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CARE4TRAUMA

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

POLICY RECOMMENDATIONS



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

POLICY RECOMMENDATIONS

May 2023

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REPORTS IN NATIONAL LANGUAGE



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

Composition of the Project Scientific Committee

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



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EUROPEAN RECOMMENDATIONS POSITION PAPER

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Strategic Overview

Care4Trauma Project seeks to widen the implementation of Trauma-informed approaches in services and institutions supporting women victims of violence. All project partners have initially mapped the level of awareness about GBV- related traumatization into national legal and policy documents to assess the state-of-the- art of Trauma-Informed-Care in their countries. Secondly, partners collected data through a survey and semi-structured interviews with professionals to better address existing gaps and barriers to implement trauma-informed-care to develop a national policy framework to be proposed to policy makers. This policy paper reflects a synthesis of national data and it aims to propose actions to favour the implementation of TIC to better sustain women victims of violence in Europe and to implement prevention strategies to overcome the longer term consequences of violence.

Trauma-Informed Principles and Gender-Based-Violence

- Recognize the impact of violence and victimization on coping strategies;
- Identify recovery from trauma as a primary goal;
- Employ an empowerment model;
- Strive to maximize women’s choices and control;
- Are based on a relational collaboration;
- Create an atmosphere that is respectful;
- Emphasize women’s strengths;
- Minimize the possibility of re-traumatization;
- Strive to be culturally competent;
- Solicit consumer inputs in designing services and interventions

Trauma -informed approaches are policies and practices that recognize the connections between violence, trauma, negative health outcomes and behaviours. These approaches increase safety, control and resilience for women who are seeking an access to justice and services in relation to their experiences of violence and/or have a history of experiencing violence.

The first phase of the project showed that trauma and violence-informed approaches require fundamental changes in how systems are designed, organizations function, and practitioners engage with women in all partner countries. Such changes are based on the following **key policy and practice principles**:

1. Understand trauma and violence, and their impacts on women' lives and behaviours;
2. Create emotionally and physically safe environments;
3. Foster opportunities for choice, collaboration, and connection;
4. Provide a strengths-based and capacity-building approach to support women coping and resilience;

Health, social and judicial systems – in terms of both professionals and policy makers – are urged to raise awareness about the complex and lasting impacts of violence and trauma and about the risk of re-traumatizing women if this lack of awareness remains. Cafe4Trauma project enabled all partners to gain a more systematic vision about the importance of trauma -informed approaches in minimizing harm to women—**whether or not professionals and policy makers know their experiences of violence.**

Embedding trauma -informed approaches into all aspects of policy and practice can create universal trauma precautions, which provide positive supports for all women

victims of violence. They also provide a common platform that helps to integrate services within and across systems and offer a basis for consistent ways of responding to women with such experiences.

Summary of findings of national reports

Initial desk research about the awareness of trauma-informed-care principles in policy and legislation documents and data analyses of both the survey and semi-structured interviews portrayed a scenario of the necessity of disseminating and implementing more widely TIC approaches for the following reasons:

Minimize harm, not to treat trauma

Trauma -informed approaches are not about 'treating' trauma, for example, through counselling or psychotherapy only. Instead, policy actions should be directed to minimize the potential for harm and re-traumatization, and to enhance safety, control and resilience for all women involved with systems or programs. These approaches benefit everyone, whether or not they've experienced trauma in their lives or their personal history is known to professionals.

Increase attention on the impact of violence on women's lives and well-being

The concept of understanding violence and its relationship to trauma and to create a shared language in the system was common across all partner countries. Data showed:

- 1) The urgency of recognizing that like past violence, ongoing violence may be a primary cause of trauma responses;

Consultation workshop highlights

The connections between trauma and violence:

1. Trauma is both the experience of, and response to, an overwhelmingly negative event or series of events, including violence;
2. Violence can take many forms, and can occur once or many times during someone's life
3. Violence can have traumatic long-term effects, whether the violence is ongoing or in the past.

2)The need of reducing the tendency to blame/judge women for their psychological or behavioural reactions to experiences of violence, and recognize that these responses may be a result of trauma;

3)The importance of distinguishing how trauma that results from violence is different from trauma caused by other negative events, such as natural disasters

Therefore, Care4Trauma highlighted the necessity of connecting systems to:

- Draw attention to the cumulative effects of multiple forms of violence including systemic violence, such as racism or discrimination;
- Direct attention to the importance of organizational-level actions, such as changes to policies that take women's safety and experiences of violence into

account and that recognize how broader conditions of women's lives (e.g. poverty or unstable housing) increase risk of multiple forms of violence.

Reduce re-traumatization

All partner countries directed the attention on the fact that service providers, organizations and systems may not be aware that they can cause unintentional harm to women who have experienced violence and trauma. Women who interact with systems such as justice, health, housing, refuges can be re-traumatized by their experiences in these systems. Re-traumatization can happen each time a woman needs to re-tell their story of abuse when seeking help across sectors, organizations or service providers, or when women experience discrimination, marginalization or stigma.

During consultation workshops, professionals reflected on the fact that service providers can inadvertently re-traumatize or trigger their clients when they:

- touch without warning or permission
- speak in a way that conveys negative judgement or blame
- interpret a woman's reaction or behaviour as being out of proportion or unwarranted without considering the experiences which may have contributed to the reaction or behaviour

Improve system responses for everyone

Care4Trauma reports demonstrate that professionals consider Trauma -informed approaches as a valid support to make systems and organizations more responsive to the needs of women victims of violence and to provide opportunities for practitioners to be more effective in responding to women's needs.

These approaches should increase action for ensuring safety, control and resilience of all women, regardless of whether or not they have experienced violence or trauma sometime in their lives.

Consultation workshop highlights

Re-traumatization depends on triggers can reactivate trauma; trauma-informed approaches should train professionals to recognize trauma mechanisms:

- Neurobiological changes caused by trauma can result in triggers, whereby present day events can recreate past traumatic experiences so that potential threats are perceived as real— whether they are real or not.
- Commands, touches, sounds, smells or other physical sensations can remind people of violence experiences and trigger a response;
- Physical environment does not elicit a sense of safety and therefore women can be triggered by entering services, courts;

Increase cultural awareness

Trauma -informed approaches recognize that experiences and effects of violence are strongly linked to gender and culture.

The importance of cultural safety in trauma-informed approaches

Cultural safety is an approach to working across ethnic and other differences to make systems and organizations responsible to ensure that service environments are safe for everyone—regardless of their expressed or assumed culture. This approach to policy and practice is compatible with, and often an embedded component of, trauma informed approaches.

The system supports cultural safety when they

- reduce power differences between themselves and women
- stop making assumptions based on women's appearance or presumed ethnicity
- avoid actions which demean, disrespect, or disempower women

Gender

Trauma and violence-informed policies and practices recognize that violence and trauma are shaped by gender stereotypes and inequities, and thus tailor services and programming to individual needs.

Overall, rates of intimate partner violence are higher for women compared to men in every age group. Certain groups of women experience higher rates of violence than other women, particularly Indigenous women and women with disabilities^{1, 2}

Violence against women is rooted in gender inequity and women are more likely to:

- report ongoing violence, physical injury, more serious types of injuries and greater health issues.
- experience coercive control
- have greater fear of physical injury and death
- experience sexual violence
- **Girls** have a higher risk than boys of being sexually abused

Culture

Culture is also important in the European context where women coming from extra-European countries experience multiple forms of disadvantage, interrelated with disproportionately high rates of violence.

Some migrant and refugee women – who are also often trafficked - face assumptions about how their culture contributes to experiences of violence. Such assumptions can create barriers to effective service and support.

¹ Chan, K. L. (2011). Gender differences in self-reports of intimate partner violence: A review. *Aggression and Violent Behavior, 16*(2), 167-175;.

² Hayes, B. E., & Kopp, P. M. (2020). Gender differences in the effect of past year victimization on self-reported physical and mental health: Findings from the 2010 National Intimate Partner and Sexual Violence Survey. *American journal of criminal justice, 45*, 293-312

Key implementation policy recommendations



Key strategies

1. **Training and Education**
2. **Standardization and Monitoring through applied research and evidence-based practices**
3. **Collaborative and multi-professional partnerships at different levels of the system**
4. **Resources and Support**
5. **Advocacy and Awareness-raising**
6. **Gradual implementation of the approach**
7. **Greater Involvement of policy-makers**

Actions to better implement GBV Trauma-Informed-Care in Europe

Care4Trauma project produce a throughout analysis of national, regional, and local laws, policies, guidelines, and victim surveys related to trauma-informed care. The research consisted of mapping the relevant documents and assembling documents accordingly and then scrutinize these according to the pre-defined indicators. The documents were divided into three categories: Strategic level documents (e.g. legislation, national administration guidelines, charters and strategic plans); Organizational level policy documents; and Organizational level procedure documents.

In sum, the mapping highlighted a basic understanding of re- traumatization but not enough comprehension, and cultural competence with administrative/legal bureaucracy barriers and a lack of victims empowerment.

Professionals mirrored mapping scenarios when responding to survey and to semi-structured interviews reporting several insights to sustain a further implementation of TIC into European policy strategies

Trauma-informed approaches require fundamental changes in how practitioners and institutions engage with women, how organizations function and how systems (such as the health system and the justice system) are designed. For individual practitioners, a change in strategy means attempting to eliminate assumptions about women who experience violence and trauma and their actions. For organizations and systems, it means supporting a culture of learning and capacity-building to create safe environments for women and professionals.

The following information outlines four key principles and sample implementation strategies for service providers and organizations working with women victims of violence in Europe:

1. Understand trauma and violence and their impacts on peoples' lives and behaviours

Service providers

- Acknowledge the root causes of trauma without probing. Women do not necessarily need to disclose what may have happened to them for you to help them
- Pause and reflect when women acts or reacts in an unexpected way
- Listen, believe and validate victims' experiences
- Recognize their strengths;
- Express concern

Organizations and systems

- Develop organizational structures, policies and processes that foster a culture built on an understanding of how trauma and violence affect women's lives
 - Develop hiring practices that seek people who understand trauma and violence and reward systems that compensate employees for building their competencies in this area
 - Train all staff on the connections between violence, trauma and health outcomes and behaviours, including vicarious or secondary trauma

2. Create emotionally and physically safe environments

Service providers

- Communicate in non-judgmental ways so that women feel deserving, understood, recognized and accepted
- Foster an authentic sense of connection to build trust
- Provide clear information and consistent expectations about services and programs

Organizations and systems

- Walk through your practice setting to see and assess how a woman might experience each moment. This simulation can help identify where improvements can be made. For example:
 - Travel to the site on bus and see what it feels like to arrive at the service site.
 - Spend time in the waiting area, fill out the forms and experience how long a client might wait to be seen.
 - Go through all client activities, such as being asked to undress/put on a gown, being physically examined or asked sensitive questions.
- Pay attention to welcoming intake procedures and signage, comfortable physical space, consideration of confidentiality
 - Seek women's input for inclusive and safe strategies
 - Create policies and structures to allow women to bring a support person with them to meetings when possible
- Provide support for service providers at risk of secondary trauma and facilitate their self-care.
- Consider peer support, regular clinical supervision, and self-care programs.

3. Foster opportunities for choice, collaboration, and connection

Service providers

- Provide choices for treatment and services, and consider the choices together
- Communicate openly and without judgement
- Provide the space for women to express their feelings freely
- Listen carefully to the women's words and check in to make sure that you have understood correctly

Organizations and systems

- Offer training and professional development opportunities for staff on:
 - the importance of critical self-reflection on power differences between practitioners and women
 - how experiences of violence can influence the way that women engage with providers
- Set expectations, create opportunities and provide the time and space for collaborative relationships

4. Provide a strengths-based and capacity-building approach to support client coping and resilience

Service providers

- Help women identify their strengths, through techniques such as motivational interviewing, a communication technique that improves engagement and empowerment
- Acknowledge the effects of historical and structural conditions on women's lives
- Help women understand that their responses are normal
- Teach and model skills for recognizing triggers, such as calming, centering and staying present

Organizations and systems

- Provide sufficient time and resources to support meaningful engagement between practitioners and women
- Offer a range of services and interventions that respond to women's needs, strengths and contexts
- Foster an organizational culture that recognizes the importance of emotional intelligence and social learning in the workplace

5. Addressing the impact on service providers who work with people who have experienced violence and trauma

Service providers who work directly with people who have experienced violence often hear difficult stories and witness the impact of these experiences. Second-hand exposure to experiences of violence can result in vicarious or secondary trauma, with negative health impacts which are similar to those experienced by people with first-hand experiences of violence, such as:

- depression, emotional exhaustion and anxiety
- sleep disturbances and intrusive thoughts
- trigger to external events, some of which may seem harmless to others

Organizations can help reduce secondary trauma for their employees with trauma and violence-informed policies and practices that:

- actively support the well-being and self-care of service providers who are repeatedly exposed to others' stories of violence
- help providers to understand women's responses to violence, including their own
- help to prevent 'trigger responses' for both women and providers

When they are well-supported by trauma and violence-informed approaches and workplace wellness programs, service providers can find satisfaction and growth in their work, despite the challenges.

Focus on access to Justice

| | Strengths points | Development points |
|---|--|--|
| 1 | Women's Support Centers available in all partner countries. | Need for a shared methodology to interview and assess women and for the implementation of a shared monitoring system to measure trauma-informed-care effectiveness when women access justice |
| 2 | A basic awareness about the relationship between violence and trauma at an individual level. | Institutions need to sustain consistency over time to consolidate trauma-informed-practices over time. |
| 3 | Trainings on GBV, IPV and TIC are gradually made available for justice professionals. | Training should be mandatory, ongoing, and based on evidence-based practices. |

Strategic dissemination actions of GBV-TIC in European services and institutions

There are several strategies that can be central for all partner countries becoming, therefore, a European-wide priority:

- **Providing training and education:** Organizations should provide training and education on TIC to their staff and partners. This can help build awareness and understanding of the importance of TIC and provide staff with the skills and knowledge needed to implement TIC principles in their work.
- **Creating policies and procedures:** Organizations should create policies and procedures that prioritize TIC and ensure that it is integrated into all aspects of their work. This can help ensure that TIC is not just a buzzword, but a guiding principle that is incorporated into all decision-making processes.
- **Offering financial incentives:** Financial incentives can be offered to organizations that demonstrate a commitment to TIC. This can include funding for training, implementation support, or other resources that are needed to implement TIC effectively.
- **Creating a culture of accountability:** Organizations can create a culture of accountability around TIC by setting **measurable goals, tracking progress, and regularly evaluating the effectiveness of TIC implementation**. This can help ensure that TIC remains a priority over time and that progress is continuously made.
- **Multi-agency collaboration and partnerships:** Organizations can partner with other organizations, government agencies, and community groups to promote TIC and create a more coordinated response to gender-based violence. Collaboration and partnerships can help pool resources, expertise, and knowledge, and promote a shared vision for TIC.

Overall, promoting and favouring the dissemination and adoption of TIC requires a comprehensive approach that addresses the **cultural, organizational, and systemic barriers** that may exist. By adopting these strategies, services and institutions can create a more trauma-informed and woman-centered response to gender-based violence, which can ultimately help improve outcomes for survivors.

Identified actions by TIC principles across Europe

| TIC principles | Key identified actions | Key strategies |
|--------------------------------------|--|--|
| Recognition | <p>Recognizing the effects of violence as a form of traumatization and its pervasiveness. Furthermore, being able to interpret trigger-related behaviours to modulate support accordingly</p> | <ol style="list-style-type: none"> 1. Training staff in trauma and GBV recognition. 2. Using screening and assessment tools based on scientific evidence 3. Using research to inform interventions and organizational setting to better respond to GBV-related trauma |
| Establishing emotional safety | <p>Set-up daily actions to foster calm when women access to justice and care systems. Physical environments should be also considered in terms of layout, quiet spaces in welcoming women.</p> <p>Providing psychoeducation about practices and procedures</p> | <ol style="list-style-type: none"> 1. Active and non-judgmental listening in a safe environment; 2. Waiting rooms that are noise free and that provide privacy to women 3. Signs to indicate where to find professionals and rooms |

| | | |
|-------------------------------------|---|---|
| Restoring choice and control | <p>Women should be an active part of their recovery and they should be given choice about treatment, life choices and they should be given the opportunity to express what it is in their best of interest.</p> | <ol style="list-style-type: none"> 1. Promoting service-users involvement in designing refuges, services and interventions 2. .Women survivors increasingly involved in advocacy initiatives |
| Facilitating connection | <p>Creating a safe and supportive environment where the women feel comfortable to share their experiences, thoughts, and feelings</p> | <ol style="list-style-type: none"> 1. Building supportive relationships 2. Encouraging participation in group activities 3. Courage of nominating traumatic experiences |
| Avoiding re-Traumatization | <p>Systems is more aware of how re-traumatization work and attempts to prevent the risk of re-traumatizing</p> | <ol style="list-style-type: none"> 1. Trauma-informed communication 2. Providing choices and control 3. Avoiding to ask many times about the experience of violence 4. Avoiding stigmatizing language |
| Cultural Competence | <p>Recognition and addressing cultural biases. Provision of language services. Building partnerships with culturally specific organizations</p> | <ol style="list-style-type: none"> 1. Education and training 2. Partnering with community-based organizations 3. Cultural experts to sustain professionals |
| Secondary trauma | <p>Provision of regular supervision and support. Promotion of self-care. Training on trauma-informed care. Fostering a supportive work environment</p> | <ol style="list-style-type: none"> 1. Professionals must prioritize self-care as a key strategy to avoid secondary trauma. 2. Professionals working with victims of violence should receive comprehensive trauma-informed training to develop the knowledge and skills necessary to recognize and respond to trauma in a sensitive and supportive manner. |



Conclusions

In sum, to implement Trauma-Informed Care systematic changes are required:

Develop and adopt TIC policies: It is important to develop and adopt policies that prioritize TIC in all areas of service delivery, including health care, social care, and the judicial system. These policies should reflect a trauma-informed approach and provide guidance on **how to provide services that are sensitive to the needs of women who have experienced violence.**

Provide TIC training and education: Staff and professionals working in health care, social care, and the judicial system should receive training on TIC principles and how to implement them in their work. **Training should be mandatory, ongoing, and reflect evidence-based practices.**

Allocate funding for TIC implementation: Funding is needed to support the implementation of TIC principles in health care, social care, and the judicial system. This can include **funding for training, the development of policies and procedures, and the evaluation of TIC interventions.**

Promote interagency collaboration: Interagency collaboration is crucial in providing a comprehensive response to gender-based violence. Policies should encourage collaboration between different agencies to ensure that women who have experienced violence receive the services they need.

Monitor and evaluate TIC implementation: Policies should promote the monitoring and evaluation of TIC implementation **to ensure that services are meeting the needs of women who have experienced violence.** This can include tracking the implementation of policies and procedures, measuring the effectiveness of TIC training, and evaluating the outcomes of TIC interventions.

Support research on TIC: Policies should support research on TIC principles and how they can be effectively implemented in different settings. This can include research on the effectiveness of TIC interventions and the **identification of best practices** for TIC implementation.



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POLICY RECOMMENDATIONS SPAIN



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1. Overview

Facilitating the access of victims of Gender-Based Violence (GBV) to the Justice system and to specialized psychosocial services from a Trauma informed care perspective (TIC) constitutes the main priority of the current project and is transversal to all the research actions developed so far. Therefore, the current report expects to provide a summary of the main findings and recommendation developed in Spain in order to understand the ways in which this topic is addressed and the ways it can be improved.

The long-lasting effects of GBV are well known and affect not only the main victim but also her children and other family members. The sequels in women’s mental health are long-lasting and often aggravated by the often traumatic judicial processes which are not always successful.

On the other hand, professionals from all backgrounds find themselves exposed also to the victims’ traumatic experience with professional limitations to handle such experience such as lack of mediators to work with immigrant women, lack of training in TIC principles, lack of knowledge about this topic from the part of non-specialized services, poor working conditions, etc.

Spain - key findings (from national report)

1. Lack of formalization and recognition of the trauma-informed care principles in the policies, procedures and protocols;
2. Professional’s training prioritizes Gender perspective to TIC principles
3. Professionals are particularly worried about secondary trauma.



Key strategies to implement the recommendations in Spain:

1. **Awareness raising**
2. **Standardization**
3. **Specialized training**
4. **Amplify resources**
5. **Fight secondary trauma**

Figure 1: Key recommendations to implement TIC in Spain



2. What is Trauma-Informed-Care?

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. TIC can be applied in a wide range of healthcare and social service settings, including mental health care, substance abuse treatment, primary care, and social services for marginalized populations such as survivors of domestic violence and sexual assault. By adopting a Trauma-Informed Care approach, service providers can promote healing, reduce stigma, and empower individuals to take control of their own recovery.

TIC principles applied to Gender-Based-Violence

1. Recognition
2. Establishing emotional safety
3. Restoring decision-making capacity and control over one's life
4. Facilitating relational connections
5. Cultural competence
6. Avoiding re-traumatization
7. Secondary trauma

3. What factors impact implementation in Spain?

In Spain there are several factors which may condition the implementation of measures to ensure TIC principles in the judicial system and in the psychosocial care to victims of GBV. On the one hand, the geopolitical configuration of Spain can complicate the implementation of large-scale measures. The kingdom of Spain is made of 17 autonomous communities and 2 autonomous cities, with their own Government and Parliament and, therefore, their own freedom to pass laws relating to all kinds of issues, including GBV. Although at the state level there is a clear legal definition of GBV, at the level of each Autonomous Community the concept -and even the way of calling it- is different.

This leads us to the second challenge encountered: although in Spain there is a comprehensive law to address GBV that establishes its definition and the legal measures and procedures to address it, each Autonomous Community can develop its own laws on this matter, establishing specific rights for victims and social, legal and psychological care circuits, among others. These laws can never provide fewer rights than state law, but they can set different definitions, approaches, priorities, and even identify different forms of GBV, which is challenging for service delivery.



Taking this into account, the bureaucratic, political and even theoretical difficulties in the implementation of the TIC perspective at the national level are evident and the recommendations that have emerged from the interviews, surveys and groups refer mainly to measures at the local level.

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.

Regarding the health and social care system, trauma informed care principles are not formally present in the policies, procedures and protocols in the services and organizations. There is, nonetheless, interest from the part of professionals and from policy makers to improve the whole system in terms of theoretical approaches in order to better assist victims of GBV.

We can detail the main conclusions from the research methods used: mapping, survey and semi-structured interviews.

1.1 Mapping

The desk research and mapping of the main legislation, recommendations and best-practices analysed throughout the research show that, formally, TIC is not present in any of these documents in a structured manner and, in most documents, trauma is not even mentioned. Although some principles are included in some of these documents, in isolation, these do not translate into a structured approach from this perspective. The principles most often founded were recognition and establishing emotional safety. On the other hand, cultural competence and prevention of secondary trauma were the less mentioned during the mapping process and the most challenging to attain.



It became clear, on the positive side, that Spain has strong legislation regarding GBV which aims at protecting the victims and their children. Still, the fact that each of the Spanish autonomous regions has their own legislation regarding the protection of the victims and the definition itself of GBV, works against a unified methodology and approach to GBV, which, clearly, keeps even further away the relevance given to TIC principles as a whole.

Figure 2. Insights into Spanish legislation and policy documents. Is TIC considered?

| Legislation | Policy / best-practices | Take home messages |
|--|--|--|
| <ul style="list-style-type: none"> • No mention to the word trauma • No structured approach to TIC principles • Strongly developed legislation and resources regarding GBV but less recognition of trauma effects • Strong focus on procedure and less focus on the victims emotional and mental state | <ul style="list-style-type: none"> • Some references to some of the TIC principles, although not systematized • More focus on TIC principles than legislation, but unevenly across documents • Recognition as the principle mostly found in legislation | <ul style="list-style-type: none"> • Legislation and best-practices identified clearly have a victim's rights approach, with a particular concern for the detection, intervention, and recuperation of victims in a formal way • The existing legislation in Spain provides a framework that is applied differently on each Autonomous Community, leading to overlapping of the definitions and of the forms of violence recognized • This is considered to be a weakness for the protection of the victims since it makes it very difficult to establish a national level model of intervention with GBV victims that considers all the necessary perspectives such as TIC |

3.2 Survey

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 project carried out a second phase of research with the following objectives:

- 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.

With this aim, national data reports were elaborated in each country with inputs from:

- 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 centres and to political decision makers/policy makers.

In Spain, 64 professionals in total answered the online survey (55 from the health and social system and 8 from the judicial system) and 8 professionals were interviewed.

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.

1.3 ***Semi-structured interviews***

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 workload 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 training 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.

