bi se osjećale zaštićenima i podržanima. Iako se to se službeno prepoznaje u nizu dokumenata, uključujući i strategije protiv nasilja u obitelji, bit toga što znači biti žena koja je preživjela nasilje i koja posljedično pati od traume nije zadovoljavajuće obrazložena niti u dokumentima niti na edukacijama koje polaze zaposlenici ustanova koje rade sa žrtvama. Stoga to ostaje otvoreno za razna tumačenja, a pojedinačnim stručnjacima u sustavu prepušteno je provođenje načela TIC-a kada i kako mogu. Osim toga, iako se sekundarna viktimizacija deklarativno smatra i prepoznaje kao potencijalno ozbiljan problem, također nije niti dovoljno obrazložena niti dubinski integrirana u postojeće politike i zakonodavstvo, što često dovodi do pripisivanja krivnje žrtvi i sekundarne viktimizacije. Zbog takvog se pristupa žene ustežu od prijave preživljenog nasilja policiji i drugim institucijama.

Uzimajući u obzir prethodno navedene nalaze i osnovni cilj projekta Care4Trauma, svrha ove druge faze projekta i drugog izvještaja bila je bolje prepoznavanje i uklanjanje nedostataka TIC-a na radnim mjestima ciljnih skupina. Faza je rezultirala opisom stupnja provedbe načela TIC-a u zdravstvenom, socijalnom i pravosudnom sustavu.

U istraživanju se pod TIC-om podrazumijevaju sedam utvrđenih načela TIC-a, i to:

1. Prepoznavanje
2. Uspostava emocionalne sigurnosti
3. Ponovna uspostava izbora i kontrole
4. Omogućavanje umrežavanja
5. Izbjegavanje retraumatizacije
6. Senzibiliziranost za kulturalne razlike
7. Izbjegavanje sekundarne viktimizacije

Sama metodologija (detaljno opisana u Prilogu 1.) uključivala je prikupljanje podataka od stručnjaka i dionika na sljedeće načine:

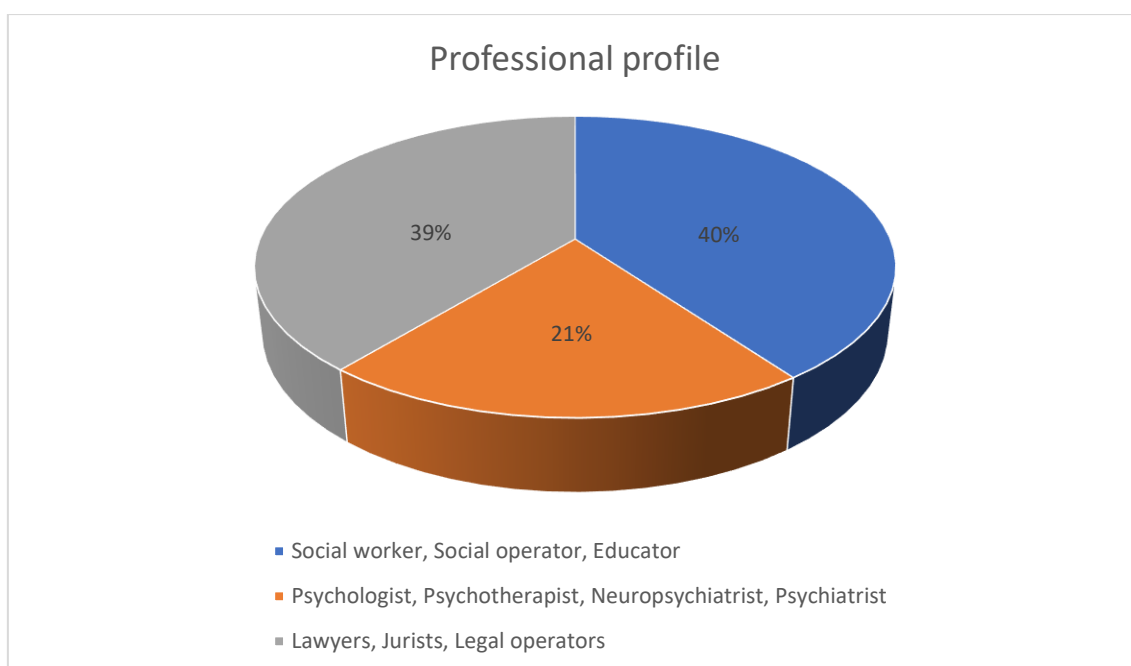
1. dvije različite verzije online upitnika (jedna za zdravstveni i socijalni sustav, a druga za pravosudni sustav) dostavljene su zaposlenicima organizacija i stručnjacima koji pružaju pomoć i podršku ženama žrtvama nasilja i njihovoj djeci.

2. polustrukturirani intervju s voditeljima skloništa i centara za borbu protiv nasilja te donositeljima političkih odluka/politika.

Rezultati izvještaja predstavljeni su u obliku detaljne analize anketa za zdravstvene i socijalne radnike te aktere pravosudnog sustava, analize intervju s voditeljima skloništa i drugih dionika te zajedničkih zaključaka s preporukama za daljnje postupanje.

## 1. Analiza anketnih podataka

Isti upitnik koji se koristi za sve zemlje partnere u projektu poslan je putem interneta socijalnim radnicima, skloništim nevladinih organizacija i savjetovalištim, drugim pružateljima usluga, zdravstvenim radnicima, sucima, odvjetnicima i drugim članovima pravosudnog sustava. Primili smo ukupno 92 važeća odgovora.<sup>1</sup> Od toga su 40% odgovori socijalnih radnika, 21% psihologa, psihoterapeuta i psihijatara, a 39% odvjetnika i pravnika. Ukupno je 56 osoba (61%) odgovorilo na specijaliziranu anketu za zdravstveni sustav i sustav socijalne skrbi, a 36 osoba (39%) je odgovorilo na anketu za pravosudni sustav.



Svi su ispitanici završili preddiplomski ili viši sveučilišni studij. Većina ispitanika su žene (91%). Gotovo polovica ispitanika ima do 5 godina radnog iskustva (46%), gotovo jedna petina (18%) ima od 6 do 10 godina iskustva, 21% ima od 11 do 20 godina iskustva, i 15% ispitanika ima više od 20 godina radnog iskustva. Zastupljene su mnoge službe, nevladine organizacije (NVO) i ustanove, uključujući centre za socijalnu skrb (CZSS), lokalna tijela vlasti, gradski ured za socijalnu skrb, državne domove za odrasle žrtve nasilja u obitelji i njihovu djecu, te nevladine organizacije koje pružaju sklonište i savjetodavne usluge. Pravosudni sustav uglavnom su predstavljali odvjetnici.

<sup>1</sup> Primili smo ukupno 148 odgovora na upitnik. Međutim, 56 ispitanika ispunilo je samo Dio A ankete koji sadrži demografske podatke, a nisu odgovorili ni na jedno anketno pitanje o TIC-u. Stoga nisu uključeni u analizu podataka. Analizirali smo ukupno 92 potpuna odgovora.

## 1.1 Zdravstveni sustav i sustav socijalne skrbi

Na upitnik za radnike i stručnjake u zdravstvenom sustavu i sustavu socijalne skrbi odgovorilo je ukupno 56 ispitanika. Oni uključuju socijalne radnike, socijalne subjekte, obrazovne djelatnike, psihologe, psihoterapeute, neuropsihijatre i psihijatre. Tablica u nastavku prikazuje ukupne rezultate ankete za svih trinaest pitanja.

|  | Uopće nije točno za moje radno mjesto | U manjoj je mjeri točno moje radno mjesto | Donekle je točno za moje radno mjesto | Uglavnom je točno za moje radno mjesto | U potpunosti je točno za moje radno mjesto |
|--|---------------------------------------|---|---------------------------------------|--|--|
| 1. Uspostavljena je pisana politika usmjerena na prakse temeljene na znanjima o traumi (otkrivanje traumatskih iskustava, poduzimanje radnji za izbjegavanje retraumatizacije)                     | 7<br>12,5%                            | 9<br>16,07%                               | 17<br>30,36%                          | 11<br>19,64%                           | 12<br>21,43%                               |
| 2. Služba/ustanova ima formalni sustav za provjeru koriste li se zaposlenici praksom temeljenom na znanjima o traumi   | 27<br>48,21%                          | 13<br>23,21%                              | 8<br>14,29%                           | 5<br>8,93%                             | 3<br>5,36%                                 |
| 3. Uspostavljen je sustav komunikacije s drugim službama/ustanovama koje rade sa ženama i njihovom djecom u svrhu donošenja odluka temeljenih na znanjima o traumi                                 | 6<br>10,71%                           | 14<br>25%                                 | 12<br>21,43%                          | 15<br>26,79%                           | 9<br>16,07%                                |
| 4. Uspostavljene su strukture koje podržavaju dosljedne reakcije zaposlenika na različitim funkcijama unutar službe/ustanove prema ženama i njihovoj djeci, a koje se temelje na znanjima o traumi | 8<br>14,29%                           | 11<br>19,64%                              | 18<br>32,14%                          | 12<br>21,43%                           | 7<br>12,5%                                 |
| 5. Ženama i njihovoj djeci sustavno se pružaju prilike da izraze svoje potrebe, brige i iskustva   | 2<br>3,57%                            | 5<br>8,93%                                | 19<br>33,93%                          | 12<br>21,43%                           | 18<br>32,14%                               |
| 6. Služba/ustanova ima sustav za razvoj/održavanje zajedničkih ciljeva temeljenih na znanjima o traumi s drugim službama/ustanovama  | 12<br>21,43%                          | 8<br>14,29%                               | 19<br>33,93%                          | 13<br>23,21%                           | 4<br>7,14%                                 |
| 7. Razumijevanje utjecaja traume uključeno je u svakodnevnu praksu odlučivanja na mojem radnom mjestu  | 4<br>7,14%                            | 10<br>17,86%                              | 10<br>17,86%                          | 18<br>32,14%                           | 14<br>25%                                  |
| 8. Supervizija na mojem radnom mjestu uključuje metode upravljanja stresom iz privatnog i poslovnog života   | 24<br>42,86%                          | 14<br>25%                                 | 9<br>16,07%                           | 4<br>7,14%                             | 5<br>8,93%                                 |
| 9. Sigurnosni planovi temeljeni na znanjima o traumi napisani/dostupni su za svaku ženu (tj. okidači, ponašanje pri pretjeranom stresu, strategije za smanjenje stresa)                            | 13<br>23,21%                          | 14<br>25%                                 | 14<br>25%                             | 11<br>19,64%                           | 4<br>7,14%                                 |
| 10. Zaposlenike nadgleda supervizor koji posjeduje znanja o traumi   | 32<br>57,14%                          | 9<br>16,07%                               | 8<br>14,29%                           | 4<br>7,14%                             | 3<br>5,36%                                 |
| 11. Ženama koje primaju usluge mojeg radnog mjesta dostupna je pravovremena procjena temeljena na znanjima o traumi  | 17<br>30,36%                          | 11<br>19,64%                              | 12<br>21,43%                          | 11<br>19,64%                           | 5<br>8,93%                                 |
| 12. Ženama koje primaju usluge mojeg radnog mjesta dostupne su kontinuirane intervencije temeljene na znanjima o traumi  | 18<br>32,73%                          | 18<br>32,73%                              | 5<br>9,09%                            | 8<br>14,55%                            | 6<br>10,91%                                |
| 13. Ženino shvaćanje emocionalne sigurnosti uključeno je u planove liječenja i/ili postupke na mojem radnom mjestu   | 18<br>32,14%                          | 13<br>23,21%                              | 9<br>16,07%                           | 11<br>19,64%                           | 5<br>8,93%                                 |

Polja s najvišim vrijednostima istaknuta su radi lakšeg pregleda rezultata. Iz ovoga se vidi da su ispitanici na otprilike dvije trećine pitanja osmišljena da ukažu i izmjere jesu li načela TIC-a integrirana i primijenjena u radu sa žrtvama odgovorili da to uopće nije

točno ili je tek u manjoj mjeri ili donekle točno. Iako su već uspostavljene neke strukture i postoji sustav TIC-a u začetku koji se može provesti, u stvarnom pružanju usluga još uvijek ima puno prostora za poboljšanje. Konkretno:

- Na pitanje postoji li pisana politika usmjerena na provedbu načela TIC-a, većina ispitanika (71,43%) odgovorila je da je to točno (41,07%) ili barem donekle točno (30,36%). Sudionici u anketi naveli su da u zdravstvenom i socijalnom sektoru postoje smjernice koje obuhvaćaju prakse usmjerene na traumu, uključujući otkrivanje traumatskih iskustava i izbjegavanje daljnje traumatizacije.
- Međutim, na daljnja pitanja postoji li u službi ili ustanovi formalni sustav kojim se prati i procjenjuje upotrebljavaju li zaposlenici načela TIC-a u svojem radu te pridržavaju li se pisanih smjernica, većina ispitanika (71,42%) odgovorila je da takav sustav zapravo ne postoji.
- Čini se da suradnja između različitih službi varira. Većina ispitanika (73,22%) dala je srednju ocjenu sustavu komunikacije između različitih službi i ustanova koje bi trebale osigurati da zaposlenici u radu sa ženama i njihovom djecom koji su žrtve donose odluke temeljene na znanjima o traumi. Ta se suradnja može poboljšati jer je većina ispitanika (69,65%) navela i da ne postoji snažan sustav podrške razvoju i održavanju komunikacije i zajedničkih ciljeva temeljenih na znanjima o traumi između različitih službi i ustanova.
- Više od polovice ispitanika (53,57%) izjavilo je da postoje strukture koje podržavaju dosljedne reakcije zaposlenika na različitim funkcijama unutar službe/ustanove prema ženama i njihovoj djeci, a koje se temelje na znanjima o traumi. To je pozitivan rezultat na kojem treba dalje raditi. Osim toga, velika većina (87,50%) govori da žene i njihova djeca sustavno dobivaju prilike za izražavanje potreba, briga i iskustava. Vidimo da unatoč nedostatku sustavnog pristupa integraciji načela TIC-a, sami stručnjaci već posjeduju dobru osnovu za pružanje podrške osobama koje su preživjele traumu uz više empatije. U vezi s tim, prema većini ispitanika (57,14%) utjecaj traume uzet je u obzir u svakodnevnom procesu odlučivanja.
- Zabrinjavajuće je da podrška zaposlenicima u službama i ustanovama uglavnom izostaje. Zdravlje i dobrobit zaposlenika vrlo je važna za pružanje TIC-a ženama i djeci, ali čak dvije trećine (67,86%) osoba tvrdi da supervizija koja se provodi na njihovom radnom mjestu ne uključuje upravljanje stresom u privatnom životu i na poslu. Nadalje, većina ispitanika (73,21%) navodi da supervizija savjetnika koji posjeduju znanja o traumi nije dovoljan, a više od polovice (57,14%) govori kako se uopće ne provodi.
- Naposljetku, planiranje sigurnosti žena na temelju procjene razine njihove traume i mogućih posljedica nije uključeno u svakodnevni posao većine anketiranih organizacija i ustanova. Primjerice, samo 26,78% ispitanika potvrdilo je dostupnost konkretnih sigurnosnih planova za žene koji se temelje na znanjima o traumi te uključuju okidače i metode upravljanja stresom. Osim toga, tek je manji postotak ispitanika (28,57%) potvrdio da je ženama dostupna procjena temeljena na znanjima o traumi. Kontinuirane intervencije temeljene na znanjima o traumi, koje su od presudne važnosti za razumijevanje preživjelih i načina na koji im se može učinkovito pomoći, nisu dostupne na dvije trećine radnih mjesta ispitanika (65,46%), dok ženino shvaćanje emocionalne sigurnosti u većini slučajeva (55,35%) nije uključeno u planove liječenja ili postupke.

Rezultati pokazuju da, iako kod relativno malog broja ispitanika, postoji mnogo dobre volje i neke strukture, uključujući sustavne, pisane smjernice za pružanje učinkovitog TIC-a ženama i njihovoj djeci koji su preživjeli nasilje. Međutim, općenito nedostaje ozbiljnija sistematizacija, posebno u sigurnosnom planiranju, te praćenje i podrška stručnjacima koji rade s osobama koje su preživjele traumu kako bi se osigurala provedba načela TIC-a.



Ispitanike se zamolilo i da navedu ideje za bolju primjenu pristupa temeljenog na znanjima o traumi na svojem radnom mjestu. Njihove se ideje mogu podijeliti u dva dijela: edukacija te bolja organizacija i suradnja

## Edukacija

Najviše se spominjalo stručno osposobljavanje u radu sa žrtvama koje su doživjele traumu. Ispitanici smatraju da bi takvo osposobljavanje trebalo biti redovito i obavezno za sve radnike u socijalnom i zdravstvenom sektoru. Nekolicina ispitanika spomenula je i pisane materijale, letke i brošure kao pomoć stručnjacima u radu. Nekoliko je puta spomenuta redovita supervizija, posebno u kontekstu sindroma sagorijevanja i prevelikog opterećenja zaposlenika. Navedene su neke konkretne preporuke:

- Osigurati kontinuirano osposobljavanje na temu traume i pružanja podrške, izraditi sigurnosni plan za žrtvu, istovremeno osiguravajući bolju podršku za stručnjake i više zaposlenika kako bi se moglo na bolji način posvetiti žrtvama nasilja, revidirati postojeće protokole liječenja u slučaju traume i smanjiti količinu papirologije za liječenje.
- Osigurati više pisanih materijala (letaka) za distribuciju kolegama i korisnicima. Unatoč stručnosti, nemaju svi predodžbu o razmjerima traumatizacije žena zbog nasilnih veza. Razmjere i posljedice za žrtvu treba prikazati što jednostavnije moguće.
- Stručna obuka zaposlenika na vodećim pozicijama može unaprijediti organizaciju rada i na bolji način usmjeriti stručno osposobljavanje zaposlenika koji rade neposredno sa žrtvama nasilja u obitelji.
- Redovno i kontinuirano osposobljavanje, barem u smislu prepoznavanja traume, žrtve itd., učiniti obaveznim za sve stručne radnike u hrvatskim ustanovama socijalne skrbi i druge stručnjake koji rade s ranjivom skupinom stanovništva. Motivirati stručnjake u ustanovama koji imaju znanje i razne dodatne edukacije da podijele znanje i iskustvo s kolegama. Za to nije potreban novac, već volja za dijeljenjem znanja i želja kolega da ih podučavaju oni koji posjeduju znanje.

*„Stručni radnici izloženi su stalnom stresu, ponekad i traumama, pri čemu praktički nemaju nikakvu podršku sustava, a ako je i dobiju, ona je tek formalna. Sustav bi mogao/morao razviti mehanizme za (pravovremenu!!!) podršku, superviziju, adekvatno obrazovanje i osnaživanje... stručnih radnika jer oni su najvažniji resurs. Trenutačna razina političkog uplitanja je neprihvatljiva.“ – ispitanik ankete*

## Bolja organizacija i suradnja

Mnogi su ispitanici spomenuli i potrebu za reorganizacijom rada. Postojeći posao mogao bi se bolje delegirati sposobnijim radnicima uz redovitu superviziju i suradnju između agencija. Neki su ispitanici također spomenuli potrebu za mobilnim timovima kako bi došli do žena u ruralnim područjima. Općenito je potrebno više financijskih i ljudskih resursa, uključujući smještaj i neposredni rad sa ženama. Nekolicina ispitanika navela je i potrebu za boljim protokolima i smjernicama za rad. Navedene su neke konkretne ideje za poboljšanje:

- Više intervencija i dostupnih resursa kojima će žene moći pristupiti i upotrebljavati ih za osnaživanje i promjenu, tj. veća dostupnost navedenog (smještaja, posla, financija i sličnih rješenja za poteškoće na koje nailaze žrtve nasilja).
- Bolja međuresorna suradnja, smisljeni pristup žrtvama nasilja, poštivanje stručnjaka i utvrđivanje protokola za rad sa ženama žrtvama nasilja.
- Standardizacija pristupa/dokumentacije (tj. sigurnosnih planova).

- Povećanje broja radnika u sustavu kako bi mogli pristupati, pratiti i pružiti podršku žrtvama nasilja.

## 1.2 Pravosudni sustav

U anketi za pravosudni sustav sudjelovalo je ukupno 36 ispitanika, uglavnom odvjetnici. Tablica u nastavku prikazuje ukupne rezultate ankete za svih dvanaest pitanja. Kao što je slučaj sa rezultatima za zdravstveni sustav i sustav socijalne skrbi, označene su polja s najvišim vrijednostima.

|  | Uopće nije točno za moje radno mjesto | U manjoj je mjeri točno za moje radno mjesto | Donekle je točno za moje radno mjesto | Uglavnom je točno za moje radno mjesto | U potpunosti je točno za moje radno mjesto |
|--|---------------------------------------|--|---------------------------------------|--|--|
| 1. Uspostavljena je pisana politika usmjerena na prakse cjelovitog odgovora na traumu u radu sa ženama žrtvama nasilja i njihovom djecom   | 4<br>11,11%                           | 4<br>11,11%                                  | 9<br>25%                              | 10<br>27,78                            | 9<br>25%                                   |
| 2. Redovito ispitivanje žena i njihove djece radi utvrđivanja traume politika je moje organizacije   | 5<br>13,89%                           | 9<br>25%                                     | 4<br>11,11%                           | 9<br>25%                               | 9<br>25%                                   |
| 3. Politike rada sa ženama i njihovom djecom u mojoj organizaciji uključuju usmjerenost na promicanje otpornosti i opće dobrobiti  | 3<br>8,33%                            | 5<br>13,89                                   | 5<br>13,89                            | 13<br>36,11%                           | 10<br>27,78                                |
| 4. Moja organizacija ima posebne protokole za smanjivanje sindroma sagorijevanja povezanog s radom sa ženama i njihovom djecom koji su doživjeli nasilje   | 8<br>22,22%                           | 7<br>19,44%                                  | 6<br>16,67%                           | 10<br>27,78                            | 5<br>13,89%                                |
| 5. Raznolikost u mojoj organizaciji odražava populaciju kojoj služimo  | 8<br>22,86%                           | 5<br>14,29%                                  | 8<br>22,86%                           | 6<br>17,14                             | 8<br>22,86%                                |
| 6. Žene i njihova djeca na odgovarajući se način ispituju radi utvrđivanja traume upotrebom standardiziranog alata, što omogućuje bolju procjenu utjecaja nasilja počinjenog nad njima i promišljenije pravne odluke | 7<br>20%                              | 7<br>20%                                     | 7<br>20%                              | 7<br>20%                               | 7<br>20%                                   |
| 7. Nastoji se minimalizirati stres u žena (i njihove djece) tijekom postupka zaštite   | 2<br>5,56%                            | 6<br>16,67%                                  | 6<br>16,67%                           | 10<br>27,78                            | 12<br>33,33%                               |
| 8. Razumijevanje utjecaja traume uključeno je u svakodnevnu praksu odlučivanja na mojem radnom mjestu  | 1<br>2,78%                            | 4<br>11,11%                                  | 10<br>27,78                           | 12<br>33,33%                           | 9<br>25%                                   |
| 9. Obiteljima i djeci sustavno se pružaju prilike da izraze svoje potrebe, brige i iskustva  | 5<br>13,89%                           | 8<br>22,22%                                  | 6<br>16,67%                           | 9<br>25%                               | 8<br>22,22%                                |
| 10. Prema ženama (i njihovoj djeci) odnosi se s poštovanjem  | 2<br>5,56%                            | 2<br>5,56%                                   | 8<br>22,22%                           | 6<br>16,67%                            | 18<br>50%                                  |
| 11. Dionici sustava odnose se jedni prema drugima s poštovanjem  | 2<br>5,56%                            | 3<br>8,33%                                   | 8<br>22,22%                           | 13<br>36,11%                           | 10<br>27,78                                |
| 12. Razgovaram o problemima traume s partnerima iz različitih sustava  | 4<br>11,11%                           | 4<br>11,11%                                  | 9<br>25%                              | 10<br>27,78                            | 9<br>25%                                   |

Već pri prvom pogledu na tablicu s ukupnim rezultatima jasno je da su rezultati za pravosudni sustav pozitivniji. Većinom se više trude integrirati načela TIC-a u svoj rad. No, postoje i pitanja na koja nisu dani jasni odgovori jer postoji snažno mišljenje na oba kraja. To može biti i zbog manjeg broja odgovora u usporedbi s anketama za zdravstvene i socijalne radnike. Konkretnije:

- Slično kao i zdravstveni i socijalni radnici, većina ispitanika (77,78%) odgovorila je da na njihovom radnom mjestu postoji pisana politika koja ih usmjerava na

prakse cjelovitog odgovora na traumu u radu sa ženama i njihovom djecom. Također, polovica ispitanika (50%) navela je da njihova organizacija redovito ispituje žene i djecu radi utvrđivanja traume. Međutim, četvrtina (25%) je izjavila da je to u manjoj mjeri točno za njihovu organizaciju. Razlog tomu mogao bi biti i to što mnogi odvjetnici i pravni stručnjaci koji su sudjelovali u anketi rade sa ženskim nevladinim organizacijama, ali neki ne rade, pa bi to moglo objasniti razliku budući da ženske nevladine organizacije imaju tendenciju više primjenjivati prakse cjelovitog odgovora na traumu. Gotovo dvije trećine ispitanika (63,89%) navelo je da te politike uglavnom uključuju usmjerenost na promicanje otpornosti i općenitu dobrobit.

- Kad pogledamo pristup usmjeren na žrtvu i upotrebu načela TIC-a u neposrednom radu sa žrtvama, ponovno dobivamo puno bolje rezultate stručnjaka iz pravosudnog sustava. Primjerice, većina ispitanika (61,11%) navela je kako se nastoji minimalizirati stres u žena i djece u slučajevima koji se tiču nasilja koji su preživjeli, i pritom im osigurati zaštitu. Razumijevanje traume uključeno je u svakodnevnu praksu odlučivanja za 86,11% ispitanika. Ženama i djeci također se pružaju prilike za izražavanje svojih potreba, tvrdi 63,89% ispitanika. Na kraju, u većini slučajeva prema ženama i djeci odnosi se s poštovanjem (88,88%).
- Na pitanje o suradnji i razgovoru o problemima povezanim s traumom unutar organizacija i ustanova, ponovno je veliki postotak ispitanika odgovorio da se dionici sustava odnose jedni prema drugima s poštovanjem (86,11%) te da mogu razgovarati o problemima u radu s traumom u svim sektorima (77,78%).