3. Ensuring a woman-centred access to justice in Spain

As for the barriers to access to justice identified in Spain through the several research methods applied, and as previously mentioned, these can be broken down into the following:

- **Lack of training in gender perspective and TIC principles of judicial operators**, especially police forces who have the first contact with victims, free lawyers who do not have a specialization in GBV and judges who do not undergo mandatory trainings in such areas;
- **Lack of information available for women victims of GBV about the legal procedures**, their timings and what a legal procedure implies. The existing information makes it difficult to understand the procedural aspects, their complexity delays and economic costs associated. 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.
- **Lack of mediators available to support victims of GBV from minority cultures** in order to explain the different notions of GBV in Spain, the legal procedures, the cultural meanings, the legislation, the rights of victims of GBV and other doubts that immigrant women can express.



Bellow, some of these strengths and development points regarding the access to the justice system in Spain.

Figure 3. Strengths and development points of access to justice for women victims of violence in Spain

| | Strengths points | Development points |
|---|--|---|
| 1 | Free lawyers available 24h for any victim of a crime | Need to develop training to free lawyers as they are not specialized in GBV nor in TIC principles |
| 2 | Specialized lawyers available at public services and third sector organizations who focus only on GBV | Need to develop manuals, infographics, brochures or other forms of communication to make available for the victims the expected development of a judicial process so they are aware regarding what to expect since there is discredit on the judicial system and many acts of violence remains under-denounced. |
| 3 | Presence of mediators on some of the interactions between women victims of GBV from minority cultural backgrounds and the justice system | Need to increase the number of mediators, their availability and their training in GBV and TIC principles |

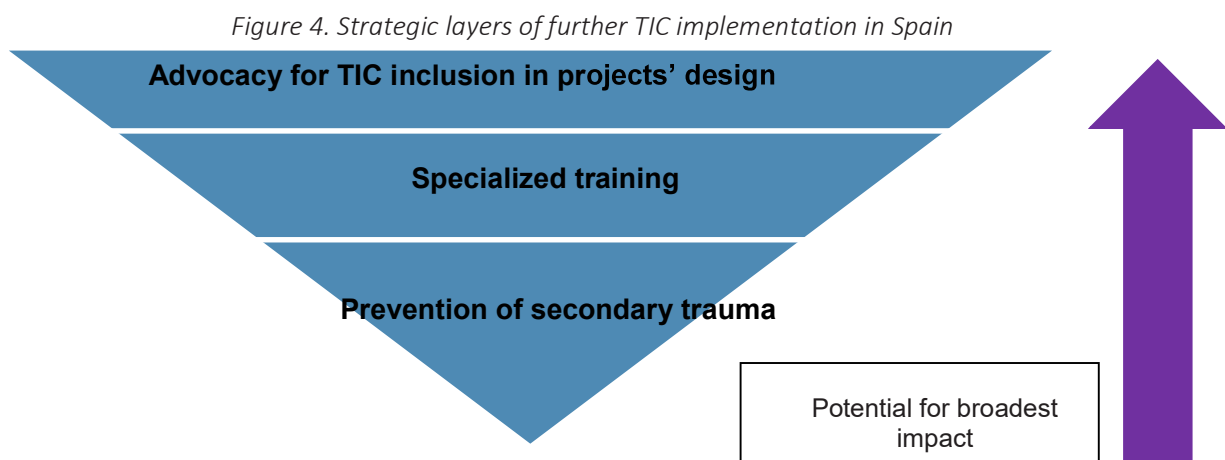
4. Types of strategies that can incentivize the dissemination and adoption of TIC services and institutions working with women victims of violence

4.1 Health and social care services

In the case of the health and social care services, the following strategies can be implemented, from broader to more specific:

- **Project design taking TIC principles into consideration**, ensuring that, from the start, these principles are universal for all public services and followed by all professionals. For that, professionals need access to policy makers and a more horizontal co-construction of public services in order to directly respond to the victim's needs;

- **Universalizing procedures and internal policies that can guarantee the inclusion of TIC principles** at all levels of the organisation and that professionals objectively know how to act according to each situation they may encounter;
- **Increase resources**, mainly human resources and physical space available, in order to avoid an overload on the victim/professional ratio and ensure quality services and assistance;
- **Specialized training to professionals:** providing specialized trauma training to professionals is essential in order to guarantee that the concepts used and the trauma principles are shared and understood by all in the same objective manner;
- **Prevention of secondary trauma:** ensuring internal and external supervision of personnel from a TIC approach, understanding the constant exposure of professionals to trauma and its effect on their well-being, motivation, productivity and mental health. Some measures include more time to dedicate to internal procedures, more possibilities to work remotely, better working material working conditions, better work-life balance, psychological support for professionals, etc.;



4.2 Judicial System

The strategies addressing the judicial system were already developed in chapter 3, reason why they are merely enumerated here:

- Develop training for judicial professionals
- Improve the access of women victims of GBV to information regarding the judicial system and procedures;



- Increase the number of mediators and their availability and training

Figure 5. Example of TIC implementation in Social/Healthcare sectors and in the Judicial System

| Health and social care sectors | | Judicial system |
|--|--|---|
| Initiative description | | |
| Improve working conditions to prevent secondary trauma | | Provide training for all professionals in the judiciary system |
| Team supervision specialising in gender-based violence cases with a trauma-informed approach. | | Public information campaigns that reinforce the credibility of the legal system and clarify the steps in the judicial process |
| Health and social care | | Judicial System |
| <i>Foreseen policy and system changes if the aforementioned initiatives could be implemented</i> | | |
| Improved quality of services Better care of professionals | | Improved understanding of trauma effects Improved quality of services |

5. What actions may have the largest impact in Spain?

Considering all the information extracted from the workshops developed, and pointing out that the recommendations developed followed the results of the interviews and survey and not necessarily the order of the TIC principles, we suggest the following restructuring of the next table in order to coincide with the results.

| Judicial system | | |
|---|--|------------------------------------|
| Recommendation | TIC principle | Feasible timing for implementation |
| Mandatory specialised training for lawyers, judges and police in trauma-informed victim care. | Recognition Establishing emotional safety Avoiding re-traumatization | Next 5 years |
| Trauma-informed training for free public defenders operating in emergencies in gender-based violence victimisation | Recognition Establishing emotional safety Avoiding re-traumatization | Next 5 years |
| Raise to the political level the importance of introducing mandatory training in the judicial system that includes ICT principles | Recognition | Next 5 years |
| Development of a manual of concrete good practices to prevent the re-victimisation of victims of gender-based violence and their children, carried out from a trauma-informed perspective, available to all professionals involved in the legal care of victims | Avoiding re-traumatization | By the end of the project |
| Spaces for supervision with professionals from the judicial system in which to reflect on the effects of trauma on the victim and, consequently, on the judicial process. | Secondary trauma | By the end of the project |
| Spaces for inter-institutional monitoring that integrates the legal perspective and the psychosocial perspective from a trauma-informed perspective. | Recognition | By the end of the project |
| Public information campaigns that reinforce the credibility of the legal system and clarify the steps in the judicial process. | Restoring choice and control | Next 5 years |
| Mandatory presence of translators/mediators throughout the legal system, from the moment of the complaint to the moment of trial | Cultural competence | Next 5 years |

| | | |
|--|------------------------------|---------------------------|
| Creation of a legal process manual for victims of gender-based violence, with a focus on trauma and an intersectional perspective. | Restoring choice and control | By the end of the project |
|--|------------------------------|---------------------------|

| Health and social system | | |
|--|--|------------------------------------|
| Recommendation | TIC principle | Feasible timing for implementation |
| Cross-training of psychosocial professionals (psychology, social work, social education, social integration, etc.) in trauma-informed intervention principles. | Recognition Avoiding re-traumatization | By the end of the project |
| Creation of a theoretical and practical manual on trauma-informed psychosocial intervention. | Recognition Establishing emotional safety Avoiding re-traumatization | Next 5 years |
| Advocacy with the political sphere that designs gender-based violence services so that they include the trauma-informed perspective in their design. | Recognition Establishing emotional safety Avoiding re-traumatization | Next 5 years |
| Team supervision specialising in gender-based violence cases with a trauma-informed approach. | Avoiding re-traumatization Recognition | By the end of the project |
| Trauma-informed self-care supervision of individuals and teams to prevent secondary trauma. | Secondary trauma | By the end of the project |
| Online and face-to-face forum of professionals to exchange trauma-informed psychosocial care practices. | Recognition Cultural competence Secondary trauma | By the end of the project |
| Generate specific and common entity-wide intervention protocol on trauma | Recognition | Next 5 years |
| Guarantee time for organizations to dedicate to the improvement of professional practices from a trauma-informed point of view. | Secondary trauma Recognition | Next 5 years |

Conclusions

By implementing a trauma-informed approach, service providers can ensure that they are providing care that is sensitive to the unique needs and experiences of women who have experienced violence, and that promotes healing and recovery.

Not only direct victims of GBV and their children are exposed to the long-lasting effects of trauma but, as it became clear throughout this research, also professionals express

feelings of burnout with consequences on their mental health and on their ability to better assist victims of GBV.

The judicial system, which constitutes the gateway to a larger process of recovery, reveals to be essential to apply TIC principles from the first moment of arrival of the victims, reason why it became clear that transversal training to such professionals is clearly a must.

On the other hand, unifying the understanding of the effects of Trauma throughout all professionals from the health and psychosocial background – through the development of training, supervision and procedures, also reveals to be highly important in order to provide the best unity service possible.

For this, programs and projects need a bottom-up perspective in their design and implementation, tailoring the specific response to the needs of each of the victims assisted.

Besides the previous, it is paramount to bear in mind that women who experience violence often face significant barriers to accessing justice. These can include fear of retaliation, lack of knowledge about legal processes, and financial constraints, among others. By facilitating a better pathway to justice, service providers can help to address these barriers and ensure that women have access to the support and resources they need to seek justice and hold perpetrators accountable for their actions. This can also help to promote a culture of accountability and respect for women's rights, and send a strong message that violence against women will not be tolerated. Overall, implementing a trauma-informed approach and facilitating a better pathway to justice for women victims of violence is essential for promoting the health, safety, and well-being of women and creating a more just and equitable society.



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

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ITALY

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Overview

The traumatic impact of GBV have long-term effects and it represents a major policy urge for the Italian context for both the healthcare/socialcare systems and the judicial systems. Adopting a trauma-informed approach would improve the understanding of the complexity of GBV consequences not to miss opportunities to provide effective services and to avoid the risk of causing further harm to women survivors of violence. Trauma-Informed-Care in Italy would create better strategies to create safety for those of them who decide to report and to receive care by understanding the effects of trauma and its close links to health, behaviour and to the real possibility of breaking the cycle of violence for them and for their children. In Italy, there is a need to broaden from individually-focused interventions to make a joint effort to put forward policies tackling multiple, intersecting and overlapping risks for gender-based violence that operate at the individual, relationship/family, community and social/system levels.

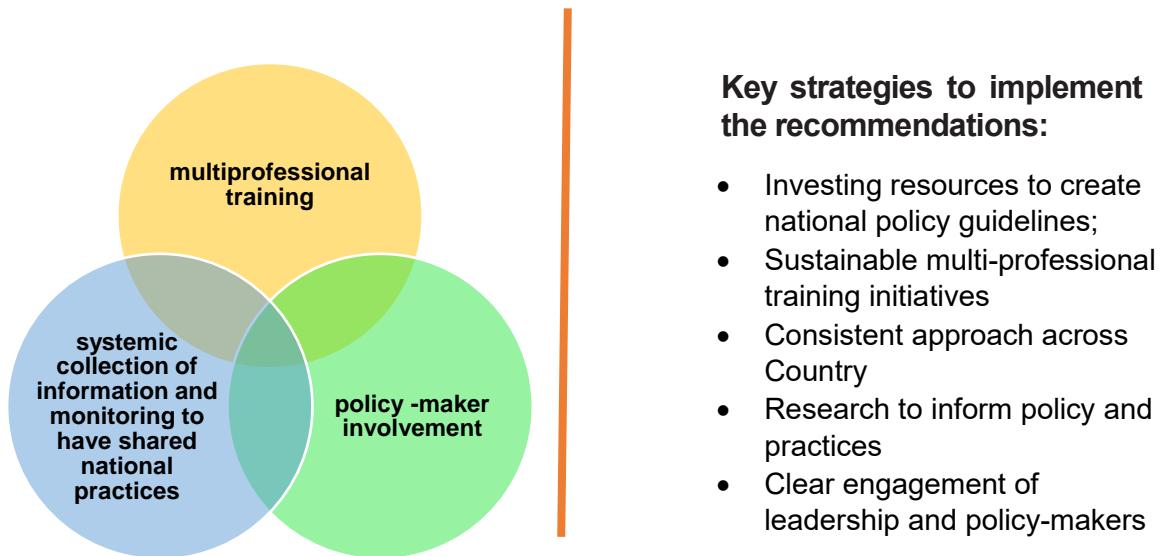
Practices based on TIC can help Italian professionals and policy makers working in various organizational settings and contexts, to more safely, equitably and effectively interact with women seeking care who have experienced, or are still experiencing, trauma and violence. Italian systems should realise that trauma-informed is more than access to care and to justice; it also considers what care is offered and how it is provided and it implies to be open to consider how our practices and policies may unintentionally harm women and their children and discrimination, and changing these policies and practices.

Italian context of care and the justice would benefit of a greater implementation of TIC to move from the idea that violence impact is a matter to be dealt in the psychotherapy room only and to embrace the idea that policies have the power also to change women's lives. To do so Italy is called to collect more systematic data about trauma-related consequences in GBV and about policy and intervention efficacy to monitor better the collective actions to end Gender-Based-Violence

Italy - key findings (from national report)

1. Italian health, social and judicial system gained a basic awareness of trauma and Gender-Based-Violence as expressed by the mapping analysis and in the interviews and survey;
2. Although there are collaborative practices, a multiprofessional and multisectorial synergic vision of trauma is not yet fully developed
3. A monitoring system of best trauma-informed-practices should be implemented

Figure 1. Key recommendations to implement TIC in Italy



What is Trauma-Informed-Care?

The traumatic effects of exposure to gender based violence have long-term effects. When delivering care and support to women victims of violence, providers, organizations and systems lacking understanding of its complex and lasting impacts miss opportunities to provide effective actions, and risk causing re-traumatization.

The Trauma-Informed-Care vision aims to create safety for women victims of violence by understanding the effects of trauma, and its close links to health and behaviour. Unlike trauma-specific care, it is not about eliciting or treating people’s trauma histories, but about creating safe spaces that limit the potential for further harm for all women accessing care and justice.

Adopting and implementing a trauma-informed approach it means to sustain a strength-based framework and to increase providers' awareness and understanding of the impact of trauma, thus guiding and monitoring their interventions, actions and behaviours in working with women and their children to rebuild a sense of control and empowerment and minimizes any risks of re-traumatizing them and of secondary trauma of professionals.

TIC principles applied to Gender-Based-Violence

Health, Social and Judicial systems are trauma-informed when:

- Recognize the impact of violence and victimization on coping strategies;
- Identify recovery from trauma as a primary goal;
- Employ an empowerment model;
- Strive to maximize women's choices and control;
- Are based on a relational collaboration;
- Create an atmosphere that is respectful;
- Emphasize women's strengths;
- Minimize the possibility of re-traumatization;
- Strive to be culturally competent;
- Solicit consumer inputs in designing services and interventions;

What factors impact implementation in Italy?

In the first phase of the project, a mapping exercise was conducted to explore how Italian legislation and policy documents included reflections, actions, and strategies to work with Gender-Based-Violence from a trauma-informed perspective. The desk research highlighted that Italian legal and policy framework presents an initial awareness about the correlation between violence and traumatization (please see table 2 below)

Table 2. Insights into Italian legislation and policy documents. Is TIC considered?

| Legislation | Policy | Take home messages: |
|--|---|---|
| <ul style="list-style-type: none"> Overall, the legal framework presents an awareness of the links between GBV and trauma which is also reflected in policy documents; Violence against women is prevalently an issue of “law and order” with less attention to the violation of rights and dignity that are central to trauma-informed-care approach; Regional laws are not the same for the whole country making the implementation of TIC not equally addressed in all Italian territories | <ul style="list-style-type: none"> Secondary trauma overlooked and supervision; there is not a full awareness of the impact of trauma on professionals; Intersectorial collaboration is not so widespread in common practices resulting in a fragmentation of care and approaches. There is a gap between trauma awareness amongst professionals and amongst policy-makers that rarely collaborate to create more effective organizational models | <ul style="list-style-type: none"> Respond more comprehensively and systemically to the issue of Gender Based Violence with the development of national laws that set the standards of trauma-informed-care; Paying more attention to the implementation of monitoring systems to have a more comprehensive view of the state of implementation |

The exercise also shed light on the presence of certain trauma-informed principles that are considered in legal documents, probably without a clear awareness about how to transfer into best practices.

In the second phase of the project, a group of professionals were surveyed to gather insights into how they perceive the implementation of TIC in their workplace; furthermore, managers were interviewed to explore more in-depth organizational issues to disseminate further the approach. Although, the survey and the interview were not a representative sample, they provided inputs for some important policy reflection.

First of all, policy efforts should be focused in aligning the justice system with the health and social care systems because there are differences in recognizing the effects of re-traumatization and in adopting TIC principles, starting with actions ensuring safety to women and their children. This could be partially addressed with common training initiatives to raise awareness about the importance of such an approach with this population.

Secondly, Italian policy framework should integrate more a monitoring and evaluation system to have systematic data about the effectiveness of TIC in services, courts and other institutions. Furthermore, monitoring and evaluation strategies could enable the system to continuously adapt TIC into best practices and to, therefore, respond progressively in a more appropriate manner to women and their children’s needs. SISST has already a table working on guidelines to implement best practices in the welfare system; the society strongly encourage to create a similar table for Gender-Based-Violence and to interconnect with the other table. Such initiatives could also contribute

to have national standards of practice that are nowadays missing as there is a great variation in implementation across different regions and municipalities.

Guidelines should include practical strategies to implement TIC across the systems with a better attention to the principles of evidence-based practices, tools, and interventions.

Ensuring a woman-centered access to justice in Italy

In the Figure, a brief synthesis of the main outcomes concerning barriers to access to justice for women victims of violence including inputs from workshops and from surveys and interviews. It includes actions to ensure a woman-centered access to justice.

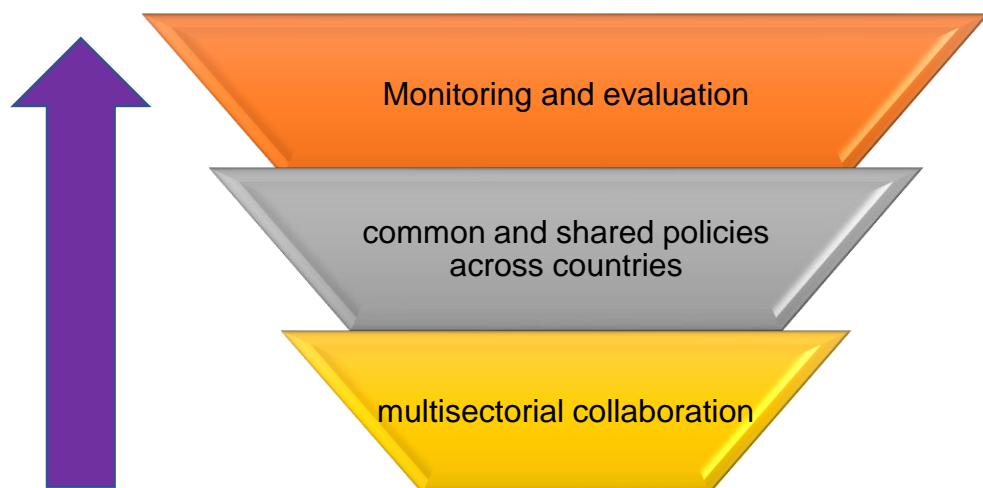
Figure 3. Strengths and development points of access to justice for women victims of violence in Italy

| | Strengths points | Development points |
|---|--|---|
| 1 | <ul style="list-style-type: none"> Awareness initiatives to sustaining women in reporting violence also by the legal framework; | <ul style="list-style-type: none"> National guidelines to interview women and their children |
| 2 | <ul style="list-style-type: none"> Attention to protect the woman in emergency | <ul style="list-style-type: none"> Developing a common language and shared strategies to share information and intervention approaches with the healthcare and social care systems |
| 3 | <ul style="list-style-type: none"> Gradual more trainings of law enforcements and judges about interviewing women and children | <ul style="list-style-type: none"> Overcoming organizational resistance to consider trauma an important aspect into the judicial procedures and policies |

What types of strategies can incentivize the dissemination and adoption of TIC in services and institutions working with women victims of violence?

Considering the initial mapping, data and consultation workshops, it became clear that “Monitoring and evaluation”, Shared policies across countries” and “multisectorial collaboration” are the key strategic elements to ensure a wider implementation of trauma-informed-care in Italy

Figure 4. Strategic layers of further TIC implementation in Italy



Monitoring and evaluation

To ensure effectiveness and efficacy of the trauma-informed implementation at the micro and macro level, Italy shall prioritize data collection to monitor how interventions and practices are implemented to adjust and to have robust data collection over time.

Shared policies

Trauma-Informed-Care started to be disseminated in Italy; however, the Country does not yet have a clear policy programme to be applied to Gender-Based-Violence. So a strong strategic effort should be made for determining the best set of actions to implement it better in the health, social and judicial system. Furthermore, a committee of experts from all Italian regions should work together to overcome territory differences in applying TIC in services and institutions.

Multisectorial collaboration

Services stress the importance of collaboration and of a shared and continuous support to women who report violence; however, there are still gaps in the system to ensure continuity of care and of approaches. Stronger efforts should be made amongst professional bodies to determine common intervention strategies, tools and choices with an active involvement of women in designing better approaches to work with them.

As for the health and social care systems, multiprofessional trainings are needed and sustained with coaching activities over time to move beyond organizational and cultural resistance. Also, Italy needs to advocate among the general population about the importance of trauma-informed-care. Trainings with the judicial system requires a greater attention to raise awareness about language to be used and to avoid re-traumatization.

Figure 5. Example of TIC implementation in Social/Healthcare sectors and in the Judicial System

| Health and social care sectors | Judicial system |
|--|---|
| Initiative description | |
| Training and coaching over time across all professions including medical doctors and nurses | Basic trauma awareness training, especially for interviewing women |
| Data collection | Peer group supervision |
| Health and social care | Judicial System |
| More awareness about the risk of re-traumatizing women and about effective interventions and approaches to women victims of violence | Dropping down the risk of re-traumatization |
| More equity of possibilities and empowerment for women and their children. | Better chances for women to testify in court and to receive justice |

What actions may have the largest impact in Italy

If training actions and advocacy with policy-makers were successful, Italy could disseminate better the importance of Trauma-Informed-Care models amongst services and key institutions so that a reflective cycle about best practices could be initiated both in the area of intervention and in the area of prevention strategies. The major challenge for the project is to reach different regions of Italy and not only those who are more advanced in implementing at least some of TIC principles.

In the next five years, sustainable training initiatives with successful capacity building activities should have succeeded in consolidating the use of TIC in common guidelines for best practices in working with Gender-Based-Violence. Also, policy makers should be more aware and involved into the process of implementation along with women survivors of violence ensuring less delays to take synergic actions for better support survivors and for healing trauma-related consequences more effectively.

The system would have implemented clear policies to avoid re-traumatization in all contexts that come into contact with women and their children. Furthermore, secondary trauma will be taken more into consideration with trauma-informed-supervision and support to all professionals working with women.

A national TIC registry with relevant quality certification will be in place. This is already undergoing through the Italian Society of Traumatic Stress Studies working with a group of experts in the child welfare system to determine quality indicators for TIC institutions and services. So this could also be piloted with services working with gender-based-violence.

In the next ten years, there will be a clear legislation system where TIC will be indicated as a key standard for both preventing and intervening with women survivors of violence. An institute for co-production of services will be established to have clear policy strategies of the involvement of women to design services.