I ovaj smo put ispitanicima postavili dodatno otvoreno pitanje kako bi dobili bolji uvid u provedbu svih načela TIC-a u pravosudnom sustavu. Prvo se pitanje odnosilo na prepreke u pristupu pravosuđu s kojima se suočavaju žene žrtve nasilja. Drugo je bilo utvrditi potrebe i ciljeve za rješavanje tih prepreka, a treće je bilo navesti prepreke u provedbi praksi cjelovitog odgovora na traumu u pravosudnom sustavu.

### Prepreke u pristupu pravosuđu

- Većina ispitanika spomenula je tromost pravosudnog sustava. Sudski sporovi u svim postupcima traju predugo, što povećava rizik od sekundarne viktimizacije i iscrpljivanja žrtava te povećava vrijeme tijekom kojeg žene i njihova djeca nisu zaštićeni.
- Drugi problem je to što se žene žrtve nasilja često moraju susresti s počiniteljem tijekom postupka, što povećava njihov stres i može uzrokovati daljnju traumu, posebno u kombinaciji s prvim problemom vrlo sporih pravnih postupaka.
- Nedostaje osposobljavanje institucija, poput policije, centara za socijalnu skrb i sudova o rodno osjetljivom pristupu i pristupu temeljenom na znanjima o traumi prema ženi žrtvi nasilja. To dovodi do nedostatka empatije, a ponekad i do toga da se žrtvi pripisuje krivnja te da joj se ne vjeruje.
- Ženama se ne pruža dovoljno psihološke podrške.
- Previše je slučajeva, a premalo zaposlenih stručnjaka. Nedostaje i suradnja između agencija.

*„Za ženu žrtvu nasilja ne postoji učinkovita pravna zaštita; ona, ali i njezina djeca, prisiljena su da se „skrivaju“ od počinitelja i promijene mjesto stanovanja, posao, životne navike, a nasilnik dobiva kaznu za prijestup i sve ostaje na tome.“ – ispitanik ankete*

## Potrebe i ciljevi

U ovom poglavlju ispitanici utvrđuju potrebe i ciljeve za uklanjanje prethodno navedenih prepreka. Oni se mogu podijeliti u potrebe i ciljeve za bolje funkcioniranje sustava i one za informiranje i podršku ženama žrtvama i njihovoj djeci.

### Potrebe i ciljevi za unapređenje sustava

- Potrebna je kontinuirana i redovita edukacija svih sudionika u sustavu o svim aspektima nasilja nad ženama, uključujući na žrtvu usmjeren pristup i pristup temeljen na znanjima o traumi.
- Trebalo bi zaposliti više stručnjaka i trošiti više financijskih sredstava kako bi se osigurala podrška ženama žrtvama nasilja.
- Ubrzanje sudskih postupaka i njihova veća učinkovitost osigurat će bolju zaštitu žrtvi.
- Ispitivanje žrtvi putem videoveze (ne samo maloljetnika, već i odraslih), dodjela opunomoćenika svim žrtvama, povećanje broja sigurnih kuća, posebne mjere koje bi majkama omogućile da samostalno odlučuju o odgoju i obrazovanju djeteta do završetka sudskih postupaka.

### Potrebe i ciljevi za informiranje javnosti i žrtvi

- Podizanje svijesti o pravima žrtve, kazne za počinitelje te pomoć djeci žena žrtvi nasilja i djeci žrtvi nasilja.
- Osnaživanje žena pružanjem boljeg obrazovanja te alata za preživljavanje, samostalnost i neovisnost od svojih partnera.

*„Društvo u cjelini ostavlja dojam nezainteresiranosti za pomoć ženama žrtvama nasilja. Medijski eksponirane žene svakodnevno trpe verbalno nasilje od muških kolega, uglavnom niže intelektualne i obrazovne razine. Ako aktivno reagiraju, nasilje se povećava. Ako su pasivne, nasilnici dobivaju moć. Nasilnici dobivaju moć i od velike većine žena, odnosno društvo nema empatije prema žrtvama nasilja. Razina naše svjesnosti je ispod razine ljudskog dostojanstva, i normalno je da osobe ženskog i muškog spola nemaju istu ljudsku vrijednost. Institucionalne promjene, prvenstveno u obrazovanju, trebale bi biti podržane društvenom i medijskom osudom.“*

– ispitanik ankete

## Prepreke u provedbi praksi temeljenih na znanjima o traumi

Ispitanici su još jednom istaknuli sporost sudskih postupaka, nedovoljan broj stručnjaka te potrebu za edukacijom i senzibilizacijom. Navedene su neke konkretne utvrđene prepreke:

- Suci nisu dovoljno educirani i empatični, a pravni okvir ne nudi rješenja za sve situacije, primjerice zaštitne narukvice za počinitelje nasilja nisu ukinute, a zabrana približavanja pokazala se neučinkovitom.
- Nemogućnost zaposlenika u pravosudnom sustavu da sudjeluju na zajedničkim edukacijama prilikom kojih se razmjenjuju iskustva i prakse. Nepoznavanje i nepoštivanje Konvencije Vijeća Europe o sprečavanju i borbi protiv nasilja nad ženama i nasilja u obitelji.
- Žrtvi se psihološka pomoć ne pruža učestalo i kontinuirano tijekom dužeg razdoblja, niti joj se daje mogućnost da pomoć po potrebi koristi svakodnevno. Mislim da naš sustav trenutno nema kapacitet za to.

## 2. Analiza rezultata intervjua

Projektni tim proveo je 13 detaljnih intervjua sa stručnjacima koji imaju neposredno iskustvo u pitanjima povezanim s rodno uvjetovanim nasiljem iz državnih i lokalnih uprava, pravosudnog, zdravstvenog i socijalnog sustava, kao i akademske zajednice i civilnog sektora.<sup>2</sup>

Svrha tih intervjua bila je ispitati iskustvo ispitanika u stjecanju i razvoju znanja te primjeni pristupa temeljenog na znanjima o traumi, kao i prikupiti njihova mišljenja o tome na koji način i zašto bi primjena tog pristupa mogla unaprijediti pristup pravosuđu, politikama i, općenito, svim službama koje pružaju podršku ženama koje su preživjele nasilje i njihovoj djeci.

### 2.1. Politika

Kao što je vidljivo iz prvog izvještaja o analizi stanja u Hrvatskoj i rezultata ankete, mnoge ustanove i organizacije u Hrvatskoj imaju pisane politike koje opisuju rad sa ženama koje su preživjele nasilje na način koji uzima traumu u obzir. Intervjuirane osobe dale su nam razne odgovore i tumačenja o postojanju pisanih politika i postupaka u svojoj organizaciji/ustanovi koje uključuju usmjerenost na traumu, njenu sveprisutnost za žene koje su preživjele nasilje, i izraženu predanost smanjenju retraumatizacije. Mnoge osobe tvrde da se zalažu za senzibiliziran pristup žrtvama.

Državne i pravosudne institucije oslanjaju se na zakone, strateške dokumente i interne propise usmjerene na borbu protiv nasilja i podršku žrtvama.

Kao glavni dokument ispitanici navode Nacionalnu strategiju zaštite od nasilja u obitelji, koja je u različitim inačicama neprekidno na snazi od 2005., a obuhvaća mjere zaštite žrtava nasilja, poput osiguranja smještaja i psihosocijalne podrške od strane stručno osposobljenih osoba u području rada sa žrtvama, stambenog zbrinjavanja nakon boravka u skloništu i pomoći pri zapošljavanju u sklopu reintegracije u društvo itd. Međutim, pristup temeljen na znanjima o traumi nije posebno spomenut u ovom dokumentu.

U posljednjih nekoliko godina odredbe Zakona o kaznenom postupku nekoliko su puta mijenjane i to u dijelu koji se odnosi na žrtve i oštećene strane. Te odredbe uključuju pozive u svojstvu oštećene strane ili svjedoka, savjetovanje žrtve traume o njezinim pravima, što obuhvaća pravo na podršku tijekom svjedočenja, izuzeće od ponovnog ispitivanja, zabranu vizualnog kontakta optuženika i žrtve na sudu i tijekom ispitivanja, itd.

Odjel za mladež Općinskog kaznenog suda u Zagrebu i Odjel za podršku žrtvama i svjedocima Županijskog suda u Zadru primjenjuju Pravilnik o načinu provedbe pojedinačne procjene žrtve. Pravilnikom se propisuje da ako službenici Odjela uvide da su žrtve tjeskobne te da se teško nose s posljedicama kaznenog djela i doživljenim traumama, moraju ih uputiti na stručnu psihološku i drugu pomoć. Odjel je sastavio popis svih udruga, ustanova i organizacija koje pružaju takvu pomoć te pomaže žrtvama stupiti u prvi kontakt s njima.

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<sup>2</sup> Popis svih intervjuiranih osoba naveden je u prilogu izvještaja.



Neki od ispitanika, poput Filozofskog i Pravnog fakulteta u Zagrebu nemaju niti pisane politike i postupke usmjerene na traumu, niti programe zaštite zdravlja zaposlenika.

Pokazalo se da samo sektor organizacija civilnog društva (OCD) ima pisane politike i postupke koje uključuju usmjerenost na traumu.

*„Da, naša je organizacija prepoznatljiva, između ostalog, zbog svoje usmjerenosti na žene žrtve nasilja što obuhvaća razumijevanje traume, rad na traumati i osnaživanje žena kako bi se izbjegla nova traumatizacija.“  
Predstavnicu Autonomne ženske kuće Zagreb*

Ustanove provode planove za zdravlje i dobrobit zaposlenika putem sistematskih pregleda, supervizija i intervizija, ali sugovornici smatraju da se treba učiniti više. Ženske organizacije civilnog društva provode superviziju i intervjuje koliko im to ograničeni resursi dopuštaju, stoga ove aktivnosti nisu sustavne. Autonomna ženska kuća Zagreb svojim zaposlenicima po potrebi pruža psihološko savjetovanje i shiatsu tretmane.

## 2.2. Osposobljavanje, supervizija i smjernice

O edukaciji i osposobljavanju u području pristupa žrtvi temeljenog na znanjima o traumati dani su različiti odgovori. Većina ispitanika navodi da provode obrazovne aktivnosti, ali nije jasno uključuje li i/ili na koji način to uključuje pristup temeljen na znanjima o traumati.

Ministarstvo rada, mirovinskog sustava, obitelji i socijalne politike organizira u sklopu svojih projekata edukacije za stručne djelatnike kojima ih se senzibilizira za prepoznavanje traume i razumijevanje ponašanja i razmišljanja osobe koja je doživjela traumu, s naglaskom na potrebu promatranja cjelokupnog ponašanje osobe u kontekstu proživljene traume. Centar za socijalnu skrb organizira dodatno osposobljavanje za stručne djelatnike koji se susreću s nasiljem na radnom mjestu. Ured pravobraniteljice za ravnopravnost spolova organizira osposobljavanje o pružanju podrške žrtvama rodno uvjetovanog nasilja i pohađa osposobljavanja koje organiziraju drugi relevantni dionici. S druge strane, suci uglavnom ne pohađaju edukacije koje organiziraju organizacije civilnog društva, ali se educiraju na Pravosudnoj akademiji. Pravosudna akademija je ustanova specijalizirana za stručno usavršavanje sudaca i državnih odvjetnika, savjetnika i viših stručnih savjetnika koji nisu pravne struke na svim sudovima Republike Hrvatske. Program stručnog usavršavanja Akademije za 2023. uključuje teme poput sljedećih:

- „Pojedinačna procjena žrtve“ s naglaskom na procjenu potreba žrtve, uključujući odgovarajuće mjere pomoći žrtvi koja je doživjela traumu.
- „Uzimanje iskaza žrtve i ispitivanje žrtve s posebnim naglaskom na ranjive skupine“
- „Komunikacijske vještine“
- „Tehnike nošenja sa stresom.“

Sve edukacije i osposobljavanja zaposlenika Odjela za podršku žrtvama i svjedocima u Zadru, primjerice, treba odobriti Ured predsjednika Županijskog suda u Zadru. Zaposlenici Odjela pohađaju edukacije koje organizira Pravosudna akademija, organizacije civilnog društva i Odjel za psihologiju Sveučilišta u Zadru. Ispitanici iz Odjela ističu kako se na sustavnoj razini edukacije i osposobljavanja zaposlenika, uključujući proračun ne planiraju unaprijed i da su dostupniji osobama u Zagrebačkoj i Istarskoj županiji te gradu Zagrebu.

*„Bilo bi dobro unaprijed osigurati sredstva za edukaciju kako službenici u javnom sektoru ne bi trebali brinuti o tome hoće li sud ili drugo tijelo moći osigurati sredstva*



*za edukaciju koja nisu unaprijed osigurana u proračunu.“ - predstavnicu Odjela za podršku žrtvama i svjedocima*

Ženske organizacije civilnog društva uključuju pristup temeljen na znanjima o traumi u svoje obrazovne programe i osposobljavanje te se oslanjaju na prijenos znanja unutar svoje organizacije.

Većina ispitanika navodi da znanje o ovoj temi uglavnom dobivaju putem kontinuirane edukacije i da priznaju važno uključivanja pristupa temeljenog na znanjima o traumi u kadrovsku politiku.

### 2.3. Angažiranje i uključivanje preživjelih

Ženske organizacije civilnog društva uključuju žene koje su preživjele nasilje u svoj rad, posebno u sklopu istraživanja, iako neke od njih možda nemaju posebne politike. Promatraju stanje na terenu i osluškaju potrebe žena koje im se obraćaju za pomoć, a o tim potrebama obavještavaju donositelje odluka i njihove provoditelje. Osim toga, žene koje su preživjele nasilje uključuju i u svoje razne druge aktivnosti.

Državne institucije nemaju posebne politike za izravno uključivanje žena koje su preživjele nasilje u svoj rad, iako je Odjel za podršku žrtvama i svjedocima u Zadru dao preporuku da žene žrtve nasilja uključe kao volonterke i održavaju tjedne sastanke u svrhu provođenja te aktivnosti. To nije ciljani program, ali žene koje su preživjele nasilje volontiranje na Odjelu smatraju iskustvom koje pozitivno utječe na osobni razvoj i prevladavanje traume.

Ministarstvo rada, mirovinskog sustava, obitelji i socijalne politike, koje razvija i stvara politike na nacionalnoj razini, uključuje potrebe žrtava preko opunomoćenika, putem suradnje s organizacijama civilnog društva koje rade neposredno sa žrtvama, te vode skloništa i savjetovališta za žrtve nasilja.

Sudbena vlast je dala preporuku o uključivanju Službe za podršku žrtvama i svjedocima čim žrtva podnese prijavu policiji i tijekom cijelog postupka kako bi se povećala transparentnost rada i pojačalo povjerenje žrtava nasilja u djelatnike koji pružaju pomoć. Kako bi se izbjegla ponovna viktimizacija, žrtva se treba ispitati samo jedanput, a ta se izjava treba upotrebljavati u daljnjim radnjama postupka. Ako to želi, žrtvi se treba omogućiti sudjelovanje u postupku tako da sjedi u susjednoj prostori tijekom saslušanja, postavlja pitanja i predlaže dokaze. Žrtve rijetko koriste takvu mogućnost jer im je traumatično pojaviti se u sudnici. Ipak, povjerenje se može pojačati pozivanjem žrtve na svako saslušanje i obavještavanjem o svakoj radnji u postupku.

Superviziju i uključivanje vanjskih stručnih suradnika te analizu dobrih praksi organizacije civilnog društva smatraju važnim. Osim toga, žene koje su preživjele nasilje treba uključiti u rasprave, planiranje i druge organizacijske alate.

Državne i civilne ustanove zalažu se za profesionalni pristup radu, profesionalnu predanost te osposobljavanje i osnaživanje službenika.

*„Povjerenje žrtve u sustav može se povratiti promjenom cjelokupnog pristupa u organizaciji sustava za borbu protiv rodno uvjetovanog nasilja, ali i nasilja općenito, od isključivog i primarno represivnog sustava u uključivi, preventivni i obrazovni sustav za borbu protiv nasilja. Drugim riječima, potrebno je prestati rješavati posljedice nasilja kroz kaznenu politiku i početi primarno rješavati uzrok nasilja kroz politike prevencije i obrazovanja.“ - pravobraniteljica za ravnopravnost spolova*

## 2.4. Međusektorska suradnja

Međusektorska suradnja najizraženija je među pružateljima usluga organizacije civilnog društva, iako postoji formalna ili neformalna suradnja između svih sudionika na terenu. Predstavnice ženskih organizacija te ustanova državnog i javnog sektora uspostavile su neke formalne kanale suradnje, ali češće neformalne kanale na osobnoj razini. Suradnja unutar sudionika iz javnog sektora ostvaruje se formalnim sudjelovanjem u posebnim timovima za borbu protiv nasilja ili radnim skupinama, ali se često temelji i na osobnim kontaktima u pojedinačnim slučajevima. Neki se oblici suradnje ostvaruju na lokalnoj razini, ali postoje i koordinacijska tijela na nacionalnoj razini. Većina ispitanika vidi kontinuiranu edukaciju kao mehanizam promocije međusektorskog osposobljavanja na temu traume i pristupa temeljenih na znanjima o traumi, ali ne postoji posebno međusektorsko osposobljavanje na tu temu ili barem na temu traume. Većih ih spominje osposobljavanje o rodno uvjetovanom nasilju. Samo je ispitanik iz Hrvatskog sabora naveo da ne postoji sustav komunikacije s drugim partnerskim ustanovama, službama ili organizacijama koje rade sa ženama u svrhu pružanja podrške temeljene na znanjima o traumi, a suradnici nisu educirani na temu rada sa ženama koje su doživjele traumu.

Predstavnici Centra za socijalnu skrb smatraju svoju suradnju s drugim ustanovama i organizacijama zadovoljavajućom. Suradnja se provodi putem edukacija, zajedničkih prijava za dobivanje državnih sredstava i sredstava EU-a, obilježavanja važnih datuma, razmjene iskustava i redovite koordinacije. Mišljenja su da su svi uključeni u proces educirani o traumi. Međutim, to nije potvrđeno rezultatima ankete koji pokazuju da, iako postoji dobra volja i neke strukture, trauma se sustavno ne uzima u obzir tijekom postupka pružanja pomoći ženama koje su preživjele nasilje.

Ministarstvo rada, mirovinskog sustava, obitelji i socijalne politike surađuje s nevladinim organizacijama, organizacijama civilnog društva i vjerskim ustanovama, Crvenim križem i domovima/ustanovama socijalne skrbi. Uspostavljena je i suradnja državnih tijela, jedinica lokalne samouprave, jedinica područne (regionalne) samouprave i organizacija civilnog društva. Međuresornu suradnju provode nacionalni i županijski timovi za sprečavanje i borbu protiv nasilja nad ženama i nasilja u obitelji. Zadaća ovih timova je koordinirati praćenje, unaprijediti rad i pružati pomoć svim nadležnim tijelima koja sudjeluju u slučajevima nasilja nad ženama i nasilja u obitelji putem sustava timskog djelovanja i aktivnog sudjelovanje u provedbi mjera nacionalnih dokumenata usmjerenih na zaštitu žrtava nasilja. Ne postoje, međutim, dokazi ili podaci o tome je li pristup temeljen na znanjima o traumi integriran i dosljedno primjenjivan u okviru te suradnje.

Predstavnicu Ministarstva rada, mirovinskog sustava, obitelji i socijalne politike obavijestio nas je o novoosnovanoj Akademiji socijalne skrbi koja će provoditi sustavno cjeloživotno usavršavanje za sve stručnjake u sustavu socijalne skrbi.

*„U suradnji s organizacijama civilnog društva procijenit će se potreba za osposobljavanjem u području rada s osobama koje su doživjele traumu, posebice jer izloženost traumatskim događajima u žrtava nasilja uvjetuje niz psiholoških procesa i razvoj obrambenih mehanizama za nošenje s traumom, i u konačnici će ih se potaknuti da izađu iz kruga nasilja.“* - predstavnica Ministarstva rada, mirovinskog sustava, obitelji i socijalne politike

Pravosuđe nema formalno uspostavljenu suradnju s pružateljima usluga organizacije civilnog društva, ali predstavnici tih organizacija ponekad prate ranjive osobe na sud. Ne postoji sustav komunikacije s drugim partnerskim ustanovama, službama ili organizacijama koje rade sa ženama u svrhu pružanja podrške temeljene na znanjima o traumi. Nije poznato jesu li partneri u postupku osposobljeni za pristup temeljen na znanjima o traumi. Ne postoje mehanizmi promicanja međusektorskog osposobljavanja

o traumi i pristupu radu temeljenom na znanjima o traumi. Iako je sudac s kojim smo razgovarali svjestan da postoje edukacije i osposobljavanja koje organiziraju organizacije civilnog društva, preopterećenost poslom sprječava mnoge suce da u njima sudjeluju.

Odjel za podršku žrtvama i svjedocima Županijskog suda u Zadru surađuje s nevladinim organizacijama, ustanovama i organizacijama na području županije, ali sugovornica ocjenjuje da se to ne odvija u dovoljnoj mjeri. Suradnja je ojačana osnivanjem Županijskog tima za sprječavanje i borbu protiv nasilja nad ženama i nasilja u obitelji. Ne postoje podaci o tome jesu li članovi organizacija i ustanova koje surađuju osposobljeni za pristup temeljen na znanjima o traumi.

Pravobraniteljica za ravnopravnost spolova potvrdila je da odlično surađuje sa civilnim, državnim i privatnim sektorom. Ako osobe uključene u suradnju nisu educirane o traumi, organizira se edukacija na tu temu. Mehanizmi suradnje su edukacija, kampanje i osposobljavanje koje Ured pravobraniteljice samostalno organizira.

Ne postoji sustavna suradnja Filozofskog i Pravnog fakultet s ustanovama i organizacijama, ali neki profesori na svoju inicijativu surađuju s organizacijama civilnog društva, ali neslužbeno.

Organizacije civilnog društva koje sudjeluju u ovoj anketi tvrde da postoji međuresorna suradnja, ali im se ocjene zadovoljstva suradnjom razlikuju. SOS Rijeka navodi da bolje surađuju s drugim organizacijama civilnog društva nego s ustanovama, ali ima prostora za unapređenje suradnje s obje strane, a Autonomna ženska kuća Zagreb navodi kako je zadovoljna suradnjom s drugim dionicima. Predstavnici ustanova u manjoj su mjeri educirani o traumi od predstavnika organizacija civilnog društva, ali ima prostora za poboljšanje na obje strane.

## 2.5. Financije

Organizacije civilnog društva financiraju svoje edukacije uglavnom kroz projekte, dok ustanove javnog sektora imaju programe stručnog usavršavanja koje organiziraju krovne agencije zadužene za obrazovanje. Pravosudna akademija i novoosnovana Akademija socijalne skrbi besplatno educiraju zaposlenike u javnom sektoru. Nejasno je jesu li te edukacije usmjerene na traumu i u kojoj mjeri jer su ispitanici uglavnom spominjali nasilje nad ženama. Organizacije civilnog društva također koriste studijske posjete i superviziju za povećanje kapaciteta po pitanju pristupa temeljenog na znanjima o traumi.

*„Kad god je to moguće, u proračune projekata uključuje se i edukacija zaposlenika, što je posljednjih godina sve učestalije, i to upravo na temu traume i pristupa radu temeljenog na znanjima o traumi. Treba imati na umu da je ponekad teško provesti dodatno usavršavanje zbog nedostatka sredstava i velike opterećenosti zaposlenika.“* - predstavnica udruge SOS Rijeka

Predstavnica Centra za socijalnu skrb upozorila je da se većina obrazovnih aktivnosti financira iz proračuna, a osmišljava ih i provodi Hrvatski zavod za socijalni rad, a ponekad, iako rijetko, iz sredstava EU-a.

*„Pravosudna akademija provodi besplatno stručno usavršavanje za suce, državne odvjetnike, savjetnike i savjetnike koji nisu pravne struke. Što se tiče drugih edukacija koje su nam ponuđene, koliko znam, i one su besplatne za suce i druge stručnjake, ali zbog nedostatka vremena i preopterećenosti poslom sve manje sudaca sudjeluje u takvim edukacijama.“* - predstavnica Općinskog kaznenog suda u Zagrebu, Odjel za mladež

Služba za podršku žrtvama i svjedocima Županijskog suda u Zadru ističe kako se obrazovne aktivnosti ne planiraju sustavno ili dosljedno, već se uglavnom provode *ad hoc*. Osim toga, edukacije i osposobljavanja dostupnija su onima koji žive nedaleko Zagreba, Zagrebačke i Istarske županije zbog nižeg troška sudjelovanja koji ne uključuje putne troškove. Sugovornica je također istaknula važnost edukacije za dobrobit pružatelja usluga, motivaciju i općenito zadovoljstvo na poslu:

*„Edukacije i kontinuirano usavršavanje omogućuju nam da napredujemo na profesionalnoj razini i da zadovoljstvo koje osjećamo ne temeljimo samo na činjenici da smo pomogli traumatiziranoj osobi, već i na tome što smo kroz usavršavanje pomogli sebi da preradimo i riješimo se negativnih emocija i stresa koji ovaj posao nosi te da ih pretočimo u nove vještine, znanja i tehnike koje će nam pomoći da se nosimo sa svakodnevnim traumama na radnom mjestu, pritom se ne iscrpljujući.”* – predstavnica Službe za podršku žrtvama i svjedocima Županijskog suda u Zadru

Pravobraniteljica za ravnopravnost spolova također je istaknula izostanak sustavnog planiranja u međusektorske edukacije, koje se uvijek organizira u sklopu trajne edukacije ili EU projekata koje provodi Ured pravobraniteljice.