Quality improvement indicators will be compulsory in all service charts of institutions working with Gender Based Violence to continuously adapt national policies along with applied research in collaboration with academic institutions and Italian trauma societies. In the table below strategic actions are identified for each GBV-principles

Figure 5. Identified actions by TIC principles Judicial System

| ✓ TIC principles | ✓ Key identified actions | ✓ Key strategies |
|---------------------------------|--|---|
| ✓ Recognition | <ul style="list-style-type: none"> ✓ Trainings of all professionals working with women victims of violence (local health authorities, social services, courts) | <ul style="list-style-type: none"> ✓ Ability to update policies and procedures in line with trauma-informed principles ✓ Ability to apply principles to management practice, including decision-making, to support working relationships across the organisation that are based on trauma principles ✓ Develop and oversee consistent and respectful relationships which set conditions for service user trust and disclosure ✓ Capacity to implement planning, evaluation and feedback mechanisms to inform and ensure the achievement of a trauma-informed organisational environment |
| ✓ Establishing emotional safety | <ul style="list-style-type: none"> ✓ No judgement in the approach and knowledge about trauma consequences; ✓ Careful attention to used language ✓ Developing a trust relationship | <ul style="list-style-type: none"> ✓ How staff and others within an organisation understand an issue can determine the type, quality and consistency of the response to service users. |

| | | |
|---|---|--|
| <ul style="list-style-type: none"> ✓ Restoring choice and control | <ul style="list-style-type: none"> ✓ Empowering women in all domains of their life (health, relationships, work) | <ul style="list-style-type: none"> ✓ Strategically create opportunities for women to find a job and experimenting themselves as being independent economically and affectively. ✓ Control over the symptoms and fostering resilience |
| <ul style="list-style-type: none"> ✓ Facilitating connection | <ul style="list-style-type: none"> ✓ Group interventions like group psychoeducation and laboratories where they can share their experience in a non-traumatizing context ✓ Integration with local communities | <ul style="list-style-type: none"> ✓ assess protection needs by attending to the risk of ongoing repeated abuse and violence ✓ recognise the propensity for survivors to restrict help-seeking through fear of the abuser and the enduring social shame and stigma attached to domestic abuse ✓ connect the psychological and behavioural adaptations of complex trauma to the lived experience of abuse and violence by a related party, generally over an extended period of time |
| <ul style="list-style-type: none"> ✓ Avoiding re-traumatization | <ul style="list-style-type: none"> ✓ Advocacy about specific actions that could be re-traumatizing for women. ✓ Guidelines | <ul style="list-style-type: none"> ✓ Shifting focus from diagnostic labelling of service users towards trauma-informed sensitivity. Importantly, it reminds us that trauma symptoms are not the origin of client sufferings but the consequence of it |
| <ul style="list-style-type: none"> ✓ Cultural competence | <ul style="list-style-type: none"> ✓ Cultural experts to explain and direct interventions according to woman culture | <ul style="list-style-type: none"> ✓ Considering more carefully the role of cultural experts to avoid their traumatization and to give them a more detailed role beyond a passive translation |
| <ul style="list-style-type: none"> ✓ Secondary trauma | <ul style="list-style-type: none"> ✓ Supervision | <ul style="list-style-type: none"> ✓ Dedicate more time to supervision which should be not only focused on cases but also on the impact of cases on professionals |

Conclusions

Although, Italy is proving to be very careful in preventing and supporting women victims of violence, the Country is urged to disseminate and to implement trauma-informed strategies to better respond to women and their children's needs both the short and in the long term. The most important and first step further towards a TIC vision of Gender-Based-Violence is to create a permanent board to establish national and multi-professional guidelines as SISST is already doing for the child welfare system. Without a coordinating board the national strategic plan would not be solid to sustain over time TIC initiatives.

A truly systemic implementation of the approach requires the translation into shared best practices through capacity building initiatives and through research for creating a monitoring and evaluation tools to share data across regions and to establish clear quality improvement indicators.



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There is a way out of violence!



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Overview

Implementing a trauma-informed approach and facilitating a better pathway to justice for women victims of violence is crucial for several reasons. First, women who experience violence often suffer from the long-term effects of trauma, such as post-traumatic stress disorder (PTSD), depression, and anxiety. These effects can have a significant impact on their physical and emotional health, relationships, and ability to participate fully in society. By implementing a trauma-informed approach, service providers can ensure that they are **providing care that is sensitive to the unique needs and experiences of women who have experienced violence, and that promotes healing and recovery.**

Second, women who experience violence often face significant barriers to accessing justice. These can include fear of retaliation, lack of knowledge about legal processes, and financial constraints, among others. **By facilitating a better pathway to justice, service providers can help to address these barriers and ensure that women have access to the support and resources they need to seek justice and hold perpetrators accountable for their actions.** This can also help to promote a culture of accountability and respect for women's rights, and send a strong message that violence against women will not be tolerated. Overall, implementing a trauma-informed approach and facilitating a better pathway to justice for women victims of violence is essential **for promoting the health, safety, and well-being of women and creating a more just and equitable society.**

Estonia - key findings

1. There is no specific intimate partner violence or domestic violence offence.
2. There is little or no recognitions of the pervasive nature of GBV and its wide-ranging impact on victims.
3. It is crucial to raise awareness about different cultures among specialists and the public.

Figure 1. Key recommendations to implement TIC in Estonia



Key strategies to implement the recommendations:

1. **Training and Education**
2. **Standardization and Monitoring**
3. **Collaborative Partnerships**
4. **Resources and Support**
5. **Advocacy and Awareness-raising**

What is Trauma-Informed-Care?

Trauma-Informed Care (TIC) is an approach to healthcare and social service provision that recognizes the pervasive impact of trauma on individuals' lives and seeks to create a safe, supportive, and healing environment for people who have experienced trauma. TIC is based on the understanding that individuals who have experienced trauma may have a range of physical, emotional, and psychological responses that are often outside of their control, and that these responses can affect their interactions with healthcare and social service providers. TIC can be applied in a wide range of healthcare and social service settings, including mental health care, substance abuse treatment, primary care, and social services for marginalized populations such as survivors of domestic violence and sexual assault. By adopting a Trauma-Informed Care approach, service providers can promote healing, reduce stigma, and empower individuals to take control of their own recovery.

What factors impact implementation in Estonia?

In the course of the Care4Trauma project a country report was produced to assess gender-based violence prevalence in Estonia, survivor access to justice, and the obstacles they face. It also analyzed national, regional, and local laws, policies, guidelines, and victim surveys related to trauma-informed care. The research consisted of mapping the relevant documents and assembling documents accordingly and then scrutinize these according to the pre-defined indicators. The documents were divided into three categories: Strategic level documents (e.g. legislation, national administration guidelines, charters and strategic plans); Organizational level policy documents; and Organizational level procedure documents.

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.

TIC principles applied to GBV:

Safety: A safe environment is crucial for women who have experienced violence. TIC principles ensure that service providers take steps to ensure physical and emotional safety, including the use of language that is empowering and non-judgmental.

Trustworthiness: TIC principles emphasize the need for service providers to build trust with survivors of GBV. This involves being transparent, honest, and reliable in all interactions.

Choice: Survivors of GBV should have choices and be able to make decisions about their own care. TIC principles ensure that service providers offer survivors choices and respect their decisions.

Collaboration: Collaboration between service providers and survivors of GBV is crucial for a trauma-informed response. TIC principles encourage service providers to work collaboratively with survivors, including involving them in the development of their own care plans.

Empowerment: TIC principles are based on the understanding that women who have experienced violence have experienced a loss of power and control. TIC principles aim to empower women by providing them with information, resources, and support.

Cultural responsiveness: TIC principles acknowledge that cultural differences can impact how women experience and respond to GBV. Service providers should be sensitive to cultural differences and provide care that is culturally responsive.

In sum, the prevalence of gender-based violence in Estonia is not sufficiently regulated, and there is no specific law on violence against women. The law enforcement system has adopted formal practices for implementing Directive 2012/29/EU but does not always fulfill victims' needs, and there is little recognition of the pervasive nature and impact of GBV. There is a basic understanding of re-traumatization but not enough comprehension, and cultural competence is not reflected in the analyzed documents. Providing information to victims is important but can be hindered by administrative/legal bureaucracy, lack of ability to explain rights, or victims' lack of understanding. The shortcomings in Estonian legislation primarily occur at the implementation level, and there is a need for higher recognition and prioritization of GBV as a specific type of violence and understanding different cultures.

Figure 2. Insights into Estonian legislation and policy documents.

| Legislation | Policy / Service Documents | Take home messages: |
|--|---|--|
| <ul style="list-style-type: none"> Code of Criminal Procedure provides the rules for pre-trial and judicial procedure concerning criminal offences and the rules for mandating the enforcement of dispositions rendered in criminal cases. | <ul style="list-style-type: none"> General Quality Guidelines for Estonian Social Services - the social service provider must follow generally accept quality principles specified in the guidelines when providing social services. These principles are mandatory among others in the case of providing women's support service. The quality principle on the 'empowering nature of the service, involvement and human rights' states criteria on empowering of a person | <p>There is little or no recognitions of the pervasive nature of GBV and its wide-ranging impact on victims.</p> |
| | | <p>The principle of prioritizing vulnerability of the victim, their needs and avoiding re-traumatization is reflected in several documents but this is not implemented enough.</p> |
| <p>Victim Support Act (law entered into force 01.04.2023)</p> <ul style="list-style-type: none"> Victims of domestic and sexual violence can get mental health support to help them recover from trauma. Mental health support for trauma recovery is provided to witnesses in criminal proceedings on the same basis as to the victim. In order to provide better assistance, the Social Insurance Board will be able to exchange data with other victim support services and professionals in the case of high-risk adult victims of domestic violence. Crime victim compensation will become more accessible and easier to apply for. | <ul style="list-style-type: none"> Women's Support Centre Service Description - Women's support center service is a compound service which objective is to contribute to rescue from violence of a woman who has fallen victim to violence against women and achievement of independent ability to cope by providing safe environment and counselling and, if necessary, temporary accommodation for the woman and the children accompanying her. Guidelines provide detailed description of basic principles how to support a woman who has fallen victim so that she could find feel secure and find her strengths. The principles are based on recognition that GBV has pervasive nature and impact on the victims relationships and difficulties to seeking support. | <p>Need to raise awareness about different cultures among specialists and the public.</p> |
| | | <p>Providing information to the victim is one of the important aspects that needs to be addressed. Need to explain also victim's rights and the possibilities of using them to people closest to the victim.</p> |

Findings of the national survey and semi-structured interviews

The Care4Trauma consortium developed an online survey with two paths depending on the respondent's background targeting specialists in the social/health and judicial sphere. The survey had 19 questions and 39 variables and was distributed via email and social media to relevant stakeholders, including local governments, victim support units, and professional associations. 130 people started to fill out the survey, but 43% dropped out, and 74 specialists completed it.

The survey had 50 specialists from different social services as respondents, with 94% being female and 6% male. Majority of the respondents were in the age group 46-55, and all regions of Estonia were represented. Most respondents work in North Estonia.

The survey found that most social and healthcare organizations in Estonia lack written policies committed to trauma-informed practices. Only 14% of respondents reported having concrete policies established. Without official structures and support from management, it is challenging to implement trauma-informed practices. Additionally, there is a need for more multi-agency collaboration, as a quarter of services do not pursue common trauma-informed goals with other organizations. While 72% of respondents reported that information sharing with other organizations is established, 28% claimed that there is no communication with other organizations working with women and their children.

The Care4Trauma survey for the judicial sector received responses from 24 judicial system representatives, all of whom had a tertiary degree. Most of the respondents were female (67%), and the majority were in the age group 36-45 (33%). Ten respondents (42%) were judges, and 14 (58%) represented district prosecutors, assistant prosecutors, attorneys, and jurists/lawyers. The survey asked respondents to rate different statements on trauma-informed practices and approaches in their workplace, with categories including organizational issues, systemic cooperation, and treatment of women/victims and their children within the judicial system. The results showed that some policies were absent, including written policies committing to trauma-responsive practices and regular screening of women and their children for trauma. However, most respondents felt that their workplace had policies in place to support the beneficiaries within the judicial system. The assessment of the Estonian judicial system in general and regarding trauma-informed collaboration was positive, with most respondents feeling that the system stakeholders treat each other respectfully, discussing trauma-related issues with cross-system partners, and treating women and their children with respect and giving them the opportunity to voice their needs, concerns, and experiences. However, not enough screening tools are used to detect violence or trauma. Additionally, only 21% of respondents claimed that their workplaces have specific protocols to support the staff, and 38% admitted that there are no protocols to support staff working with women and their children who have experienced violence.

Overall, the survey results indicate that there is room for improvement in the implementation of trauma-informed practices in social and health care services in Estonia. The lack of written policies and formal systems for reviewing the use of trauma-informed practices suggests that many organizations need to establish solid policies to detect traumatic experiences and avoid re-traumatization. However, there are positive signs, such as the acknowledgment of the necessity of trauma-informed approaches on an individual level, and the development of multi-agency collaboration in recent years. Nevertheless, more work needs to be done to ensure that trauma-



informed practices are consistently used across roles and that women and their children have access to timely trauma-informed assessment and safety plans. Overall, these findings can serve as a valuable reference for policymakers and service providers to improve trauma-informed practices in social and health care services in Estonia.

Five in-depth interviews were conducted with professionals from the justice and social system who have direct experience of violence against women and children in Estonia. The interviews were carried out 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 services supporting women victims of violence and their children. The results revealed that, except for women's support center service providers, there are no written policies and procedures focusing on trauma, its pervasiveness for women victims of violence, nor victims of violence in general. 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. The case management model applied in Estonia requires the involvement of the survivor in the case, but there is no active engagement or involvement of survivors in the development of policies and services.

Ensuring a woman-centered access to justice in Estonia

Barriers to access to justice for women victims of violence can be significant and multifaceted. Some of the key barriers that women face include fear of retaliation, lack of knowledge about legal processes and rights, financial constraints, cultural and social stigma, and inadequate support and resources. Women may also face language barriers (Estonia has a Russian minority population 24% (2022)), as well as discrimination and bias from service providers and the justice system itself.

Overcoming these barriers requires a multi-faceted approach that addresses the structural and systemic factors that perpetuate gender-based violence and limit access to justice. This includes promoting a culture of accountability and respect for women's rights, providing education and training to service providers and justice professionals on issues of gender-based violence and trauma, and ensuring that resources and support are available to women who have experienced violence. It also involves addressing the root causes of gender-based violence, such as poverty, social inequality, and discrimination, and working to create a more just and equitable society for all.



Figure 3. Strengths and development points of access to justice for women victims of violence in Estonia

| | Strengths points | Development points |
|---|---|---|
| 1 | Women’s Support Centers available in all counties for women survivors of violence. | Need for continuous assessment of the services provided, especially regarding the implementation of TIC approaches. |
| 2 | Specialists acknowledge the necessity of trauma-informed approaches on an individual level. | Organizations need to follow up with their policies to make the use of practices official |
| 3 | Trainings on GBV, IPV and TIC already available in Estonian. | Training should be mandatory, ongoing, and reflect evidence-based practices. |

What types of strategies can incentivize the dissemination and adoption of TIC in services and institutions working with women victims of violence?

There are several strategies that can incentivize the dissemination and adoption of Trauma-Informed Care (TIC) in services and institutions working with women victims of violence. These include:

- **Providing training and education:** Organizations should provide training and education on TIC to their staff and partners. This can help build awareness and understanding of the importance of TIC and provide staff with the skills and knowledge needed to implement TIC principles in their work.
- **Creating policies and procedures:** Organizations should create policies and procedures that prioritize TIC and ensure that it is integrated into all aspects of their work. This can help ensure that TIC is not just a buzzword, but a guiding principle that is incorporated into all decision-making processes.
- **Offering financial incentives:** Financial incentives can be offered to organizations that demonstrate a commitment to TIC. This can include funding for training, implementation support, or other resources that are needed to implement TIC effectively.
- **Creating a culture of accountability:** Organizations can create a culture of accountability around TIC by setting **measurable goals, tracking progress, and regularly evaluating the effectiveness of TIC implementation.** This can help ensure that TIC remains a priority over time and that progress is continuously made.
- **Multi-agency collaboration and partnerships:** Organizations can partner with other organizations, government agencies, and community groups to promote TIC and create a more coordinated response to gender-based violence. Collaboration and partnerships can help pool resources, expertise, and knowledge, and promote a shared vision for TIC.

Overall, incentivizing the dissemination and adoption of TIC requires a comprehensive approach that addresses the **cultural, organizational, and systemic barriers** that may exist. By adopting these strategies, services and institutions can create a more trauma-informed and woman-centered response to gender-based violence, which can ultimately help improve outcomes for survivors.

Figure 4. Strategic layers of further TIC implementation in Estonia

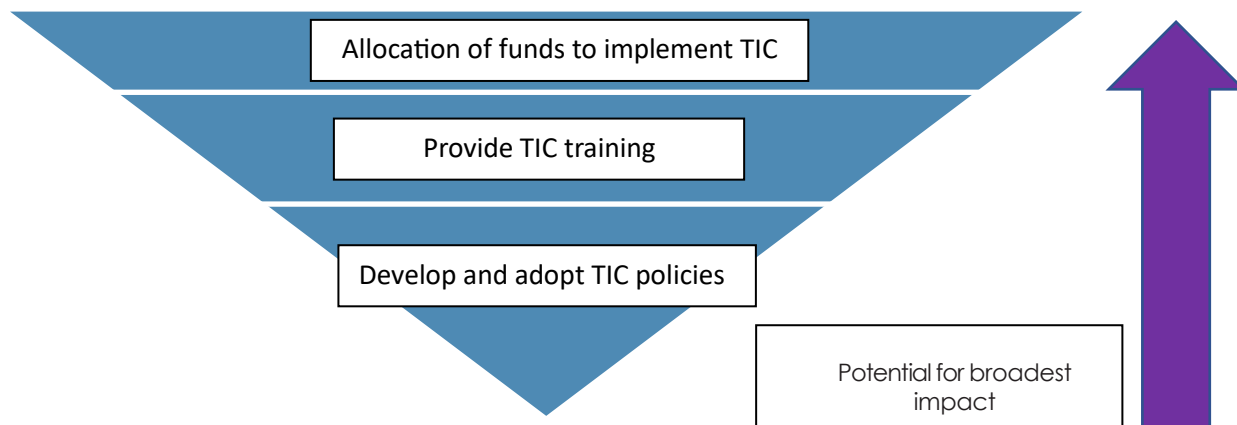


Figure 5. Example of TIC implementation in Social/Healthcare sectors and in the Judicial System

| Health and social care sectors | Judicial system |
|--|---|
| Initiative description | |
| Staff training on trauma-informed practices and approaches, implementing screening tools to assess patients for trauma history, and creating a safe and supportive environment for patients. | Training judges, attorneys, and court staff on trauma-informed approaches and language, using trauma screening tools to assess defendants for trauma history, and providing resources and referrals for trauma-related support services |
| Health and social care | Judicial System |
| Mandatory trainings. | Mandatory trainings. |

What actions may have the largest impact in Estonia?

Providing **trauma-informed training and education to all staff members** is crucial to developing a common understanding of the impact of trauma on individuals and the importance of creating a safe and supportive environment for victims of violence. Training can be offered in various formats such as workshops, online courses, or staff meetings. It is also important to ensure that ongoing training is provided to ensure that staff members have access to the latest research and best practices.

Also, **building collaboration and partnerships with community organizations and other service providers is essential** for creating a comprehensive and integrated response to the needs of victims of violence. Working together can help to identify and address any gaps in services and to ensure that victims receive the support and care they need. Collaboration can take many forms, such as creating interagency agreements, participating in task forces, or developing referral networks.

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.

Regarding different TIC principles, and actions and strategies required to implement these four areas should improve in the next following years.

Recognition - By the end of the project, significant changes will not be present, in Estonia the impact and existence of gender-based violence in general is greatly underestimated in all spheres. It is even ridiculed in some services/places. Most people are unlikely to have heard that this type of violence exists. In 5 years' time, hopefully, people will at least be exposed to the concept. In 10 years' time, there could be some minimum awareness outside the very specific community (i.e. professionals dealing with the issue).

Restoring choice and control - In Estonia, the principles of case management support this objective. The rule exists and is known, but the question may be one of implementation. In 10 years' time, implementation may well be good.

Avoiding re-traumatization - By the end of the project, not much will have changed externally. Training and awareness-raising on this issue is essential to change thinking and attitudes about trauma. Hopefully, in 5 years' time, training on trauma sensitivity will be a regular continuing education course that needs to be repeated from time to time. In 10 years' time we could be in a situation where there is no debate about whether trauma awareness is important or not.

Secondary trauma - This goal needs constant work and communication, as people tend to forget their own needs in the helping professions. Employers should make it as easy as possible to access supervisors and other necessary mental health support. In 10 years' time, awareness could be at a level where supervision tailored to the individual needs of each worker is easily accessible (without red tape). Nevertheless, there is also a need for an ongoing debate on the importance of self-care.

Figure 6. Identified actions by TIC principles Judicial System

| TIC principles | Key identified actions | Key strategies |
|--------------------------------------|--|---|
| Recognition | 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. | <ol style="list-style-type: none"> 1. Training staff in GBV recognition. 2. Using screening tools. |
| Establishing emotional safety | Victims receive timely individual assessment to identify whether and to what extent they need special protection. Victims that have suffered considerable harm due to the crime, are provided psychosocial crisis assistance and if necessary, will benefit from special measures in the course of criminal proceedings. | <ol style="list-style-type: none"> 1. Active listening in a safe environment. 2. Implementation of TIC. |

| | | |
|-------------------------------------|--|---|
| Restoring choice and control | The service provider must follow generally accept quality principles specified in the guidelines when providing services. | <ol style="list-style-type: none"> 1. Empowerment-based advocacy 2. Implementation of TIC. |
| Facilitating connection | Creating a safe and supportive environment where the victim feels comfortable to share their experiences, thoughts, and feelings can help facilitate connection. | <ol style="list-style-type: none"> 1. Building supportive relationships 2. Encouraging participation in group activities |
| Avoiding re-traumatization | Providing emotional and psychological support. Providing clear and consistent communication. | <ol style="list-style-type: none"> 1. Trauma-informed communication 2. Providing choices and control |
| Cultural competence | Recognition and addressing cultural biases. Provision of language services. Building partnerships with culturally specific organizations | <ol style="list-style-type: none"> 1. Education and training 2. Partnering with community-based organizations |
| Secondary trauma | Provision of regular supervision and support. Promotion of self-care. Training on trauma-informed care. Fostering a supportive work environment | <ol style="list-style-type: none"> 1. Professionals must prioritize self-care as a key strategy to avoid secondary trauma. 2. Professionals working with victims of violence should receive comprehensive trauma-informed training to develop the knowledge and skills necessary to recognize and respond to trauma in a sensitive and supportive manner. |

Conclusions

In sum, to implement Trauma-Informed Care systematic changes are required:

Develop and adopt TIC policies: It is important to develop and adopt policies that prioritize TIC in all areas of service delivery, including health care, social care, and the judicial system. These policies should reflect a trauma-informed approach and provide guidance on **how to provide services that are sensitive to the needs of women who have experienced violence.**

Provide TIC training and education: Staff and professionals working in health care, social care, and the judicial system should receive training on TIC principles and how to implement them in their work. **Training should be mandatory, ongoing, and reflect evidence-based practices.**

Allocate funding for TIC implementation: Funding is needed to support the implementation of TIC principles in health care, social care, and the judicial system. This can include **funding for training, the development of policies and procedures, and the evaluation of TIC interventions.**

Promote interagency collaboration: Interagency collaboration is crucial in providing a



comprehensive response to gender-based violence. Policies should encourage collaboration between different agencies to ensure that women who have experienced violence receive the services they need.

Monitor and evaluate TIC implementation: Policies should promote the monitoring and evaluation of TIC implementation **to ensure that services are meeting the needs of women who have experienced violence.** This can include tracking the implementation of policies and procedures, measuring the effectiveness of TIC training, and evaluating the outcomes of TIC interventions.

Support research on TIC: Policies should support research on TIC principles and how they can be effectively implemented in different settings. This can include research on the effectiveness of TIC interventions and the **identification of best practices** for TIC implementation.





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CARE4TRAUMA

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

POLICY RECOMMENDATIONS CROATIA



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





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Overview

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. An approach capable of providing a safe environment and promoting 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. GBV against women in Croatia is a widespread phenomenon, but despite its gravity and serious consequences, most women, over 80% never report violence.