## 2.6. Napredak u praćenju i osiguranju kvalitete

Većina sugovornica spominje opće sustave praćenja i procjene rada, a neke navode i pristup temeljen na znanjima o traumi. Organizacije civilnog društva navode stručne sastanke, strateško planiranje, analize i odabir važnih informacija, ali i svjesnost potrebe za daljnjim napretkom u ovom području. Kao mjerila ili pokazatelje napretka svoje organizacije u stvaranju pristupa temeljenog na znanjima o traumi u radu sa ženama koje su preživjele nasilje, koriste i upitnike o zadovoljstvu klijenata i rasprave zaposlenika usmjerene na napredak i razumijevanje traume.

Ministarstvo rada, mirovinskog sustava, obitelji i socijalne politike prati kvalitetu rada pružatelja usluga organizacije civilnog društva putem upitnika o zadovoljstvu uslugom i sustava za kontrolu rada koji organizacije civilnog društva primjenjuju. Ministarstvo procjenjuje i napredak pružatelja usluga organizacije civilnog društva u stvaranju pristupa temeljenog na znanjima o traumi u radu sa ženama tako što provode procjene provedenih edukacija, radionica i okruglih stolova na temu nasilja. Na tim se događajima dobivaju povratne informacije o tome koliko organizacije civilnog društva razumiju nasilje i traumu povezanu s njim.

Služba za podršku žrtvama i svjedocima Županijskog suda u Zadru prikuplja podatke o slučajevima u specijalizirani sustav koji dijeli s Ministarstvom pravosuđa u svrhu izrade tromjesečnih statističkih izvještaja. Sugovornica je također istaknula lobiranje i zagovaranje aktivnosti Službe o *pravima žrtava i svjedoka u sudskim postupcima*. (...)

*„Naše aktivno zagovaranje i suradnja s resorima, Ministarstvom pravosuđa i drugim organizacijama, suradnja u međuresornim timovima unutar županije, regionalna pa i prekogranična suradnja pridonijeli su boljem pristupu u radu sa ženama žrtvama. Također mogu reći da je svakodnevna komunikacija s kolegama i službenicima suda, razmjena informacija i međusobno savjetovanje doprinijelo boljem razumijevanju percepcije i stanja svijesti žrtve. I dalje je potrebno neprekidno raditi na boljem razumijevanju svih sudionika o tome što je trauma i koje su njezine posljedice, zašto žrtve oklijevaju svjedočiti o nasilju, na koji ih način*

*sustav pomaže i štiti, a na koji način ih „razotkriva“.* – predstavnica Službe za podršku žrtvama i svjedocima Županijskog suda u Zadru

Sudovi ne vode zasebnu evidenciju slučajeva u kojima su žrtve koje su doživjele traumu trebale podršku, iako su nedavno uloženi određeni naponi u vođenje evidencije o žrtvama koje su ispitane putem videoveze. Sugovornica nije sigurna koliko su te evidencije ažurne i unose li svi suci podatke o žrtvama koje se na ovaj način ispituju kao svjedoci. Sudovima također nedostaju precizna mjerila i pokazatelji za procjenu napretka u pristupu ženama koji uključuje razumijevanje traume.

Centar za socijalnu skrb provodi praćenje primjenom stečenih znanja i vještina, stručnim pristupom, razmjenom informacija i sl. Rezultati se prate procjenom napretka žena koje su preživjele nasilje, kao što je broj djelatnica koje su provodile socijalno mentorstvo, riješena stambena pitanja, samostalnost u donošenju odluka pri prevladavanju vlastitih poteškoća i sl.



### 3. Zaključak

Cilj ovog istraživanja bilo je ispitivanje trenutnog stanja primjene načela TIC-a u socijalnom, zdravstvenom i pravosudnom sustavu Republike Hrvatske. Prethodno dokumentarno istraživanje i naknadni državni izvještaj, koji je mapirao situaciju u vezi s pristupom ženama koje su preživjele nasilje temeljenim na znanjima o traumi, pokazali su da su sedam načela TIC-a iz uvoda ovog izvještaja uglavnom neizravno prepoznata i integrirana u službene dokumente. Riječ „trauma“ rijetko se spominje, a u službenim dokumentima ne postoje poglavlja koja se detaljnije bave problematikom traume i njezinim učincima na žrtve nasilja, ali su načela podrške temeljena na znanjima o traumi našla svoje mjesto u praksi barem djelomično. Cilj ovog istraživanja bio je detaljnije ispitati primjenu tih načela u praksi, saznati je li trauma prepoznata i uzeta u obzir u radu sa ženama koje su preživjele nasilje i u kojoj mjeri. Ako je prepoznata, istraživanje se dalje bavilo pitanjem načina liječenja kako bi se osigurao oporavak žena od traume i spriječila njihova retraumatizacija.

Uzorak ankete nije reprezentativan (92 osobe iz oba sustava) i bilo je trinaest ispitanika iz različitih sektora kojima su postavljena detaljna pitanja o pristupu temeljenom na znanjima o traumi. Međutim, unatoč malom uzorku utvrdili smo neke obrasce u nastajanju. Slično kao i u prethodnom dokumentarnom istraživanju, iz ovog se istraživanje zaključilo da načela TIC-a nisu jasno imenovana i uključena u svakodnevni rad, ali su stručnjaci ipak upoznati s tim konceptima. Svjesni su da žene koje su preživjele nasilje pate od traume i da to otežava njihov oporavak, da su pravni postupci izazovni za žene te da su okrivljavanje žrtve i sekundarna viktimizacija ozbiljni problemi kojima se treba pozabaviti. Pozitivno je što mnoge organizacije i ustanove iz svih ispitanih sektora imaju pisane politike i smjernice koje se bave utjecajem traume i načinom na koji na traumu treba odgovoriti u radu s preživjelima. Gotovo svi ispitanici tvrde da se traume rješavaju i da se ulažu naponi da se prema preživjelima postupa s dostojanstvom, poštovanjem i osjetljivošću te da im se pruži mogućnosti izražavanja. S druge strane, uglavnom nedostaje integracija pristupa temeljenog na znanjima o traumi u svakodnevne alate i prakse, uključujući sigurnosno planiranje. Štoviše, zaposlenicima iz svih sektora nedostaje osnovna podrška i supervizija koja bi im pomogla da učinkovitije rade s traumom i izbjegnu sindrom sagorijevanje.

Intervjui su potvrdili ove nalaze i dali daljnji uvid u međusektorsku suradnju kao ključni alat u osiguravanju boljeg postupanja s preživjelima u različitim pravosudnim i drugim institucionalnim postupcima. Dobre inicijative obično su rezultat lokalnih napora različitih ureda i ustanova koje surađuju s nevladinim organizacijama, posebice ženskim organizacijama koje pružaju usluge. Kronično nedostaje ljudskih i financijskih resursa, što znači da za provedbu načela TIC-a osim supervizije također nedostaje praćenje i procjena. Na temelju rezultata i ideja prikupljenih od ispitanika i sugovornica, u unapređenju odgovora u radu sa ženama koje su preživjele nasilje od pomoći bi mogle biti sljedeće radnje:

#### **Osposobljavanje**

Gotovo su svi sudionici u istraživanju spomenuli važnost osposobljavanja u radu sa žrtvama uz pristup temeljen na znanjima o traumi. Važno je napomenuti da prema dostupnim vladinim izvještajima koja su objavljena tijekom godina postoji mnogo programa osposobljavanja koji se već provode redovito i na posebne teme. Sugovornice su to potvrdile. Međutim, unatoč osposobljavanju, mnogi stručnjaci u raznim sektori još uvijek dovoljno ne razumiju situaciju i potrebe žrtava. Stoga je važno provesti procjenu



učinkovitosti postojećih programa osposobljavanja i osigurati da se buduća osposobljavanja provode na rodno osjetljivi način, uzimajući u obzir temeljne uzroke nasilja nad ženama, uključujući nasilje u obitelji, njegovu dinamiku i posljedice, posebno aspekt prisilne kontrole i traumatičnih učinaka koje ima na ženu. Posebno osposobljavanje o traumi, uključujući definicije, dinamiku, učinke, simptome i dugoročne posljedice na žene treba biti uključeno u osposobljavanje. Stručnjaci koji rade s preživjelima također bi trebali proći specijalizirano osposobljavanje o tome što su načela TIC-a i kako ih uključiti u sve aspekte svog rada, dajući prioritet potrebama žrtava.

### **Supervizija i podrška zaposlenika**

Istraživanje je utvrdilo i problem manjka osoblja u sektorima koji rade sa ženama koje su preživjele nasilje, što stvara preveliko opterećenje za već zaposlene stručnjake. Osim toga, ti su stručnjaci rijetko pod supervizijom, obično zbog nedostatka vremena i sredstava, što im otežava dosljedno i uspješno rješavanje traume u slučajevima nasilja nad ženama i nasilja u obitelji, kao i vlastitog sindroma sagorijevanja. Trebalo bi osigurati više ljudskih i financijskih resursa za više zaposlenika, ali i za redovitu superviziju i podršku u svrhu osiguranja dobrobiti i zdravlja stručnjaka koji rade s traumama.

### **Praćenje i ocjenjivanje posla**

Anketa i intervjui ukazuju da se gotovo i ne provodi ocjenjivanje rada stručnjaka sa ženama koje su preživjele nasilje, osim redovitih općenitih ocjenjivanja. Ako postoje pisane politike i smjernice za rad s osobama koje su proživjele traumu, trebalo bi pratiti primjenu tih smjernica.

### **Uključivanje ženskih nevladinih organizacija**

Istraživanje jasno pokazuje da ženske nevladine organizacije koje neposredno pružaju usluge ženama koje su preživjele nasilje posjeduju najviše znanja o traumi i pružaju podršku ženama na temelju načela TIC-a. Stoga je važno ne samo financijski podupirati rad tih organizacija, već ih uključiti u međusektorsku suradnju, a posebno u osposobljavanje i ocjenjivanje rada drugih institucija. Ženske nevladine organizacije govore u ime žena, žene im najviše vjeruju i zastupaju poziciju osobe koja je preživjela. To njihovu stručnost u unapređenju pristupa temeljenog na znanjima o traumi i podršku ženama koje su preživjele nasilje čini neprocjenjivom.

### **Protokoli**

Mnogi su ispitanici u anketi i intervjuima naveli da su potrebni jasniji protokoli koji priznaju, utvrđuju i jasno imenuju traumu kao posljedicu nasilja i uzrok mnogih prepreka za ženu u postizanju pravde i potpunog oporavka. Prethodno istraživanje u okviru ovog projekta pokazalo je da postojeći protokoli tek nejasno spominju traumu, a načela TIC-a sadrže neizravno. Međutim, jasno imenovanje traume i ovih načela doprinijelo bi stvaranju boljih protokola koje bi zatim stručnjaci mogli provoditi. Time bi se također poboljšao potencijal za praćenje i ocjenjivanje provedbe ovih načela.

# Prilog 1: Metodologija procjene trenutnog stanja\*

## Upitnik za stručne osobe Polu-strukturirani intervjui

Pojmovi Praksa temeljena na traumi, Skrb temeljena na traumi, Pristup temeljen na traumi i Sustavi podrške žrtvama temeljeni na traumi koriste se naširoko i naizmjenično te se odnose, kao što je već utvrđeno u Nacionalnom izvješću, na široki pojam programa, organizacija ili sustav koji je svjesno dizajniran za podršku traumatiziranim osobama koje su preživjele nasilje.

Takvi termini, politike, često nisu jasno operacionalizirani. Care4Trauma projekt istražuje kakva je percepcija ciljnih skupina o postojanju potencijalne vizije podrške temeljene na traumi u njihovim organizacijama, službama, institucijama. Zajedno s rezultatima nacionalnog izvješća, razmotriti ćemo rezultate ove procjene kako bismo donijeli odluke o tome kako dizajnirati nastavni plan i program prema lokalnoj kulturi, organizacijama i percepcijama dionika. Drugim riječima, nastojimo procijeniti spremnost ključnih aktera za provedbu takvog pristupa.

### *Cilj procjene stanja*

Cilj ove faze je bolje identificirati i riješiti nedostatke u skrbi temeljenoj na traumi (TIC) (u njezinom presjeku s pravosudnim sustavom) unutar radnih mjesta ciljnih skupina. Ishod ove faze je opis stupnja implementacije načela TIC-a u cijelom sustavu (zdravstvu, socijalnoj skrbi i pravosuđu). Prema cilju, ova faza uključuje prikupljanje podataka u koje su uključeni stručnjaci/stručnjakinje i ključni dionici.

## Online upitnik

Anketa (na različitim jezicima) izrađena je na europskoj platformi 1KA.

Svi partneri imaju pristup potpunim rezultatima istraživanja, uključujući podatke prikupljene u drugim partnerskim zemljama.

Ovisno o profesionalnom profilu, ispitanik će biti upućen na verziju ankete A ili verziju ankete B (vidi dolje).

Minimalni broj ispitanika postavljen je na 40 po zemlji (ukupno 200).

Uzorak treba predstavljati sljedeće pokazatelje koje prikupljamo u demografskom dijelu:

- Zemljopisna područja
- Vrsta službe i ustanove (zdravstvena i socijalna skrb);
- Bolnice: hitna pomoć gdje postoji poseban način skrbi za žene žrtve nasilja
- Pružatelji socijalnih usluga
- Skloništa
- Organizacije koje pružaju podršku žrtvama nasilja

a. Vrsta službe i ustanove (Pravosuđe)

b. Profesionalni profili:

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- Socijalne/i radnice/i, Stručnjakinje/stručnjaci za socijalnu skrb, Odgojiteljice/i (Verzija A)
- Psihologinje/psiholozi, Psihoterapeuti, Neuropsihijatri, Psihijatri (Verzija A)
- Zdravstvene/i djelatnice/i (verzija A)
- Odvjetnice/i, Pravnice/i, Pravni operater, Pravni stručnjak (Verzija B)
- Sutkinje i suci, prekršajni sudac (Verzija B)

c. Vrijeme usluge

### Demografski podaci

|  |     |
|--|-----|
| Spol                                   | Dob |
| Zemlja prebivališta                    |     |
| Zvanje                                 |     |
| Zanimanje                              |     |
| Regija zemlje u kojoj radite           |     |
| Vrsta usluge/institucija               |     |
| Trenutno radno mjesto:                 |     |
| Broj godina proveden na radnom mjestu: |     |

## Verzija A – Zdravstvo i socijalna skrb

### Uvod

Pružanje podrške ženama koje su preživjele nasilje koje je temeljeno na traumi promiče korištenje univerzalnog pristupa koji pretpostavlja da su žene žrtve nasilja i njihova djeca uključena u sustav skrbi doživjeli neki oblik traume koji se može ublažiti odgovarajućim postupcima. Prakse temeljene na traumi stoga se odnose na paradigmu i organizacijsku viziju koje razumiju, uzimaju u obzir prožimajuću prirodu traume i promiču stvaranje okruženja za iscjeljenje i oporavak, a ne prakse i usluge koje mogu nenamjerno ponovno traumatizirati. Anketa ima za cilj istražiti je li i na koji način sustav zdravstvene i socijalne uključio koncept traume i TIC načela u pružanje podrške te koje bi po vašem mišljenju trebale biti promjene kako bi se uspostavio takav pristup.

### Pitanja

Ocijenite sljedeće izjave u vezi s vašim radnim mjestom kako ono trenutno funkcionira

| Redni broj | Pitanja   | Potpuno netočno za moje radno mjesto | U manjoj je mjeri točno moje radno mjesto | Donekle je točno za moje radno mjesto | Uglavnom je točno za moje radno mjesto WP | U potpunosti je točno za moje radno mjesto |
|------------|---|--------------------------------------|---|---------------------------------------|---|--|
| 1.         | Uspostavljena je pisana politika o praksama temeljenima na znanjima o traumi (otkrivanje traumatskih iskustava, poduzimanje radnji za izbjegavanje retraumatizacije)                            |                                      |   |                                       |   |  |
| 2.         | Služba/ustanova ima formalni sustav za provjeru koriste li se zaposlenici praksom temeljenom na znanjima o traumi   |                                      |   |                                       |   |  |
| 3.         | Uspostavljen je sustav komunikacije s drugim službama/ustanovama koje rade sa ženama i njihovom djecom u svrhu donošenja odluka temeljenih na znanjima o traumi                                 |                                      |   |                                       |   |  |
| 4.         | Uspostavljene su strukture koje podržavaju dosljedne reakcije zaposlenika na različitim funkcijama unutar službe/ustanove prema ženama i njihovoj djeci, a koje se temelje na znanjima o traumi |                                      |   |                                       |   |  |

| Redni broj | Pitanja  | Potpuno netočno za moje radno mjesto | U manjoj je mjeri točno moje radno mjesto | Donekle je točno za moje radno mjesto | Uglavnom je točno za moje radno mjesto WP | U potpunosti je točno za moje radno mjesto |
|------------|--|--------------------------------------|---|---------------------------------------|---|--|
| 5.         | Ženama i njihovoj djeci sustavno se pružaju prilike da izraze svoje potrebe, brige i iskustva  |                                      |   |                                       |   |  |
| 6.         | Služba/institucija ima osiguran sustav za razvoj i održavanje zajedničkih ciljeva temeljenih na traumi sa drugim službama/institucijama.                             |                                      |   |                                       |   |  |
| 7.         | Razumijevanje utjecaja traume uključeno je u svakodnevnu praksu odlučivanja na mom radnom mjestu   |                                      |   |                                       |   |  |
| 8.         | Supervizija na mom radnom mjestu uključuje metode upravljanja stresom iz privatnog i poslovnog života  |                                      |   |                                       |   |  |
| 9.         | Sigurnosni planovi temeljeni na znanjima o traumi napisani/dostupni su za svaku ženu (tj. okidači, ponašanje pri pretjeranom stresu, strategije za smanjenje stresa) |                                      |   |                                       |   |  |
| 10.        | Zaposlenike nadgleda supervizor koji posjeduje znanja o traumi   |                                      |   |                                       |   |  |
| 11.        | Ženama koje primaju usluge mog radnog mjesta dostupna je pravovremena procjena temeljena na znanjima o traumi  |                                      |   |                                       |   |  |
| 12.        | Kontinuum intervencija temeljenih na traumi dostupan je ženama na mom radnom mjestu.   |                                      |   |                                       |   |  |
| 13.        | Ženska definicija emocionalne sigurnosti uključena je u planove rada i/ili u postupke na mom radnom mjestu.  |                                      |   |                                       |   |  |

Na temelju vaših odgovora, navedite od jedne do tri ideje za bolju implementaciju pristupa temeljenog na traumi na vašem radnom mjestu:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Verzija B - Pravosudni Sustav

### Uvod

Pružanje podrške ženama koje su preživjele nasilje koje je temeljeno na traumi promiče upotrebu univerzalnog pristupa koji pretpostavlja da su žene žrtve nasilja i njihova djeca uključena u pravosudni sustav doživjeli neki oblik traume koji se može ublažiti odgovarajućim postupcima. Prakse temeljene na traumi stoga se odnose na paradigmu i organizacijsku viziju koje razumiju, uzimaju u obzir prožimajuću prirodu traume i promiču stvaranje okruženja za iscjeljenje i oporavak, a ne prakse i usluge koje mogu nenamjerno ponovno traumatizirati. Istraživanje ima za cilj istražiti bi li i kako bi pravosudni sustav mogao imati koristi od unaprjeđenja novonastalog područja pravde temeljene na traumi kako bi bolje služio ženama žrtvama nasilja i njihovoj djeci.

### Pitanja

Ocijenite sljedeće izjave u vezi s vašim radnim mjestom kako ono trenutno funkcionira. (Percepcija mjera politike pravosudnog sustava)

| Pitanja   | Uopće nije točno za moje radno mjesto | U manjoj je mjeri točno za moje radno mjesto | Donekle je točno za moje radno mjesto | Uglavnom je točno za moje radno mjesto | U potpunosti je točno za moje radno mjesto |
|---|---------------------------------------|--|---------------------------------------|--|--|
| .1. Postoji pisana politika koja obavezuje na postupanje koje je osjetljivo na traumu za žene žrtve nasilja i njihovu djecu.                          |                                       |  |                                       |  |  |
| .2. Politika moje organizacije je redovito provjeravanje postojanja traume kod žena i njihove djece.  |                                       |  |                                       |  |  |
| .3. U mojoj organizaciji, politike koje se tiču rada sa ženama i njihovom djecom uključuju fokus na promicanju otpornosti i opće dobrobiti.           |                                       |  |                                       |  |  |
| .4. Moja organizacija ima specifične protokole za smanjenje "izgaranja" povezanog s radom sa ženama i njihovom djecom koji/e su preživjeli/e nasilje. |                                       |  |                                       |  |  |



| Pitanja   | Uopće nije točno za moje radno mjesto | U manjoj je mjeri točno za moje radno mjesto | Donekle je točno za moje radno mjesto | Uglavnom je točno za moje radno mjesto | U potpunosti je točno za moje radno mjesto |
|---|---------------------------------------|--|---------------------------------------|--|--|
| .5. Raznolikost osoblja u mojoj organizaciji odražava populaciju s kojom radimo.  |                                       |  |                                       |  |  |
| .6. Žene i njihova djeca se na odgovarajući način ispituju na postojanje traume korištenjem standardiziranog alata za bolju procjenu utjecaja nasilja nad njima i stoga za donošenje informiranijih sudskih odluka. |                                       |  |                                       |  |  |
| .7. Ulažu se naponi kako bi se smanjili stresni aspekti postupka zaštite žena (i njihove djece).  |                                       |  |                                       |  |  |
| .8. Razumijevanje utjecaja traume uključeno je u svakodnevnu praksu donošenja odluka na mom radnom mjestu.  |                                       |  |                                       |  |  |
| .9. Obitelji i djeca imaju sustavno osigurane uvjete i priliku da izraze svoje potrebe, brige i iskustva.   |                                       |  |                                       |  |  |
| .10. Žene (i njihovu djecu) tretiraju s poštovanjem.  |                                       |  |                                       |  |  |
| .11. Dionici sustava odnose se jedni prema drugima s poštovanjem.   |                                       |  |                                       |  |  |
| .12. Razgovaram sa partnerima iz drugih institucija/organizacija o problemima vezanim uz traumu.  |                                       |  |                                       |  |  |

1. Navedite tri prepreke u pristupu pravdi za žene žrtve nasilja: \_\_\_\_\_
2. Koje su potrebe i ciljevi za rješavanje prepreka koje ste naveli: \_\_\_\_\_
3. Molimo navedite prepreke za provedbu pristupa temeljenog na traumi u pravosudnom sustavu kako bi se bolje odgovorilo na potrebe žena žrtava nasilja \_\_\_\_\_

## Polu-strukturirani intervjui

Strukturirani intervjui trebaju se voditi sa stručnjakinjama/stručnjacima na razinama odlučivanja koje/i imaju izravno iskustvo s rodno uvjetovanim nasiljem. Cilj je uključiti do 12 stručnjakinja/stručnjaka iz nacionalnih i lokalnih vlasti te sustava pravosuđa, zdravstva i socijalne skrbi.

Tematski vodič istražuje iskustva sudionica/ka u razvoju i provedbi pristupa pravosuđu i TIC pristupa te njihova stajališta o tome kako i zašto TIC pristupi mogu poboljšati politiku i provedbu.