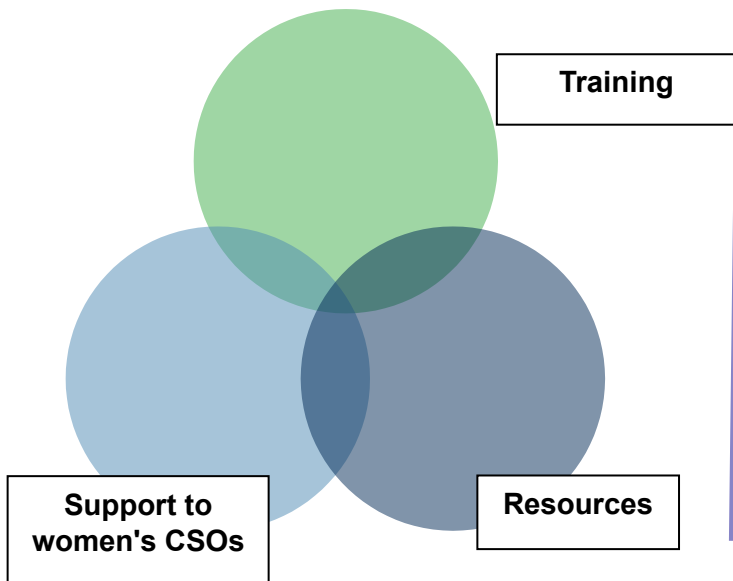
Women distrust the institutions and report high levels of secondary victimisation. The reluctance in reporting and the capacity to move forward in the judicial proceeding from women who have been victims of gender-based violence is identified as one of the major problems in effectively exercising their rights as victims.

Research has also shown that GBV against women results in serious psychological consequences, including PTSP and many symptoms of trauma. Workers across judicial and health and social care sectors are aware of the effects of trauma, but this topic is not covered in training and the implementation of written policies is insufficient. Trauma-informed care takes into account the physical and mental effects of trauma and offers survivors a chance to rebuild the connections and trust that were fractured by abuse and betrayal. Someone who has experienced trauma needs the space to make their own decisions, otherwise, victims support programs risk re-traumatizing survivors with artificially imposed requirements for receiving services. Therefore, researching and working on improving victim-centred support based on trauma-informed care is of the utmost importance in seeking to provide long-term beneficial support and empowerment to women survivors of gender-based violence.

Croatia - key findings

1. The legal framework needs harmonization with international/EU standards. Even when the legal framework is trauma-informed, the practice is often not as the state actors may lack the knowledge and the awareness.
2. GBV against women is often treated as one-off incidents, without taking into consideration coercive control, resulting in victim blaming and secondary victimization.
3. The understanding that women survivors of GBV suffer from high levels of trauma and need specific approach is not sufficiently recognized in legislation and implementation.

Figure 1. Key recommendations to implement TIC in Croatia



Key strategies to implement the recommendations:

1. Raising awareness of trauma-informed care.
2. Providing mandatory regular training to all stakeholders.
3. Amending legislation and policies to include clearly reference to trauma and TIC principles.
4. Increase financial and human resources.
5. Ensure standardization and monitoring of service provision in judicial and health and social care systems.

What is Trauma-Informed-Care?

Trauma-Informed Care (TIC) is an approach to healthcare and social service provision that recognizes the pervasive impact of trauma on individuals' lives and seeks to create a safe, supportive, and healing environment for people who have experienced trauma. TIC is based on the understanding that individuals who have experienced trauma may have a range of physical, emotional, and psychological responses that are often outside of their control, and that these responses can affect their interactions with healthcare and social service providers. TIC can be applied in a wide range of healthcare and social service settings, including mental health care, substance abuse treatment, primary care, and social services for marginalized populations. Within the framework of this project, TIC has been investigated and applied to women survivors of gender-based violence, including intimate partner violence and sexual violence. By adopting a Trauma-Informed Care approach, service providers can promote healing, reduce stigma, and empower women survivors of violence to take control of their own recovery.

TIC principles applied to Gender-Based-Violence

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

What factors impact implementation in Croatia?

Gender-based violence against women in Croatia is a serious and widespread issue, in particular violence in intimate partner relationships. Restrictive patriarchal norms and social attitudes contribute to both widespread incidence of violence against women, but also its acceptance and tolerance towards it. While there have been many positive trends in legislation in Croatia, both on gender equality and protection from gender-based violence against women, these provisions are either not sufficiently implemented or they are more and more often implemented to the detriment of survivors of violence against women. Gender based violence against women in Croatia is often treated as one-off incidents, without taking into consideration coercive control, the long-term exposure to such violence and the serious consequences that it has for women and their children. This often results in victim blaming and secondary victimisation which then has further effect on women who refrain from reporting the violence they had survived to the police and other institutions. The legal framework needs harmonization with international/EU standards and there are too many documents that are not mutually and consistently harmonized. Even when the legal framework is trauma-informed, the practice is often not as the state actors may lack the knowledge and the awareness.

Today, Croatia has national strategies, legislation, policies and standards of procedure that covers all forms of violence against women and domestic violence. However, the structural nature of violence against women as gender-based violence is not sufficiently recognised. Croatia doesn't have specific legislation nor policy referring to GBV against women. Instead, different forms of violence against women are criminalised, including intimate partner violence, which is treated as one of the forms of violence in the family. Survivors of gender-based violence against women have access to justice through the two main legislative components, the misdemeanour and criminal. According to both variants, all institutions are required to report gender-based violence, and specifically domestic violence. Women survivors of violence have specific rights under both criminal and misdemeanour legislation through Law on Protection from Domestic Violence (LPDV) and Criminal Procedure Act. In practice, not all these rights of the victim are always respected. Croatian authorities often fail in ensuring an effective response. As a result, the sentences received by perpetrators are very low, and end in prison or jail sentences only in about 10% of the cases.

Health and social care policies for victims of gender-based violence are a part of general state policies. The Centres for Social Welfare are given significant tasks and authority in cases of domestic violence as they are obligated to report the violence to the police, propose protection orders to the court that the victim needs, talk to the victim and do a needs assessment as well as a safety plan for her. Specialised services of support to women in Croatia are provided mostly by women's NGOs. Autonomous women's shelters work on the feminist principles of providing help to women and their children survivors of violence. Most shelters also run counselling centres and helplines. The analysis done within this project has shown that there is a difference in implementation of trauma-informed approach by the civil sector and the judiciary: the civil sector is much more flexible in its approach; able to adjust to the needs of the survivors.

Research has shown that women unfortunately do not have trust in the institutions. Qualitative research indicates that women don't report violence because of lack of information about their rights, feeling ashamed, lack of financial resources, feelings of inferiority due to a failed marriage, and distrust in the work of institutions. Women often face problems in cases of coercion and coercive control, i.e., situations without physical assault, as the police does not recognize it as violence and/or trauma. There are cases of a negative spin on cultural diversity, i.e., when violence against women/domestic violence is attributed to specific group's culture and used as a justification for lack of intervention/action/care.

To determine the presence of TIC principles in legislation and implementation, desk research was conducted into the main legislation. From this, a country report was produced. Following that, additional data was collected from stakeholders through structured interviews and an online survey.

Mapping

The analysis of 18 documents showed that 67% of them have at least one trauma-informed principle included. The word 'trauma' itself is barely mentioned, only three times. While there are TIC principles in the basis of the documents, trauma is not clearly recognised as a basis for providing support and empowerment to women and children survivors of violence.

Figure 2. Insights into Croatian legislation and policy documents. Is TIC considered?

| Legislation | Policy | Take home messages: |
|--|--|---|
| <ul style="list-style-type: none"> • Law on Protection from Domestic Violence provides detailed rights of the victim, which directly and indirectly include all seven trauma-informed care principles. Some of the rights are: effective psychological and other professional assistance, the right to protection against intimidation and retaliation, the right to protection of dignity during the questioning. • Criminal Procedure Act also contains specific rights of the victims that are based on understanding trauma, such as special measures based on individual assessment of the victim: special questioning of the victim, use of communication technologies to avoid visual contact with the perpetrator and so on. | <ul style="list-style-type: none"> • Most policy documents contain measures based on at least some trauma-informed care principles. • The National Strategy for protection against domestic violence for the period 2017-2022 recognises trauma and has measures to ensure emotional safety, facilitate connection and avoid re-traumatisation. • The Zagreb Strategy for protection against domestic violence 2018 - 2022. has the same TIC principles. For example, it provides for the women | <ul style="list-style-type: none"> • There is not enough recognition of the specific gendered nature of crime of domestic violence and other forms of violence against women. As a result, trauma and its consequences are recognised nominally in several policy and legislation documents, but they are not elaborated nor implemented fully. • There are structures in place to support consistent trauma-informed responses to women and their children and professionals possess a good basis for providing more emphatic support to survivors of trauma. However, there is a general lack of more serious systematisation, especially related to safety planning, and a lack of |

| | | |
|--|---|---|
| <ul style="list-style-type: none"> Rules of procedure in cases of domestic violence are the most detailed document on treating the victim of DV. For example, she has a right to be questioned in a separate room, away from the perpetrator and by the female police officer. It also states that we should treat victims of violence in a particularly considerate, impartial and professional manner, respecting their dignity, and especially women, children, persons with disabilities and elderly persons as victims of domestic violence. | <p>victims of violence to re-establish their place in the community by providing for social housing.</p> <ul style="list-style-type: none"> The National Policy for Gender Equality recognises trauma in cases of violence against women and has measures to ensure cultural competence. | <p>both monitoring and support for the professionals working with trauma survivors to ensure the implementation of TIC principles.</p> <ul style="list-style-type: none"> More specific guidelines are needed to establish the space for the woman to tell her story, and for them to shape the work of the staff working in the institutions. The legislation is very gender neutral and focused on ensuring prosecution with the victim's participation, rather than putting the needs of the victim at the centre of the response. |
|--|---|---|

Results of the Survey and Semi-structured interviews

An online questionnaire was submitted to the staff of organisations and professionals who support and sustain women victims of violence and their children. 92 professionals responded. The results of the survey indicate that TIC principles have mostly not been integrated systematically in working with the victims. There are, however, written policies in most social welfare and health institutions and organisations, with some guidelines incorporating trauma-oriented practices, including detecting traumatic experiences, and avoiding further traumatising. 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. To be able to provide TIC to women and children staff health and well-being is extremely important, but as many as two-thirds of people claim that the supervision they receive at their workplace does not include stress management on personal and professional levels. 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. 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 about a third of respondents.

Similar to health and social workers, most respondents from the justice system 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 said that their organisation employs regular screening of women and children for trauma. Efforts are made to minimise the stress that women and children go through in cases related to violence they have survived, while ensuring protection and understanding of trauma is incorporated in the daily decision-making practices. Women and children are also given opportunities to voice their needs according to two-thirds of respondents.

Figure 3. Analysis of the semi-structured interviews



Ensuring a woman-centered access to justice in Croatia

The research carried out within this project through online survey and semi-structured interviews identified quite a few barriers to access to justice for women victims of violence. They can be summarized as follows:

- 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.
- 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.
- 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 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.
- There are too many cases and not enough professionals employed. Also, there is not enough inter-agency co-operation.
- 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.

Figure 4. Strengths and development points of access to justice for women victims of violence in Croatia

| | Strengths points | Development points |
|---|--|---|
| 1 | All forms of violence against women and domestic violence are criminalised (although definitions and sentencing could be improved) and there are protocols covering provision of support to women survivors of violence. | <ul style="list-style-type: none"> • The laws and amendments to laws should be written by persons who are aware of the impact of trauma, such as experts with the necessary education and training who also have real-life experience with trauma survivors. • Shortening the waiting time for survivors at the police station; improving the environment with which survivors are faced when reporting the violence to the police, e.g., ensuring privacy. |

| | | |
|---|--|--|
| 2 | <p>Women's CSOs provide a range of services, including shelters and counselling centres, based on trauma-informed care and victim-centred support.</p> | <ul style="list-style-type: none"> • It is important to support the work of these NGOs financially, and to involve them in all cross-sectoral cooperation and especially in training and evaluation of work of other institutions. • 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. |
| 3 | <p>There is awareness among professionals 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.</p> | <ul style="list-style-type: none"> • 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. |

What types of strategies can incentivize the dissemination and adoption of TIC in services and institutions working with women victims of violence?

There are several strategies to favour the implementation of TIC principles in both health and social care services and in the judicial system, as recommended by experts and stakeholders who participated in this research:

- **Providing training and education:** 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. 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. 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.

- **More human and financial resources:** 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. Increasing the number of workers in the system so that they can access, monitor, and provide support to victims of violence.
- **Raising awareness of TIC principles and GBV:** 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.
- **Data collection and monitoring satisfaction:** it is important to improve the entry, the management and the dissemination of the statistical data managed by the relevant state actors, i.e., harmonize the information systems of different actors to facilitate research into violence against women. Moreover, the entire system needs to accommodate, actively seek, and consistently record and manage the feedback from the beneficiaries to improve the quality of services provided. Beneficiaries should be asked how satisfied they are and what would be their suggestions for the improvements to the quality of the service.
- **Cross-sectoral collaboration:** there should be mandatory cross-sectoral collaboration, both on the local and national level, related to the implementation of policies, but also to specific case management, involving all relevant institutions and CSOs. The participants of the multi-agency teams should receive training on trauma-informed care.
- **The importance of women's CSOs:** women's CSOs should be involved in all aspects of planning and development of policies, legislation, programmes for support and empowerment, as well as service provision to women survivors of violence. Women's CSOs have the most expertise in providing trauma-informed care and should be at the forefront of all strategies to respond to the issue of GBV.

Figure 5. Strategic layers of further TIC implementation in Croatia

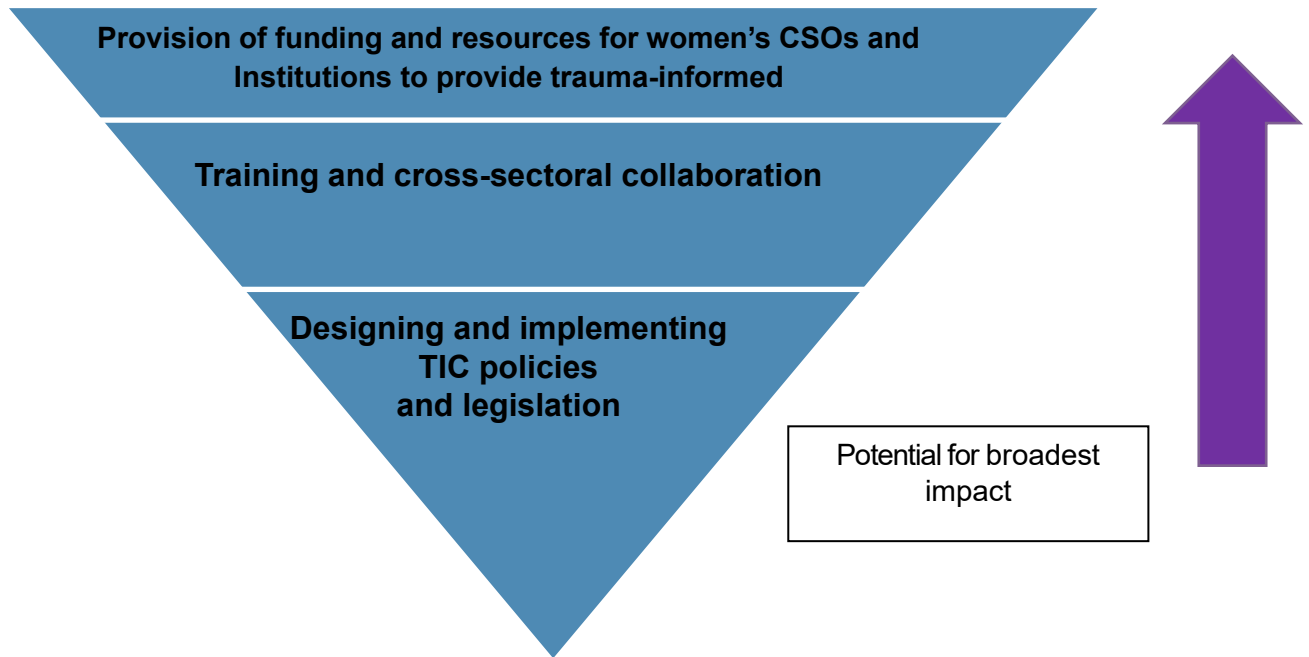


Figure 6. Example of TIC implementation in Social/Healthcare sectors and in the Judicial System

| Health and social care sectors | Judicial system |
|---|---|
| Initiative description | |
| Mandatory training on trauma as a consequence of violence, and provision of trauma-informed care. | Mandatory training on effects of trauma on women survivors of violence, including on TIC principles and provision of support during legal processes. |
| Provide trauma-informed expert supervision to all workers in health and social care. | Increasing the speed and efficiency of all court procedures for better protection of victims. Interrogation of victims via video link, the appointment of proxies for all victims. |
| Health and social care | Judicial System |
| Improved quality of services for women survivors of violence based on TIC principles. | Increased capacities of judicial actors to provide help to women survivors of violence and ensure access to justice. |

What actions may have the largest impact in Croatia?

As shown in this policy report, Croatia already has a good legislation and policies on paper related to preventing and combatting violence against women and domestic violence, however, their implementation is lacking. Furthermore, even on the policy level, the impact of trauma on women survivors of violence is not systematically considered. While most organisations and institutions that participated in this research indicate that there are written policies committed to implementing the TIC principles (about 80% for both judicial and social and health systems), the implementation of these policies is not consistently evaluated or monitored in more than two thirds of the participants of the surveys. Participants of the workshop mentioned that the legal framework needs harmonization with international/EU standards and that there are too many documents that are not mutually and consistently harmonized. Even when the legal framework is trauma-informed, the practice is often not as the state actors may lack the knowledge and the awareness.

To ensure the inclusion and application of TIC principles in the policies and procedures, as well as programmes and implementation, we recommend the following actions:

Figure 7. Actions for the judicial system

| Judicial system | | |
|---|---|---------------------------|
| Recommendations | TIC principles addressed | Implementation timeframe |
| 1. Harmonise legal framework with international/legal standards to ensure also mutual harmonisation. | All | 5 years |
| 2. Ensure that experts in the working groups have both a technical and practical knowledge of trauma-informed care. | All | By the end of the project |
| 3. Improve the conditions for interrogation of the victim and the perpetrator by ensuring privacy and comfort, as well as questioning via video link. | Recognition Emotional safety Restoring choice and control Avoiding re-traumatization | By the end of the project |
| 4. Introduce mandatory training on gender-sensitive approach to women survivors of violence and trauma-informed care of the victims to the police, judges, prosecutors, lawyers, court assistants and other members of the judicial system. | All | 5 years |
| 5. Introduce mandatory training on secondary trauma and ways to overcome it. | Secondary trauma | By the end of the project |

| | | |
|---|---|---------------------------|
| 6. Ensure multi-sectoral cooperation between judicial system actors and women's shelters and counselling centres. | Emotional safety Facilitating connection | 5 years |
| 7. Ensuring translators are present throughout the legal process and victims receive assistance from specialised CSOs. | Cultural competence | By the end of the project |
| 8. Development of a manual of good practices to prevent the re-victimisation of victims of gender-based violence and their children, carried out from a trauma-informed perspective, available to all professionals involved in the legal care of victims | Avoiding re-traumatisation | By the end of the project |

Figure 8. Actions for the health and social care system

| Health and social care system | | |
|---|--|---------------------------|
| Recommendations | TIC principles addressed | Implementation timeframe |
| 1. 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. | All | 5 years |
| 2. Within the institutions themselves, activate experts who have the knowledge and various additional educations to share their knowledge and experience with colleagues. | Recognition Emotional safety Facilitating connection Avoiding re-traumatisation Secondary trauma | By the end of the project |
| 3. Ensure regular and sufficient support for women's CSOs providing shelter, counselling and other services to women survivors of violence based on TIC principles. | Emotional safety Facilitating connection Restoring choice and control | By the end of the project |
| 4. Improve the entry, the management and the dissemination of the statistical data managed by the relevant state actors, i.e., harmonize the information systems of different actors to facilitate research into violence against women. | Recognition | 5 years |
| 5. Accommodate, actively seek, and consistently record and manage the | Restoring choice and control | By the end of the project |

| | | |
|--|--|---------------------------|
| feedback from the beneficiaries to improve the quality of services provided. | | |
| 6. Ensure understanding of the cultural context, its consequences and why it must never be used to justify the violence. | Cultural competence | By the end of the project |
| 7. Ensure better cooperation between departments, comprehensive approach to victims of violence, respect for experts, and established protocol for working with women victims of violence. | Recognition Facilitating connection Avoiding re-traumatisation | 5 years |
| 8. Ensure regular supervision based on TIC principles for all employees working with victims of trauma. | Avoiding re-traumatisation Secondary trauma | 5 years |

Conclusions

Previous documentary research and subsequent country report mapping the situation regarding trauma-informed approaches to women survivors of violence showed that TIC principles 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.

In practice, it has been shown that stakeholders across the judicial and health and social care sectors are well aware of the issues faced by women survivors of violence and the effect of trauma, but what is lacking is systematic approach to implementing existing policies in a trauma-informed care way. There is training carried out on domestic violence, but it is unclear whether such training at this point includes detailed reference to trauma and TIC principles in providing support and empowerment. Cross-sectoral collaboration is important and there is a lot of satisfaction with how it is being carried out among the institutions. However, women’s CSOs are not always sufficiently included so there is room for improvement in this area. Women’s CSOs have been shown consistently throughout this project to have the greatest amount of expertise in providing trauma-informed care. However, their resources are scarce which impedes their ability to provide continuous support.

The next steps in ensuring progress and improvement in providing trauma-informed care need to include, to being with, changing the policies and procedures, as well as legislation, to ensure that trauma is clearly identified and **recognised** on all levels of identifying and prosecuting GBV, as well as providing support to the victims. Women survivors of violence need to achieve **emotional safety** through shelters and other specialised services, the protection of their privacy through the judicial system and creation of trauma-informed safety plans. Through these services and training of all involved stakeholders, victims can be supported to restore the sense of **choice and control** and to make informed and independent decisions about their lives. Given the lengthy court procedures and mostly gender-neutral legislation, it is important to use training, written policies and supervision to **avoid re-traumatisation** of the victims.

Cross-sectoral collaboration and working more with different parts of the community to ensure long-term support for the victims can help to **facilitate connection** between them and wider society. Stakeholders have provided feedback that cultural context is not taken into account in working with women survivors of violence except in a negative way when it is used to justify the violence. Therefore, it is important to receive training on **cultural competence** and to work with CSOs that specialise in working with marginalized groups, such as Roma women. Finally, the workers in both sectors are exposed to high levels of stress, with little support for their well-being. To avoid **secondary trauma**, policies and practices need to be developed to ensure regular supervision for the workers, and programmes and support for their well-being.



CARE4TRAUMA

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

Policy Recommendation Brief Greece



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





Care4Trauma

Policy Recommendation Brief

Greece

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Heraklion,Greece, 05.2023



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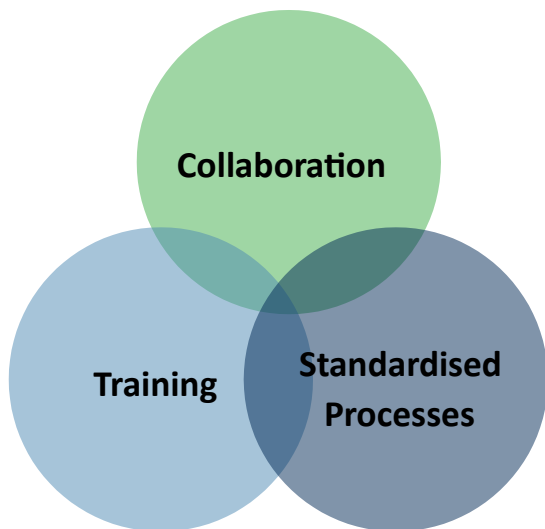




Overview

Trauma-Informed approach could facilitate a better pathway to justice for survivors of violence as well as provide a basis for shielding them from further re-traumatisation, while empowering them to re-claim their life. Survivors who have experienced the justice system claim *that the system itself poses as an obstacle in their attempt to find justice*. Based on country review, the system of support and access to justice for survivors appears segmented and without clear institutional networks of communication and collaboration between the different factors as well as without consistent directions on how to address the beneficiaries of the system. Trauma-informed care will lift the burden of feeling threatened by the system and assist the smooth transition between services and procedures. The

Figure 1. Key recommendations to implement TIC in Greece



Greece - Key findings

1. *There is not a standardized process of collaboration between the different actor of the system.*
2. *The provision of legislation regarding domestic violence seems segmented in practice and lacks consistency and continuity.*
3. *“Trauma-Informed Care” in Greece is implemented on the basis of individual initiatives of the different professionals, rather than a formal directive of National level Institutions.*

Key strategies to implement the recommendations

- Raising awareness of the benefits and impact of Trauma-Informed approach
- Implementation of continues joint (cross professional) trainings
- State coordination of the different factors in the system of support and access to justice
- Consistent protocols and standardized processes for addressing survivors of violence and their children
- Involvement of the beneficiaries in the designing of the processes





What is Trauma-Informed-Care?

Trauma-informed Care (TIC) involves developing a holistic appreciation of the potential effects of trauma with the goal ensuring the empathy of the professionals and the mental safety of the beneficiary. At the same time this approach ensures the conditions based on which the survivor will re-claim their voice and confidence.