### Potencijalne sudionice i sudionici intervjua:

1. Donositelj/ica odluka (koja/i može dati uvid u sustav zdravstva i socijalne zaštite)
2. Voditeljica skloništa
3. Ravnatelj/ica Hitne pomoći
4. Državni/a odvjetnik/ca
5. Sudac/sutkinja
6. Odvjetnik/ca
7. Predsjednik/ca Hrvatskog psihološkog društva ili Hrvatske psihološke komore
8. Predsjednik/ca Hrvatske udruge socijalnih radnika
9. Savjetnik/ca ili član/ica savjetodavnih odbora za lokalne vlasti, središnju vladu (itd.)
10. Preostale tri osobe mogu odabrati partnerske organizacije kako bi bolje predstavljali svoju zemlju

Uvod u intervju može biti: *“Molimo vas da razmislite o trenutnim politikama (praksama) vaše organizacije. Postavit ćemo vam nekoliko pitanja kako bismo istražili kako organizacija promišlja te kako se bavi utjecajem traume na ciljanu populaciju.”*

|                        |   |
|------------------------|---|
| <p><b>Politike</b></p> | <p>Jesu li pisane politike i procedure organizacije već uključile fokus na traumu, njenu sveprisutnost za žene žrtve nasilja i izrazile predanost smanjenju ponovne traumatizacije?</p> <p>Ima li organizacija poseban plan zdravlja i dobrobiti za osoblje, koji prepoznaje sveprisutnost traume i pomaže nadređenima i radnicama/ima da podrže osoblje koje je doživjelo traumu? Ako ne, zašto ne?</p> <p>Kako kadrovska politika organizacije pokazuje predanost obuci osoblja za pružanje usluga i podrške koji su kulturološki relevantni i temeljeni na traumi?</p> |
|------------------------|---|

|  |  |
|--|--|
|  | <p>Koliko bi korisno bilo imati organizacijsku politiku o tome kako bi se korisnice usluga trebalo ispitati o postojanju traume?</p>   |
| <p><b>Angažman i uključenost žena koje su preživjele nasilje</b></p> | <p>Ima li vaša organizacija politiku uključivanja žena koje su preživjele nasilje u rad organizacije, koja opisuje vašu misiju i što želite postići uključivanjem mišljenja žrtava u vaš rad? Je li osoblje bilo uključeno u rasprave o tome kako će to funkcionirati te koje su prepreke u provedbi?</p> <p>Što se može učiniti kako bi se poboljšalo povjerenje u osoblje i transparentnost u radu za žene koje su preživjele nasilje, a koje su uključene u planiranje i pružanje usluga? Kako je njihova uloga zajednički identificirana i jasno ocertana kako bi se izbjegli nesporazumi?</p> |
| <p><b>Međusektorska suradnja</b></p>                                 | <p>Da li ste uspostavili odgovarajuću suradnju sa drugim institucijama ili organizacijama? Kako ste ju uspostavili? Da li je proces suradnje zadovoljavajući?</p> <p>Postoji li sustav komunikacije sa drugim partnerskim institucijama, uslugama, organizacijama koje rade sa ženama u svrhu ostvarenja pružanja podrške temeljene na traumi?</p> <p>Da li su suradnički partneri educirani na temu rada sa ženama koji se temelji na proživljenoj traumi?</p> <p>Koji mehanizmi postoje za promicanje međusektorskog treninga na temu traume i pristupa radu koji se temelji na traumi?</p>      |
| <p><b>Financiranje</b></p>   | <p>Na koji način proračun organizacije uključuje financiranje potpore za stalnu obuku o traumi i pristupima temeljenim na traumi za razvoj vodstva i osoblja?</p> <p>Koja sredstva postoje za međusektorsku obuku o traumi i pristupima koji su temeljeni na traumi?</p>   |
| <p><b>Praćenje napretka i osiguranje kvalitete</b></p>               | <p>Koji mehanizmi postoje za uključivanje prikupljenih informacija u procese osiguravanja kvalitete organizacije i koliko dobro ti mehanizmi rješavaju stvaranje pristupačnih, kulturološki relevantnih usluga i podrške temeljene na traumi?</p> <p>Koje mjere ili pokazatelji se koriste za procjenu napretka organizacije stvaranju pristupa radu sa ženama koji se temelji na razumijevanju traume?</p>  |

## Prilog 2.: Strukturirani intervjui – popis ispitanika

| #   | Sektor / uloga  | Ime i prezime, funkcija, organizacija   |
|-----|---|---|
| 1.  | Javni sektor / tvorac politike                                  | <b>Margareta Mađerić</b> – državna tajnica u Ministarstvu rada, mirovinskoga sustava, obitelji i socijalne politike |
| 2.  | Javni sektor / tvorac politike                                  | <b>Katica Glamuzina</b> – zastupnica u Saboru, Socijaldemokratska stranka   |
| 3.  | Javni sektor / pravobraniteljica                                | <b>Višnja Ljubičić</b> – pravobraniteljica za ravnopravnost spolova   |
| 4.  | Civilni sektor / pružatelj usluga organizacije civilnog društva | <b>Adriana Bego</b> – koordinatorica projekta, Centar za žene žrtve rata – ROSA                                     |
| 5.  | Civilni sektor / akademska zajednica                            | <b>Darja Maslić Seršić</b> – profesorica, Odsjek za psihologiju, Filozofski fakultet, Sveučilište u Zagrebu         |
| 6.  | Civilni sektor / akademska zajednica                            | <b>Anita Lauri Korajlija</b> – profesorica, Odsjek za psihologiju, Filozofski fakultet, Sveučilište u Zagrebu       |
| 7.  | Javni sektor / rad sa žrtvama                                   | <b>Dragana Marina</b> – Viša stručna savjetnica, Odjel za podršku žrtvama i svjedocima, Županijski sud u Zadru      |
| 8.  | Civilni sektor / pružatelj usluga organizacije civilnog društva | <b>Lorena Zec</b> – psihologinja, SOS Rijeka – centar za nenasilje i ljudska prava                                  |
| 9.  | Javni sektor / rad sa žrtvama                                   | <b>Marija Bajan Prokl</b> – predstojnica, Hrvatski zavod za socijalni rad, Područni ured Virovitica                 |
| 10. | Civilni sektor / pružatelj usluga organizacije civilnog društva | <b>Mirjana Kučer</b> – voditeljica udruge Domine, Split   |
| 11. | Civilni sektor / akademska zajednica                            | <b>Zlata Đurđević</b> – profesorica, Pravni fakultet  |
| 12. | Javni sektor / pravosuđe  | <b>Dijana Rizvić</b> – sutkinja Općinskog kaznenog suda u Zagrebu, predsjednica Odjela za mladež                    |
| 13. | Civilni sektor / pružatelj usluga organizacije civilnog društva | <b>Sanja Jelavić Bezbradica</b> – odvjetnica, JELAVIĆ & partneri i Autonomna ženska kuća Zagreb                     |

## Prilog 3.: Sažeci intervjuja

### Katica Glamuzina

Zastupnica u Hrvatskom saboru

#### Politika

- Nema pisanih politika i postupaka, ali se nastoji smanjiti retraumatizaciju.
- Nema konkretnog plana za osiguranje zdravlja i dobrobiti zaposlenika.

#### Angažiranje i uključivanje preživjelih

- Nema politike uključivanja preživjelih.

#### Međusektorska suradnja

- Ne postoji sustav za komunikaciju s partnerskim ustanovama, službama i agencijama koje rade sa ženama koje su preživjele nasilje.
- Nema financijskih sredstava za međusektorsko osposobljavanje o traumi i pristupima temeljenima na znanjima o traumi.

### Višnja Ljubičić

Pravobraniteljica za ravnopravnost spolova

#### Politika

- Jedna od glavnih dionika po pitanjima politike. Nadležnosti i ovlasti pravobraniteljice propisane su posebnim zakonima i propisima: Zakonom o ravnopravnosti spolova, Zakonom o suzbijanju diskriminacije, Zakonom o državnim službenicima, Etičkim kodeksom državnih službenika, Kolektivnim ugovorom državnih službenika i namještenika i Poslovníkom pučkog pravobranitelja.
- Zalaže se za unapređenje zakonodavnog okvira i praksi zaštite i podrške žrtvama rodno uvjetovanog nasilja, posebice za senzibilizirani pristup žrtvama nasilja u svrhu sprječavanja retraumatizacije.
- Organizira brojna osposobljavanja za pružanje podrške žrtvama rodno uvjetovanog nasilja, a pohađa i mnoga osposobljavanja koja organiziraju drugi relevantni dionici.
- Organizacijska politika o načinu ispitivanja i/ili načinu na koji bi korisnike usluga trebalo ispitivati o traumi bila bi od ključne važnosti za rad sa žrtvama nasilja.

#### Angažman i uključivanje preživjelih

- Uključivanje preživjelih – svakako na razini konkretnog rada, prvenstveno pritužbi građana, a potom pri izradi prijedloga za unapređenje politika borbe protiv rodno uvjetovanog nasilja.
- Sustav borbe protiv nasilja nad ženama, uključujući nasilje u obitelji, odvraća žrtve od prijave blažih oblika nasilja dok situacija ne eskalira i prijeđe u područje kaznenog djela, često s tragičnim posljedicama.
- Sustavom se lako manipulira i zloupotrebljava, a svi se oblici nasilja neselektivno rješavaju represijom. Sustav se bavi samo posljedicama nasilja, a uzroci nasilnih obrazaca ostaju izvan njegovog djelokruga. To za posljedicu ima gubitak povjerenja u sustav.
- Nedostaje sljedeće: preventivna komponenta, programi dugoročne i visokokvalitetne edukacije policije i pravosuđa, programi resocijalizacije počinitelja.

- Vraćanje povjerenja žrtve = promjena cjelokupnog pristupa od isključivog i primarno represivnog sustava u uključivi, preventivni i obrazovni sustav za borbu protiv nasilja, odnosno od rješavanja posljedica nasilja kroz kaznenu politiku do rješavanje uzroka nasilja kroz politike prevencije i obrazovanja.

### Međusektorska suradnja

- Dobra suradnja sa civilnim, javnim i privatnim sektorom; osobni kontakt izvršitelja i voditelja, česti sastanci, inicijative pravobraniteljice uključuju relevantne dionike, partnerstva na projektima, zajedničku edukaciju i rad na konkretnim slučajevima.
- Ne postoje posebna proračunska sredstva za međusektorsko osposobljavanje o traumi, već se ono provodi u sklopu redovne edukacije ili se financira putem EU projekata koje provodi pravobraniteljica.

### Financije

- Namjenski proračun za osposobljavanje o traumi i pristupima temeljenima na znanjima o traumi za razvoj vodstva i zaposlenika + financiranje putem EU projekata.

### Praćenje napretka i osiguranje kvalitete

- Nije primjenjivo

## Dijana Rizvić

Sutkinja i predsjednica Odjela za mladež, Općinski kazneni sud u Zagrebu

### Politika

- U posljednjih nekoliko godina odredbe Zakona o kaznenom postupku nekoliko su puta mijenjane i to u dijelu koji se odnosi na žrtve i oštećene strane, kao i odredbe o pozivu u svojstvu oštećene strane ili svjedoka, savjetovanje žrtve traume o njezinim pravima, što obuhvaća pravo na podršku tijekom svjedočenja, izuzeće od ponovnog ispitivanja, zabranu vizualnog kontakta optuženika i žrtve na sudu i tijekom ispitivanja.
- Dobrobit zaposlenika: sindikalno organizirani službenici i suci koji su članovi Udruge sudaca mogu obaviti godišnji psihološki pregled. Ured ravnatelja suda vodi evidenciju i brine se o pravima službenika i sudaca. Nije upoznata s postojanjem plana za osiguranje zdravlja i dobrobiti zaposlenika s posebnim naglaskom na traumu i podršku zaposlenicima koji su doživjeli traumu. Nema supervizije pojedinih stručnjaka na sudu koji bi sa sucima i službenicima radili na ovoj temi.
- Pravosudna akademija = ustanova za stručno usavršavanje sudaca, državnih odvjetnika, savjetnika i viših stručnih savjetnika koji nisu pravne struke. Teme programa stručnog usavršavanja za 2023. su sljedeće:
  - „Pojedinačna procjena žrtve“ s naglaskom na procjenu potreba žrtve, što, naravno, uključuje odgovarajuće mjere pomoći žrtvi koja je doživjela traumu.
  - „Uzimanje iskaza žrtve i ispitivanje žrtve s posebnim naglaskom na ranjive skupine“
  - „Komunikacijske vještine“
  - „Tehnike nošenja sa stresom.“

### Angažman i uključivanje preživjelih

- Ne postoji politika uključivanja žena koje su preživjele nasilje u rad suda.
- Pojedinačnu procjenu žrtve i podršku žrtvi donedavno je provodila Služba za podršku žrtvama i svjedocima Županijskog suda u Zagrebu. Uskoro će Sud imati



specijaliziranu službu za podršku žrtvama i svjedocima kao i većina sudova u Republici Hrvatskoj.

- Službeni bi se postupak mogao unaprijediti tako da se Služba za podršku žrtvama i svjedocima uključi u rad sa žrtvama od trenutka prijave policiji, prvog ispitivanja žrtve u policiji do ispitivanja na Županijskom sudu i mogućeg drugog ispitivanja na Općinskom kaznenom sudu. Žrtve bi se svakako trebalo ispitati na dokaznom ročištu na Županijskom sudu, a ne u Općinskom kaznenom državnom odvjetništvu. Taj iskaz žrtve trebao bi se koristiti u daljnjim postupcima bez njezinog ponovnog pozivanja u svojstvu svjedoka.
- Izgradnja povjerenja: poboljšati komunikaciju sa žrtvom, obavještavati žrtvu o svakoj radnji u postupku. To može provoditi Služba za podršku žrtvama i svjedocima ili obavezni besplatni punomoćnik.

### Međusektorska suradnja

- Nije uspostavljena formalna suradnja s organizacijama civilnog društva koje pružaju podršku žrtvama, iako žrtve ponekad prate predstavnici organizacija civilnog društva, odnosno organizacije civilnog društva podržavaju tražitelje azila i migrante, štite prava LGBTQ zajednice, prava žena itd.
- Ne postoje službeni mehanizmi međusektorske edukacije. Preopterećenost poslom sprječava sudjelovanje u edukacijama i programima usavršavanja koje organiziraju organizacije civilnog društva na temu podrške i zaštite žrtava nasilja.

### Financije

- Besplatno stručno usavršavanje u Pravosudnoj akademiji, ali preopterećenost poslom sprječava sudjelovanje. Sve manje sudaca sudjeluje u usavršavanju.

### Praćenje napretka i osiguranje kvalitete

- Ne postoje službene procedure za vođenje zasebne evidencije slučajeva u kojima su žrtve koje su doživjele traumu trebale podršku, iako je Sud počeo voditi evidenciju o žrtvama koje su ispitane putem videoveze. Sugovornica nije sigurna koliko su te evidencije ažurne i unose li svi suci podatke o žrtvama koje su na ovaj način ispituju kao svjedoci.
- Sud je osigurao posebne zaštitne mjere na zahtjev žrtve. Sud daje žrtvama pisane upute o tim pravima, ali vrlo mali broj njih koristi te posebne zaštitne mjere. „Možda postoji određena psihološka devijacija zbog koje žrtve ne koriste ponuđena prava.“ (sic)
- Potrebno je uspostaviti mehanizme zaštite i podrške svim žrtvama tijekom cijelog postupka te osigurati da ista osoba iz Službe za podršku žrtvama i svjedocima bude uz žrtvu od trenutka prijave policiji u policijskoj stanici do okončanja sudskog postupka.
- Ne postoje mjerila i pokazatelji za procjenu napretka u pristupu ženama u svrhu razumijevanja traume. Trenutno je u pripremi izmjena zakona koja će žrtvama osigurati jednostavnije ostvarivanje prava i lakši pristup sudu i kanalima komunikacije te veću odgovornost institucija u kaznenom postupku.

## Adriana Bego

Koordinatorica projekata, Centar za žene žrtve rata – ROSA

### Politika

- Organizacija ima pisane politike i postupke usmjerene na traumu i njenu sveprisutnost za žene žrtve nasilja te nastoji smanjiti retraumatizaciju.

- Članovi sudjeluju u programima osposobljavanja i radionicama, ali organizacija trenutno ne provodi takve aktivnosti samostalno zbog nedostatka sredstava i vremena.
- Organizacija uključuje vanjske stručnjake, psihologe i psihijatre koji rade na prevladavanju traume u rad sa ženama koje su preživjele nasilje.

### Angažman i uključivanje preživjelih

- Programi podrške izrađeni su na temelju potreba žena koje su preživjele nasilje i uz sudjelovanje vanjskih stručnjaka, poput psihologa, prevoditelja/kulturnih posrednika i odvjetnika.
- Nakon što se osjete osnaženima, neke se žene pridružuju kao volonterke i aktivistice. Organizacija povremeno uključuje i žene tražiteljice azila kao vanjske prevoditeljice/kulturne posrednice ili kao podršku djeci u savladavanju školskog gradiva.

### Međusektorska suradnja

- Formalna suradnja – članovi međusektorskih tijela, kao što su Nacionalni, Operativni i Mobilni timovi za suzbijanje trgovanja ljudima. Suradnja je često neučinkovita i puka formalnost što je vidljivo prilikom utvrđivanja konkretnih problema žena u tom sustavu zaštite. Sustav zaštite i podrške žrtvama trgovanja ljudima ne funkcionira ili moramo uložiti veliki napor za postizanje minimalnog napretka.
- Neformalna suradnja – nije sustavna, ali je puno učinkovitija. Uspostavljena je neposredna suradnja sa zaposlenicima relevantnih ustanova/organizacija na temelju osobnog kontakta. Može se prekinuti u slučaju promjene zaposlenika.
- Suradnja s drugim ženskim organizacijama – neformalna, zadovoljavajuća na nacionalnoj i međunarodnoj razini.
- Komunikacija s ustanovama – formalna putem sudjelovanja u međusektorskim tijelima; nekim se članovima o pojedinačnim slučajevima može pristupiti neformalnije.
- Komunikacija s Ministarstvom unutarnjih poslova je sustavna, ali jednostrana u pojedinačnim slučajevima žena kojima se pruža podrška – obavještavanje Ministarstva o prijavama trgovanja ljudima putem SOS telefona; nikada se ne daju povratne informacije o pojedinačnim prijavama
- Edukacije – kontinuirano se provode u ženskim organizacijama. Ustanove tvrde da provode i osposobljavanje na te teme, ali sugovornica nije upoznata sa sadržajem i izvršiteljima. Ne postoje mehanizmi međusektorske edukacije.

### Financije

- Nije određen proračun za edukacije, sudjelovanje u edukacijama kad se provode.

### Praćenje napretka i osiguranje kvalitete

- Podaci prikupljeni u konkretnom slučaju koriste se u praksi organizacije i planiranju budućih aktivnosti i ciljeva.
- Organizacija se vodi strateškim planom, a napredak bilježi mjerenjem ostvarenih strateških ciljeva.

## Darija Maslić Seršić

Profesorica, Odsjek za psihologiju, Filozofski fakultet, Sveučilište u Zagrebu

### Politika

- Ne postoje pisani postupci usmjereni na traumu i njenu sveprisutnost za žene žrtve nasilja. Etička komisija bavi se prijavama za spolno uznemiravanje na radnom mjestu, ali sugovornica zna za prijavu koja nije dobro prošla.

### Angažman i uključivanje preživjelih

- Ne postoji formalni program zapošljavanja; to ovisi o senzibilnosti i inicijativi osobe zadužene za zapošljavanje.
- Uprava ustanove bira se u redovima profesora, a senzibilitet i vrijednosti pojedinih uprava uvelike se razlikuju. Treba uspostaviti jasniju politiku zapošljavanja i potpore na nacionalnoj razini, te uspostaviti protokole i osigurati njihovu provedbu.

### Međusektorska suradnja

- Sugovornica surađuje s Autonomnom ženskom kućom Zagreb – savjetovanje i podrška štíćenicama skloništa, zapošljavanje i razvoj karijere korisnica savjetovališta Autonomne ženske kuće Zagreb. Osim podrške ženama, te aktivnosti razvijaju znanje studenata psihologije i senzibilitet prema toj populaciji. Suradnja je uspostavljena na inicijativu nastavnika Odsjeka.

### Financije

- Financijska sredstva za program osigurana su sredstvima za redovne diplomske studijske programe psihologije i privatnim školarinama za poslijediplomske specijalističke studije kliničke psihologije.

### Praćenje napretka i osiguranje kvalitete

- Ne provodi se sustavno praćenje, a studenti s invaliditetom jedina su priznata ranjiva skupina.

## Dragana Marina

Viša stručna savjetnica, Odjel za podršku žrtvama i svjedocima, Županijski sud u Zadru

### Politika

- **Odjel se vodi Pravilnikom:** ako službenici Odjela prepoznaju da se žrtve teško nose s posljedicama kaznenog djela i doživljenim traumama, moraju ih uputiti na stručnu psihološku i drugu pomoć. Žrtvama se daju adrese, telefonski brojevi i kontaktne osobe te im se pomaže stupiti u prvi kontakt s njima.
- Izrađen je **adresar** = popis svih udruga, ustanova i organizacija koje pružaju takvu vrstu pomoći
- **Pisana politika rada sa žrtvama rodno uvjetovanog nasilja** – metoda provedbe pojedinačne procjene žrtve. Odjel šalje podatke i daje preporuke pravosudnim tijelima (u kaznenim i prekršajnim postupcima) na temelju intervjua sa žrtvom:
  - U obzir se uzimaju osjećaji žrtve u vezi s doživljenom traumom, bilo da je riječ o ponavljanom nasilnom činu (prethodno prijavljenom ili neprijavljenom) ili o nasilju bliske osobe, i je li žrtva osobito ranjiva.

- Pozornost se posvećuje prevenciji dodatne ili sekundarne traumatizacije (dolazak na sud, tijekom istrage ili kaznenog postupka). U praksi to najčešće znači predlaganje nadležnim tijelima posebnih zaštitnih mjera, npr. tajnost osobnih podataka žrtve, svjedočenje putem videokonferencije, pratnja osobe od povjerenja do sudnice i tijekom svjedočenja, isključenje javnosti, tehnička i drugu pomoć oko dolaska na sud.
- Posebno sastavljen **upitnik** (razvijen u suradnji s drugim odjelima za podršku) za sveobuhvatnu procjenu proživljene traume, posljedica kaznenog djela, životnih okolnosti i potreba, rizika i potencijalnih opasnosti za žrtvu, osobnosti žrtve itd. – ti se podaci koristi za predlaganje nadležnim tijelima odgovarajućih posebnih mjera za zaštitu žrtve.
- **Zdravstvena zaštita zaposlenika** – organizirani psihološki pregledi prema Kolektivnom ugovoru za državne službenike i namještenike + nadzorni sastanci u organizaciji Ministarstva pravosuđa i njegovog Odjela za podršku žrtvama i svjedocima. Nadzorni sastanci su prilika za upozoravanje na moguće traume, međutim, sastanci su novina i dosad su se provodili sporadično.
- **Edukacija zaposlenika**– Ured predsjednika Županijskog suda u Zadru odobrava edukaciju i usavršavanje zaposlenika.
  - Edukaciju i stručno usavršavanje organizira Ministarstvo pravosuđa, odnosno Pravosudna akademija.
  - Odjel surađuje s organizacijama civilnog društva, doduše s malim brojem.
  - Radionice Odjela za psihologiju Sveučilišta u Zadru i njegovo Studentsko savjetovalište; uspješna suradnja i radionice pomažu u boljem razumijevanju žrtava rodno uvjetovanog nasilja.
  - Trebalo bi unaprijed planirati edukacije i usavršavanja te ih više provoditi u drugim županijama.
  - Potrebno je unaprijed osigurati sredstva za edukaciju kako službenici u javnom sektoru ne bi trebali brinuti o tome hoće li sud ili drugo tijelo moći osigurati sredstva za edukaciju koja nisu unaprijed osigurana u proračunu.

### Angažman i uključivanje preživjelih

- Neke volonterke su preživjele rodno uvjetovano nasilje, a njihov rad sa žrtvama dao im je pozitivan poticaj u životu, „rasle“ su, mijenjale se, stjecale samopouzdanje itd. Otvorena komunikacija s Odjelom; o svemu se razgovara barem jednom tjedno na povjerljivim skupnim i individualnim sastancima.
- Zaposlenicima koji su preživjeli nasilje vrlo je važna podrška, osjećaj zaštićenosti, postojanje osobe kojoj se mogu obratiti, povjerenje te osiguranje diskrecije i sveobuhvatne podrške.
- Rad sa žrtvama nasilja može imati osobno značenje za zaposlenike koji su i sami preživjeli nasilje, te je moguće poboljšanje destruktivnih učinaka nasilja na živote osoba s kojima rade. Važno je ublažiti osjećaj izoliranosti i usamljenosti te osigurati da se brinu sami za sebe i povežu s kolegama.

### Međusektorska suradnja

- **Suradnja sa civilnim sektorom**, posebno s udrugama Duga, Nada, Zvonimir, Zavod za javno zdravstvo, Zavod za socijalni rad, policijom itd.
- Odjel je član nedavno osnovanog **Županijskog tima za sprječavanje i borbu protiv nasilja nad ženama i nasilja u obitelji** – trebalo bi češće održavati sastanke i raspravljati o konkretnim slučajevima. Još uvijek se čeka osposobljavanje članova tima.
- **Timovi za međuresornu suradnju i suradnju u području sprječavanja nasilja** – koordiniraju ih policijske stanice, suradnja je intenzivnija, sastanci se

održavaju najmanje jednom mjesečno, odaziv na sastanke je jako dobar i redovit, pokrivaju se konkretni problemi i slučajevi, razmjenjuje se znanje i iskustvo.

### Financije

- Sudjelovanje u usavršavanju uvjetovano je dostupnošću sredstava koja se ponekad osiguravaju putem EU projekata. Blizina mjestima održavanja edukacija i usavršavanja (npr. onima koji žive u Zagrebu) povećava mogućnost sudjelovanja zbog manjih troškova.
- Edukacije i usavršavanja važni su za dobrobit stručnjaka jer im pomažu preraditi i riješiti se negativnih emocija i stresa od posla te ih pretočiti u nove vještine, znanja i tehnike koje će im pomoći da se nose sa svakodnevnim traumama i ublaže sindrom sagorijevanja. Ne postoji stalno usavršavanje, sve se edukacije organiziraju *ad hoc*.

### Praćenje napretka i osiguranje kvalitete

- Odjel ima sustav ZPIS u koji unose podatke o žrtvama i pruženoj podršci te svakih tri mjeseca šalju izvještaj Ministarstvu pravosuđa.

## Lorena Zec

Psihologinja, SOS Rijeka

### Politika

- Zaposlenicima je omogućeno usavršavanje, pisani materijali i vodiči koji uključuju podatke o psihičkoj traumi.
- Organizacija priznaje važnost pristupa radu temeljenog na znanjima o traumi, ali nema dokumente koji bi podržali ciljani razvoj organizacije i osigurali kontinuitet te prakse s fluktuacijom osoblja.
- Ne postoji poseban plan za osiguranje zdravlja i dobrobiti, osim redovite supervizije grupe, intervjua i individualne supervizije svih zaposlenika. Ti su sastanci planirani kroz projekte kao aktivnosti te kroz operativne planove i mjesečne planove aktivnosti.
- Planirane su obrazovne aktivnosti (strateški plan, godišnji operativni plan i plan aktivnosti) posebno za zaposlenike koji rade u Savjetovalištu kako bi povećali kapacitete, vještine i znanja o radu sa žrtvama nasilja, ali ne spominju posebna znanja o traumi, iako su teme o pristupu temeljenom na znanjima o traumi već nekoliko godina standardni dio edukacije, posebno za psihologe.

### Angažiranje i uključivanje preživjelih

- Ne postoji posebna politika o uključivanju preživjelih, ali želi se veća integracija korisnika u aktivnosti udruge. Prepreke: ograničeni ljudski resursi, kao rješenje se razmatra volontiranje, ali i ono zahtijeva dodatne ljudske resurse za koordinaciju.

### Međusektorska suradnja

- Zadovoljniji su sa suradnjom s drugim organizacijama civilnog društva, nego s državnim ustanovama. Suradnja s obje strane može biti bolja.
- Suradnja s drugim organizacijama civilnog društva uglavnom se ostvaruje kroz projekte i/ili aktivnosti (osobito aktivnosti zagovaranja ili aktivističke akcije) te kroz komunikaciju s korisnicima. Suradnja s udrugama uglavnom se odnosi na pojedinačne slučajeve korisnika, ali i na suradnju oko edukacije ili zajedničkog rada na određenim dokumentima kroz radne skupine i sl.
- Ne postoji sustav komunikacije, ona se uglavnom temelji na individualnim poznanstvima.

### Financije

- Kad god je to moguće, projektni proračun uključuje edukaciju za zaposlenice, posebno na temu traume i pristupa radu temeljenog na znanjima o traumama.
- Planiranje usavršavanja za partnere iz drugih sektora, bilo u svojstvu predavača ili u sklopu zajedničkog sudjelovanja u usavršavanju ponekad se provodi kroz projekte.

### Praćenje napretka i osiguranje kvalitete

- Temelji se na prethodnim dobrim praksama te individualnom znanju i posvećenosti zaposlenika. To je teško održivo ako organizacija naraste.
- Praćenje pokazatelja/strateških rezultata u vezi s dodatnim obrazovanjem i razvojem vještina zaposlenika, prikupljanje mišljenja korisnika putem online upitnika.

## Marija Bajan Prokl

Predstojnica, Hrvatski zavod za socijalni rad, Područni ured Virovitica

### Politika

- Pisane politike i postupci usmjereni na traumu i njenu sveprisutnost za žene žrtve nasilja te nastojanje smanjiti retraumatizaciju.
- Plan osiguranja zdravlja zaposlenika putem edukacije, psiholoških pregleda, supervizije..
- Kadrovska politika usmjerena je na stručnjake koji se susreću s nasiljem u svojem radu.
- Važno je imati organizacijsku politiku o načinu na koji se korisnici usluga trebaju ispitivati o traumama, ali u koordinaciji s drugim sudionicima uključenima u zaštitu žrtve. Spontani i površni pristup može dovesti do nove traumatizacije.

### Angažiranje i uključivanje preživjelih

- Ne postoje politike angažiranja i uključivanja preživjelih. Javnoj ustanovi dopušteno je zapošljavati samo u skladu s Pravilnikom o unutarnjem ustrojstvu i sistematizaciji radnih mjesta.

### Međusektorska suradnja

- Zajednički organizirana edukacija, mehanizmi međusektorskog usavršavanja na tu temu.
- Formalni sustav komunikacije s drugim partnerskim ustanovama, službama i organizacijama koje pružaju podršku ženama temeljenu na doživljaju traume, redovna koordinacija. Proces je zadovoljavajući.

### Financije

- Edukacija se financira iz proračuna ustanove, rijetko sredstvima EU-a.

### Praćenje napretka i osiguranje kvalitete

- Provodi se putem primjene odgovarajućih znanja i vještina, profesionalnog pristupa i razmjene informacija.



## Margareta Mađerić

Državna tajnica, Ministarstvo rada, mirovinskoga sustava, obitelji i socijalne politike

### Politika

- **Nacionalna strategija zaštite od nasilja u obitelji** (2005) sadrži mjere za zaštitu žrtve: osiguranje smještaja i psihosocijalne podrške od strane osoba sa specijaliziranim obrazovanjem u području rada sa žrtvama, stambeno zbrinjavanje nakon boravka u skloništu, mjere reintegracije poput pomoći pri zapošljavanju.
- **Protokol o postupanju u slučaju nasilja u obitelji** precizno opisuje metode rada tijela odgovornih za postupanje u slučaju nasilja u obitelji (policija, sustav socijalne skrbi, zdravstvene ustanove, pravosudna tijela, obrazovne ustanove, organizacije civilnog društva) kako bi se osigurala pravovremena i učinkovita provedba važećih propisa.
- Skloništa kojima upravljaju organizacije civilnog društva i drugi pružatelji usluga dali su postupke za rad sa žrtvama.
- Edukacija je organizirana kroz projekte, a njom se postiže senzibiliziranje djelatnika za prepoznavanje traume i razumijevanje osobe koja je doživjela traumu, njenog načina razmišljanja i ponašanja, te važnosti sagledavanja cjelokupnog ponašanja osobe u kontekstu proživljene traume.
- Pisane politike o radu s traumatiziranim osobama na organizacijskoj razini su ključne. Važno je da svatko tko dolazi u kontakt s traumatiziranom osobom ima osnovna znanja o traumi i zna kako pristupiti osobi kako bi se spriječila daljnja traumatizacija, te da razumije njezino ponašanje. To podrazumijeva rad i razgovor s osobom kako bi se što prije ponudila i osigurala stručna pomoć u procesuiranju traume ili neki oblik psihoterapije.

### Angažiranje i uključivanje preživjelih

- Potrebe žrtava nasilja uzimaju se u obzir putem opunomoćenika, kroz suradnju s organizacijama civilnog društva koje vode skloništa/savjetovališta za žrtve nasilja i koje rade neposredno sa žrtvama.

### Međusektorska suradnja

- Suradnja s nevladinim organizacijama, organizacijama civilnog društva i vjerskim ustanovama, Crvenim križem i domovima/ustanovama socijalne skrbi.
- Osnovani su nacionalni i županijski timovi za koordinaciju praćenja, unapređenje rada i pružanje pomoći.
- Akademija socijalne skrbi – osnovana novim Zakonom o socijalnoj skrbi s ciljem cjeloživotnog obrazovanja svih stručnjaka koji rade u sustavu socijalne skrbi.
- Kroz kontinuiranu edukaciju uključeni su i drugi dionici koji rade sa žrtvama, npr. državni službenici Ministarstva pravosuđa i uprave, Ministarstva obrane, Ministarstva zdravstva, službenici Područnih ureda Hrvatskog zavoda za socijalni rad.

### Financije

- Organizacije civilnog društva financiraju edukaciju svojih zaposlenika kroz projekte.
- Iz proračuna Akademije socijalne skrbi financirat će se školovanje stručnjaka u sustavu socijalne skrbi.

### Praćenje napretka i osiguranje kvalitete

- Organizacije civilnog društva koje vode skloništa/savjetovališta prikupljaju povratne informacije korisnika = osnova za poboljšanje kvalitete.
- Supervizija državnih tijela koja financijski potpomažu rad skloništa i savjetovališta.
- Mjerila ili pokazatelji koriste se za procjenu napretka organizacije u stvaranju pristupa radu sa ženama temeljenog na znanjima o traumi: evaluacijom edukacija, radionica, okruglih stolova na temu nasilja dobivaju se povratne informacije o razumijevanju nasilja i traume povezane s njim.

## Sanja Jelavić Bezbradica

Odvjetnica, JELAVIĆ & partneri / Autonomna ženska kuća Zagreb

### Politika

- Snažan fokus na žene žrtve nasilja, uključujući razumijevanje traume, rad na traumi i osnaživanje žena kako bi se izbjegla nova traumatizacija.
- Organizacija je do COVID-a imala plan za osiguranje dobrobiti osoblja u vidu psiholoških i shiatsu tretmana po potrebi te međusobnih razgovora podrške s ciljem prenošenja iskustava i znanja o tome kako prevladati osjećaj preplavljenosti traumom.
- Organizacijska predanost osposobljavanju osoblja za pružanje usluga i podrške koji su kulturološki relevantni i temeljeni na znanjima o traumi. Interni prijenos znanja.

### Angažiranje i uključivanje preživjelih

- Žene su uključene uglavnom kroz sudjelovanje u različitim oblicima istraživanja. Uključivanje je iznimno važno zbog 1. kontinuiteta podrške i prisutnosti koju žrtva tada doživljava 2. autentičnih podataka 3. veće mogućnosti traženja promjena u društvu.

### Međusektorska suradnja

- Dobra međusektorska suradnja sa sustavom komunikacije. Mehanizmi za promicanje međusektorskog osposobljavanja o traumi i pristupa radu temeljenog na znanjima o traumi: veća vidljivost organizacije, uspostavljanje važnih kontakata s predstavnicima državnih tijela te nastojanje da se promiču znanja i iskustva u komunikaciji s nadležnim ministarstvima.

### Praćenje napretka i osiguranje kvalitete

- Osigurano kroz stručne skupove, strateško planiranje, analize, odabir bitnih informacija.
- Mjerila ili pokazatelji koji se koriste za procjenu napretka organizacije u stvaranju pristupa radu sa ženama temeljenog na znanjima o traumi: Anketni upitnik za korisnike usluga; komunikacija zaposlenika usmjerena na napredak i razumijevanje traume.

## Mirjana Kučer

Domine Split

### Politika

- Pisane politike i postupci usmjereni na traumu i njenu sveprisutnost za žene žrtve nasilja te nastojanje smanjiti retraumatizaciju.
- Ne postoji poseban plan za osiguranje zdravlja i dobrobiti zaposlenika, iako se to smatra prioritetom organizacije.

- Politika ljudskih resursa pokazuje predanost osposobljavanju zaposlenika za pružanje kulturološki relevantnih usluga temeljenih na znanjima o traumi. Godišnji plan aktivnosti uključuje planove osposobljavanja/edukacije zaposlenika, stručnih suradnika i volontera koji rade u Savjetovalištu za rad s traumom.

#### Angažiranje i uključivanje preživjelih

- Uključivanje preživjelih u rad organizacije. Visoka razina povjerenja i transparentnosti u radu sa ženama koje su preživjele nasilje.

#### Međusektorska suradnja

- Pokušavaju uključiti druge organizacije civilnog društva i ustanove u edukacije i kroz partnerske sastanke.

#### Financije

- Proračun za sudjelovanje u edukacijama, organizaciju edukacija, osposobljavanja i studijskih posjeta te supervizija, intervjuja i sl.

#### Praćenje napretka i osiguranje kvalitete

- Putem evaluacijskih obrazaca, izvještaja, supervizije.

### Zlata Đurđević

Profesorica, Pravni fakultet, Sveučilište u Zagrebu

#### Politika

- Samo procedure i propisi koji se odnose na ravnopravnost spolova i spolno uznemiravanje, ali se ne pojavljuju nikakvi slučajevi, odnosno tvrdi se da ne postoje.
- Ispitanica nije upoznata sa zdravstvenim planom za zaposlenike.
- Za studente postoji psihološko savjetovalište.

#### Angažiranje i uključivanje preživjelih

- Nije primjenjivo

#### Međusektorska suradnja

- Nije primjenjivo

#### Financije

- Nije primjenjivo

#### Praćenje napretka i osiguranje kvalitete

- Nije primjenjivo

### Anita Lauri Korajlija

Profesorica, Odsjek za psihologiju, Filozofski fakultet, Sveučilište u Zagrebu

#### Politika

- Nema pisanih politika i/ili postupaka o toj temi. Postoji Povjerenstvo za zaprimanje prijave za spolno uznemiravanje, zlostavljanje, povredu načela

ravnopravnosti spolova te srodnih oblika diskriminacije i uznemiravanja. Povjerenstvo nije usmjereno na traumu.

- Nema zdravstvenog plana za zaposlenike. Postoji Savjetovalište u koje studentice koje su preživjele traumu mogu doći i dolaze te dobivaju besplatne usluge psihološkog savjetovanja. Po potrebi ovu uslugu mogu koristiti i zaposlenice.
- U izradi su postupci za osiguranje podrške studenticama i zaposlenicama koje su doživjele seksualno uznemiravanje ili zlostavljanje.
- Fakultet ne osposobljava zaposlenike za pružanje kulturološki relevantnih usluga i usluga podrške temeljenih na znanjima o traumi. Na Odsjeku za psihologiju pojedini kolegiji na diplomskom, specijalističkom i doktorskom studiju dotiču se i obrađuju ovu temu, ali ne kao dio sustavne edukacije o ovoj temi.

#### Angažiranje i uključivanje preživjelih

- Nema politike na tu temu niti se o njoj raspravljalo.

#### Međusektorska suradnja

- Sugovornica surađuje s Autonomnom ženskom kućom Zagreb u aktivnostima psihološkog savjetovanja i podrške. Također je uključena u istraživačke aktivnosti.
- Suradnja je uspješna i traje već nekoliko godina, ali to nije formalizirana suradnja na razini Fakulteta. Sugovornica koristi stečeno znanje i iskustvo u nastavi na diplomskim i specijalističkim studijima za povećanje kompetencija studenata na ovu temu.

#### Praćenje napretka i osiguranje kvalitete

- Sugovornica nije upoznata sa sustavnim praćenjem, a na Fakultetu radi psihološko savjetovalište i ured za osobe s invaliditetom, te se tome posvećuje pozornost.





Με τη συγχρηματοδότηση  
της Ευρωπαϊκής Ένωσης



# CARE4TRAUMA

ΒΕΛΤΙΩΝΟΝΤΑΣ ΤΙΣ ΥΠΗΡΕΣΙΕΣ ΥΠΟΣΤΗΡΙΞΗΣ ΘΥΜΑΤΩΝ ΒΙΑΣ ΚΑΤΑ ΤΩΝ ΓΥΝΑΙΚΩΝ  
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ΠΟΥ ΒΑΣΙΖΕΤΑΙ ΣΤΗΝ ΕΠΙΓΝΩΣΗ ΤΟΥ ΤΡΑΥΜΑΤΟΣ

## Εκτίμηση της Υφιστάμενης Κατάστασης ΕΚΘΕΣΗ ΑΠΟΤΕΛΕΣΜΑΤΩΝ



Women's Support and  
Information Center  
*There is a way out of violence!*





Με τη συγχρηματοδότηση  
της Ευρωπαϊκής Ένωσης



Βελτιώνοντας τις υπηρεσίες υποστήριξης θυμάτων βίας  
και την πρόσβασή τους στην δικαιοσύνη  
μέσω της φροντίδας που βασίζεται  
στην επίγνωση του τραύματος

**Εκτίμηση της Υφιστάμενης Κατάστασης**

**ΕΚΘΕΣΗ ΑΠΟΤΕΛΕΣΜΑΤΩΝ**

*Μάρτιος 2023*



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Το περιεχόμενο της παρούσας δημοσίευσης αποτελεί αποκλειστική ευθύνη του έργου Care4Trauma και δεν αντικατοπτρίζει απαραίτητα τη γνώμη της Ευρωπαϊκής Ένωσης. Ούτε τα θεσμικά όργανα και οι οργανισμοί της Ευρωπαϊκής Ένωσης ούτε οποιοδήποτε πρόσωπο που ενεργεί για λογαριασμό τους μπορεί να θεωρηθεί υπεύθυνο για τη χρήση των πληροφοριών που περιέχονται σε αυτό.

## Εισαγωγή

Η πρώτη εθνική έκθεση του έργου Care4Trauma παρουσίασε μια επισκόπηση της ελληνικής κατάστασης σχετικά με τη βία λόγω φύλου, καθώς και ορισμένα βασικά έγγραφα που επιλέχθηκαν σε σχέση με τους στόχους του έργου. Στόχος της εν λόγω πρώτης έκθεσης ήταν να καταγράψει τον τρόπο με τον οποίο οι θεσμοί, οι ενώσεις που ασχολούνται με το θέμα και άλλοι βασικοί φορείς είχαν αντιμετωπίσει το ζήτημα της πρόσβασης των θυμάτων βίας στη δικαιοσύνη και της παροχής υπηρεσιών προσανατολισμένων στο τραύμα. Η πρώτη έκθεση, καταρχάς, περιγράφει τη νομοθετική εξέλιξη όσον αφορά τα ποινικά αδικήματα βάσει του Ποινικού Κώδικα, τις δικονομικές εγγυήσεις και τα μέτρα βοήθειας και υποστήριξης για τα θύματα βίας λόγω φύλου. Εκτός από την αυξημένη και γενικευμένη ευαισθησία στο θέμα, που μαρτυρούν τα μέτρα που αποσκοπούν στην άμεση υποστήριξη των θυμάτων (δωρεάν φυσιολογική υποστήριξη, αποζημίωση των θυμάτων) και ο διακηρυγμένος στόχος της προστασίας και της προώθησης της ευημερίας των γυναικών που έχουν επιβιώσει από τη βία, στην πράξη διαγράφεται μια διαφορετική εικόνα. Οι γυναίκες συχνά επισημαίνουν τις τραυματικές διαδικασίες καταγγελίας και τις νομικές διαδικασίες, ως έναν από τους κύριους λόγους αποθάρρυνσης της αναζήτησης δικαιοσύνης.

Λαμβάνοντας υπόψη τον απώτερο στόχο του έργου Care4Trauma, δηλαδή τη βελτίωση της πρόσβασης στη δικαιοσύνη για τις γυναίκες θύματα βίας λόγω φύλου και τη βελτίωση των υπηρεσιών που τους παρέχονται μέσω της καινοτόμου εφαρμογής μιας προσέγγισης με βάση το τραύμα, ο στόχος αυτής της δεύτερης φάσης του έργου, από την οποία απορρέει η παρούσα έκθεση, ήταν επομένως:

- να διερευνήσει ποιες είναι οι αντιλήψεις των θεσμικών παραγόντων που συμβάλλουν στον καθορισμό των πολιτικών για τα φύλα στον τομέα της αντιμετώπισης της βίας και της πρόσβασης στη δικαιοσύνη από μια προοπτική με βάση το τραύμα
- ποιες είναι οι αντιλήψεις τους σχετικά με την υιοθέτηση της προσέγγισης που βασίζεται στο τραύμα στους οργανισμούς, τις υπηρεσίες και τα ιδρύματά τους.

Η φροντίδα με γνώμονα το τραύμα, όπως περιγράφεται στην πρώτη εθνική έκθεση, αναγνωρίζει τον ρόλο που μπορεί να διαδραματίσει το τραύμα στη ζωή των ατόμων που έχουν βιώσει βία και υιοθετείται από προγράμματα, οργανισμούς ή συστήματα που είναι σκόπιμα σχεδιασμένα για την υποστήριξη τραυματισμένων ατόμων που έχουν βιώσει ή βιώνουν δυσμενή γεγονότα. Αποτελείται από επτά αρχές που συνοψίζονται παρακάτω:

1. **Αναγνώριση:** αναγνώριση της διεισδυτικότητας του τραύματος και των συνεπειών του, π.χ. στην ικανότητα να αφηγείται κανείς με συνοχή την ιστορία του. Στόχος της οδού βοήθειας είναι η αναγνώριση του τραύματος και της βίας που υπέστησαν στις διάφορες διαστάσεις τους (σχεσιακές, σωματικές, ψυχολογικές, σεξουαλικές, κοινωνικές, πολιτιστικές και οικονομικές),
2. **Καθιέρωση συναισθηματικής ασφάλειας:** αναγνώριση της σημασίας που έχει η γυναίκα θύμα βίας να αισθάνεται άνετα όταν αποφασίζει να ζητήσει βοήθεια. Υιοθετήστε μια στάση ενσυναίσθησης, υποδοχής και κατανόησης και εξασφαλίστε την εμπιστευτικότητα,
3. **Αποκατάσταση της ικανότητας λήψης αποφάσεων και του ελέγχου της ζωής:** εξασφάλιση εξατομικευμένων, δομημένων και καθορισμένων διαδρομών με τη γυναίκα θύμα βίας, με σεβασμό στο χρόνο και την αυτοδιάθεσή της. Σεβασμός των επιλογών της γυναίκας, εργασία μαζί της, όχι γι' αυτήν, έτσι ώστε να μπορεί να είναι και πάλι πρωταγωνίστρια της δικής της ζωής,

4. **Διευκόλυνση των σχεσιακών δεσμών:** ανοικοδόμηση των σχεσιακών δεσμών της γυναίκας θύματος βίας, υποστήριξη των γονικών και φιλικών της σχέσεων, διευκόλυνση της ένταξης της γυναίκας θύματος βίας στο κοινωνικό πλαίσιο,
5. **Πολιτισμική επάρκεια:** να λαμβάνεται υπόψη το κοινωνικό και πολιτισμικό υπόβαθρο της γυναίκας θύματος βίας, να διευκολύνεται η πρόσβασή της σε υπηρεσίες υποστήριξης και, στην περίπτωση των αιτούντων άσυλο και των γυναικών προσφύγων, να αναγνωρίζεται η πολυπλοκότητα του τραύματός τους που προκύπτει από την πολλαπλή, επαναλαμβανόμενη και μεταναστευτική βία,
6. **Αποφυγή της επανατραυματοποίησης:** αποφυγή με κάθε τρόπο της επανατραυματοποίησης, η οποία είναι χαρακτηριστική κυρίως στο νομικό πλαίσιο και η οποία οδηγεί σε ψυχολογική επιδείνωση με σημαντικές συνέπειες στο τραύμα που βιώνει η γυναίκα θύμα βίας,
7. **Δευτερογενές τραύμα:** διασφάλιση της κατάρτισης του προσωπικού για την προστασία από τον κίνδυνο άγχους, εξουθένωσης και δευτερογενούς τραυματισμού.

Με βάση τον στόχο που περιγράφηκε παραπάνω, η δεύτερη φάση της αξιολόγησης της κατάστασης της τέχνης περιελάμβανε τη συλλογή δεδομένων από επαγγελματίες και ενδιαφερόμενους φορείς που συμμετείχαν μέσω:

- a) ένα ηλεκτρονικό ερωτηματολόγιο σε δύο διαφορετικές εκδοχές (μία για το σύστημα υγείας και το κοινωνικό σύστημα και μία για το σύστημα δικαιοσύνης), το οποίο υποβλήθηκε στο προσωπικό των οργανώσεων και των επαγγελματιών που υποστηρίζουν και στηρίζουν τις γυναίκες θύματα βίας και τα παιδιά τους
- b) μια ημιδομημένη συνέντευξη που απευθυνόταν σε διευθυντές κέντρων καταπολέμησης της βίας και σε επαγγελματίες που ασχολούνται με την αντιμετώπιση της βίας κατά των γυναικών.

**Η λεπτομερής προσέγγιση περιγράφεται στη Μεθοδολογία της έκθεσης δεδομένων.**

## 1. Έρευνα

Το ερωτηματολόγιο, το οποίο ήταν το ίδιο για όλες τις χώρες εταίρους του προγράμματος, απαντήθηκε από 17 άτομα για την Ελλάδα, εκ των οποίων όλα δήλωσαν ότι είναι γυναίκες. Οι κοινωνικοί λειτουργοί, οι κοινωνικοί λειτουργοί και οι εκπαιδευτικοί αντιπροσώπευαν το 47,1% του συνολικού αριθμού των ατόμων που συμμετείχαν, ακολουθούμενοι από τους ψυχολόγους, τους ψυχοθεραπευτές, τους νευροψυχιάτρους και τους ψυχιάτρους που αποτελούσαν το 23,5%, έτσι ώστε το κοινωνικό σύστημα και το σύστημα υγείας να αποτελεί το 70,6% εντός του ερωτηματολογίου, έναντι 29,4% για το σύστημα δικαιοσύνης, που περιγράφεται από τους δικηγόρους και τους νομικούς λειτουργούς (βλ. διάγραμμα με τίτλο "Επαγγελματικό προφίλ").

Όσον αφορά την ηλικία, το 47,1 % των ερωτηθέντων δήλωσε ότι ήταν μεταξύ 26 και 35 ετών, ενώ το 17,6 % ήταν μεταξύ 36 και 45 ετών και μεταξύ 56 και 65 ετών, το 11,8 % ήταν μεταξύ 46 και 55 ετών, ενώ μόνο το 5,9 % ήταν μεταξύ 18 και 25 ετών. Όλοι οι συμμετέχοντες έχουν **επίπεδο εκπαίδευσης** πτυχίο, μεταπτυχιακό ή διδακτορικό. Όσον αφορά την **περιοχή καταγωγής**, οι περισσότερες απαντήσεις αναφέρονται είτε στην περιοχή της Αττικής (29,4%), όπου βρίσκεται η πρωτεύουσα της Ελλάδας, η Αθήνα, είτε στην περιοχή της Κρήτης (29,4%), στο νότιο τμήμα της χώρας. Το 5,8% αντικατοπτρίζει την περιοχή της Μακεδονίας, επομένως, η βόρεια περιοχή της Ελλάδας υποεκπροσωπείται. **Οι υπηρεσίες και τα ιδρύματα που εκπροσωπούνται είναι**

πολυάριθμα: Υπουργείο Δικαιοσύνης, Γενική Γραμματεία Δημογραφίας και Οικογενειακής Πολιτικής και Ισότητας των Φύλων, αστυνομική διοίκηση, δημόσια διοίκηση, κέντρα υποστήριξης γυναικών, κοινωνικές υπηρεσίες, μη κυβερνητικές οργανώσεις, δικηγορικά γραφεία και άλλοι. Ομοίως, υπάρχουν πολυάριθμες θέσεις που καταλαμβάνονται σε αυτές, που κυμαίνονται από επιχειρησιακούς ρόλους έως θέσεις διαχείρισης, συντονισμού και ευθύνης. Ο αριθμός των ατόμων και τα **έτη εργασίας στην τρέχουσα θέση τους** είναι αντιστρόφως ανάλογα: όσο αυξάνονται τα έτη υπηρεσίας, τόσο μειώνεται ο αριθμός των ατόμων, έτσι ώστε τα περισσότερα άτομα που απάντησαν στο ερωτηματολόγιο να βρίσκονται στη θέση τους για λιγότερο από 10 έτη (58,8%), αν και ένα ακόμα σημαντικό ποσοστό (περίπου 17% του συνόλου) την κατέχει για περισσότερα από 16 έτη, όπως υποδηλώνει φορείς με μεγάλη εμπειρία στον τομέα.