What factors impact implementation in Greece?

In the context of the Care4Trauma project implementation, UWAH, has produced a country report so to evaluate gender-based violence prevalence in Greece, the survivor's access to justice, and the obstacles they face. At the same context, we also mapped the national, regional, and local laws, policies, guidelines, and survivors' surveys related to trauma-informed care.

Mapping

The research consisted of mapping the relevant policies and directives and assessing them against the principles of Trauma-Informed Approach. Specifically for Greece, policies regarding to access to justice and social and health policies based on trauma-informed principles were reviewed.

In sum, survivors have specific rights from the first moment of reporting the crime, and the incorporation of European legislation plays an important role in this. The European Union Directive 2012/29/EU (the "Victims' Rights Directive") and the Greek legislation (articles 56-62 of

TIC principles applied to Gender-Based-Violence

Acknowledging the trauma of violence and its impact to the survivor's life and behaviour

Creating a **safe environment** where the beneficiaries feel at ease and comfortable to express themselves

Introducing **transparent procedures** that will inspire trust in the system

Ensuring **consistent response** by all factors of the system that address GBV, thought sufficient communication and collaboration.

Empowering the beneficiaries by ensuring their informed choices are being respected and providing them with adequate information and resources

Considering the **cultural sensitivity** and understanding the different ways culture can affect the experiences and behaviour of the survivors.





Law 4478/2017) are establishing minimum standards on the rights, support, and protection of survivors.

Based on the aforementioned principles of Trauma-Informed Care, the current legislation facilitates **the acknowledgement of the trauma** - ¶ i. *The right to understand and be understood* (§56, Law 4478/2017), **the transparency of the procedures** ¶ i. *The right to understand and be understood*, ¶ ii. *The right to receive information* (§57 of Law 4478/2017), ¶ ii. *The right to receive information from the first contact with the competent authority* (§ 57 of Law 4478/2017), and **the cultural sensitivity** - ¶ v. *The right to interpretation and translation* (§60 of Law 4478/2017). Additionally, the beneficiaries have the right to access and receive assistance from Support Services (§ 61-62 of Law 4478/2017) (source: Hellenic National Gazette) .

The main pillars of these rights are the recognition of the basic needs of survivors and the requirement of a personalized, beneficiary-centered approach. Each case is different, depending on the characteristics of the beneficiary (social and demographic), the type of crime, the relationship with the perpetrator, etc. The purpose of establishing a minimum set of rights applies to all survivors, while individualized treatment aims at meeting their needs before, during, and after criminal proceedings.

Another important point in addressing the issue of Gender-Based Violence in more trauma-informed approach in Greece is the establishment of the “Domestic Violence Services Offices” within the local Police Headquarters in 2019 (*Hellenic Presidential Decree 37/201966*). The police are often the first point of contact with the “system”, and it bears importance to be introduced to the system by specialised well-trained professionals. This way, the survivor has the opportunity to receive more informed services, establish her privacy and the proper targeted approach.

Additionally, the National School of Judiciary (judges, prosecutors) has introduced classes specific on the rights of the victims of domestic abuse and sexual crimes as well as classes that focus on a child-friendly Justice system.

However, there is not any specific mention of the Trauma-Informed Approach in the official state documents, however many of the policies and legislation are aligned with the general principles of this approach.





Figure 2. Insights into Greek legislation and policy documents. Is TIC considered?

| Legislation | Policy | Take home messages: |
|--|--|--|
| <ul style="list-style-type: none"> • Right to understand and be understood • Right to receive information • Right to receive support by Victims Support Services • Right to interpretation and translation | <ul style="list-style-type: none"> • Continues Training on the rights of victims of violence for judges and prosecutors • Personalized Informed approach by the specialised professionals of the Domestic Violence Bureau of the Police Department | <ul style="list-style-type: none"> • Implementation of individual practices that are aligned with the principles of the trauma-informed approach without specific reference to trauma-informed methodology. |

Survey and semi-structured interviews

The Care4Trauma consortium developed an online survey with 19 questions and 39 variables and was distributed via email and social media by UWAH to all the relevant stakeholders, Ministry of Justice, General Secretariat for Demography and Family Policy and Gender Equality, Police administration, regional public administration, Support Centres for women, social services, non-governmental organisations, law firms, and others. In Greece 20 professionals participated. Social workers, social scientists and educators accounted for 47,1% of the total number of persons involved, followed by psychologists 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. With respect to the region of origin, most of the answers refer to either the Attica area (29,4%), (Athens) and the area of Crete (29,4%). 5,8% reflect the North Greece area, thus, this area of Greece seems under-represented.

At the same time 12 in-depth interviews were conducted with decision-makers and professionals in the field with direct contact with survivors (psychologists, social workers, lawyers, healthcare personnel, police etc). The interviews were carried out 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 services supporting survivors of violence and their children.

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 through Trauma-Informed Care



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The survey and interviews are not a strong representative sample of what is happening at national and local level, but they are valuable starting points for further investigation and consideration. The results of both methods were aligned and are described below:

- **Training:** Participants appeared motivated for further specific training on the trauma-informed approach for all professionals who encounter women survivors of violence and their children. Cross-sectoral training was especially praised, as well as training on methodology and practical training on real cases (case studies), so that all professionals are trauma-informed and they have a consistent response. 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 survivors and their children.
- **Monitoring and evaluation:** Especially through the interviews, the lack of monitoring of the processes was stressed. It is also 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:** The open-end questions reveal a steady request for trauma-related questions to be included in initial assessment and screening of each case. The availability of such questionnaires as well as trauma-related protocols, will provide practical tools to that professional can directly use.
- **Advocacy:** The current legislation addressing domestic violence fails to showcase consistency in the system and the processes a survivor should follow to find justice. Especially, though the interviews, a need for further advocacy for the further development of current legislation appeared.

Ensuring a woman-centered access to justice in Greece

The above results were shared with 25 professionals involved in addressing GBV through two consultation workshops. The first workshop was implemented online and targeted organisation from the mainland of Greece and the second workshop took place in Heraklion, Crete, focusing





more in local/regional stakeholders. The participants were asked to assess whether the results of the research were indicative of their own experience and to productively discuss the barriers of the current system.

Overall, the participants of the consultation workshop agreed with the results of the research. They expressed the need of introducing “low threshold” programs and emphasized on the need of more sensitized procedures aligned with the trauma-informed approach. The professionals in the justice system suggested the reform of the current laws linked to domestic violence to better protect the safety physically and mentally of the survivor, as well as the stricter enforcement of the current positions.

Additionally in relation to the cultural sensitivity aspect, as Greece is serving a diverse multicultural population, the women with a migration or refugee background often phase additional barriers. For example, if an asylum seeker decides to leave the family house for a shelter for women, she will be then dropped from the programme excluding her for all support/services (eg. monthly allowance, interpreter, social worker) linked to that. Professional working with asylum seekers and refugees stressed the need for a migration/refugee policy that takes into consideration the multiple status a person can more in a non-excluding manner (eg. survivor of violence and asylum seeker/refugee).

Figure 3. **Strengths and development points of access to justice for women survivors of violence in Greece**

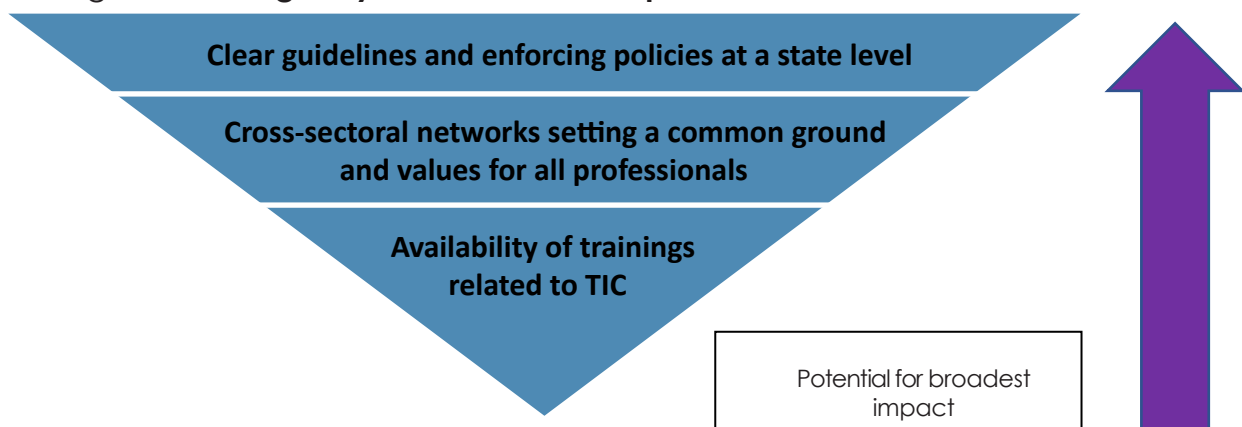
| | Strengths points | Development points |
|---|--|--|
| 1 | <ul style="list-style-type: none"> Increasingly sensitized personnel in most services that come in contact with survivors | <ul style="list-style-type: none"> Better enforcement of current policies for the protection of the survivors and their children |
| 2 | <ul style="list-style-type: none"> Availability of training on the rights of survivors of domestic violence and their children for judges and prosecutors | <ul style="list-style-type: none"> More considerable policies on the multiple statuses a survivor of violence can have (eg. mother, asylum seeker, unemployed etc.) |



What types of strategies could incentivize the dissemination and adoption of TIC in services and institutions working with women survivors of violence?

Trauma-informed care is a relative new concept for Greece. Many of the professionals are aligned with the principles of TIC without being aware of the specific methodology. The services and institutions working with survivors are currently implementing practices, mostly in the merits of the individual professionals. Based on the discussion on the consultation workshops, the most impactful action would be clear and precise guidelines from the General Secretariat for Demography and Family Policy and Gender Equality enforcing trauma-informed procedures. Additionally, the Care4Trauma training of professionals will be the first of its kind in Greece focusing specific in this methodology and being available for this wide range of professionals. The participants in the research expresses high interest in further trainings available in a permanent base as well as the establishment of institutional inter-sectional and cross-sectional networks for the better communication and collaboration of professionals in the field.

Figure 4. **Strategic layers of further TIC implementation in Greece**



Some of the current practices that the professionals implement is the coordination between the different agencies (eg. counselling center and social services), so that survivors do not need to re-narrate their experience and needs to a different agency. Additionally, the professional take into serious consideration of the privacy of the women that seek help, either by ensuring a space in their institutions is private for meeting with survivors or being discrete during house calls (eg. social services). All counselling services begin their processes with a contract between the beneficiary and the institutions, guaranteeing the transparency of the procedure and ensuring its confidentiality. Some of the counselling center pay special



attention on their reception and counselling space, aiming to create a safe and comfortable environment (eg. background music). The most impactful current practices in some regions focused on communication and collaboration between agencies, so that the beneficiaries do not disappear from the system without their case being resolved. In regards to training, there are no specific trainings on TIC, however some institution, including the Union of Women Associations oh Heraklion Prefecture are implementing training for a wide range of profession on how to address women and children who have experience violence. The content of these trainings is inspired by the same principles as TIC.

Figure 5. Example of TIC implementation in Social/Healthcare sectors and in the Judicial System

| Health and social care sectors | Judicial system |
|---|---|
| Initiative description | |
| Regional networks of cross-sectoral collaboration | Training of judges and prosecutors on the rights of survivors of violence |

What actions may have the largest impact in Greece

Building networks of **cross-sectoral collaboration** is crucial to developing a common base of understanding and facilitating communication between the different agencies. These will be better implemented if enforced by a state authority agency.

Furthermore, **trainings on TIC** and specifically joint training will provide the stakeholders with all the necessary tools to design and implement the policies and procedures that better serve their context.

Standardised procedures for the different services will ensure the consistency of treatment of survivors and will be further facilitated by trauma evaluation tools. In this manner all beneficiaries can be guaranteed an informed and consistent handing of their case.

Evaluation and feedback from the beneficiaries is still a developing point in many services in Greece. Survivors should have a stronger input on the design of the services they receive, this will create better service delivery and empower the survivor whose opinion is valued.





By the end of the project, the first cross-sectional training of TIC will take place and its participants will set up a group of professionals for where they can refer for further support for their cases and general procedures.

In the next five years, the Union of Women Association of Heraklion Prefecture is envisioned to establish cross-sectoral networks of collaboration between stakeholders.

In the next ten years, the advocacy of the institution involved in addressing violence against women aim to succeed in pushing trauma-informed practical guidelines and processes by the General Secretariat for Demography and Family Policy and Gender Equality that will be consistent in a stat level for all stakeholders that deal with survivors of violence.

Figure 5. Identified actions by TIC principles

| TIC principles | Key identified actions | Key strategies |
|--------------------------------------|---|--|
| Recognition | It is important to recognise the trauma that survivor may carry and the impact this has on them | <ol style="list-style-type: none"> 1. Training staff in GBV recognition. Using screening tools. |
| Establishing emotional safety | The initial contact with the system is crucial for the decision of the beneficiary to receive support. Survivors could benefit from trauma-informed measures, especially in the judicial system | <ol style="list-style-type: none"> 1. Minimum standard of services Implementation of TIC. |
| Restoring choice and control | Establishing a system where the beneficiary is more than a passive receiver of services | <ol style="list-style-type: none"> 1. Empowerment-based advocacy Implementation of TIC. |
| Facilitating connection | Creating a safe and supportive environment where the survivor feels comfortable to share their experiences, thoughts, and feelings can help facilitate connection. | <ol style="list-style-type: none"> 1. Building supportive relationships Encouraging participation in group activities |
| Avoiding re-traumatization | Providing emotional and psychological support. Providing clear and consistent communication. | <ol style="list-style-type: none"> 1. Trauma-informed communication Providing choices and control |





| | | |
|-----------------------------------|---|--|
| <p>Cultural competence</p> | <p>Recognition and addressing cultural biases. Provision of language services. Building partnerships with culturally specific organizations</p> | <p>1. Education and training 2. Partnering with community-based organizations</p> |
| <p>Secondary trauma</p> | <p>Provision of regular supervision and support. Promotion of self-care. Training on trauma-informed care. Fostering a supportive work environment</p> | <p>1. Professionals must prioritize self-care as a key strategy to avoid secondary trauma. 2. Professionals working with victims of violence should receive comprehensive trauma-informed training to develop the knowledge and skills necessary to recognize and respond to trauma in a sensitive and supportive manner.</p> |



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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

RECOMENDACIONES POLÍTICAS



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



Care4Trauma
Recomendaciones políticas
España



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1. Síntesis

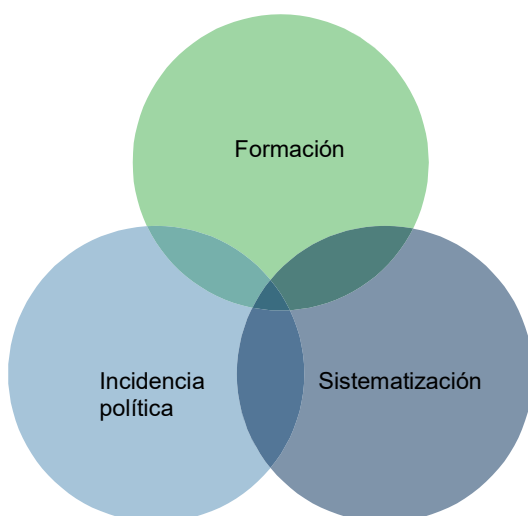
Facilitar el acceso de las víctimas de Violencia de Género (VG) al sistema de Justicia y a los servicios psicosociales especializados desde una perspectiva de Atención Informada sobre el Trauma (AIT) constituye la principal prioridad del presente proyecto y es transversal a todas las acciones de investigación desarrolladas hasta el momento. Por ello, el presente informe pretende ofrecer un resumen de las principales conclusiones y recomendaciones desarrolladas en España con el fin de conocer las formas en las que se aborda este tema y las formas en las que se puede mejorar.

Los efectos a largo plazo de la violencia de género son bien conocidos y afectan no sólo a la víctima principal, sino también a sus hijos e hijas y a otros miembros de la familia. Las secuelas en la salud mental de las mujeres son duraderas y frecuentemente se ven agravadas por los procesos judiciales, a menudo traumáticos y no siempre exitosos.

Por otro lado, las profesionales de todos los ámbitos se encuentran expuestas también a la experiencia traumática de las víctimas. Esto se suma a las limitaciones profesionales para manejar dicha experiencia, como la falta de mediadores para trabajar con mujeres inmigrantes, la falta de formación en los principios del enfoque de la AIT, la falta de conocimiento sobre este tema por parte de los servicios no especializados, las malas condiciones de trabajo, etc.

España – principales resultados (informes nacionales)

1. Falta de formalización y reconocimiento de los principios de la AIT en las políticas, procedimientos y protocolos;
2. En la formación a profesionales se prioriza la perspectiva de género a el enfoque de la AIT
3. Las profesionales están especialmente preocupadas por el trauma secundario.



Estrategias claves para implementar las recomendaciones en España:

1. **Sensibilización**
2. **Estandarización**
3. **Formación especializada**
4. **Ampliación de recursos**
5. **Combatir el trauma secundario**

Gráfico 1: Estrategias clave para implementar el enfoque de AIT en España



2. ¿Qué es la Atención Informada sobre el Trauma (AIT)?

La atención informada sobre el trauma (AIT) es un enfoque que reconoce la presencia de síntomas de trauma y el papel que éste puede desempeñar en la vida de una persona. A nivel organizacional, la AIT pretende cambiar la cultura organizativa para mejorar la respuesta a los efectos del trauma a todos los niveles. Este enfoque se ha utilizado para combatir los efectos del trauma no abordado y la victimización secundaria dentro de las organizaciones. Puede aplicarse en una amplia gama de entornos sanitarios y de servicios sociales, como la atención a la salud mental, el tratamiento del abuso de sustancias, la atención primaria y los servicios sociales para poblaciones en riesgo de exclusión, así como con supervivientes de violencia de género y de agresiones sexuales. Adoptando un enfoque de atención informada sobre el trauma, los servicios pueden promover la recuperación, reducir el estigma y capacitar a las personas para que asuman el control de su propio proceso de mejora.

Principios de la AIT aplicados a la violencia de género

1. Reconocimiento
2. Establecer la seguridad emocional
3. Recuperar la capacidad de decisión sobre la propia vida
4. Facilitar las conexiones relacionales
5. Competencia cultural
6. Evitar la retraumatización
7. Abordar y prevenir el trauma secundario

3. ¿Qué factores determinan la implementación de la AIT en España?

En España existen varios factores que pueden condicionar la puesta en marcha de medidas que garanticen los principios de la AIT en el sistema judicial y en la atención psicosocial a las víctimas de violencia de género. Por un lado, la configuración geopolítica de España puede complicar la puesta en marcha de medidas a gran escala. El reino de España está formado por 17 comunidades autónomas y 2 ciudades autónomas, con su propio Gobierno y Parlamento y, por tanto, su propia libertad para aprobar leyes relativas a todo tipo de cuestiones, incluida la violencia de género. Aunque a nivel estatal existe una clara definición legal de la violencia de género, a nivel de cada Comunidad Autónoma el concepto -e incluso la forma de denominarlo- es diferente.

Esto está relacionado con el segundo condicionante: aunque en España existe una ley integral para abordar la violencia de género que establece su definición y las medidas y procedimientos legales para abordarla, cada Comunidad Autónoma puede desarrollar sus propias leyes en esta materia, estableciendo derechos específicos para las víctimas y circuitos de atención social, jurídica y psicológica, entre otros. Estas leyes nunca pueden proporcionar menos derechos que la ley estatal,



pero pueden establecer diferentes definiciones, enfoques, prioridades e incluso identificar diferentes formas de violencia de género, lo que supone un reto para la prestación de servicios.

Teniendo esto en cuenta, las dificultades burocráticas, políticas e incluso teóricas en la implementación de la perspectiva de la AIT a nivel nacional son evidentes y las recomendaciones que han surgido de las entrevistas, encuestas y grupos se refieren principalmente a medidas a nivel local.

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 dificultad para comprender los aspectos procesales, y con la complejidad, retrasos y costes económicos asociados a los mismos. Las profesionales indican 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 es común que estos procesos acaben generando una retraumatización.

Para superar estas barreras de acceso se detecta la necesidad explícita de proporcionar formación en perspectiva de género (aunque no solo en este aspecto), 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 afirman las profesionales, esto debe ir acompañado de una mejora de los recursos públicos y un aumento de la dotación económica, así como de personal.

En cuanto al **sistema sanitario y social**, de las entrevistas y encuestas realizadas se extrae que los principios de la atención informada sobre trauma no están formalmente presentes en las políticas, procedimientos y protocolos de los servicios y organizaciones. No obstante, existe un interés por parte de las profesionales y de responsables políticas por mejorar todo el sistema en cuanto a enfoques teóricos para asistir mejor a las víctimas de violencia de género.

A continuación, se detallan las principales conclusiones de las actividades de investigación llevadas a cabo: análisis documental, encuestas online y realización de entrevistas semiestructuradas.

3.1. Análisis documental

El análisis documental y el mapeo de las principales legislaciones, recomendaciones y buenas prácticas analizadas a lo largo de la investigación muestran que, formalmente, los principios de la AIT no están presentes en ninguno de estos documentos de forma estructurada y, en la mayoría de ellos, ni siquiera



se menciona el trauma. Aunque en algunos de estos documentos se incluyen algunos principios, de forma aislada, éstos no se traducen en un enfoque estructurado de esta perspectiva. Los principios presentes más frecuentemente son el *reconocimiento* y el *establecimiento de la seguridad emocional*. Por otro lado, la *competencia cultural* y la *prevención del trauma secundario* fueron los menos mencionados en el mapeo y los más difíciles de identificar.

El análisis documental evidencia, como aspecto positivo, que España cuenta con una sólida legislación en materia de violencia de género, cuyo objetivo es proteger a las víctimas y a sus hijos. Sin embargo, el hecho de que cada una de las comunidades autónomas españolas tenga su propia legislación en materia de protección de las víctimas y la propia definición de la violencia de género obstaculiza una metodología y un enfoque unificados de la violencia de género. Esto, evidentemente, aleja aún más la relevancia dada a los principios de la AIT en su conjunto.

Gráfico 2. Legislación y políticas desplegadas en España. ¿Está considerado el enfoque de la AIT?

| Legislación | Políticas / Buenas prácticas | Ideas clave |
|---|--|--|
| <ul style="list-style-type: none"> • No se menciona la palabra trauma • No hay un enfoque estructurado de los principios de la AIT • Legislación y recursos muy desarrollados en relación con la violencia de género, pero menos reconocimiento de los efectos del trauma • Gran énfasis en el procedimiento y menos en el estado emocional y mental de las víctimas. | <ul style="list-style-type: none"> • Referencias a algunos de los principios de la AIT, aunque no de manera sistematizada • Más atención a los principios de la AIT que en la legislación, pero de forma desigual en los distintos documentos • Destaca el <i>reconocimiento</i> como el principio más presente | <ul style="list-style-type: none"> • La legislación y las buenas prácticas identificadas tienen claramente un enfoque de derechos de la víctima, con especial preocupación por la detección, intervención y recuperación de las víctimas de manera formal. • La legislación existente en España proporciona un marco que se aplica de manera diferente en cada Comunidad Autónoma, lo que lleva a un solapamiento de las definiciones y de las formas de violencia reconocidas • Esto se considera una debilidad para la protección de las víctimas ya que hace muy difícil establecer un modelo de intervención con víctimas de violencia de género a nivel nacional que contemple todas las perspectivas necesarias como la AIT |

3.2. Encuesta

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 la atención basada en el trauma, en el marco del proyecto se llevó a cabo una segunda fase de investigación con los siguientes objetivos:

- 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 de la atención informada sobre el trauma en sus organismos, servicios e instituciones.

Con este objetivo, se elaboraron informes nacionales de datos en cada país con aportaciones 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. un conjunto de entrevistas semiestructuradas dirigidas a profesionales de centros o servicios de la red antiviolencia y a responsables políticos/responsables políticos.

En España, 64 profesionales en total respondieron a la encuesta en línea (55 del sistema sanitario y social y 8 del sistema judicial), y se llevó a cabo entrevistas con 9 informantes clave.

En cuanto a la **encuestas en línea** el principal resultado destacado 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 la AIT 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 coincidieron en que impartir formación, garantizar la supervisión del personal desde la perspectiva de la AIT 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 detectaron 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 retraumatización y revictimización, a la que las profesionales se refirieron con frecuencia.