## 1.1 Σύστημα υγείας και κοινωνικής φροντίδας

Συνολικά 12 άτομα απάντησαν στο ερωτηματολόγιο για εργαζόμενους και επαγγελματίες στο κοινωνικό σύστημα και το σύστημα υγείας. Πρόκειται για κοινωνικούς λειτουργούς, κοινωνικούς λειτουργούς, εκπαιδευτικούς και ψυχολόγους. Ακολουθεί η εικόνα που προέκυψε.

|  | Καθόλου αληθές | Λίγο αληθινές | Κάπως αληθές | Κυρίως αληθές | Απολύτως αληθές |
|--|----------------|---------------|--------------|---------------|-----------------|
| 1. Θεσπίζεται γραπτή πολιτική που δεσμεύεται για πρακτικές που βασίζονται στην επίγνωση του τραύματος (ανίχνευση τραυματικών εμπειριών, ενέργειες για την αποφυγή της επανατραυματοποίησης). | 14,3%          | 14,3%         | 0%           | 57,1%         | 14,3%           |
| 2. Η υπηρεσία/το ίδρυμα διαθέτει επίσημο σύστημα για να εξετάζει κατά πόσον το προσωπικό εφαρμόζει πρακτικές με βάση το τραύμα   | 28,6%          | 42,6%         | 0%           | 14,3%         | 14,3%           |

|   |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|
| 3. Υπάρχει σύστημα επικοινωνίας με άλλες υπηρεσίες/οργανισμούς που ασχολούνται με τις γυναίκες και τα παιδιά τους για τη λήψη αποφάσεων με βάση το τραύμα.                          | 28,6% | 28,6% | 0%    | 42,6% | 0%    |
| 4. Υπάρχουν δομές που υποστηρίζουν συνεκτικές αντιδράσεις με βάση το τραύμα για τις γυναίκες και τα παιδιά τους σε όλους τους ρόλους εντός της υπηρεσίας/του ιδρύματος.             | 0%    | 28,6% | 0%    | 71,4% | 0%    |
| 5. Οι γυναίκες και τα παιδιά τους έχουν συστηματικές ευκαιρίες να εκφράσουν τις ανάγκες, τις ανησυχίες και τις εμπειρίες τους.  | 0%    | 0%    | 71,4% | 14,3% | 14,3% |
| 6. Η υπηρεσία/το ίδρυμα διαθέτει σύστημα για την ανάπτυξη/διατήρηση κοινών στόχων με άλλες υπηρεσίες/οργανισμούς που έχουν ενημερωθεί για το τραύμα.                                | 57,1% | 14,3% | 0%    | 28,6% | 0%    |
| 7. Η κατανόηση των επιπτώσεων του τραύματος ενσωματώνεται στην καθημερινή πρακτική λήψης αποφάσεων στο χώρο εργασίας μου  | 0%    | 0%    | 0%    | 57,1% | 42,6% |
| 8. Η εποπτεία στο χώρο εργασίας μου περιλαμβάνει τρόπους διαχείρισης του προσωπικού και επαγγελματικού άγχους   | 0%    | 14,3% | 0%    | 57,1% | 28,6% |
| 9. Για κάθε γυναίκα έχουν συνταχθεί/διατεθεί σχέδια ασφάλειας με βάση το τραύμα (π.χ. εναύσματα, συμπεριφορές σε περίπτωση υπερβολικού στρες, στρατηγικές για τη μείωση του στρες). | 0%    | 14,3% | 0%    | 57,1% | 28,6% |
| 10. Το προσωπικό εποπτεύεται από επόπτη που έχει ενημερωθεί για το τραύμα   | 14,3% | 57,1% | 0%    | 14,3% | 0%    |
| 11. Η έγκαιρη αξιολόγηση με βάση το τραύμα είναι διαθέσιμη και προσβάσιμη στις γυναίκες που εξυπηρετούνται από το χώρο εργασίας μου   | 71,4% | 0%    | 14,3% | 14,3% | 0%    |
| 12. Για τις γυναίκες που εξυπηρετούνται από τον χώρο εργασίας μου είναι διαθέσιμη μια συνεχής παρέμβαση με βάση το τραύμα.  | 0%    | 14,3% | 71,4% | 0%    | 14,3% |
| 13. Ο ορισμός της συναισθηματικής ασφάλειας μιας γυναίκας περιλαμβάνεται στα θεραπευτικά σχέδια ή/και στις διαδικασίες στο χώρο εργασίας μου.                                       | 28,6% | 0%    | 42,6% | 14,3% | 14,3% |

Στον πίνακα, ο οποίος χρήζει συνολικής ανάγνωσης, επισημαίνονται τα κελιά με τις υψηλότερες τιμές για κάθε ζήτημα που τίγεται. Πρώτα απ' όλα, προκύπτει ότι:

- στις υπηρεσίες και τα ιδρύματα του κοινωνικού συστήματος υπάρχουν κατευθυντήριες γραμμές που αποσκοπούν στην προώθηση πρακτικών προσανατολισμένων στο τραύμα, δηλαδή που αναγνωρίζουν τη διάχυση του τραύματος, προωθούν την εργασία για την αναγνώριση των τραυματικών εμπειριών και προσπαθούν να αποφύγουν την εκ νέου τραυματοποίηση
- υπάρχει, ωστόσο, ένα γενικό σημαντικό κενό στην παρακολούθηση της εφαρμογής των εν λόγω πολιτικών
- όσον αφορά τη συνεργασία με τους σχετικούς φορείς, υπάρχει γενικά ένα σύστημα επικοινωνίας σχετικά με τις πρακτικές που ενσωματώνουν το τραύμα, αλλά κάθε εμπλεκόμενος εταίρος θέτει τους δικούς του στόχους με περιορισμένα συστήματα για τη διατήρηση συνεπών πρακτικών που ενσωματώνουν το τραύμα
- όσον αφορά την υγεία και την ευημερία του προσωπικού, υπάρχουν γενικά διαδικασίες εποπτείας για την υποστήριξη των εργαζομένων στη διαχείριση και την αντιμετώπιση του τραύματος που μπορεί να τους προκαλέσει η εργασία τους.

- ίσως λόγω μιας ιδιαιτερότητας που είναι σύμφυτη με τις υπηρεσίες και τους θεσμούς του κοινωνικού συστήματος που βασίζονται στη σχέση και τη φροντίδα, οι γυναίκες θύματα βίας και τα παιδιά τους είναι ευπρόσδεκτες και τους δίνεται η ευκαιρία να εκφράσουν τις ανάγκες και τις ανησυχίες τους, σε έναν χώρο όπου η κατανόηση και η αναγνώριση του αντίκτυπου της τραυματικής εμπειρίας περιλαμβάνονται στις καθημερινές πρακτικές και στις αποφάσεις που λαμβάνονται
- οι ερωτηθέντες σε αυτό το μέρος του ερωτηματολογίου επιβεβαιώνουν ότι, σύμφωνα με τις αρχές της προσέγγισης με βάση το τραύμα, παρέχονται σαφείς πληροφορίες στη γυναίκα σχετικά με το πώς μπορεί να αισθάνεται ασφαλής, συνοδεύοντάς την να επεξεργαστεί το τραύμα και τις συναισθηματικές καταστάσεις που προκύπτουν από αυτό
- οι επαγγελματίες του κοινωνικού συστήματος και του συστήματος υγείας παραμένουν μάλλον επιφυλακτικοί στον ισχυρισμό ότι η συναισθηματική ασφάλεια των γυναικών λαμβάνεται υπόψη στους χώρους εργασίας τους, ότι οι απαντήσεις που παρέχονται στις υποστηριζόμενες γυναίκες και τα παιδιά τους από όλους τους επαγγελματίες είναι ενημερωμένες για το τραύμα, καθώς και ότι εξασφαλίζεται η συνέχεια των παρεμβάσεων με βάση το τραύμα.
- η συμμετοχή των γυναικών θυμάτων βίας σε μια έγκαιρη διαδικασία διαλογής, παρατήρησης και ψυχοδιαγνωστικής αξιολόγησης με βάση το τραύμα αξιολογήθηκε στην τελευταία θέση του ερωτηματολογίου.

Τα αποτελέσματα του ερωτηματολογίου σχετικά με το κοινωνικό σύστημα και το σύστημα υγείας μας παρέχουν ποικίλες πληροφορίες, αλλά ο αριθμός των απαντήσεων και η πόλωση των απαντήσεων σε ορισμένες περιπτώσεις αφήνουν περιθώρια για περαιτέρω διερεύνηση. Οι προτάσεις όσον αφορά τη μεγαλύτερη συγκεκριμενοποίηση της προσέγγισης με βάση το τραύμα στο χώρο εργασίας όσων απάντησαν στις ανοικτές ερωτήσεις του ερωτηματολογίου μας παρέχουν περισσότερα στοιχεία. Ορισμένοι συμμετέχοντες μοιράστηκαν την πρότασή τους για την ενίσχυση των πολιτικών και πρακτικών που βασίζονται στην επίγνωση του τραύματος στους οργανισμούς τους.

Επισημαίνουν ιδιαίτερα την ανάγκη **συνεργασίας και συνέπειας** στις που βασίζονται στην επίγνωση του τραύματος μεταξύ των εμπλεκόμενων φορέων. Συγκεκριμένα, προτείνουν κοινή εξειδικευμένη κατάρτιση σε θέματα τραύματος, κοινό πρωτόκολλο διαχείρισης περιστατικών και κοινές επίσημες/κρατικές κατευθυντήριες γραμμές. Επιπλέον, ένα καθιερωμένο δίκτυο ενδιαφερομένων θα προωθήσει περαιτέρω τη φροντίδα των γυναικών και των παιδιών με γνώμονα το τραύμα. Τέλος, η τυποποίηση της αξιολόγησης του τραύματος, π.χ. μέσω της ατομικής αξιολόγησης της περίπτωσης, ώστε να ενισχυθεί το κοινό ενημερωμένο για το τραύμα πρωτόκολλο.

## 1.2. Σύστημα δικαιοσύνης

Μόνο 5 από τους ερωτηθέντες προέρχονταν από το σύστημα δικαιοσύνης και όλοι τους ήταν δικηγόροι. Ακολουθεί η εικόνα που προέκυψε.

| Όλοι οι ερωτηθέντες   | Καθόλου αληθές | Λίγο αληθινές | Κάπως αληθές | Κυρίως αληθές | Απολύτως αληθές |
|---|----------------|---------------|--------------|---------------|-----------------|
| Θεσπίζεται γραπτή πολιτική που δεσμεύεται για πρακτικές που βασίζονται στην επίγνωση του τραύματος για τις γυναίκες θύματα βίας και τα παιδιά τους. | 50%            | 0%            | 0%           | 50%           | 0%              |
| Η πολιτική της οργάνωσής μου είναι να εξετάζει τακτικά τις γυναίκες και τα παιδιά τους για τραύματα.  | 0%             | 0%            | 0%           | 50%           | 50%             |



|  |     |    |     |     |      |
|--|-----|----|-----|-----|------|
| Στον οργανισμό μου, οι πολιτικές που αφορούν την εργασία με γυναίκες και τα παιδιά τους περιλαμβάνουν έμφαση στην προώθηση της ανθεκτικότητας και της γενικής ευημερίας.   | 0%  | 0% | 0%  | 0%  | 100% |
| Η οργάνωσή μου εφαρμόζει συγκεκριμένα πρωτόκολλα για τη μείωση της "εξουθένωσης" που συνδέεται με την εργασία με γυναίκες και τα παιδιά τους που έχουν βιώσει βία.   | 0%  | 0% | 0%  | 50% | 50%  |
| Η ποικιλομορφία στον οργανισμό μου αντικατοπτρίζει τους πληθυσμούς που εξυπηρετούμε.   | 0%  | 0% | 0%  | 50% | 50%  |
| Οι γυναίκες και τα παιδιά τους ελέγχονται κατάλληλα για τραύμα με τη χρήση ενός τυποποιημένου εργαλείου για την καλύτερη αξιολόγηση των επιπτώσεων της βίας εναντίον τους και, ως εκ τούτου, για τη λήψη πιο τεκμηριωμένων δικαστικών αποφάσεων. | 50% | 0% | 0%  | 50% | 0%   |
| Καταβάλλονται προσπάθειες για να ελαχιστοποιηθούν οι αγχωτικές πιυχές της διαδικασίας προστασίας των γυναικών (και των παιδιών τους).  | 0%  | 0% | 50% | 0%  | 50%  |
| Η κατανόηση του αντίκτυπου του τραύματος ενσωματώνεται στην καθημερινή πρακτική λήψης αποφάσεων στο χώρο εργασίας μου.   | 0%  | 0% | 0%  | 50% | 50%  |
| Οι οικογένειες και τα παιδιά έχουν συστηματικά την ευκαιρία να εκφράσουν τις ανάγκες, τις ανησυχίες και τις εμπειρίες τους.  | 0%  | 0% | 0%  | 0%  | 100% |
| Οι γυναίκες (και τα παιδιά τους) αντιμετωπίζονται με σεβασμό.  | 0%  | 0% | 0%  | 0%  | 100% |
| Οι εμπλεκόμενοι στα συστήματα αντιμετωπίζουν ο ένας τον άλλον με σεβασμό.  | 0%  | 0% | 0%  | 0%  | 100% |
| Συζητώ θέματα τραύματος με συνεργάτες από διάφορα συστήματα.   | 0%  | 0% | 0%  | 0%  | 100% |

Και σε αυτή την περίπτωση, στον πίνακα έχουμε επισημάνει τα κελιά που παρουσιάζουν κάποια ισορροπία ή υψηλότερες τιμές για κάθε θέμα που τίγεται και, με μια πρώτη ματιά και λαμβάνοντας υπόψη την έλλειψη απαντήσεων, μπορεί κανείς να σχολιάσει μια αυξημένη συναίνεση στις απαντήσεις:

- οι ερωτήσεις με τις πιο διαφορετικές απαντήσεις αφορούσαν την καθιερωμένη γραπτή πολιτική για την παροχή φροντίδας με γνώμονα το τραύμα και τη χρήση τυποποιημένων διαδικασιών διαλογής, ενώ οι μισές απαντήσεις ανέφεραν την ανυπαρξία επίσημων πολιτικών και εργαλείων με γνώμονα το τραύμα.
- Ακόμα και αν δεν υπάρχει κοινή απάντηση σχετικά με την ύπαρξη πολιτικών με γνώμονα το τραύμα καθεαυτό, οι συνολικές διαδικασίες στους χώρους εργασίας των ερωτηθέντων δίνουν προτεραιότητα στην ευημερία των δικαιούχων (γυναικών και παιδιών) καθώς και των εργαζομένων.
- οι γυναίκες και τα παιδιά τους αντιμετωπίζονται με σεβασμό και, στο πλαίσιο της δικαιοσύνης, έχουν πάντα την ευκαιρία να εκφράζουν τις ανάγκες και τις ανησυχίες τους και να διηγούνται τις εμπειρίες τους
- υπάρχουν ευκαιρίες για συζήτηση και αντιπαράθεση σχετικά με το τραύμα με άλλους επαγγελματίες που εμπλέκονται με εγκάρσιο τρόπο στο σύστημα

φροντίδας γυναικών θυμάτων βίας και των παιδιών τους, καθώς και αμοιβαίος σεβασμός μεταξύ των εμπλεκόμενων φορέων.

Οι συμμετέχοντες που απάντησαν στις ανοικτές ερωτήσεις του ερωτηματολογίου, πρότειναν τα εξής:

Πρώτα απ' όλα, η εισαγωγή εξειδικευμένων **κοινωνικών επαγγελματιών** στο σύστημα δικαιοσύνης (κοινωνικών λειτουργών/ψυχολόγων), καθώς και η **κατάρτιση** των νομικών επαγγελματιών σχετικά με τις επιπτώσεις του τραύματος και τις πρακτικές/φροντίδα με βάση το τραύμα, καθώς και η κατάρτιση που θα αμφισβητήσει και θα αντιμετωπίσει τα προσωπικά στερεότυπα των επαγγελματιών που εμπλέκονται στο σύστημα δικαιοσύνης. Επιπλέον, όπως αναφέρεται και στην απάντηση ενός τμήματος του κοινωνικού συστήματος, η δημιουργία **ενός δικτύου συνεργαζόμενων οργανώσεων/ιδρυμάτων** για τη στήριξη και τη δημιουργία ενός δικτύου ασφαλείας γύρω από γυναίκες και παιδιά που έχουν επιβιώσει από τη βία και τη θωράκισή τους από την εκ νέου τραυματοποίηση. Τέλος, οι επαγγελματίες νομικοί δήλωσαν την ανάγκη **παρακολούθησης** της εφαρμογής του ισχύοντος νομικού πλαισίου όσον αφορά τη βία κατά των γυναικών.

## 2. ΣΥΝΕΝΤΕΥΞΕΙΣ

Τα στοιχεία που παρουσιάζονται παραπάνω συμπληρώθηκαν από 5 συνεντεύξεις σε βάθος, οι οποίες διεξήχθησαν με επαγγελματίες από την εθνική και τοπική διοίκηση και τα συστήματα δικαιοσύνης, υγείας και κοινωνικής πρόνοιας, οι οποίοι έχουν άμεση εμπειρία από τη βία λόγω φύλου. **Ο πλήρης κατάλογος των επαγγελματικών ικανοτήτων των συνεντευξιαζόμενων επισυνάπτεται στην Έκθεση.**

Στόχος της συνέντευξης ήταν να διερευνηθούν οι εμπειρίες των συμμετεχόντων όσον αφορά τη γνώση, την ανάπτυξη και την εφαρμογή της προσέγγισης με βάση το τραύμα και να συγκεντρωθούν οι απόψεις τους σχετικά με το πώς και γιατί η χρήση αυτής της προσέγγισης θα μπορούσε να βελτιώσει την πρόσβαση στη δικαιοσύνη, τις πολιτικές και, γενικότερα, όλες τις υπηρεσίες που υποστηρίζουν τις γυναίκες θύματα βίας και τα παιδιά τους. Η συνέντευξη στόχευε στις πρακτικές των δικών τους οργανώσεων και στον προβληματισμό σχετικά με το πώς οι διάφορες οργανώσεις σχεδιάζουν να αντιμετωπίσουν τις επιπτώσεις του τραύματος στις γυναίκες θύματα βίας και τα παιδιά τους.

### 2.1. Πολιτικές

Με εξαίρεση το Κέντρο Υποστήριξης Γυναικών, οι υπόλοιποι ερωτώμενοι ανέφεραν είτε περιορισμένες είτε ανύπαρκτες γραπτές πολιτικές ή κατευθυντήριες γραμμές που εφαρμόζονται στα αντίστοιχα ιδρύματά τους όσον αφορά τη φροντίδα και τις πρακτικές που βασίζονται στην επίγνωση του τραύματος. Το Αιμβουλευρικό Κέντρο, καθώς είναι κρατικό ίδρυμα, ακολουθεί έναν γενικό κανονισμό λειτουργίας που δίνει προτεραιότητα στην ευημερία των γυναικών και των παιδιών που επωφελούνται, παρόλο που δεν υπάρχει αυτοτελής ενότητα για τις πρακτικές που βασίζονται στην επίγνωση του τραύματος.

Επιπλέον, στο Κέντρο Υποστήριξης, μόλις πρόσφατα, τον τελευταίο χρόνο, εφάρμοσαν διαδικασίες ειδικά για την ευημερία του προσωπικού και ενσωμάτωσαν τον στόχο αυτό στις μηνιαίες εποπτικές συναντήσεις με τους επαγγελματίες πρώτης γραμμής. Οι

υπόλοιποι συμμετέχοντες δήλωσαν πλήρη έλλειψη για την αντιμετώπιση της ψυχικής υγείας του εμπλεκόμενου προσωπικού. Ειδικότερα, οι αστυνομικοί δήλωσαν ότι εκτός από την ετήσια τυπική αξιολόγηση και ανεξάρτητα από τη δυνατότητα παραπομπής στον αστυνομικό ψυχολόγο, η νοοτροπία της υπηρεσίας αποθαρρύνει τους αστυνομικούς να αναζητήσουν μεταλλική υποστήριξη και να αντιμετωπίσουν τυχόν τραύματα.

Τέλος, όλοι οι συμμετέχοντες εξήραν τη σημασία και την αναγκαιότητα των πολιτικών για τη φροντίδα και τις πρακτικές που βασίζονται στην επίγνωση του τραύματος και ευχήθηκαν να αναληφθούν περισσότερες δράσεις στο μέλλον.

## 2.2. Εκπαίδευση, εποπτεία και κατευθυντήριες γραμμές

Καθώς οι πρακτικές με βάση το τραύμα είναι γενικά μια νέα έννοια στη χώρα, οι περισσότεροι συμμετέχοντες, ιδίως όσοι δεν ήταν επαγγελματίες ψυχικής υγείας, είχαν μόνο βασική κατανόηση του όρου. Η ψυχολόγος που πήρε συνέντευξη δήλωσε ότι παρακολούθησε ιδιωτικά σεμινάρια για να επιμορφωθεί περαιτέρω σχετικά με την τραυματοπληροφορική φροντίδα, καθώς πίστευε ότι αποτελούσε σημαντικό πλεονέκτημα για τη θεραπεία της υπομονής της. Οι υπάλληλοι του κρατικού κέντρου υποστήριξης λαμβάνουν συχνά κεντρικά οργανωμένες εκπαιδεύσεις σχετικά με τον τρόπο αντιμετώπισης των θυμάτων βίας και παρόλο που η ύλη είναι γενικά σύμφωνη με τις προτεραιότητες της τραυματοενημερωμένης φροντίδας, καμία από τις προηγούμενες εκπαιδεύσεις που είχαν παρακολουθήσει δεν αφορούσε ειδικά τη μεθοδολογία της τραυματοενημερωμένης φροντίδας. Όσον αφορά τον ποινικό λόγο, του προσφέρθηκε η ευκαιρία να παρακολουθήσει εξειδικευμένα σεμινάρια για τον τρόπο αντιμετώπισης των θυμάτων έμφυλης βίας, αλλά δεν αποτελούσε προτεραιότητα της οργάνωσης σε εκείνο το σημείο, ωστόσο ο ίδιος συχνά αναφερόταν στην αλλαγή γνώμης και στην αίσθηση αυξημένης ανάγκης για εξειδικευμένη προσέγγιση. Ο αστυνομικός δήλωσε ότι οι εκπαιδεύσεις σχετικά με τη βία κατά των γυναικών επικεντρώνονται κυρίως στο νομικό μέρος και στις διαδικαστικές πτυχές που σπάνια περιλαμβάνουν κατευθυντήριες γραμμές προσαρμοσμένες στο τραύμα (π.χ. Μην επιχειρήσετε να αγγίξετε ένα θύμα βίας).

## 2.3. Δέσμευση και συμμετοχή των επιζώντων

Όλοι οι συμμετέχοντες εκφράζουν κατανόηση για τη σημασία της συμμετοχής των γυναικών στις διαδικασίες, ωστόσο, σε ορισμένες περιπτώσεις αυτό δεν είναι εφικτό. Ο αστυνομικός, για παράδειγμα, ανέφερε ότι όταν κατά τη διάρκεια ενός περιστατικού υπάρχουν προφανείς ενδείξεις ενδοοικογενειακής βίας, ο ανταποκρινόμενος αστυνομικός έχει την υποχρέωση να μεταφέρει όλα τα εμπλεκόμενα άτομα στο αστυνομικό τμήμα για να εξετάσει την υπόθεση το τμήμα ενδοοικογενειακής βίας. Αυτό σημαίνει ότι δεν μπορούν επίσης να παράσχουν πρόσθετες πληροφορίες στο θύμα για τη διαδικασία που θα ακολουθήσει εκτός από την υποχρεωτική επίσκεψη στο αστυνομικό τμήμα.

Το Κέντρο Στήριξης ήταν ο μόνος οργανισμός που είχε συγκεκριμένες πολιτικές σχετικά με τη συμμετοχή των επιζώντων και ο διευθυντής δήλωσε ότι με βάση τη διαδικασία προσπαθούν να καλλιεργήσουν ένα αίσθημα ασφάλειας και ενδυνάμωσης στις ωφελούμενες του κέντρου και σε αυτή τη βάση ενημερώνουν τις γυναίκες για όλες τις επιλογές τους και δεν προσπαθούν να επηρεάσουν την απόφαση των γυναικών.

## 2.4. Διατομεακή συνεργασία

Οι συνεντεύξεις αντανακλούσαν τη σοβαρότητα της διατομεακής συνεργασίας και όλοι οι ερωτώμενοι δήλωσαν ότι είτε ανεπίσημα είτε επίσημα συνεργάζονται με άλλους διαφορετικούς επαγγελματίες στον τομέα της εργασίας τους. Ωστόσο, σε καμία περίπτωση δεν υπήρχε κοινή προσέγγιση για την αντιμετώπιση των θυμάτων ή κοινή αντίληψη για τις πρακτικές που βασίζονται στο τραύμα.

Επιπλέον, καθώς οι διατομεακές εκπαιδεύσεις κερδίζουν έδαφος, οι επαγγελματίες που δεν ασχολούνται με την ψυχική υγεία δηλώνουν και πάλι την επιθυμία τους για μια πιο κοινωνική προσέγγιση των τυπικών νομικών/αστυνομικών εκπαιδεύσεων.

## 2.5. Οικονομικά

Όσον αφορά τον προϋπολογισμό για την κατάρτιση με βάση το τραύμα, ο ψυχολόγος και ο ποινολόγος ανέφεραν ότι το κόστος της κατάρτισης επιβαρύνει τον επαγγελματία, ιδίως σε έναν νέο εξειδικευμένο τομέα όπως η προσέγγιση με βάση το τραύμα. Από την άλλη πλευρά, στους κρατικούς οργανισμούς, όπως το Κέντρο Στήριξης και η αστυνομία, ο προϋπολογισμός της κατάρτισης διαχειρίζεται κεντρικά και οι αξιωματικοί έχουν πολύ περιορισμένη άποψη για το αντικείμενο της κατάρτισης.

## 2.6. Παρακολούθηση της προόδου και διασφάλιση της ποιότητας

Οι συμμετέχοντες ανέφεραν ότι σε κανέναν οργανισμό δεν υπήρχε επίσημη διαδικασία παρακολούθησης και αξιολόγησης. Η ανατροφοδότηση από τους δικαιούχους γινόταν σε όλες τις περιπτώσεις με ανεπίσημο τρόπο και δεν υπήρχε επίσημο αρχείο ή διαδικασία ενσωμάτωσης της ανατροφοδότησης του έργου τους. Η ψυχολόγος ανέφερε ότι ζητά ανατροφοδότηση από τους ασθενείς της ως μέρος της επαγγελματικής της προσέγγισης στο τέλος κάθε συνεδρίας, ωστόσο αυτοί συχνά διστάζουν να εκφράσουν τη γνώμη τους σε αυτό το στάδιο. Για όλους τους επαγγελματίες ο ρόλος της παρακολούθησης ανήκει στον προϊστάμενό τους, ο οποίος εξετάζει τον τρόπο με τον οποίο διαχειρίστηκαν κάθε περίπτωση και οι δικαιούχοι δεν συμμετέχουν επίσημα σε αυτές τις διαδικασίες.