3.3. Entrevistas semiestructuradas

En cuanto a las **entrevistas cualitativas**, los resultados parecen indicar conclusiones en la misma línea que el análisis documental: existe una preocupación moderada sobre el tema de los efectos de la violencia de género en las víctimas, pero la AIT todavía no es un enfoque 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/supervivientes y la carga de trabajo, así como también a un enfoque constante en la emergencia y menos en el largo plazo. El hecho de que la violencia de género no parezca reducirse en España, en ninguna de sus formas, parece mantener a las profesionales y a los servicios públicos totalmente ocupados con intervenciones urgente, lo que deja poco espacio para mejoras a largo plazo. Esta también parece ser una de las razones por las que el desarrollo de políticas que contemplen la perspectiva de las usuarias de los servicios parece constituir un desafío, asociado al hecho de que la mayoría de los servicios públicos están diseñados desde una perspectiva arriba-abajo que dificulta un enfoque más horizontal.

La competencia cultural también es un principio que se indicó 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.

4. Garantizar un acceso a la justicia centrado en las mujeres en España

En cuanto a las barreras de acceso a la justicia identificadas en España a través de los diversos métodos de investigación aplicados, y como ya se ha mencionado anteriormente, éstas pueden desglosarse en las siguientes:



- **Falta de formación en perspectiva de género y en los principios de la AIT entre los operadores judiciales**, especialmente de los cuerpos policiales que tienen el primer contacto con las víctimas, de los abogados de oficio que no tienen una especialización en violencia de género y de los jueces que no reciben formación obligatoria en dichas materias;
- **Falta de información disponible para las mujeres víctimas de violencia de género sobre los procedimientos judiciales**, sus plazos y lo que implica un procedimiento judicial. La información existente dificulta la comprensión de los aspectos procesales, su complejidad, demoras y costes económicos asociados. Los 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 retraumatización es un resultado común.
- **Falta de profesionales de mediación intercultural disponibles para apoyar a las víctimas de violencia de género de culturas minoritarias** con el fin de explicar las diferentes nociones de violencia de género en España, los procedimientos legales, los significados culturales, la legislación, los derechos de las víctimas de violencia de género y otras dudas que las mujeres inmigrantes pueden expresar.

A continuación, se presentan algunos de estos puntos fuertes y áreas de desarrollo en relación con el acceso a la justicia en España.

Gráfico 3. Puntos fuertes y áreas de desarrollo en el acceso a la justicia de las mujeres víctimas de violencia de género en España

| | Puntos fuertes | Áreas de desarrollo |
|---|---|---|
| 1 | Abogados/as gratuitas disponibles las 24 horas para cualquier víctima de un delito. | Necesidad de ofrecer formación a abogados/as de oficio, ya que no están especializados en violencia de género ni en los principios AIT. |
| 2 | Abogados/as especializadas disponibles en los servicios públicos y organizaciones del tercer sector que se centran únicamente en la violencia de género. | Necesidad de desarrollar manuales, infografías, folletos u otras formas de comunicación que brinden a las víctimas información clara sobre el proceso judicial esperado, de modo que sean conscientes de lo que pueden esperar. Esto es especialmente importante debido al descrédito existente sobre el sistema judicial y a que muchos actos de violencia aún no son denunciados. |
| 3 | Presencia de mediadores/as interculturales en algunas de las interacciones entre las mujeres víctimas de violencia de género de entornos culturales minoritarios y el sistema judicial. | Necesidad de aumentar el número de mediadores/as interculturales, su disponibilidad y su formación en violencia de género y en los principios de la AIT. |



5. Estrategias que pueden incentivar la difusión y adopción de los principios de la AIT en los servicios e instituciones que trabajan con mujeres víctimas de violencia

5.1. Servicios de asistencia sanitaria y social

En el caso de los servicios de asistencia sanitaria y social, pueden aplicarse las siguientes estrategias, de más amplias a más específicas:

- **Diseño de servicios teniendo en cuenta los principios de la AIT**, garantizando que, desde el principio, estos principios sean universales para todos los servicios públicos y seguidos por todas y todos los profesionales. Con el fin de lograrlo, es fundamental que los profesionales tengan acceso a los responsables políticos y que exista una colaboración más horizontal en la construcción de los servicios públicos. Esto permitirá responder de manera directa a las necesidades de las víctimas;
- **Universalizar procedimientos y políticas internas que puedan garantizar la inclusión de los principios de la AIT** en todos los niveles de la organización y que las y los profesionales sepan objetivamente cómo actuar en función de cada situación con la que se encuentren;
- **Aumentar los recursos**, principalmente los humanos y el espacio físico disponible, para evitar una sobrecarga en la relación víctima/profesional y garantizar unos servicios y una asistencia de calidad;
- **Formación especializada a las y los profesionales**: ofrecer formación especializada en atención informada sobre el trauma a los profesionales es esencial para garantizar que los conceptos utilizados y los principios del trauma sean compartidos y comprendidos por todos los servicios de la misma manera objetiva;
- **Prevención del trauma secundario**: asegurar la supervisión interna y externa del personal desde un enfoque de la AIT, entendiendo la constante exposición de las y los profesionales al trauma y el efecto que esto tiene en su bienestar, motivación, productividad y salud mental. Algunas medidas incluyen más tiempo para dedicar a los procedimientos internos, más posibilidades de trabajar a distancia, mejores condiciones materiales de trabajo, mejor conciliación de la vida laboral y familiar, apoyo psicológico a los profesionales, etc.;

Gráfico 4. Niveles estratégicos de la implantación del enfoque de la AIT en España



5.2. Sistema judicial

Las estrategias dirigidas al sistema judicial se han desarrollado en el capítulo 3, por lo que aquí sólo se enumeran las siguientes:

- Potenciar la formación de los y las profesionales de la justicia;
- Mejorar el acceso de las mujeres víctimas de violencia de género a la información sobre el sistema y los procedimientos judiciales;
- Aumentar el número de mediadores/as interculturales y su disponibilidad y formación

Gráfico 5. Ejemplo de la aplicación de los principios de la AIT en el Sistema de Atención Sanitaria y Social y en el Sistema Judicial

| Sistema de Atención Sanitaria y Social | | Sistema Judicial | |
|--|--|---|--|
| Descripción de la iniciativa | | | |
| Mejorar las condiciones de trabajo para prevenir el trauma secundario | | Impartir formación a todos y todas las profesionales del sistema judicial | |
| Supervisión de equipos especializados en violencia de género desde un enfoque de AIT. | | Campañas de información pública que refuercen la credibilidad del sistema judicial y aclaren los pasos del proceso judicial | |
| Sistema de Atención Sanitaria y Social | | Sistema Judicial | |
| <i>Cambios previstos en las políticas y los sistemas si pudieran aplicarse las iniciativas mencionadas</i> | | | |
| Mejora de la calidad de los servicios Mejor atención a las y los profesionales | | Mejor comprensión de los efectos del trauma Mejora de la calidad de los servicios | |

6. ¿Qué acciones pueden tener mayor impacto en España?

Considerando toda la información extraída de los talleres desarrollados, y señalando que las recomendaciones desarrolladas siguieron los resultados de las entrevistas y encuesta y no necesariamente el orden de los principios AIT, sugerimos la siguiente reestructuración de la siguiente tabla para que coincida con los resultados.

| Sistema judicial | | |
|--|---|------------------------------|
| Recomendaciones | Principios de la AIT | Plazos de aplicación viables |
| Formación especializada obligatoria para abogados/as, jueces, juezas y policías en la atención a las víctimas desde una perspectiva AIT. | Reconocimiento Establecer la seguridad emocional Evitar la retraumatización | Próximos 5 años |
| Formación en AIT para abogados y abogadas de oficio que intervienen en emergencias en victimización por violencia de género. | Reconocimiento Establecer la seguridad emocional Evitar la retraumatización | Próximos 5 años |
| Elevar al nivel político la importancia de introducir en el sistema judicial una formación obligatoria que incluya los principios de la AIT. | Reconocimiento | Próximos 5 años |
| Elaboración de un manual de buenas prácticas concretas para prevenir la revictimización de las víctimas de violencia de género y sus hijos, realizadas desde una perspectiva de AIT, a disposición de todas y todos los profesionales implicados en la atención jurídica a las víctimas. | Evitar la retraumatización | Al término del proyecto |
| Espacios de supervisión en los que participen profesionales del sistema judicial, para reflexionar sobre los efectos del trauma en la víctima y cómo esto impacta en el proceso judicial. | Abordar y prevenir el trauma secundario | Al término del proyecto |
| Espacios de supervisión interinstitucional que integren la perspectiva jurídica y la psicosocial desde una perspectiva informada sobre el trauma. | Reconocimiento | Al término del proyecto |
| Campañas de información pública que refuercen la credibilidad del sistema legal y clarifiquen los pasos del proceso judicial. | Recuperar la capacidad de decisión sobre la propia vida | Próximos 5 años |
| Presencia obligatoria de profesionales de traducción /mediación intercultural en todo el sistema judicial, desde el momento de la denuncia hasta el momento del juicio. | Competencia cultural | Próximos 5 años |
| Creación de un manual de procesos legales para víctimas de violencia de género, con un enfoque centrado en el trauma y una perspectiva interseccional. | Recuperar la capacidad de decisión sobre la propia vida | Al término del proyecto |

| Sistema de Atención Sanitaria y Social | | |
|---|--|-------------------------------------|
| Recomendaciones | Principios de la AIT | Plazos de aplicación viables |
| Formación transversal de los profesionales de atención psicosocial (psicología, trabajo social, educación social, integración social, etc.) en los principios de intervención de la AIT | Reconocimiento Evitar la retraumatización | Al término del proyecto |
| Elaboración de un manual teórico y práctico sobre intervención psicosocial informada por el trauma. | Reconocimiento Establecer la seguridad emocional Evitar la retraumatización | Próximos 5 años |
| Realizar acciones de incidencia con el ámbito político encargado de diseñar los servicios de violencia de género, para que se incluya la perspectiva del enfoque informado sobre el trauma en su diseño | Reconocimiento Establecer la seguridad emocional Evitar la retraumatización | Próximos 5 años |
| Supervisión de los equipos de atención a casos de violencia de género desde un enfoque informado sobre el trauma. | Evitar la retraumatización Reconocimiento | Al término del proyecto |
| Supervisión enfocada en el autocuidado tanto para las personas como para los equipos, utilizando un enfoque basado en la comprensión del trauma, con el objetivo de prevenir traumas secundarios | Abordar y prevenir el trauma secundario | Al término del proyecto |
| Foro online y presencial de profesionales para intercambiar prácticas de atención psicosocial informadas por el trauma. | Reconocimiento Competencial cultural Abordar y prevenir el trauma secundario | Al término del proyecto |
| Generar un protocolo de intervención específico y común a toda la entidad/servicio sobre la atención informada sobre el trauma. | Reconocimiento | Próximos 5 años |
| Asegurar que las organizaciones dispongan de tiempo suficiente para dedicarse a mejorar sus prácticas profesionales desde un enfoque informado sobre el trauma | Abordar y prevenir el trauma secundario Reconocimiento | Próximos 5 años |

7. Conclusiones

Al implementar una atención informada sobre el trauma, los servicios pueden asegurarse de brindar una atención que sea sensible a las necesidades y experiencias únicas de las mujeres que han sufrido violencia, y que promueva la curación y la recuperación.

No solo las víctimas directas de la violencia de género y sus hijos e hijas están expuestas a los efectos duraderos del trauma, sino que, como ha puesto de relieve esta investigación, también las profesionales expresan sentimientos de agotamiento y *burnout* con consecuencias en su salud mental y en su capacidad para brindar una mejor asistencia a las víctimas de violencia de género.

El sistema judicial, que constituye la puerta de entrada a un proceso más amplio de recuperación, demuestra ser esencial para aplicar los principios de la AIT desde el primer momento de la llegada de las víctimas, por lo que se ha evidenciado que la formación transversal a los y las profesionales de este sistema es claramente una necesidad.

Por otro lado, unificar la comprensión de los efectos del trauma en todos los y las profesionales del ámbito sanitario y psicosocial (a través del desarrollo de formación, supervisión y procedimientos), resulta de gran importancia para brindar el mejor servicio posible de manera unificada.

Para esto, los programas y proyectos necesitan tener una perspectiva ascendente en su diseño e implementación, adaptando la respuesta específica a las necesidades de cada una de las víctimas atendidas.

Además de lo anterior, es primordial tener en cuenta que las mujeres que sufren violencia a menudo se enfrentan a importantes barreras para acceder a la justicia. Estas pueden incluir el miedo a las represalias, el desconocimiento de los procesos legales y las limitaciones económicas, entre otras. Al facilitar un mejor acceso a la justicia, los servicios pueden ayudar a superar estas barreras y garantizar que las mujeres tengan acceso al apoyo y los recursos necesarios para buscar justicia. Esto también puede ayudar a promover una cultura de responsabilidad y respeto por los derechos de las mujeres, y enviar un mensaje firme de que la violencia contra las mujeres no está tolerada. En general, aplicar un enfoque informado sobre el trauma y facilitar un mejor camino hacia la justicia para las mujeres víctimas de la violencia es esencial para promover la salud, la seguridad y el bienestar de las mujeres y crear una sociedad más justa y equitativa.



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CARE4TRAUMA

MIGLIORARE I SERVIZI DEDICATI ALLE DONNE VITTIME DI VIOLENZA E
L'ACCESSO ALLA GIUSTIZIA ATTRAVERSO L'APPROCCIO TRAUMA ORIENTATO

POLICY RECOMMENDATIONS ITALIA



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POLICY RECOMMENDATIONS

Strategie di policy trauma-orientate nell'approccio alla violenza di genere in Italia

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Premessa

La violenza di genere è causa di molteplici effetti a lungo termine, tra cui le conseguenze tipicamente afferibili al trauma psicologico; per queste ragioni rappresenta un tema centrale per le politiche socio-sanitarie e per il sistema giudiziario del nostro Paese. L'implementazione dell'approccio Trauma-Orientato (Trauma-Informed-Care) faciliterebbe la comprensione della complessità di impatto che deriva dalla violenza di genere ai fini di costruire modelli di servizi e scelte organizzative più efficaci evitando di ri-traumatizzare le donne che sono sopravvissute a situazioni di violenza e trauma.

Il paradigma Trauma-Orientato, qualora concretizzato in modo sistematico nei luoghi di presa in carico delle donne sopravvissute alla violenza, permetterebbe l'adozione di strategie più adeguate per garantire loro la sicurezza fisica e psicologica nel momento in cui sporgono denuncia e nella costruzione di un progetto di vita in cui si rompe il ciclo della violenza. Del resto in Italia sono necessarie azioni che integrino interventi e trattamenti con un'attenzione al livello individuale con scelte di policy che tengano conto delle influenze familiari, di comunità, nazionali. Scelte di buone prassi che si basino sui principi della visione Trauma-Orientata sosterrebbero i professionisti e i policy maker che operano in contesti organizzativi diversi a interagire in modo più protettivo, equo ed efficace con le donne che entrano nel sistema di cura e che sono in contatto con il sistema giudiziario portando il segno del trauma psicologico. I contesti di presa in carico italiani sono chiamati ad aumentare il livello di consapevolezza – da tradurre poi in buone prassi – sul fatto che l'approccio trauma-orientato è più che la possibilità di accedere ai servizi e alla giustizia. Tiene, infatti, conto delle modalità con cui la cura si concretizza e richiede un'apertura alla considerazione che le prassi e le politiche socio-sanitarie possono – loro malgrado – creare danni alle donne riproponendo, a causa della non articolata conoscenza delle dinamiche del trauma, situazioni che riattivano i vissuti traumatici.

Il sistema giudiziario italiano, inoltre, beneficerebbe di una diffusione del paradigma trauma-orientato per una riflessione che vada oltre all'idea di una cura che avvenga solo nella stanza della psicoterapia per optare verso un approccio multisistemico e multidisciplinare tale da creare uno spazio che restituisca alla donna una progettualità di vita. Per avviare azioni di questo tipo, sono necessari strumenti di raccolta dati che monitorino gli effetti a medio e lungo termine del trauma da violenza nonché l'efficacia degli interventi e trattamenti inseriti nel sistema socio-sanitario e adottati nell'approccio alla donna che entra nel percorso di giustizia.

Italia -sintesi dei punti chiave emersi dal report nazionale

1. In Italia i sistemi socio-sanitari e il Settore giustizia hanno una comprensione di base del trauma psicologico e della violenza di genere; tale dato è emerso dalla mappatura dei documenti legislativi e di policy e dall'indagine condotta tra i professionisti;
2. La visione condivisa e sinergica tra settori di competenza diversi e tra profili professionali afferenti a discipline diverse è ancora scarsa e richiede attenzione <
3. La creazione di un Sistema di monitoraggio sull'implementazione di prassi trauma-orientate è un'azione strategica fondamentale per l'adozione e per il costante miglioramento di tale paradigma nel contesto italiano

Sintesi delle Raccomandazioni per implementare l'approccio Trauma-orientato in Italia



Strategie

Allocare risorse per creare linee guida che sostengano le politiche socio-sanitarie e nel settore giustizia

Iniziative formative sostenibili e multiprofessionali

Approccio condiviso e coerente nelle diverse aree e regioni del Paese

Iniziative di ricerche nell'ambito delle politiche socio sanitarie e sull'efficacia dei modelli organizzativi per orientare le strategie di policy e le prassi

Coinvolgimento chiaro e costante dei policy maker e delle posizioni di management nei vari livelli istituzionali e nei servizi

Che cosa significa cura Trauma-Orientata

Gli effetti traumatici generate dalla violenza di genere sono molteplici e duraturi. Per questa ragione, la presa in carico delle donne sopravvissute alla violenza, i professionisti, le organizzazioni e il sistema stesso che non hanno una consapevolezza della complessità delle conseguenze post-traumatiche si trovano di fronte a opportunità mancate di mettere in campo prassi più efficaci evitando di causare ri-traumatizzazioni alle donne stesse.

La visione Trauma-Orientata ha l'obiettivo di creare condizioni di sicurezza fisica e psicologica per le donne attraverso una comprensione degli effetti del trauma e di come questi si manifestino attraverso vulnerabilità di salute e i comportamenti. A differenza di una cura trauma-specifica, tale paradigma non si occupa di elicitare e trattare le storie traumatiche delle persone, quanto di creare, appunto, spazi di sicurezza che limitino il rischio di causare dolore in più alle donne e ai loro figli quando entrano in contatto con il sistema di cura e quando accedono alla giustizia.

Adottare e implementare un approccio trauma-orientato significa, dunque, sostenere una cornice basata sui punti di forza e aumentare la consapevolezza dei professionisti ai fini di guidare e monitorare gli interventi, azioni e comportamenti per facilitare il ripristino del senso di controllo e di empowerment nelle donne e nei figli minimizzando i rischi di ri-traumatizzazione e di trauma secondario nei professionisti stessi.

I principi Trauma-Orientati nella violenza di genere

I sistemi socio-sanitari e il Settore giustizia sono trauma-orientati quando:

- Riconoscono l'impatto della violenza e della vittimizzazione sulle strategie di coping;
- Considerano la rielaborazione del trauma psicologico come una priorità;
- Utilizzano un modello basato sull'empowerment;
- Si impegnano per massimizzare le scelte e il controllo delle donne;
- Si basano sulla collaborazione
- Creano un'atmosfera di rispetto;
- Pongono particolare attenzione alle risorse delle donne;
- Cercano di contrastare il rischio di ri-traumatizzazione
- Si impegnano a garantire l'approccio basato sulla competenza culturale
- Sollecitano gli input che arrivano direttamente dalle donne per organizzare i servizi e per scegliere gli interventi;

I fattori che incidono sulla diffusione dell'approccio Trauma-Orientato in Italia

Nella prima fase del Progetto, tutti i partner hanno costruito e realizzato una mappatura sistematica che esplorasse secondo criteri ed indicatori precisi in che modo i documenti legislativi e di policy affrontassero il tema del trauma, oltre ad azioni e strategie per lavorare con la violenza di genere secondo il paradigma trauma-orientato. In Italia, la ricerca ha dimostrato che sia i contenuti di legge sia i report di politiche socio-sanitarie mostrano un'attenzione di base circa la correlazione tra violenza e traumatizzazione (si veda la tabella 1 di seguito).

Tabella 1. Approfondimenti sui documenti legislativi e di policy italiani rispetto ai principi trauma-orientati

| Cornice legislativa | Cornice di policy | Azioni importanti |
|---|---|--|
| <ul style="list-style-type: none"> • In linea generale, la cornice legislativa include una consapevolezza di base circa la connessione tra violenza di genere e trauma, aspetto che è anche presente nei documenti di policy; • La violenza contro le donne viene concepita, in modo prevalente, come un problema di legge, con un'attenzione minore alla violazione dei diritti umani e alla dignità della donna che sono, invece, centrali alla visione Trauma-Orientata; • Le leggi regionali non adottano gli stessi provvedimenti rendendo, dunque, disomogenee le azioni e le decisioni nei territori. | <ul style="list-style-type: none"> • I documenti di politiche socio-sanitarie non tengono in adeguata considerazione il trauma secondario e la supervisione; • La collaborazione intersettoriale non è così diffusa nelle prassi comuni comportando una frammentazione della cura e degli approcci. Esiste un gap tra la consapevolezza del trauma psicologico a seconda che riguardi i professionisti piuttosto che i policy maker. Che raramente sono coinvolti nel creare modelli organizzativi più efficaci | <ul style="list-style-type: none"> • Rispondere in modo più articolato e sistemico alle conseguenze della violenza di genere anche attraverso leggi nazionali che includano in modo chiaro e organizzato i principi trauma-orientati; • Dedicare più attenzione alla creazione di un Sistema di monitoraggio per verificare l'attuale implementazione dell'approccio nonché la verifica dell'efficacia |

La mappatura ha anche messo in luce che alcuni principi dell'Approccio trauma-informed sono presenti senza che ci sia una chiara strategia di come sia possibile tradurre gli stessi in buone prassi.

Nella seconda fase, un Gruppo di professionisti ha risposto a un sondaggio che ha permesso di comprendere, invece, meglio come percepiscono il livello di diffusione del modello trauma-informed nei loro luoghi di lavoro; sono anche state condotte interviste in profondità sempre a professionisti che ricoprono posizioni manageriali per analizzare quali potessero essere le difficoltà organizzative nel costruire servizi orientati al

paradigma in questione. Nonostante il campione non fosse rappresentativo, sono emersi, comunque, importanti spunti di riflessione confermati anche durante i consultation workshop condotti successivamente.

Da un punto di vista delle politiche socio-sanitarie e del settore giustizia, il focus dovrebbe concentrarsi sulla ricerca di un allineamento tra i vari settori riconoscendo maggiormente gli effetti della ri-traumatizzazione e utilizzando i principi trauma-informed partendo dalle azioni che possano assicurare alle donne e ai loro figli il senso di sicurezza. Questo potrebbe essere, almeno in parte, raggiunto con iniziative formative che possano aumentare la consapevolezza dell'importanza dell'approccio con le sopravvissute alla violenza.

Inoltre, la cornice di policy italiana dovrebbe integrare meglio un Sistema di monitoraggio e di valutazione per avere a disposizione dati che dimostrino se e quanto è efficace l'approccio trauma-orientato nei servizi, nei tribunali e in altre istituzioni. Peraltro, strategie efficaci di monitoraggio e di valutazione risponderebbero in modo appropriato alla stessa natura del modello trauma-orientato che richiede adattamenti continui per migliorare le prassi e per rispondere in modo sempre più adeguato ai bisogni delle donne e dei loro figli.

La Società Italiana per lo Studio dello Stress Traumatico (SISST) ha già messo in campo azioni in questa direzione istituendo un tavolo di lavoro permanente sull'approccio trauma-orientato nella tutela minori; iniziative di questo genere potrebbero essere anche utili per costruire percorsi sostenibili di lavoro che creino standard nazionali tenendo conto anche della significativa variabilità territoriale che esiste nel nostro Paese nell'affrontare tali tematiche.

Focus: incoraggiare un accesso alla giustizia trauma-orientato in Italia

Punti di forza e di sviluppo per favorire l'accesso alla giustizia alle donne vittime di violenza:

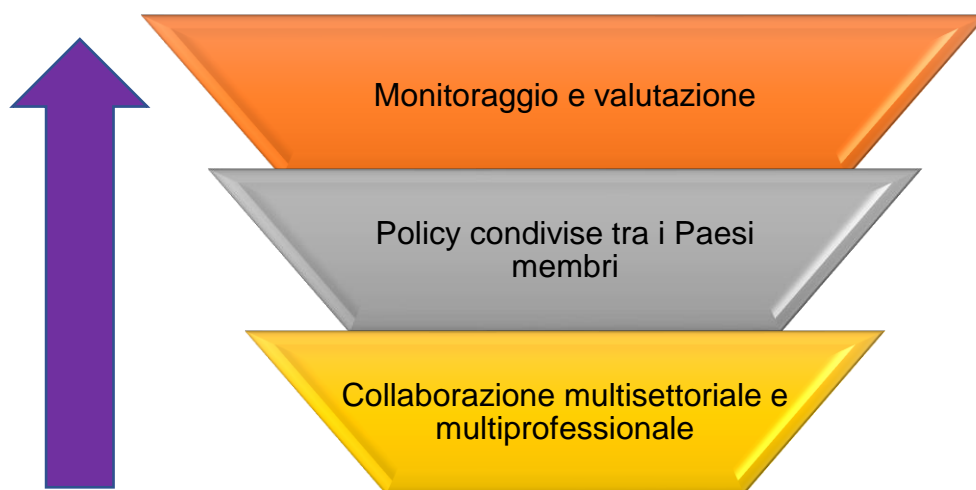
| | Punti di forza | Punti di sviluppo |
|---|--|---|
| 1 | Consapevolezza di azioni che possano sostenere le donne nel percorso di denuncia che emerge in modo chiaro nella legislazione vigente; | Creazione di linee-guida nazionali per raccogliere le testimonianze delle donne e dei loro figli. |
| 2 | Attenzione alle azioni di protezione delle donne quando si trovano in emergenza | Costruzione di un linguaggio comune basato su strategie condivise per condividere informazioni e approcci di intervento tra il sistema di cura e il settore giustizia |

| | | |
|---|---|---|
| 3 | Crescenti iniziative formative per le forze dell'ordine e per i magistrati circa le modalità di colloquio con le donne e i loro figli vittime di violenza | Lavorare per superare la resistenza organizzativa a considerare il trauma come un aspetto importante da integrare nei procedimenti giudiziari e nelle policy di riferimento |
|---|---|---|

Strategie per diffondere l'Approccio trauma-orientato e per facilitarne l'utilizzo nei servizi e nelle istituzioni

La mappa iniziale di analisi sui documenti legislativi e di policy, insieme ai dati raccolti e ai consultation workshop, hanno mostrato chiaramente che le strategie chiave per costruire un sistema che integri maggiormente il paradigma trauma-orientato deve puntare su tre strategie chiave: 1) "monitoraggio e valutazione"; 2) policy condivise tra Paesi degli stati membro; 3) collaborazione multisetoriale e multiprofessionale

Livelli strategici per la diffusione dell'Approccio trauma-orientato in Italia



1. **Monitoraggio e valutazione:** un Sistema di monitoraggio e di valutazione dell'efficacia delle azioni e degli interventi permetterebbe di garantire, attraverso la raccolta dei dati, un'efficacia maggiore delle prassi utilizzate nella presa in carico,

nella cura, e nell’approccio alla testimonianza delle donne vittima di violenza e dei loro figli.

2. **Policy condivise:** l’Italia non ha ancora costruito un programma strategico di policy trauma-orientato che sia applicabile nei casi di violenza di genere. Un grande sforzo in questo senso è necessario per determinare una serie di prassi adeguate in tutte e tre le aree coinvolte in questo progetto. Per raggiungere questo sarebbe necessario istituire un tavolo permanente che lavori su questi temi.
3. **Collaborazione multisettoriale:** I servizi sottolineano l’importanza della collaborazione per garantire un support efficace e costante alle donne che denunciano violenze subite; tuttavia, allo stato attuale, esistono ancora importanti aree di discontinuità nella presa in carico e quindi gli Ordini professionali, i dirigenti dei servizi dovrebbero lavorare insieme per trovare modalità che garantiscano il superamento delle barriere esistenti condividendo interventi, obiettivi e finalità.

Il Sistema socio-sanitario necessita di formazioni multiprofessionali che siano pensate in modo longitudinale dove il monitoraggio dell’apprendimento sia perno per assicurare un’efficace implementazione del paradigma trauma-orientato e per superare la resistenza culturale. Inoltre, le azioni di advocacy rispetto al paradigma trauma-orientato dovrebbero essere anche rivolte alla popolazione.

Per quanto riguarda il Settore giustizia, le iniziative formative dovrebbero ricevere una maggiore attenzione per aumentare la consapevolezza degli effetti del trauma nonché del riconoscimento dei segnali e per favorire la costruzione di un linguaggio comune con gli altri settori cercando di evitare il più possibile occasioni di ri-traumatizzazione.

Diffusione dell’approccio trauma-orientato nel Sistema socio-sanitario e nel settore Giustizia

| Sistema socio-sanitario | Settore giustizia |
|---|---|
| Descrizione dell’iniziativa | |
| Formazione e coaching nel tempo per tutti i professionisti che lavorano con le donne vittima di violenza, incluse le professioni mediche | Training sul trauma di base, soprattutto sulle tecniche trauma-orientate per accogliere la testimonianza |
| Raccolta dati | Intervisioni di Gruppo |
| Più consapevolezza circa il rischio di ri-traumatizzare le donne e sugli interventi efficaci che integrino l’aspetto del trauma nella presa in carico | Diminuire il rischio di ri-traumatizzazione |
| Più equità e empowerment per le donne e i loro figli. | Maggiori possibilità per le donne di testimoniare in modo efficace in tribunale o per affrontare la raccolta di informazioni da parte delle forze dell’ordine |

Orientamento strategico e impatto in Italia

Posto che le azioni di Formazione e di advocacy con i policy-maker siano in grado di portare cambiamento, il Paese Italia sarà in una posizione diversa per implementare in modo più efficace i modelli trauma-orientati nei servizi e nel settore giustizia. Questo permetterebbe di avviare un *ciclo di riflessività* negli addetti ai lavori tale da modificare le scelte di intervento e da portare più voce agli aspetti di prevenzione, ancora poco affrontati, rispetto alla cronicizzazione del trauma. Una delle sfide più significative riguarda la possibilità di raggiungere le diverse Regioni del Paese e soprattutto non solo quelle che hanno policy più strutturate sui temi di progetto.

In un orizzonte temporale di cinque anni, le iniziative di Formazione e di capacity building dovrebbero aver raggiunto l'obiettivo di consolidare l'uso dell'approccio nelle linee guida di buone prassi per coloro che lavorano con la violenza di genere. Inoltre, i policy maker dovrebbero essere coinvolti maggiormente nel processo di diffusione del modello assicurando meno ritardo nella messa in campo di azioni sinergiche per sostenere meglio le donne e le conseguenze post-traumatiche generatesi dalle esperienze di violenza.

Il sistema avrà, inoltre, costruito modalità di presa in carico sempre meno ri-traumatizzanti in tutti i contesti e avrà preso in maggiore considerazione il rischio di traumatizzazione secondaria nei professionisti che lavorano con le donne vittime di violenza e con i loro figli.

Sarebbe opportuno avere un *Registro Nazionale* con certificazione di qualità come già sta avvenendo per quanto riguarda il sistema di tutela minori avviato dalla Società Italiana per lo Studio dello Stress Traumatico.

Nei prossimi dieci anni, la legislazione italiana farà esplicito riferimento al modello trauma-orientato come standard per prevenire e intervenire con le donne sopravvissute alla violenza dove anche le stesse saranno maggiormente coinvolte nel costruire servizi che rispondano meglio ai loro bisogni.

Gli indicatori di Quality improvement saranno obbligatori in tutte le carte dei servizi che lavorano sulla violenza di genere per continuare ad adattare le policy nazionali grazie anche alla ricerca avviata in collaborazione con le istituzioni accademiche e con le società scientifiche che si occupano di questi temi (nella tabella di seguito si trovano le azioni strategiche identificate per ogni principio trauma-orientato applicato alla violenza di genere).

Azioni strategiche applicate al sistema socio-sanitario e al settore giustizia

| ✓ Principi TO | ✓ Azioni identificate | ✓ Strategie |
|--|---|--|
| <p>✓ Riconoscere</p> | <p>✓ Formazione di tutti i professionisti coinvolti nella presa in carico delle donne vittima di violenza (servizi sociali, ospedali, tribunali, forze dell'ordine, scuola, ecc)</p> | <ul style="list-style-type: none"> ✓ Capacità di aggiornare le policy e le prassi in modo che siano in linea con i principi trauma-orientati ✓ Capacità di applicare i principi nella gestione quotidiana del servizio, anche nei processi decisionali per favorire relazioni professionali nell'organizzazione intera che si basino sui principi trauma-orientati ✓ Costruire e mantenere relazioni basate sulla coerenza e sul rispetto in modo da permettere la crescita della fiducia nelle donne ✓ Capacità per implementare, pianificare e valutare attraverso meccanismi specifici quanto – nella pratica – i principi trauma-orientati sono di fatto rispettati. |
| <p>✓ Garantire la sicurezza emotiva</p> | <ul style="list-style-type: none"> ✓ Non avere un atteggiamento giudicante nell'approcciare e riconoscere il trauma e le sue conseguenze; ✓ Attenzione particolare al linguaggio che si usa ✓ Costruire una relazione di fiducia | <p>✓ Il modo con cui i professionisti dell'organizzazione affrontano e comprendono le criticità determina il tipo, la qualità e la coerenza della risposta alle donne</p> |

| | | |
|---|--|---|
| <ul style="list-style-type: none"> ✓ Ripristinare la capacità di scegliere e il controllo | <ul style="list-style-type: none"> ✓ Sostenere l'empowerment delle donne in tutte le aree della loro vita (salute, lavoro, relazioni) | <ul style="list-style-type: none"> ✓ Creare opportunità affinché le donne siano facilitate a trovare un'occupazione e a sperimentarsi in autonomia sia dal punto di vista affettivo sia dal punto di vista economico ✓ Controllo sulle riattivazioni post-traumatiche e aumentare la resilienza |
| <ul style="list-style-type: none"> ✓ Facilitare le relazioni con gli altri | <ul style="list-style-type: none"> ✓ Interventi di Gruppo basati sui principi della psicoeducazione e laboratori dove le donne possano condividere le loro esperienze in un contesto non ri-traumatizzante ✓ Integrazione con la comunità locale | <ul style="list-style-type: none"> ✓ Valutare i bisogni di protezione tenendo presente il rischio di violenze ripetute riconoscendo che le donne possano non sempre richiedere aiuto per paura del perpetratore e per la vergogna derivata dallo stigma sociale ✓ Mettere in relazioni gli adattamenti psicologici e comportamentali strutturati per rispondere al trauma complesso che è derivato dalla violenza |
| <ul style="list-style-type: none"> ✓ Evitare la ri-traumatizzazione | <ul style="list-style-type: none"> ✓ Advocacy circa azioni che hanno un potenziale effetto di ri-traumatizzazione. ✓ Linee guida | <ul style="list-style-type: none"> ✓ Spostare il focus da etichette diagnostiche verso una sensibilità trauma-orientata cercando di porre al centro il fatto che i sintomi post-traumatici non sono la causa della vulnerabilità delle donne ma la conseguenza |
| <ul style="list-style-type: none"> ✓ Sensibilità alla cultura di provenienza | <ul style="list-style-type: none"> ✓ Mediatori culturali formati che supportino gli interventi tenendo conto della cultura d'origine della donna | <ul style="list-style-type: none"> ✓ Prendere in considerazione più attentamente il ruolo dei mediatori culturali cercando di evitare la loro ri-traumatizzazione e definendo meglio le loro competenze che non devono essere limitate a un'attività di traduzione linguistica |
| <ul style="list-style-type: none"> ✓ Trauma secondario | <ul style="list-style-type: none"> ✓ Supervisione | <ul style="list-style-type: none"> ✓ Dedicare più tempo alla supervisione che non si dovrebbe solo concentrare sulla discussione dei casi, ma anche sull'impatto dei casi sui professionisti |

Conclusioni

L'Italia ha avviato un percorso che pone attenzione sulle azioni e sulle strategie per prevenire e sostenere le donne vittime di violenza. Tuttavia, il Paese è chiamato a diffondere e ad implementare l'approccio trauma-orientato in modo più organico e capillare per rispondere meglio alle donne e ai loro figli sia nel breve sia nel lungo periodo.

L'azione più importante verso una visione sistemica e trauma-orientata della Violenza di genere richiede la costituzione di un tavolo permanente per costruire linee-guida e un sistema di monitoraggio che abbia al centro l'importanza dell'efficacia degli interventi e della ricerca nell'ambito come la SISST ha avviato rispetto al sistema tutela minori. Senza un board di coordinamento diventerebbe difficile sostenere il consolidamento di tale approccio nel lungo periodo, dopo la fine del progetto Care4Trauma.

Il tavolo avrebbe il compito di supervisionare l'implementazione dell'approccio e di trovare strategie per applicarlo nelle prassi attraverso iniziative formative e di ricerca che continuamente alimentino il registro nazionale delle organizzazioni trauma-orientate del nostro Paese.

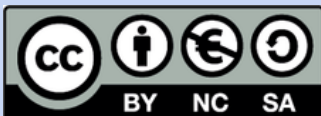


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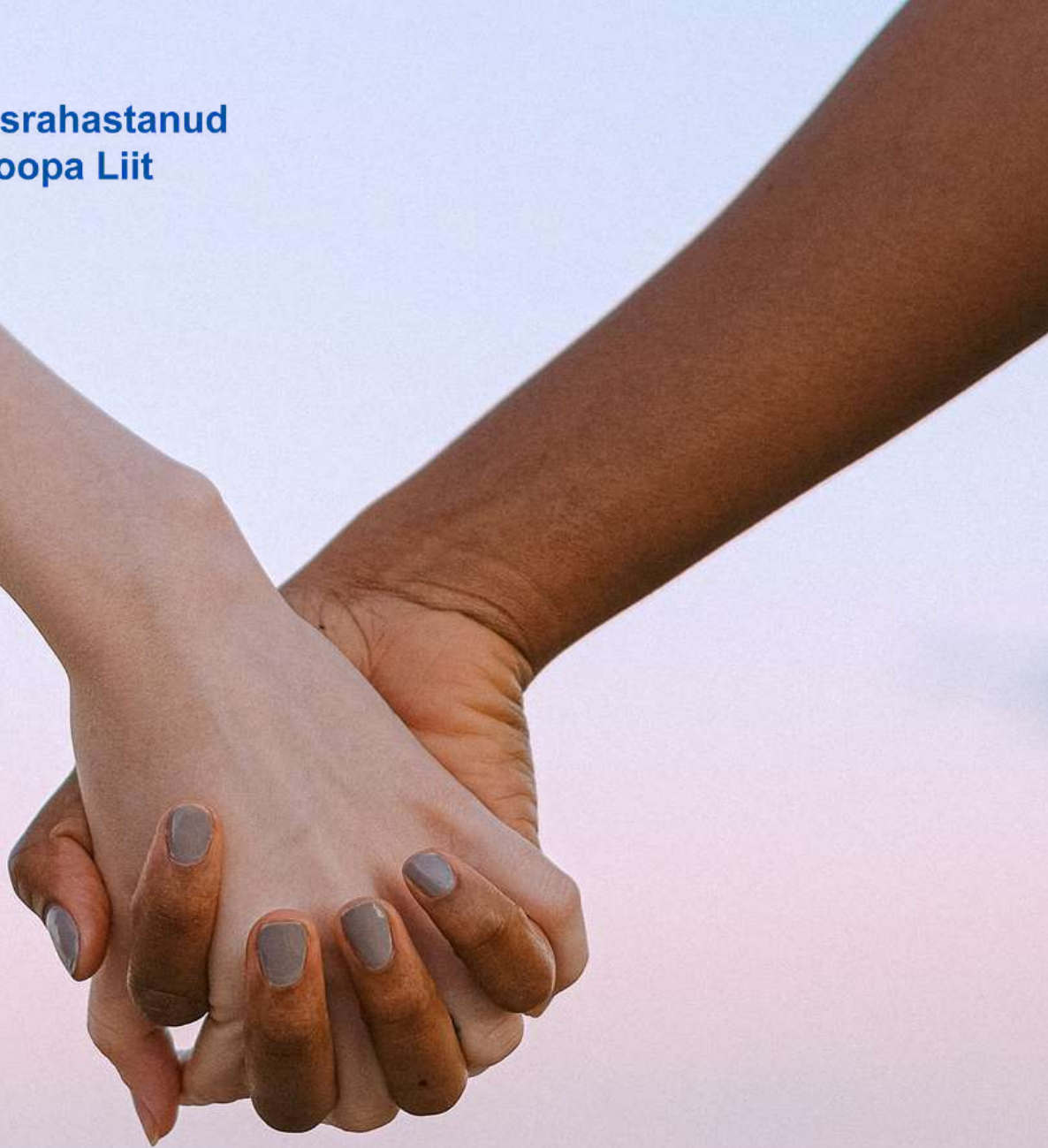
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CARE4TRAUMA

SOOPÕHISE VÄGIVALLA OHVRITE TUGITEENUSTE JA ÕIGUSKAITSE
KÄTTESAADAVUSE PARANDAMINE TRAUMATEADLIKU LÄHENEMISE KAUDU

Poliitikasoovitused Eesti



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





Care4Trauma

Poliitikasoovitused - Eesti



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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.

Ülevaade

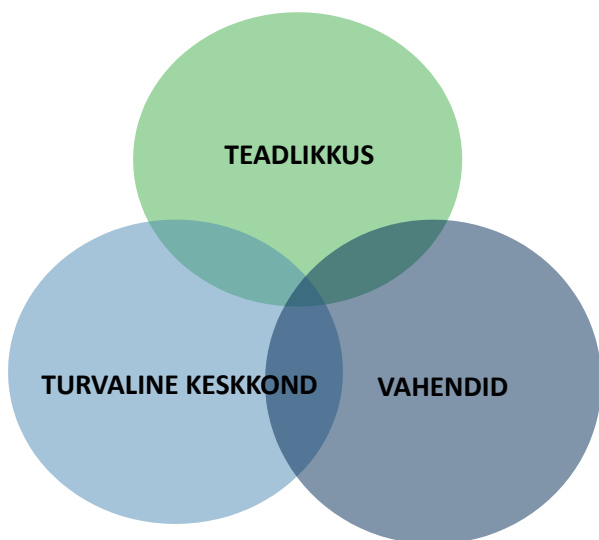
Traumateadliku lähenemise rakendamine ja vägivalda ohvriks langenud naistele parema ligipääsu tagamine õigusemõistmisele on oluline mitmel põhjusel. Esiteks kannatavad vägivalda kogenud naised sageli trauma pikaajaliste tagajärgede all, nagu post-traumaatiline stressihäire, depressioon ja ärevus. Need võivad avaldada märkimisväärset mõju nende füüsilisele ja emotsionaalsele tervisele, suhetele ja võimele osaleda ühiskonnas selle täisväärtusliku liikmena. Traumateadlikkusel põhineva lähenemisviisi rakendamisega saavad teenuseosutajad tagada, et osutatakse **teenust, mis arvestab vägivalda kogenud naiste ainulaadseid vajadusi ja kogemusi ning soodustab traumast paranemist ja taastumist.**

Teiseks seisavad vägivalda kogenud naised sageli silmitsi takistustega justitlussüsteemis. Nende hulka võivad kuuluda muu hulgas hirm kättemaksu ees, teadmiste puudumine menetlustoimingute kohta ja rahalised piirangud. **Teenuseosutajad saavad aidata neid takistusi kõrvaldada, hõlbustades paremat juurdepääsu õigusemõistmisele, ning tagada, et naistel oleks juurdepääs toetusele ja ressurssidele, mida nad vajavad juurdepääsuks õigusemõistmisele ja kurjategijate vastutusele võtmiseks.** See võib aidata ka edendada oma tegude eest vastutamise ja naiste õiguste austamise kultuuri ning anda tugeva sõnumi, et naistevastane vägivald ei ole aktsepteeritav. Kokkuvõttes on traumateadliku lähenemise rakendamine ja vägivalda ohvriks langenud naistele õigusemõistmisele parema juurdepääsu võimaldamine oluline **naiste tervise, turvalisuse ja heaolu edendamiseks ning õiglasema ja võrdsema ühiskonna loomiseks.**

Eesti – võtmepunktid

1. Puudub konkreetselt naistevastast vägivalda käsitlev seadus. Perevägivald ega paarisuhtevägivald ei ole konkreetselt määratletud süütegudena.
2. Soolisevägivalda levikut ja selle laiaulatuslikku mõju ohvritele tunnistatakse vähe või üldse mitte.
3. Oluline on tõsta spetsialistide ja avalikkuse teadlikkust kultuurilistest erinevustest.

Joonis 1. Peamised soovitusel traumateadliku lähenemise rakendamiseks Eestis



Peamised strateegiad soovitude rakendamiseks:

1. Koolitused
2. Standardid ja järelevalve
3. Ametkondade vaheline koostöö
4. Resurssid ja toetus
5. Huvikaitse ja teadlikkuse tõstmine

Mis on traumateadlik lähenemine?

Traumateadlik lähenemine on tervishoiu- ja sotsiaalteenuste osutamise viis, mis tunnistab trauma kõikehõlmavat mõju inimeste eludele ning püüab luua traumas kogunud inimestele turvalise, toetava ja tervendava keskkonna. See põhineb arusaamal, et traumas kogunud inimestel võivad olla mitmesugused füüsilised, emotsionaalsed ja psühholoogilised reaktsioonid, mis on sageli väljaspool nende kontrolli, ning et need reaktsioonid võivad mõjutada nende suhtlemist tervishoiu- ja sotsiaalteenuste pakkujatega. Traumateadlikku lähenemist saab rakendada paljudes tervishoiu- ja sotsiaalteenuste valdkondades, sealhulgas vaimse tervise, sõltuvusravi, esmatasandi arstiabi ja ohvriabiteenustes, näiteks koduvägivalla ja seksuaalkuritegude ohvrite tugikeskustes. Rakendades traumateadlikku lähenemist, saavad teenuseosutajad edendada tervenemist, vähendada häbimärgistamist ja anda inimestele võimaluse võtta oma taastumine iseenda kontrolli alla.

Millised tegurid mõjutavad traumateadliku lähenemise rakendamist Eestis?

Care4Trauma projekti käigus koostati riigipõhine aruanne, mis käsitles soolise vägivalla levikut Eestis, kuidas on tagatud ellujääjate ligipääs õiguskaitsele ja milliste takistustega nad kokku puutuvad. Samuti sisaldas see riiklike, piirkondlike ja kohalike õigusaktide, poliitikate, suuniste ja ohvriuringute analüüsi seoses traumateadlike lähenemiste käsitlesega. Esmalt kaardistati asjakohased dokumendid ning seejärel teostati dokumendianalüüs vastavalt eelnevalt määratletud näitajatele. Dokumendid jaotati kolme rühma: strateegilised dokumendid (nt õigusaktid, suunised riigiasutustele, tegevus- ja strateegiakavad), organisatsioonilised poliitikadokumendid ja organisatsioonilised menetlusedokumendid.

Eesti vägivaldapolitiitika on sooneutraalne ja kuigi naistevastasest vägivaldast räägitakse üha enam,

Traumateadliku lähenemise põhimõtted soolise vägivalla korral:

Turvalisus: Vägivalla kogunud naiste jaoks on oluline turvaline keskkond. Traumateadlikud põhimõtted tagavad, et teenuseosutajad rakendavad meetmeid füüsilise ja emotsionaalse turvalisuse tagamiseks, muuhulgas võimestav ja hinnanguvaba keelekasutus.

Usaldusväarsus: teenuseosutajad peavad looma usaldus-väärse suhte vägivalla ohvriga. See hõlmab läbipaistvust, austust ja usaldusväärset kõigis suhtlustes.

Vabad valikud: vägivalla ohvritel peavad olema valikuvõimalused ja nad peavad saama ise otsustada abistamise/ ravigiprotsessi üle. Traumateadlik lähenemine tagab, et teenuseosutajad pakuvad ellujääjatele valikuid ja austavad nende otsuseid.

Koostöö: Koostöö teenuseosutajate ja traumas kogunud inimeste vahel on äärmiselt oluline põhimõte. Traumateadlik lähenemine julgustab teenuseosutajaid tegema koostööd ellujääjatega, sealhulgas kaasates neid oma elu ja turvalisust puudutavatesse otsustusprotsessidesse.

Jõustamine: naised, kes on kogunud vägivalla, on kogunud võimu ja kontrolli kaotamist. Traumateadliku lähenemise põhimõtete eesmärk on aidata taastada ja saavutada kontroll oma elu üle, pakkudes vajalikku informatsiooni, vahendeid ja tuge.

Kultuuriliste aspektidega arvestamine: Traumateadlik lähenemine arvestab, et kultuurilised erinevused mõjutavad kuidas naised kogevad ja reageerivad vägivaldale. Oluline on teenuseosutajate kultuuritundlikkus.

käsitletakse Eesti poliitikaraamistikus naistevastast vägivalda eelkõige perevägivalda kontekstis.