## Συμπέρασμα

Στην παρούσα έκθεση θέλαμε να παράσχουμε μια επισκόπηση της γνώσης και της χρήσης της προσέγγισης με βάση το τραύμα μέσα στα συστήματα που αντιμετωπίζουν τις γυναίκες θύματα βίας και τα παιδιά τους και να επισημάνουμε τους τομείς που μπορούν να βελτιωθούν περαιτέρω, καθώς και τις ανάγκες των επαγγελματιών του τομέα. Τα ερωτηματολόγια και οι συνεντεύξεις δεν αποτελούν σαφώς αντιπροσωπευτικό δείγμα των όσων συμβαίνουν σε εθνικό και τοπικό επίπεδο, αλλά αποτελούν πολύτιμα σημεία εκκίνησης για περαιτέρω διερεύνηση και εξέταση. Η ποιοτική-ποσοτική έρευνα πεδίου συμπλήρωσε την ανάλυση των εγγράφων - η οποία είναι θεμελιώδης για την πλαισίωση του πλαισίου - και διαπίστωσε ότι αυτό που συμβαίνει σε επίπεδο εγγράφων συμβαίνει και σε επιχειρησιακό επίπεδο: όπως και τα έγγραφα που αναλύθηκαν, οι υπηρεσίες που συναντήθηκαν υιοθετούν ασυνείδητα μία ή περισσότερες αρχές της προσέγγισης με βάση το τραύμα, χωρίς ωστόσο να φαίνεται να είναι εξοικειωμένες με αυτό, με εξαίρεση λίγες. Η επιτόπια έρευνα επιβεβαίωσε επίσης τις εσωτερικές τάσεις στο σύστημα κοινωνικής και υγειονομικής περίθαλψης και στο σύστημα δικαιοσύνης: ενώ υπάρχει δηλωμένη δέσμευση, οι πολιτικές συχνά δεν την αντικατοπτρίζουν και συχνά οι πρακτικές εφαρμογής τους είναι ακόμη πιο αποξενωμένες από την προσέγγιση που βασίζεται στην επίγνωση του τραύματος.

Από την παρούσα έκθεση προκύπτουν ορισμένα στοιχεία που είναι χρήσιμο να ληφθούν υπόψη ενόψει των μελλοντικών εξελίξεων του έργου.

- **Κατάρτιση:** οι απαντήσεις στις ανοιχτές ερωτήσεις του ερωτηματολογίου και οι συνεντεύξεις κατέδειξαν την ανάγκη για ειδική κατάρτιση σχετικά με την προσέγγιση που βασίζεται στην επίγνωση του τραύματος για όλους τους επαγγελματίες που έρχονται αντιμέτωποι με γυναίκες θύματα βίας και τα παιδιά τους. Διατομεακή κατάρτιση, κατάρτιση στη μεθοδολογία και πρακτική βιωματική κατάρτιση σε συγκεκριμένες περιπτώσεις, ώστε οι απαντήσεις που δίνουν όλοι οι επαγγελματίες να είναι ενημερωμένες και συνεπείς ως προς το τραύμα. Αναγνωρίζεται ότι η ειδική κατάρτιση σχετικά με τη βία λόγω φύλου και την προσέγγιση με βάση το τραύμα θα είχε σημαντικό αντίκτυπο στη μείωση των εμποδίων στην πρόσβαση στη δικαιοσύνη και θα συνέβαλε στη βελτίωση της φροντίδας των γυναικών θυμάτων βίας και των παιδιών τους.
- **Παρακολούθηση και αξιολόγηση:** ιδίως μέσω των συνεντεύξεων, αναφέρθηκε η έλλειψη παρακολούθησης των διαδικασιών, ενώ ήταν κοινή αντίληψη ότι η ανατροφοδότηση των δικαιούχων θα πρέπει να ενσωματωθεί σε κάθε διαδικασία αξιολόγησης. Επιπλέον, καθώς σε ορισμένες περιπτώσεις οι γραπτές πολιτικές συχνά αγνοούνταν, ήταν απαραίτητη η ανάγκη για συγκεκριμένα μέτρα παρακολούθησης καθώς και συνέπειες για όσους τις παραβιάζουν.
- **Δίκτυα:** οι απαντήσεις στις ανοιχτές ερωτήσεις του ερωτηματολογίου και στις συνεντεύξεις ανέδειξαν την ανάγκη ύπαρξης ενός καθιερωμένου δικτύου εμπλεκόμενων οργανώσεων και φορέων. Αυτό θα εγγυάται την επικοινωνία και τις διαδικασίες μεταξύ των διαφόρων φορέων, καθώς και μια κοινή προσέγγιση σχετικά με τις πρακτικές που βασίζονται στο τραύμα.
- **Εργαλεία:** αυτό που προκύπτει από τις ερωτήσεις ανοικτού τύπου είναι ένα αίτημα για ερωτήσεις σχετικές με το τραύμα που πρέπει να περιλαμβάνονται στην αρχική αξιολόγηση και τον έλεγχο κάθε περίπτωσης. Αυτή η διαθεσιμότητα τέτοιων ερωτηματολογίων καθώς και πρωτοκόλλων σχετικών με το τραύμα, θα παρέχει πρακτικά εργαλεία για

## ΠΑΡΑΡΤΗΜΑ 1: Μεθοδολογία εκτίμησης της υφιστάμενης κατάστασης\*

### Έρευνα σε επαγγελματίες Ημι-δομημένες Συνεντεύξεις

Οι όροι «Πρακτικές που βασίζονται στην επίγνωση του Τραύματος», «Φροντίδα που βασίζεται στην επίγνωση του Τραύματος», «Προσέγγιση που βασίζεται στην επίγνωση του Τραύματος» και «Συστήματα που βασίζονται στην επίγνωση του Τραύματος» χρησιμοποιούνται ευρέως και εναλλακτικά για να αναφερθούν, όπως συζητήσαμε ήδη για την εθνική έκθεση, στην ευρεία έννοια ενός προγράμματος, οργανισμού ή συστήματος που είναι **σκόπιμα σχεδιασμένο** για να στηρίξει τραυματισμένα άτομα που βίωσαν ή βιώνουν δυσμενή γεγονότα.

Οι όροι αυτοί και οι πολιτικές, συχνά, δεν αξιοποιούνται στο βέλτιστο βαθμό. Το έργο Care4Trauma διερευνά ποιες είναι οι αντιλήψεις της ομάδας-στόχου αναφορικά με την εφαρμογή ενός πιθανού οράματος βασισμένου στην Ενημερωμένη Φροντίδα Τραύματος στους οργανισμούς, τις υπηρεσίες και τα ιδρύματα της. Τα ευρήματα της ερευνάς θα ληφθούν υπόψη σε συνδυασμό με τα αποτελέσματα των εθνικών εκθέσεων, για τον σχεδιασμό των αντίστοιχων εκπαιδευτικών προγραμμάτων σύμφωνα με την τοπική κουλτούρα, τους οργανισμούς και τις αντιλήψεις των ενδιαφερομένων. Με άλλα λόγια, η παρούσα έρευνα επιδιώκει να αξιολογήσει την ετοιμότητα των βασικών φορέων για την εφαρμογή της προσέγγισης «Ενημερωμένης Φροντίδας Τραύματος».

### Στόχος της εκτίμησης της υφιστάμενης κατάστασης

Ο στόχος αυτής της φάσης του έργου είναι να εντοπιστούν καλύτερα και να αντιμετωπιστούν τα κενά που οι επαγγελματικές διαδικασίες των ομάδων-στόχων (συμπεριλαμβανομένων και του συστήματος δικαιοσύνης) με γνώμονα το τραύμα του/της ωφελούμενου/ης. Το αποτέλεσμα θα συγκεντρώνει τη περιγραφή βαθμού εφαρμογής των αρχών της Εφαρμογής Φροντίδας Τραύματος σε όλο το σύστημα (υγείας, κοινωνικής πρόνοιας και δικαιοσύνης). Σύμφωνα με τον στόχο, η φάση αυτή περιλαμβάνει τη συλλογή δεδομένων που εμπλέκει επαγγελματίες και βασικούς εμπλεκόμενους.

Οι συμμετέχοντες/ούσες θα λάβουν μέρος σε μια μικτή μέθοδο συλλογής δεδομένων:

α. μια διαδικτυακή έρευνα που χωρίζεται σε δύο διαφορετικές εκδόσεις (μια για το σύστημα υγείας και κοινωνικής πρόνοιας και μια για το σύστημα δικαιοσύνης), ένα τυποποιημένο ερωτηματολόγιο θα υποβληθεί στο προσωπικό των οργανώσεων υποστήριξης των θυμάτων και σε άλλους επαγγελματίες που εμπλέκονται στη διαδικασία παροχής υποστήριξης στις γυναίκες και τα παιδιά τους.

β. Μια ημιδομημένη συνέντευξη με στόχο τη διοίκηση των ξενώνων και των κέντρων καταπολέμησης της βίας και τους/τις υπευθύνους/νες χάραξης πολιτικής.

### Η διαδικτυακή έρευνα

Η έρευνα (σε διάφορες γλώσσες) έχει σχεδιαστεί στην ευρωπαϊκή πλατφόρμα 1KA.



Όλοι οι εταίροι έχουν πλήρη πρόσβαση στα αποτελέσματα της έρευνας, συμπεριλαμβανομένων των δεδομένων που συλλέχθηκαν στις άλλες χώρες που συμμετέχουν.

Depending on the Professional profile, the respondent will be addressed to Survey Version A or Survey Version B (see below).

Ανάλογα με το Επαγγελματικό προφίλ, ο ερωτώμενος θα απευθυνθεί στην Έκδοση Α ή στην Έκδοση Β της ερευνάς (βλ. παρακάτω).

Ο ελάχιστος αριθμός των ερωτηθέντων έχει οριστεί σε 40 άτομα ανά χώρα (σύνολο 120).

- a. Το δείγμα θα πρέπει να αντιπροσωπεύει τους ακόλουθους δείκτες που συλλέγουμε στο δημογραφικό μέρος:
  - .1. Γεωγραφικές περιοχές
  - .2. Τύπος υπηρεσίας και φορέα (υγειονομική και κοινωνική περίθαλψη),
    - Νοσοκομεία : αίθουσα επειγόντων περιστατικών όπου υπάρχει ειδική διαδρομή περίθαλψης για γυναίκες και θύματα βίας
    - Κοινωνικές υπηρεσίες
    - Καταφύγια
    - Κέντρα κατά της βίας
- b. Τύπος υπηρεσίας και θεσμικό όργανο (σύστημα δικαιοσύνης)
- c. Επαγγελματικά προφίλ:
  - Κοινωνικός λειτουργός, Επαγγελματίες κοινωνικής φροντίδας, Εκπαιδευτικός (Έκδοση Α)
  - Ψυχολόγος, Ψυχοθεραπευτής, Νευροψυχίατρος, Ψυχίατρος (Έκδοση Α)
  - Επαγγελματίας υγείας (Έκδοση Α)
  - Δικηγόρος, Νομικός λειτουργός, Νομικός εμπειρογνώμονας (Έκδοση Β)
  - Δικαστής, Εισαγγελέας (Έκδοση Β)
- d. Χρόνος υπηρεσίας

### Δημογραφικά στοιχεία

|                                     |  |        |  |
|-------------------------------------|--|--------|--|
| Φύλο                                |  | Ηλικία |  |
| Χώρα διαμονής                       |  |        |  |
| Εκπαίδευση                          |  |        |  |
| Επαγγελματικό προφίλ                |  |        |  |
| Περιφέρεια της χώρας όπου εργάζεστε |  |        |  |
| Τύπος υπηρεσίας/ φορέα              |  |        |  |
| Ρόλος στον φορέα                    |  |        |  |
| Προϋπηρεσία στον συγκεκριμένο ρόλο  |  |        |  |

## Έκδοση Α- Σύστημα υγείας και κοινωνικής πρόνοιας

### Εισαγωγή στην έρευνα

Η Φροντίδα που βασίζεται στην επίγνωση του τραύματος προωθεί τη χρήση καθολικών προληπτικών μέτρων, που προϋποθέτει ότι οι γυναίκες θύματα βίας και τα παιδιά τους που εμπλέκονται στο σύστημα πρόνοιας έχουν βιώσει κάποια μορφή τραύματος, το οποίο μπορεί να μετριαστεί μέσω κατάλληλων πρακτικών. Οι πρακτικές που βασίζονται στην επίγνωση του τραύματος, επομένως, αναφέρονται σε ένα πρότυπο και ένα οργανωτικό όραμα που κατανοεί, λαμβάνει υπόψη τη φύση του τραύματος και προωθεί διαδικασίες θεραπείας και επούλωσης αντί για πρακτικές και υπηρεσίες που μπορεί ακούσια να επανατραυματίσουν. Η έρευνα έχει ως στόχο να διερευνήσει αν και πώς το Σύστημα Υγείας και Κοινωνικής Πρόνοιας που βασίζονται στην επίγνωση του τραύματος και ποιες πρέπει να είναι οι αλλαγές για μια προσέγγιση που λαμβάνει υπόψη της το τραύμα των ωφελούμενων.

### Ερωτήσεις

Αξιολογήστε τις ακόλουθες δηλώσεις σχετικά με τις διαδικασίες στο επαγγελματικό σας περιβάλλον, όπως λειτουργούν σήμερα.

| Αριθμός Δήλωσης | Δηλώσεις  | Καθόλου αληθές | Σπάνια αληθές | Κάποιες φορές αληθές | Συχνά αληθές | Σχεδόν πάντα αληθές |
|-----------------|---|----------------|---------------|----------------------|--------------|---------------------|
| 1.              | Έχει καθιερωθεί γραπτή πολιτική σύμφωνα με τις αρχές της φροντίδας που βασίζεται στην επίγνωση του τραύματος (ανίχνευση τραυματικών εμπειριών, ενέργειες για την αποφυγή της επανατραυματοποίησης). |                |               |                      |              |                     |
| 2.              | Η υπηρεσία/ο φορέας διαθέτει θεσμοθετημένο σύστημα για να εξετάζει κατά πόσον το προσωπικό εφαρμόζει πρακτικές που βασίζονται στην επίγνωση του τραύματος   |                |               |                      |              |                     |
| 3.              | Υπάρχει σύστημα επικοινωνίας με άλλες υπηρεσίες/φορείς που ασχολούνται με τις γυναίκες και τα παιδιά τους για τη λήψη αποφάσεων λαμβάνοντας υπόψη το τραύμα   |                |               |                      |              |                     |

| Αριθμός Δήλωσης | Δηλώσεις  | Καθόλου αληθές | Σπάνια αληθές | Κάποιες φορές αληθές | Συχνά αληθές | Σχεδόν πάντα αληθές |
|-----------------|---|----------------|---------------|----------------------|--------------|---------------------|
| 4.              | Υπάρχουν διαδικασίες που υποστηρίζουν συνεπείς/σταθερές αντιδράσεις λαμβάνοντας υπόψη το τραύμα για τις γυναίκες και τα παιδιά τους σε όλους τους ρόλους εντός της υπηρεσίας/φορέα. |                |               |                      |              |                     |
| 5.              | Οι γυναίκες και τα παιδιά τους έχουν συστηματικές ευκαιρίες να εκφράσουν τις ανάγκες, τις ανησυχίες και τις εμπειρίες τους.   |                |               |                      |              |                     |
| 6.              | Η υπηρεσία/φορέας διαθέτει ένα σύστημα για την ανάπτυξη/διατήρηση κοινών στόχων σε σχέση με τη διαχείριση του τραύματος με άλλες υπηρεσίες/φορείς.                                  |                |               |                      |              |                     |
| 7.              | Η κατανόηση του αντίκτυπου του τραύματος ενσωματώνεται στην καθημερινή πρακτική λήψης αποφάσεων στο χώρο εργασίας μου.  |                |               |                      |              |                     |
| 8.              | Η εποπτεία στο χώρο εργασίας μου περιλαμβάνει τρόπους διαχείρισης του προσωπικού και επαγγελματικού άγχους.   |                |               |                      |              |                     |
| 9.              | Για κάθε γυναίκα έχουν συνταχθεί/διατεθεί σχέδια ασφάλειας με βάση το τραύμα (π.χ. σκανδάλες, συμπεριφορές σε περίπτωση υπερβολικού στρες, στρατηγικές για τη μείωση του στρες).    |                |               |                      |              |                     |
| 10.             | Το προσωπικό εποπτεύεται από επόπτη που έχει ενημερωθεί για το τραύμα.  |                |               |                      |              |                     |
| 11.             | Η έγκαιρη αξιολόγηση με βάση το τραύμα είναι διαθέσιμη και προσβάσιμη στις γυναίκες που εξυπηρετούνται από τον χώρο εργασίας μου.   |                |               |                      |              |                     |
| 12.             | Για τις γυναίκες που εξυπηρετούνται από το χώρο εργασίας μου υπάρχει ένα συνεχές πρόγραμμα παρέμβασης με βάση το τραύμα.  |                |               |                      |              |                     |
| 13.             | Ο ορισμός της συναισθηματικής ασφάλειας μιας γυναίκας περιλαμβάνεται στα θεραπευτικά σχέδια ή και στις διαδικασίες στο  |                |               |                      |              |                     |

| Αριθμός Δήλωσης | Δηλώσεις           | Καθόλου αληθές | Σπάνια αληθές | Κάποιες φορές αληθές | Συχνά αληθές | Σχεδόν πάντα αληθές |
|-----------------|--------------------|----------------|---------------|----------------------|--------------|---------------------|
|                 | χώρο εργασίας μου. |                |               |                      |              |                     |

Βάσει των απαντήσεών σας, παρακαλείστε να δώσετε μία έως τρεις ιδέες για την καλύτερη εφαρμογή μιας προσέγγισης με γνώμονα το τραύμα στο χώρο εργασίας σας:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Έκδοση Β –Σύστημα δικαιοσύνης

### Εισαγωγή στην έρευνα

Η Φροντίδα που βασίζεται στην επίγνωση του τραύματος προωθεί τη χρήση καθολικής προσέγγισης προληπτικών μέτρων, η οποία υποθέτει ότι οι γυναίκες θύματα βίας και τα παιδιά τους που εμπλέκονται στο σύστημα δικαιοσύνης έχουν βιώσει κάποια μορφή τραύματος που μπορεί να μετριαστεί μέσω κατάλληλων πρακτικών. Οι πρακτικές με βάση το τραύμα, επομένως, αναφέρονται σε ένα παράδειγμα και σε ένα οργανωτικό όραμα που κατανοούν, λαμβάνουν υπόψη τη διάχυτη φύση του τραύματος και προωθούν περιβάλλοντα θεραπείας και ανάρρωσης αντί για πρακτικές και υπηρεσίες που μπορεί ακούσια να επανατραυματίσουν. Η έρευνα αποσκοπεί στη διερεύνηση του κατά πόσον και πώς το σύστημα δικαιοσύνης θα μπορούσε να επωφεληθεί από την προώθηση του αναδυόμενου πεδίου της δικαιοσύνης με γνώμονα το τραύμα για την καλύτερη εξυπηρέτηση των γυναικών θυμάτων βίας και των παιδιών τους.

### Ερωτήσεις

Βαθμολογήστε τις ακόλουθες δηλώσεις σχετικά με τον εργασιακό σας χώρο, όπως λειτουργεί σήμερα (Μέτρα για την αντίληψη της πολιτικής του συστήματος δικαιοσύνης).

| Δηλώσεις  | Καθόλου αληθές | Σπάνια αληθές | Κάποιες φορές αληθές | Συχνά αληθές | Σχεδόν πάντα αληθές |
|---|----------------|---------------|----------------------|--------------|---------------------|
| .1. Θεσπίζεται γραπτή πολιτική που δεσμεύεται για πρακτικές που ανταποκρίνονται στο τραύμα για τις γυναίκες θύματα βίας και τα παιδιά τους.   |                |               |                      |              |                     |
| .2. Είναι πολιτική του φορέα μου να εξετάζει τακτικά τις γυναίκες και τα παιδιά τους για τραύματα   |                |               |                      |              |                     |
| .3. Στον φορέα μου, οι πολιτικές που αφορούν την εργασία με γυναίκες και τα παιδιά τους περιλαμβάνουν έμφαση στην προώθηση της ανθεκτικότητας και της γενικής ευημερίας   |                |               |                      |              |                     |
| .4. Ο φορέας μου διαθέτει συγκεκριμένα πρωτόκολλα για τη μείωση της "επαγγελματικής εξουθένωσης" που συνδέεται με την εργασία με γυναίκες και τα παιδιά τους που έχουν βιώσει βία.  |                |               |                      |              |                     |
| .5. Η ποικιλομορφία στον φορέα μου αντικατοπτρίζει τους πληθυσμούς που εξυπηρετούμε.  |                |               |                      |              |                     |
| .6. Οι γυναίκες και τα παιδιά τους ελέγχονται κατάλληλα για τραύμα με τη χρήση τυποποιημένου εργαλείου για την καλύτερη αξιολόγηση των επιπτώσεων της βίας εναντίον τους και, ως εκ τούτου, για τη λήψη πιο τεκμηριωμένων δικαστικών αποφάσεων. |                |               |                      |              |                     |
| .7. Καταβάλλονται προσπάθειες για την ελαχιστοποίηση των αγχωτικών πτυχών της διαδικασίας προστασίας των γυναικών (και των παιδιών τους).   |                |               |                      |              |                     |
| .8. Η κατανόηση του αντίκτυπου του τραύματος ενσωματώνεται στην καθημερινή πρακτική λήψης αποφάσεων στο χώρο εργασίας μου.  |                |               |                      |              |                     |
| .9. Οι οικογένειες και τα παιδιά έχουν συστηματικά τη δυνατότητα να εκφράζουν τις ανάγκες, τις ανησυχίες και τις εμπειρίες τους.  |                |               |                      |              |                     |
| .10. Οι γυναίκες (και τα παιδιά τους) αντιμετωπίζονται με σεβασμό.  |                |               |                      |              |                     |

| Δηλώσεις   | Καθόλου αληθές | Σπάνια αληθές | Κάποιες φορές αληθές | Συχνά αληθές | Σχεδόν πάντα αληθές |
|--|----------------|---------------|----------------------|--------------|---------------------|
| .11. Οι εμπλεκόμενοι στα συστήματα αντιμετωπίζουν ο ένας τον άλλον με σεβασμό. |                |               |                      |              |                     |
| .12. Συζητώ θέματα τραύματος με τους συνεργάτες μου σε διάφορα συστήματα.      |                |               |                      |              |                     |

1. Παρακαλείστε να αναφέρετε τρία εμπόδια στην πρόσβαση στη δικαιοσύνη για τις γυναίκες θύματα βίας: \_\_\_\_\_

2. Ποιες είναι οι ανάγκες και οι στόχοι για την αντιμετώπιση των εμποδίων που αναφέρατε: \_\_\_\_\_

3. Προσδιορισμός των εμποδίων για την εφαρμογή πρακτικών που βασίζονται στην επίγνωση του τραύματος στο σύστημα δικαιοσύνης, ώστε να αντιμετωπιστούν καλύτερα οι ανάγκες των γυναικών θυμάτων βίας: \_\_\_\_\_



## Ημιδομημένες συνεντεύξεις με φορείς χάραξης πολιτικής

Πρέπει να διεξαχθούν δομημένες συνεντεύξεις με επαγγελματίες σε επίπεδα λήψης αποφάσεων που έχουν άμεση εμπειρία στο πεδίο της βίας κατά των γυναικών. Θα μπορούσαμε να στοχεύσουμε έως και 12 επαγγελματίες από τις εθνικές και τοπικές αρχές και τα συστήματα δικαιοσύνης, υγείας και κοινωνικής φροντίδας.

Ο θεματικός οδηγός διερευνά τις εμπειρίες των συμμετεχόντων από την ανάπτυξη και την εφαρμογή προσεγγίσεων πρόσβασης στη δικαιοσύνη και προσεγγίσεων Ενημερωμένης Φροντίδας Τραύματος και τις απόψεις τους σχετικά με το πώς και γιατί οι προσεγγίσεις Ενημερωμένης Φροντίδας Τραύματος θα μπορούσαν να βελτιώσουν την πολιτική και την εφαρμογή

### Πιθανοί ερωτώμενοι:

1. Ένας/μια υπεύθυνος/η χάραξης πολιτικής (κατάλληλος/η για να παρέχει μια άποψη του συστήματος υγείας και κοινωνικής πρόνοιας)
2. Επικεφαλής ενός ξενώνα
3. Διευθυντής/ντρια Αίθουσας Επειγόντων Περιστατικών
4. Ένας/μια εισαγγελέας
5. Ένας/μια δικαστής
6. Δικηγόρος
7. Ο/η Πρόεδρος της Εθνικής Ένωσης Ψυχολογίας
8. Ο/η Πρόεδρος της Εθνικής Ένωσης Κοινωνικών Λειτουργιών
9. Σύμβουλος/συμβουλευτικές επιτροπές για τοπικές αρχές, κυβέρνηση (κ.λπ.)
10. Οι υπόλοιποι τρεις θα μπορούσαν να επιλεγούν από τους εταίρους για την καλύτερη εκπροσώπηση της χώρας τους

Οι οδηγίες για τη συνέντευξη θα μπορούσαν να είναι: "Παρακαλούμε έχετε ως γνώμονα τις παρούσες πολιτικές της Υπηρεσίας σας. Θα σας θέσουμε μερικές ερωτήσεις για να διερευνήσουμε τον τρόπο με τον οποίο ο οργανισμός οραματίζεται να αντιμετωπίσει τον αντίκτυπο του τραύματος στον πληθυσμό-στόχο.

|                        |  |
|------------------------|--|
| <p><b>Πολιτική</b></p> | <p>Έχουν μέχρι στιγμής οι γραπτές πολιτικές και διαδικασίες του φορέα επικεντρωθεί στο τραύμα, στη διάχυση του για τις γυναίκες θύματα βίας ή/και μήπως έχουν εκφράσει τη δέσμευση για τη μείωση της επανατραυματοποίησης;</p> <p>Διαθέτει ο φορέας ειδικό σχέδιο για την υγεία και την ευημερία του προσωπικό, το οποίο αναγνωρίζει τη διάχυση του τραύματος και βοηθά τους προϊσταμένους και</p> |
|------------------------|--|

|  |  |
|--|--|
|  | <p>τους εργαζόμενους να στηρίξουν το προσωπικό που έχει βιώσει τραύμα; Εάν όχι, γιατί όχι;</p> <p>Πώς οι πολιτικές στελέχωσης του οργανισμού καταδεικνύουν τη δέσμευση για εκπαίδευση του προσωπικού στην παροχή υπηρεσιών και υποστήριξης που είναι πολιτισμικά συναφείς και βασίζονται στην επίγνωση του τραύματος;</p> <p>Πόσο ωφέλιμη θα ήταν η ύπαρξη οργανωτικής πολιτικής σχετικά με τον τρόπο με τον οποίο θα πρέπει να ολοκληρώνεται ο έλεγχος και/ή με τον τρόπο με τον οποίο θα πρέπει να ερωτώνται οι χρήστες των υπηρεσιών σχετικά με το τραύμα;</p>    |
| <p><b>Ενασχόληση και συμμετοχή των επιζώντων</b></p> | <p>Διαθέτει ο οργανισμός σας πολιτική συμμετοχής επιζώντων, η οποία περιγράφει την αποστολή σας και τι θέλετε να επιτύχετε με τη συμμετοχή των επιζώντων; Έχει συμμετάσχει το προσωπικό σε συζητήσεις σχετικά με το πώς θα λειτουργήσει αυτό/ εμπόδια στην εφαρμογή;</p> <p>Τι μπορεί να γίνει για να βελτιωθεί η εμπιστοσύνη και η διαφάνεια στο προσωπικό, για τις επιζώσες που συμμετέχουν στο σχεδιασμό και την παροχή υπηρεσιών; Πώς έχει προσδιοριστεί ο ρόλος τους σε συνεργασία και έχει περιγραφεί με σαφήνεια, ώστε να αποφευχθεί οποιαδήποτε σύγχυση;</p> |
| <p><b>Σύμπραξη</b></p>                               | <p>Έχουν εντοπιστεί κατάλληλες συνεργασίες; Πώς; Είναι επαρκής η διαδικασία αυτή;</p> <p>Υπάρχει σύστημα επικοινωνίας με άλλα συνεργαζόμενα ιδρύματα, υπηρεσίες, φορείς που εργάζονται με τις γυναίκες που λαμβάνουν υπηρεσίες για τη λήψη αποφάσεων με βάση την πληροφόρηση για το τραύμα;</p> <p>Είναι οι συνεργαζόμενοι εταίροι ενημερωμένοι για το τραύμα;</p> <p>Ποιοι μηχανισμοί υπάρχουν για την προώθηση της διατομεακής κατάρτισης σχετικά με το τραύμα και τις προσεγγίσεις που βασίζονται στην επίγνωση του τραύματος;</p>                                |
| <p><b>Οικονομικά</b></p>                             | <p>Πώς ο προϋπολογισμός του οργανισμού περιλαμβάνει τη χρηματοδοτική υποστήριξη για τη συνεχή κατάρτιση σχετικά με το τραύμα και τις προσεγγίσεις με βάση το τραύμα για την ηγεσία και την ανάπτυξη του προσωπικού;</p>  |

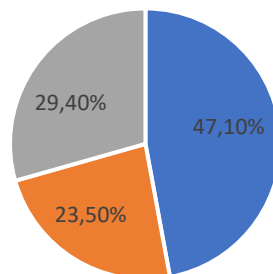
|  |   |
|--|---|
|  | <p>Ποια χρηματοδότηση υπάρχει για τη διατομεακή κατάρτιση σχετικά με το τραύμα και τις προσεγγίσεις που βασίζονται στην επίγνωση του τραύματος;</p>   |
| <p><b>Παρακολούθηση προόδου και Διασφάλιση Ποιότητας</b></p> | <p>Ποιοι μηχανισμοί υπάρχουν για την ενσωμάτωση των πληροφοριών που συλλέγονται στις διαδικασίες διασφάλισης ποιότητας του οργανισμού και πόσο καλά οι μηχανισμοί αυτοί αντιμετωπίζουν τη δημιουργία προσβάσιμων, πολιτισμικά συναφών και ενημερωμένων για το τραύμα υπηρεσιών και στηρίξεων;</p> <p>Ποια μέτρα ή δείκτες χρησιμοποιούνται για την αξιολόγηση της προόδου του οργανισμού όσον αφορά την ενσωμάτωση του τραύματος;</p> |

## ΠΑΡΑΡΤΗΜΑ 2: Πίνακες της έρευνας

### Ανάλυση των ερωτηθέντων

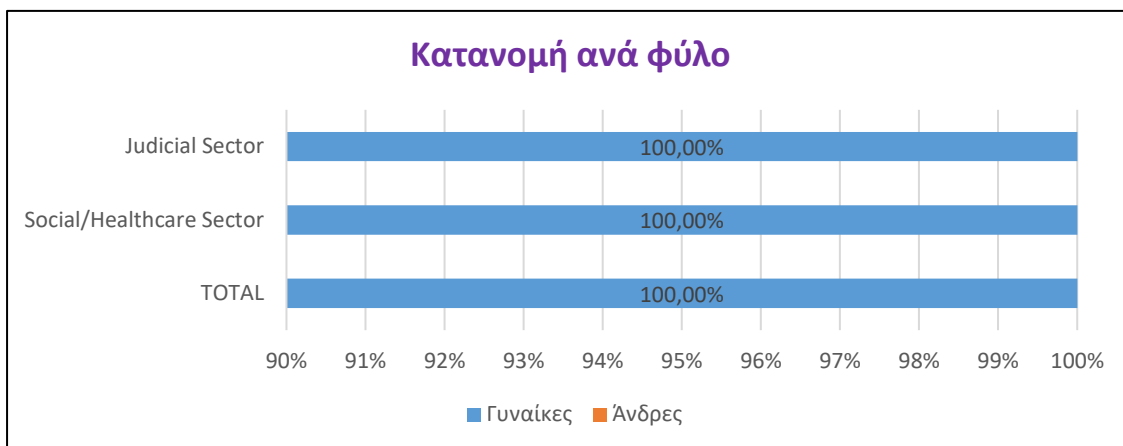
| Επαγγελματικό προφίλ   | Αριθμός   | %             |
|--|-----------|---------------|
| <i>Κοινωνικός και υγειονομικός τομέας</i>                                |           |               |
| Κοινωνικός λειτουργός, Επαγγελματίες κοινωνικής φροντίδας, Εκπαιδευτικός | 8         | 47,1%         |
| Ψυχολόγος, Ψυχοθεραπευτής, Νευροψυχίατρος, Ψυχίατρος                     | 4         | 23,5%         |
| <i>Σύστημα Δικαιοσύνης</i>   |           |               |
| Δικηγόρος  | 5         | 29,4%         |
| <b>Σύνολο</b>  | <b>17</b> | <b>100,0%</b> |

### Επαγγελματικό προφίλ

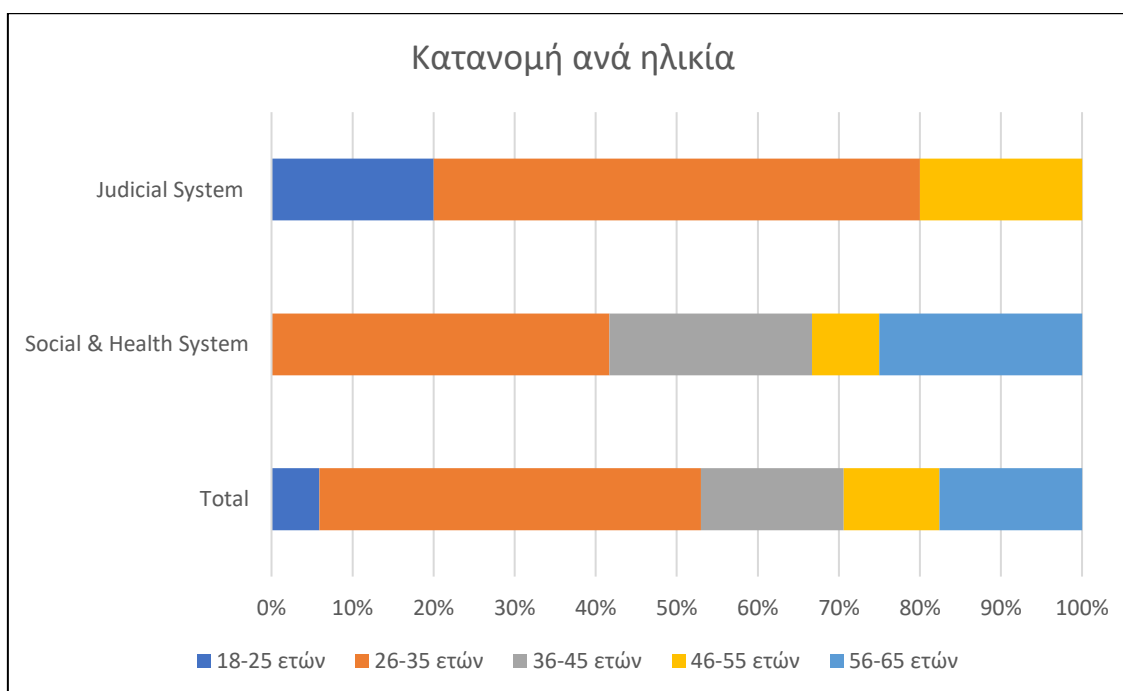


- Social worker, Social care professionals, Educator
- Psychologist, Psychotherapist, Neuropsychiatrist, Psychiatrist
- Lawyer

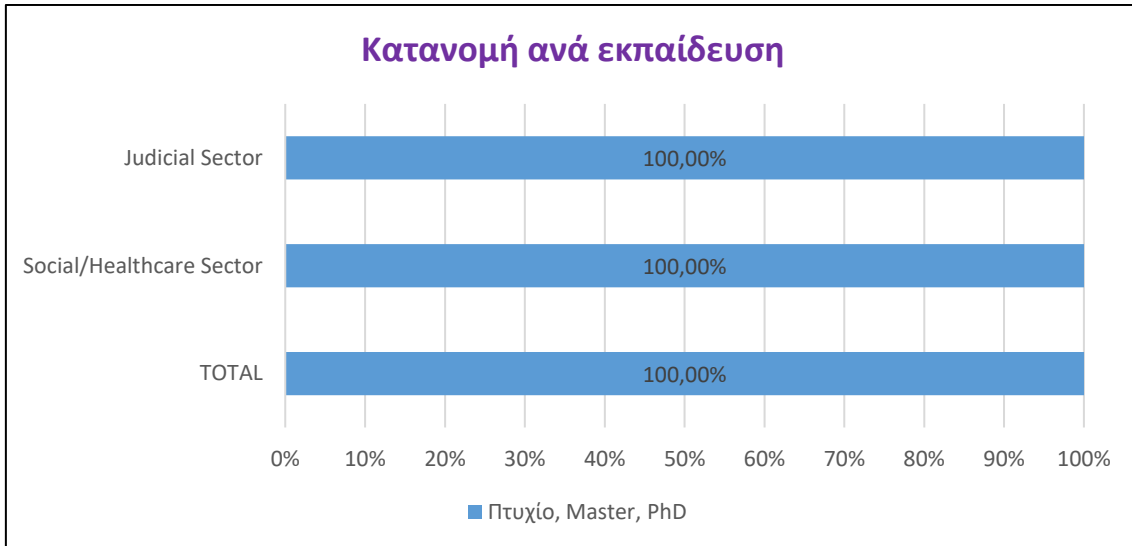
| Φύλο          | ΣΥΝΟΛΟ    |      | Κοινωνικό & υγειονομικό σύστημα |       | Σύστημα Δικαιοσύνης |       |
|---------------|-----------|------|---------------------------------|-------|---------------------|-------|
|               | Αριθμός   | %    | Αριθμός                         | %     | Αριθμός             | %     |
| Γυναίκες      | 17        | 100% | 12                              | 70,6% | 5                   | 29,4% |
| Άνδρες        | 0         | 0%   | 0                               | 0%    | 0                   | 0,0%  |
| <b>Σύνολο</b> | <b>17</b> |      | <b>12</b>                       |       | <b>5</b>            |       |



| Ηλικία        | ΣΥΝΟΛΟ    |       | Κοινωνικό σύστημα & σύστημα υγείας |       | Σύστημα Δικαιοσύνης |     |
|---------------|-----------|-------|------------------------------------|-------|---------------------|-----|
|               | Αριθμός   | %     | Αριθμός                            | %     | Αριθμός             | %   |
| 18-25 ετών    | 1         | 5,9%  | 0                                  | 0%    | 1                   | 20% |
| 26-35 ετών    | 8         | 47,1% | 5                                  | 41,7% | 3                   | 60% |
| 36-45 ετών    | 3         | 17,6% | 3                                  | 25%   | 0                   | 0%  |
| 46-55 ετών    | 2         | 11,8% | 1                                  | 8,3%  | 1                   | 20% |
| 56-65 ετών    | 3         | 17,6% | 3                                  | 25%   | 0                   | 0%  |
| <b>Σύνολο</b> | <b>17</b> |       | <b>12</b>                          |       | <b>5</b>            |     |



| Εκπαίδευση    | ΣΥΝΟΛΟ    |      | Κοινωνικό σύστημα & σύστημα υγείας |      | Σύστημα Δικαιοσύνης |        |
|---------------|-----------|------|------------------------------------|------|---------------------|--------|
|               | Αριθμός   | %    | Αριθμός                            | %    | Αριθμός             | %      |
| Τριτοβάθμια   | 17        | 100% | 12                                 | 100% | 5                   | 100,0% |
| <b>Σύνολο</b> | <b>17</b> |      | <b>12</b>                          |      | <b>5</b>            |        |



| Έτη στη θέση     | ΣΥΝΟΛΟ    |       | Κοινωνικό σύστημα & σύστημα υγείας |       | Σύστημα Δικαιοσύνης |     |
|------------------|-----------|-------|------------------------------------|-------|---------------------|-----|
|                  | Αριθμός   | %     | Αριθμός                            | %     | Αριθμός             | %   |
| 1 - 5 χρόνια     | 6         | 35,3% | 5                                  | 41,7% | 1                   | 20% |
| 6 - 10 χρόνια    | 4         | 23,5% | 3                                  | 25%   | 1                   | 20% |
| 11 - 15 ετών     | 1         | 5,9%  | 0                                  | 0%    | 1                   | 20% |
| 16 - 20 ετών     | 2         | 11,8% | 2                                  | 16,7% | 0                   | 0%  |
| 21 - 30 ετών     | 1         | 5,9%  | 1                                  | 8,3%  | 0                   | 0%  |
| Δεν έχει δηλωθεί | 3         | 17,6% | 1                                  | 8,3%  | 2                   | 40% |
| <b>Σύνολο</b>    | <b>17</b> |       | <b>12</b>                          |       | <b>5</b>            |     |

| Περιοχή προέλευσης | ΣΥΝΟΛΟ    | Κοινωνικό σύστημα & σύστημα υγείας | Σύστημα Δικαιοσύνης |
|--------------------|-----------|------------------------------------|---------------------|
| Αττική             | 5         | 4                                  | 1                   |
| Μακεδονία          | 1         | 0                                  | 1                   |
| Κρήτη              | 5         | 4                                  | 1                   |
| Δεν έχει δηλωθεί   | 6         | 4                                  | 2                   |
| <b>Σύνολο</b>      | <b>17</b> | <b>12</b>                          | <b>5</b>            |



## Απαντήσεις στο διαδικτυακό ερωτηματολόγιο

### Κοινωνικό σύστημα & σύστημα υγείας

|   | Καθόλου αληθές για την WP μου | Λίγο αληθινό για το WP μου | Κάπως αληθές για το WP μου | Κυρίως αληθές για το WP μου | Απολύτως αληθές για το WP μου |
|---|-------------------------------|----------------------------|----------------------------|-----------------------------|-------------------------------|
| Καθιέρωση γραπτής πολιτικής που δεσμεύεται για πρακτικές με βάση την πληροφόρηση για το τραύμα (ανίχνευση τραυματικών εμπειριών, ενέργειες για την αποφυγή της επανατραυματοποίησης). | 1<br>14,3%                    | 1<br>14,3%                 | 0<br>0%                    | 4<br>57,1%                  | 1<br>14,3%                    |
| Η υπηρεσία/το ίδρυμα διαθέτει επίσημο σύστημα για να εξετάζει κατά πόσον το προσωπικό εφαρμόζει πρακτικές με βάση το τραύμα.  | 2<br>28,6%                    | 3<br>42,6%                 | 0<br>0%                    | 1<br>14,3%                  | 1<br>14,3%                    |
| Υφίσταται σύστημα επικοινωνίας με άλλες υπηρεσίες/οργανισμούς που ασχολούνται με τις γυναίκες και τα παιδιά τους για τη λήψη αποφάσεων με γνώμονα το τραύμα.                          | 2<br>28,6%                    | 2<br>28,6%                 | 0<br>0%                    | 3<br>42,6%                  | 0<br>0%                       |
| Υπάρχουν δομές που υποστηρίζουν συνεκτικές απαντήσεις σε γυναίκες και τα παιδιά τους με βάση το τραύμα σε όλους τους ρόλους εντός της υπηρεσίας/του ιδρύματος.                        | 0<br>0%                       | 2<br>28,6%                 | 0<br>0%                    | 5<br>71,4%                  | 0<br>0%                       |
| Οι γυναίκες και τα παιδιά τους έχουν συστηματικές ευκαιρίες να εκφράσουν τις ανάγκες, τις ανησυχίες και τις εμπειρίες τους.   | 0<br>0%                       | 0<br>0%                    | 5<br>71,4%                 | 1<br>14,3%                  | 1<br>14,3%                    |
| Η υπηρεσία/το ίδρυμα διαθέτει σύστημα για την ανάπτυξη/διατήρηση κοινών στόχων με άλλες υπηρεσίες/ιδρύματα που έχουν ενημερωθεί για το τραύμα.  | 4<br>57,1%                    | 1<br>14,3%                 | 0<br>0%                    | 2<br>28,6%                  | 0<br>0%                       |
| Η κατανόηση του αντίκτυπου του τραύματος ενσωματώνεται στην καθημερινή πρακτική λήψης αποφάσεων στο χώρο εργασίας μου   | 0<br>0%                       | 0<br>0%                    | 0<br>0%                    | 4<br>57,1%                  | 3<br>42,6%                    |
| Η εποπτεία στο χώρο εργασίας μου περιλαμβάνει τρόπους διαχείρισης του προσωπικού και επαγγελματικού άγχους  | 0<br>0%                       | 1<br>14,3%                 | 0<br>0%                    | 4<br>57,1%                  | 2<br>28,6%                    |
| Για κάθε γυναίκα έχουν συνταχθεί/διατεθεί σχέδια ασφάλειας με βάση το τραύμα (π.χ. εναύσματα, συμπεριφορές σε περίπτωση υπερβολικού στρες, στρατηγικές για τη μείωση του στρες).      | 0<br>0%                       | 1<br>14,3%                 | 0<br>0%                    | 4<br>57,1%                  | 2<br>28,6%                    |
| Το προσωπικό εποπτεύεται από επόπτη που έχει ενημερωθεί για το τραύμα   | 1<br>14,3%                    | 4<br>57,1%                 | 0<br>0%                    | 1<br>14,3%                  | 0<br>0%                       |
| Η έγκαιρη αξιολόγηση με βάση το τραύμα είναι διαθέσιμη και προσβάσιμη στις γυναίκες που εξυπηρετούνται από τον χώρο εργασίας μου  | 5<br>71,4%                    | 0<br>0%                    | 1<br>14,3%                 | 1<br>14,3%                  | 0<br>0%                       |
| Για τις γυναίκες που εξυπηρετούνται από το χώρο εργασίας μου υπάρχει ένα συνεχές πρόγραμμα παρέμβασης με βάση το τραύμα.  | 0<br>0%                       | 1<br>14,3%                 | 5<br>71,4%                 | 0<br>0%                     | 1<br>14,3%                    |
| Ο ορισμός της συναισθηματικής ασφάλειας μιας γυναίκας περιλαμβάνεται στα θεραπευτικά σχέδια και ή στις διαδικασίες στο χώρο εργασίας μου.   | 2<br>28,6%                    | 0<br>0%                    | 3<br>42,6%                 | 1<br>14,3%                  | 1<br>14,3%                    |

## Σύστημα Δικαιοσύνης

|  | Καθόλου αληθές για την WP μου | Λίγο αληθινό για το WP μου | Κάπως αληθές για το WP μου | Κυρίως αληθές για το WP μου | Απολύτως αληθές για το WP μου |
|--|-------------------------------|----------------------------|----------------------------|-----------------------------|-------------------------------|
| Θεσπίζεται γραπτή πολιτική που δεσμεύεται για πρακτικές που ανταποκρίνονται στο τραύμα για τις γυναίκες θύματα βίας και τα παιδιά τους.  | 1<br>50%                      | 0<br>0%                    | 0<br>0%                    | 1<br>50%                    | 0<br>0%                       |
| Η πολιτική της οργάνωσής μου είναι να εξετάζει τακτικά τις γυναίκες και τα παιδιά τους για τραύματα.   | 0<br>0%                       | 0<br>0%                    | 0<br>0%                    | 1<br>50%                    | 1<br>50%                      |
| Στον οργανισμό μου, οι πολιτικές που αφορούν την εργασία με γυναίκες και τα παιδιά τους περιλαμβάνουν έμφαση στην προώθηση της ανθεκτικότητας και της γενικής ευημερίας.   | 0<br>0%                       | 0<br>0%                    | 0<br>0%                    | 0<br>0%                     | 2<br>100%                     |
| Η οργάνωσή μου εφαρμόζει συγκεκριμένα πρωτόκολλα για τη μείωση της "εξουθένωσης" που συνδέεται με την εργασία με γυναίκες και τα παιδιά τους που έχουν βιώσει βία.   | 0<br>0%                       | 0<br>0%                    | 0<br>0%                    | 1<br>50%                    | 1<br>50%                      |
| Η ποικιλομορφία στον οργανισμό μου αντικατοπτρίζει τους πληθυσμούς που εξυπηρετούμε.   | 0<br>0%                       | 0<br>0%                    | 0<br>0%                    | 1<br>50%                    | 1<br>50%                      |
| Οι γυναίκες και τα παιδιά τους ελέγχονται κατάλληλα για τραύμα με τη χρήση ενός τυποποιημένου εργαλείου για την καλύτερη αξιολόγηση των επιπτώσεων της βίας εναντίον τους και, ως εκ τούτου, για τη λήψη πιο τεκμηριωμένων δικαστικών αποφάσεων. | 1<br>50%                      | 0<br>0%                    | 0<br>0%                    | 1<br>50%                    | 0<br>0%                       |
| Καταβάλλονται προσπάθειες για να ελαχιστοποιηθούν οι αγχωτικές πτυχές της διαδικασίας προστασίας των γυναικών (και των παιδιών τους).  | 0<br>0%                       | 0<br>0%                    | 1<br>50%                   | 0<br>0%                     | 1<br>50%                      |
| Η κατανόηση του αντίκτυπου του τραύματος ενσωματώνεται στην καθημερινή πρακτική λήψης αποφάσεων στο χώρο εργασίας μου.   | 0<br>0%                       | 0<br>0%                    | 0<br>0%                    | 1<br>50%                    | 1<br>50%                      |
| Οι οικογένειες και τα παιδιά έχουν συστηματικά την ευκαιρία να εκφράσουν τις ανάγκες, τις ανησυχίες και τις εμπειρίες τους.  | 0<br>0%                       | 0<br>0%                    | 0<br>0%                    | 0<br>0%                     | 2<br>100%                     |
| Οι γυναίκες (και τα παιδιά τους) αντιμετωπίζονται με σεβασμό.  | 0<br>0%                       | 0<br>0%                    | 0<br>0%                    | 0<br>0%                     | 2<br>100%                     |
| Οι εμπλεκόμενοι στα συστήματα αντιμετωπίζουν ο ένας τον άλλον με σεβασμό.  | 0<br>0%                       | 0<br>0%                    | 0<br>0%                    | 0<br>0%                     | 2<br>100%                     |
| Συζητώ θέματα τραύματος με συνεργάτες από διάφορα συστήματα.   | 0<br>0%                       | 0<br>0%                    | 0<br>0%                    | 0<br>0%                     | 2<br>100%                     |



## Παράρτημα 3: Δομημένες συνεντεύξεις

|                                       |   |
|---------------------------------------|---|
| Επικεφαλής του Συμβουλευτικού Κέντρου | <b>Δ Τ</b> - Κοινωνική λειτουργός, Συμβουλευτικό Κέντρο, περιοχή Φλώρινας |
| Δικηγόρος                             | <b>Ε Π</b> - Δικηγόρος, Δικηγορικό Γραφείο, Ηράκλειο                      |
| Ψυχολόγος                             | <b>Χ Π</b> - Ψυχολόγος, Συμβουλευτικό Κέντρο, Αθήνα                       |
| Αστυνομικός                           | <b>Π Μ</b> - Αστυνομικός, Μονάδα Άμεσης Δράσης, Αθήνα                     |

Όλοι οι συμμετέχοντες/ουσες υπέγραψαν έντυπο συγκατάθεσης και οι συνεντεύξεις ηχογραφήθηκαν.

Δημοσιοποιείτε μόνο η επαγγελματική τους ιδιότητα



### **101056671/Care4Trauma/JUST-2021-JACC**

Project co-funded by the European Union's Justice Programme (JUST).

This publication was produced with the financial support of the European Union.

The contents of this publication are the sole responsibility of the Care4Trauma project and do not necessarily reflect the opinion of the European Union.



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