Kokkuvõttes ei ole sooline vägivald Eestis piisavalt reguleeritud ning puudub konkreetne naistevastast vägivalda käsitlev seadus. Õiguskaitseüsteemis kohaldatakse tavaliselt, millega on siseriiklikusse õigusesse üle võetud direktiiv 2012/29/EL, kuid need ei vasta alati ohvrite vajadustele, ning soolise vägivalda levikut ja selle mõju tunnistatakse vähe. On olemas põhimõtteline arusaam taasoovristamisest, kuid see ei ole piisav, ning kultuurilise pädevuse kontseptsiooni ei olnud arvesse võetud üheski analüüsitud dokumendis. Ohvritele teabe andmine on oluline, kuid seda võib takistada halduslik/õiguslik bürokraatia, õiguste selgitamise oskamatus või ohvrite vähene mõistmine. Puudujäägid Eesti õigussüsteemis esinevad peamiselt rakendamise tasandil, vaja on prioritseerida naistevastast vägivalda kui konkreetset vägivallatüüpi ning arendada kultuuritundlikkust.

Joonis 2. Ülevaade Eesti õigusaktidest ja poliitkadokumentidest

| Õigusaktid | Poliitika/teenuse dokumendid | Peamine sõnum: |
|---|---|--|
| <ul style="list-style-type: none"> Kriminaalmenetluse seadustikus on sätestatud kuritegude kohtueelse menetluse ja kohtumenetluse kord ning kriminaalasjades tehtud lahendite täitmisele pööramise kord. | <ul style="list-style-type: none"> Sotsiaalteenuste kvaliteedijuhised - sotsiaalteenuse osutaja peab sotsiaalteenuste osutamisel järgima suunistes sätestatud üldtunnustatud kvaliteedipõhimõtteid. Need põhimõtted on muuhulgas kohustuslikud naiste tugiteenuse osutamisel. Kvaliteediprintsiip "teenuse võimestav iseloom, kaasamine ja inimõigused" sätestab kriteeriumid isiku võimestamise kohta. | <p>Soolise vägivalda levikut ja selle laiaulatuslikku mõju ohvritele tunnistatakse vähe või üldse mitte.</p> <p>Ohvri haavatavuse ja tema vajaduste esikohale seadmise ning taasoovristamise vältimise põhimõtte on kajastatud mitmes dokumendis, kuid seda ei ole piisavalt rakendatud.</p> |
| <p>Ohvriabi seadus (seadus jõustus 01.04.2023)</p> <ul style="list-style-type: none"> - Perevägivalda ja seksuaalvägivalda ohvrid saavad vaimset tuge, et aidata neil traumast taastuda. - Psühhiaatrilist tuge traumast taastumiseks pakutakse kriminaalmenetluses tunnistajatele samadel alustel kui ohvritele. - Parema abi osutamiseks saab Sotsiaalkindlustusamet vahetada andmeid teiste ohvriabi teenuste ja spetsialistidega, kui tegemist on kõrge riskiga täiskasvanud perevägivaldaohvritega. • Kuriteoohvrite hüvitised muutuvad kättesaadavamaks ja nende taotlemine lihtsamaks. | <ul style="list-style-type: none"> Naiste tugikeskuse teenuse kirjeldus - Naiste tugikeskuse teenus on liitteenus, mille eesmärk on aidata kaasa naistevastase vägivalda ohvriks langenud naise pääsemisele vägivallast ja iseseisva toimetulekuvõime saavutamisele, pakkudes turvalist keskkonda ja nõustamist ning vajadusel ajutist majutust naisele ja temaga kaasasolevatele lastele. Suunistes kirjeldatakse üksikasjalikult põhiprintsiipe, kuidas toetada vägivalda ohvriks langenud naist, et ta saaks end turvaliselt tunda ja leida oma tugevused. Põhimõtted põhinevad tõdemusel, et naistevastane vägivald on levinud ja mõjutab ohvri suhteid ning süvendab raskusi toetuse otsimisel. | <p>Vajadus tõsta spetsialistide ja avalikkuse teadlikkust kultuurilistest erinevustest.</p> <p>Ohvritele teabe andmine on üks oluline aspekt, millega tuleb tegeleda. Vajadus selgitada ohvri õigusi ja nende kasutamise võimalusi ka ohvri lähedastele.</p> |

Veebiuuringu ja poolstruktureeritud intervjuude tulemused

Care4Trauma konsortsium töötas välja veebiküsitluse, millel oli kaks varianti sõltuvalt vastaja taustast, ning mis oli suunatud vastavalt kas sotsiaal- ja tervishoiu- või õigusvaldkonna spetsialistidele. Uuringus oli 19 küsimust ja 39 muutujat ning seda levitati e-posti ja sotsiaalmeedia kaudu asjaomastele sidusrühmadele, sealhulgas kohalikele omavalitsustele, ohvriabiüksustele ja erialaliitudele. Küsitlust hakkas täitma 130 inimest, kuid 43% neist jättis küsitluse pooleli ning 74 spetsialisti lõpetas selle.

Uuringus osales 50 sotsiaalteenuste spetsialisti, kellest 94% olid naised ja 6% mehed. Enamik vastanutest kuulus vanusegruppi 46-55 ja esindatud olid kõik Eesti piirkonnad. Enamik vastanutest töötab Põhja-Eestis.

Uuringust selgus, et enamikul Eesti sotsiaal- ja tervishoiuorganisatsioonidel puuduvad kirjalikud juhised, mis käsitlevad traumateadliku lähenemise rakendamist. Ainult 14% vastanutest teatas, et neil on kehtestatud konkreetsed juhised. Ilma ametlike struktuuride ja juhtkonna toetuseta on traumateadlike tavade rakendamine keeruline. Lisaks on vajalik ametkondade vahelise koostöö edendamine, kuna veerand teenustest ei jälgi ühiseid traumateadlikke eesmärke teiste organisatsioonidega. Kuigi 72% vastanutest teatas, et teabevahetus teiste organisatsioonidega on kehtestatud, väitis 28%, et teiste naistega ja nende lastega töötavate organisatsioonidega ei toimu suhtlemist.

Care4Trauma õigussüsteemile suunatud küsitlusele vastas 24 justiitsüsteemi esindajat, kes kõik olid kõrgharidusega. Enamik vastanutest olid naised (67%) ja enamik neist kuulus vanuserühma 36-45 (33%). Kümme vastajat (42%) olid kohtunikud ja 14 (58%) esindasid ringkonnaprokuröre, prokuröri abisid, advokaate ja juriste. Uuringus paluti vastajatel hinnata erinevaid väiteid traumateadlike tavade ja lähenemisviiside kohta nende töökohas, kusjuures kategooriad hõlmasid organisatsioonilisi küsimusi, süsteemset koostööd ning naiste/ohvrite ja nende laste kohtlemist õigussüsteemis. Tulemused näitasid, et juhiste olemasolu on puudulik, sealhulgas kirjalike juhiste olemasolu, mis kohustaksid traumateadlikke tavasid järgima ja regulaarselt naisi ning nende lapsi võimaliku trauma osas hindama. Enamik vastanutest arvas siiski, et nende töökohal on olemas vastavad meetmed, mis toetavad abivajajaid kohtusüsteemis. Hinnang Eesti kohtusüsteemile üldiselt ja koostööle oli positiivne, kusjuures enamik vastanutest leidis, et süsteemi sidusrühmad kohtlevad üksteist lugupidavalt, arutavad traumaga seotud küsimusi partneritega ning kohtlevad naisi ja nende lapsi austusega ning annavad neile võimaluse väljendada oma vajadusi, muresid ja kogemusi. Siiski ei kasutata piisavalt hindamisvahendeid vägivalda või trauma avastamiseks. Lisaks väitis vaid 21% vastanutest, et nende töökohal on olemas konkreetsed meetmed töötajate toetamiseks, ning 38% tunnistas, et puuduvad juhised vägivalda kogenud naiste ja nende lastega töötavate töötajate toetamiseks.

Kokkuvõttes näitavad uuringu tulemused, et traumateadlike praktikate rakendamisel sotsiaal- ja tervishoiuteenustes on Eestis arenguruumi. Kirjalike põhimõtete ja juhendite puudumine traumat arvestavate tavade kasutamise kontrollimiseks viitab sellele, et paljud organisatsioonid peavad kehtestama konkreetsed strateegiad traumaatiliste kogemuste tuvastamiseks ja taasohvrastamise vältimiseks. Siiski on ka positiivseid märke, näiteks traumateadliku lähenemise vajalikkuse

tunnistamine individuaalsel tasandil ja ametkondade vahelise koostöö arendamine viimastel aastatel. Sellegipoolest tuleb veelgi enam panustada, et tagada traumateadlike tavade kasutamine järjepidevalt kõigi asjaosaliste poolt ning et naistel ja nende lastel oleks juurdepääs õigeaegsele traumateadlikkule hindamisele. Uuringu tulemused on väärtuslikuks aluseks poliitikakujundajatele ja teenuseosutajatele, et parandada traumateadlike lähenemiste rakendamist Eesti sotsiaal- ja tervishoiuteenustes.

Justiits- ja sotsiaalsüsteemi spetsialistidega viidi lisaks läbi viis süvaintervjuud. Intervjueeritavatel on otsene kogemus naiste ja laste vastu suunatud vägivaldaga Eestis. Intervjuudes uuriti osalejate kogemusi seoses traumateadlike lähenemisviiside tundmise, arendamise ja rakendamisega ning küsiti nende arvamusi selle kohta, kuidas ja miks selle lähenemisviisi kasutamine võiks parandada juurdepääsu õigusemõistmisele ja vägivalda ohvriks langenud naisi ja nende lapsi toetavatele teenustele. Tulemustest selgus, et peale naiste tugikeskuste teenusepakkujate puuduvad kirjalikud juhised ja meetmed, mis keskenduksid traumale, selle levikule vägivaldaohvritest naiste puhul või vägivaldaohvritele üldiselt. Intervjueeritavad nägid potentsiaalset kasu juhustest, mis toetaksid trauma sümptomite äratundmist ja traumast rääkimist traumata kogunud inimesega. Eestis rakendatav juhtumikorralduse mudel eeldab ellujäänu kaasamist, kuid ellujäänute aktiivset kaasamist või kaasamist poliitikate ja teenuste väljatöötamise reaalsuses ei esine.

Naistekeskse õiguskaitse kättesaadavuse tagamine Eestis

Vägivalda ohvriks langenud naiste õiguskaitse kättesaadavuse takistused võivad olla märkimisväärsed ja mitmetahulised. Mõned peamised takistused, millega naised silmitsi seisavad, on hirm kättemaksu ees, teadmiste puudumine menetustoimingute ja õiguste kohta, rahalised piirangud, kultuuriline ja sotsiaalne häbimärgistamine ning ebapiisav toetus ja ressursid. Naised võivad kokku puutuda ka keelebarjääridega (24% Eesti elanikest moodustab nt vene rahvusvähemus (2022)), samuti diskrimineerimise ja eelarvamustega teenuseosutajate ja kohtusüsteemi enda poolt.

Nende takistuste ületamine nõuab mitmekülgset lähenemisviisi, mis käsitleb struktuuriliste ja süsteemsete aspektidega, mis kinnistavad soolist vägivalda ja piiravad juurdepääsu õigusemõistmisele, tegelemist. See hõlmab vastutuse võtmise ja naiste õiguste austamise kultuuri edendamist, teenuseosutajatele ja justiitspetsialistidele koolituste pakkumist soolise vägivalda ja traumade küsimustes ning vägivalda kogunud naistele ressursside ja toetuse kättesaadavuse tagamist. Lisaks on oluline tegeleda soolise vägivalda algpõhjustega, nagu vaesus, sotsiaalne ebavõrdsus ja diskrimineerimine, ning töötama õiglasema ja võrdsema ühiskonna loomise nimel kõigi jaoks.

Joonis 3. Vägivalla ohvriks langenud naiste õiguskaitse kättesaadavuse tugevused ja arenguvajadused Eestis

| | Tugevused | Arenguvajadused |
|---|--|--|
| 1 | Kõigis maakondades on vägivalla ohvritele saadaval naiste tugikeskuste teenus. | Vajadus pakutavate teenuste järjepideva hindamise järele, eriti seoses traumateadlike lähenemiste rakendamisega. |
| 2 | Spetsialistid tunnistavad traumateadliku lähenemise vajalikkust individuaalsel tasandil. | Organisatsioonid peavad kaasajastama oma juhendeid ja juhiseid, et traumateadlike lähenemiste rakendamine oleks osa igapäevatööst. |
| 3 | Koolitused lähisuhtevägivalla, perevägivalla ja traumateadliku lähemise teemadel on Eestis saadaval. | Pakutavad koolitused peavad olema kohustuslikud, järjepidevad ja kajastama tõendus põhiseid tavasid. |

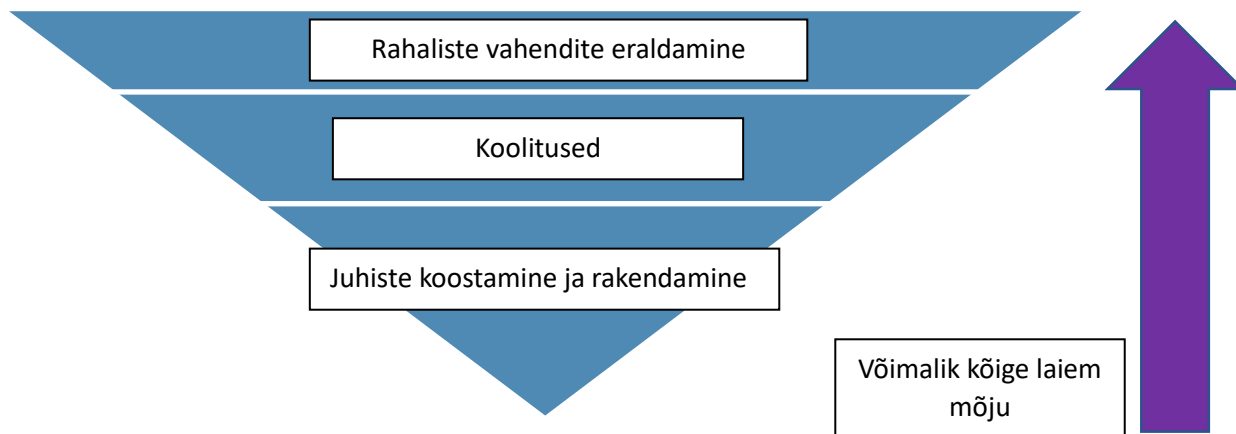
Millised strateegiad võivad edendada traumateadliku lähenemise juurutamist vägivallaohvritega töötavates teenustes ja asutustes?

On mitmeid strateegiaid, mis võivad edendada traumateadliku lähenemise juurutamist vägivallaohvritega töötavates teenustes ja asutustes. Näiteks:

- **Koolituste pakkumine:** Töötajatele ja koostööpartneritele peab pakkuma traumateadlikku lähenemist käsitlevaid koolitusi. See võib aidata suurendada teadlikkust ja arusaamist traumateadliku lähenemise tähtsusest ning anda töötajatele oskusi ja teadmisi, mis on vajalikud traumateadliku lähenemise põhimõtete rakendamiseks oma töös.
- **Juhiste loomine ja meetmete rakendamine:** Tuleb luua juhiseid ja rakendada meetmeid, mis seavad traumateadliku lähenemise kasutamise prioriteediks ja tagavad, et see on integreeritud nende teenuse kõigisse aspektidesse. See võib aidata tagada, et traumateadlikkus ei oleks lihtsalt moesõna, vaid juhtpõhimõte, mis on integreeritud kõikidesse otsustusprotsessidesse.
- **Rahaliste stiimulite pakkumine:** Rahalisi stiimuleid võib pakkuda organisatsioonidele, kes näitavad üles pühendumust traumateadlike teenuste pakkumisele. See võib hõlmata koolituse, rakendustoetuse või muude traumateadliku lähenemise tõhusaks rakendamiseks vajalike ressursside rahastamist.
- **Vastutuse võtmise kultuuri loomine:** Asutusesiseselt peab seadma **möödetavad eesmärgid, jälgima edusamme ja hindama regulaarselt traumateadliku lähenemise rakendamise tõhusust.** See aitab tagada, et traumateadlikkus muutub aja jooksul prioriteediks ja et edusamme tehakse pidevalt.
- **Ametkondade vaheline koostöö:** Peab tegema koostööd teiste organisatsioonide, valitsusasutuste ja kogukonnarühmadega, et edendada traumateadliku lähenemise rakendamist ja koordineeritult võidelda soolise vägivalla vastu. Koostöö ja partnerlussuhted võivad aidata koondada ressursse, kogemusi ja teadmisi ning edendada ühist nägemust traumateadliku lähemise kohta.

Üldiselt nõuab traumateadliku lähenemise juurutamine terviklikku lähenemisviisi, mis käsitleb võimalike kultuurilisi, organisatsioonilisi ja süsteemseid takistusi. Neid strateegiaid rakendades saavad teenused ja institutsioonid luua traumateadlikkuma ja naistekesksema reageeringu soolise vägivalla suhtes, mis võib lõppkokkuvõttes aidata toetada ellujääjate taastumist.

Joonis 4. **Strateegilised tasandid traumateadliku lähenemise rakendamiseks Eestis**



Joonis 5. **Näited traumateadliku lähenemise rakendamise kohta sotsiaal- ja tervishoiusektoris ning justiitssüsteemis**

| Tervishoid ja sotsiaalhoolekanne | Justiitssüsteem |
|---|---|
| Algatuse kirjeldus | |
| Personali koolitamine traumateadlike lähemiste osas, hindamisvahendite rakendamine patsientide trauma-ajaloo hindamiseks ning turvalise ja toetava keskkonna loomine. | Kohtunike, advokaatide ja kohtutöötajate koolitamine traumaga seotud lähenemisviiside ja keelekasutuse osas, hindamisvahendite kasutamine, et hinnata menetlusosaliste traumaajalugu, ning ressursside pakkumine ja suunamine traumaga seotud tugiteenustele. |
| Tervishoid ja sotsiaalhoolekanne | Justiitssüsteem |
| Kohustuslikud koolitused | Kohustuslikud koolitused |

Millised tegevused võivad avaldada Eestis kõige suuremat mõju?

Kõigi töötajate koolitamine traumateadlikkuse teemadel on oluline, et arendada ühist arusaamist trauma mõjust üksikisikutele ning vägivallaohvritele turvalise ja toetava keskkonna loomise tähtsusest. Koolitust võib pakkuda erinevates vormides, näiteks töötubade, veebikursuste või personalikoosolekute vormis. Samuti on oluline tagada koolituste järjepidevus, et tagada töötajatele juurdepääs uusimatele teadusuuringutele ja parimatele tavadele.

Samuti on oluline koostöö ja partnerluse loomine kogukonna organisatsioonide ja teiste teenusepakkujatega, et luua terviklik ja integreeritud lahendus vägivallaohvrite vajadustele. Koostöö

võib aidata tuvastada ja lahendada teenuste puudujääke ning tagada, et ohvrid saavad vajalikku toetust ja abi. Koostöö võib esineda mitmel erineval kujul, näiteks asutustevaheliste kokkulepetena, töörühmades osalemisena või võrgustikutöö arendamisena.

Selleks, et tagada naistevastase vägivalla ohvritele ja lastele suunatud traumapõhiste teenuste kõrge tase, tuleb välja töötada **hindamisvahendid**, mis võimaldavad anda objektiivset tagasisidet organisatsioonide pakutava teenuse ja toetuse kvaliteedi kohta.

Erinevate põhimõtete ning nende rakendamiseks vajalike meetmete ja strateegiate osas peaksid järgnevad neli valdkonda lähiaastatel Eestis paranema.

Tunnustamine - Projekti lõpuks olulisi muutusi ei toimu, kuna Eestis on soolise vägivalla mõju ja olemasolu üldiselt kõigis valdkondades tugevalt alahinnatud. Mõnes teenistuses/kohas seda isegi naeruvääristatakse. Enamik inimesi ei ole tõenäoliselt kuulnud, et seda liiki vägivald on olemas. Loodetavasti on inimesed viie aasta pärast vähemalt selle mõistega kursis. Kümne aasta pärast võiks olla minimaalne teadlikkus väljaspool väga spetsiifilist kogukonda (st spetsialistid, kes tegelevad selle teemaga).

Valikuvabadus ja kontrolli taastamine - Eestis toetavad seda eesmärki juhtumikorralduse põhimõtted. Reegel on olemas ja teada, kuid küsimus võib olla rakendamises. Kümne aasta pärast võib rakendamine olla hea.

Taasohvristamise vältimine - projekti lõpuks ei ole väliselt palju muutunud. Koolitused ja teadlikkuse tõstmine selles küsimuses on olulised, et muuta mõtlemist ja suhtumist traumasse. Loodetavasti on viie aasta pärast traumateadlikkuse alane koolitus järjepidev kohustuslik täiendkoolitus, mida tuleb aeg-ajalt korrata. Kümne aasta pärast võime olla olukorras, kus ei ole enam arutelu selle üle, kas traumateadlikkus on oluline või mitte.

Sekundaarne trauma - see eesmärk vajab pidevat tööd ja suhtlemist, sest inimesed kipuvad teisi aidates unustama oma vajadusi. Tööandjad peaksid tegema võimalikult lihtsaks juurdepääsu supersioonile ja muule vajalikule vaimse tervise toetusele. Kümne aasta pärast võiks teadlikkus olla tasemel, kus iga töötaja individuaalsetele vajadustele kohandatud supervisioon on kergesti kättesaadav (ilma bürokraatiata). Siiski on vaja ka pidevat arutelu enesehoolduse tähtsuse üle.

Joonis 6. Traumateadlike põhimõtete järgi määratletud vajalikud rakendatavad meetmed justiitssüsteemis

| Põhimõte | Peamised meetmed | Peamised strateegiad |
|---|---|--|
| Tunnustus | Oluline on tunnustada naistevastast soolist vägivalda kui vägivalda, mis on suunatud naise vastu sellepärast, et ta on naine, või mis puudutab naisi ebaproportsionaalselt ning selle ulatuslikku ja kaugeleulatuvat mõju. | <ol style="list-style-type: none"> 1. Personali koolitamine soolise vägivalda teemadel 2. Hindamisvahendite kasutamine |
| Emotsionaalne turvalisus | Ohvrite abivajadust hinnatakse õigeaegselt, et teha kindlaks, kas ja mil määral nad vajavad kaitset. Kuriteo tõttu märkimisväärset kahju kannatanud ohvritele antakse psühhosotsiaalset kriisiabi ja vajaduse korral saavad nad kriminaalmenetluse käigus lisatuge. | <ol style="list-style-type: none"> 1. Aktiivne kuulamine turvalises keskkonnas 2. Traumateadliku lähenemise rakendamine |
| Valikuvabadus ja kontrolli taastamine | Teenuseosutaja peab järgima üldtunnustatud kvaliteedipõhimõtteid. | <ol style="list-style-type: none"> 1. Võimestav huvikaitse 2. Traumateadliku lähenemise rakendamine |
| Võimestamine ja uute turvaliste suhete loomine | Turvalise ja toetava keskkonna loomine, kus ohver tunneb ennast mugavalt, et jagada oma kogemusi, mõtteid ja tundeid, toetab uute kontaktide loomist. | <ol style="list-style-type: none"> 1. Toetavate suhete loomine 2. Grupitegevustes osalemise julgustamine |
| Taasohvristamise vältimine | Emotsionaalse ja psühholoogilise toe pakkumine. Selge ja järjepidev suhtlemine. | <ol style="list-style-type: none"> 1. Traumateadlik suhtlemine 2. Valikuvabaduse ja kontrolli pakkumine |
| Kultuuritundlikkus | Kultuuriliste eelarvamuste äratundmine ja nendega tegelemine. Tõlketeenuste osutamine. Koostöö edendamine kultuurispetsiifiliste organisatsioonidega. | <ol style="list-style-type: none"> 1. Koolitused 2. Koostöö MTÜdega |
| Sekundaarne trauma | Regulaarne järelevalve ja toetus. Enesehoolduse edendamine. Traumateadliku lähenemise alane koolitus. Toetava töökeskkonna edendamine. | <ol style="list-style-type: none"> 1. Spetsialistid peavad seadma enesehoolduse prioriteediks, mis on peamine strateegia sekundaarse trauma vältimiseks. 2. Vägivallaohvritega töötavad spetsialistid peaksid saama põhjaliku traumateadliku lähenemise praktika koolituse, et omandada teadmised ja oskused, mis on vajalikud trauma äratundmiseks ja sellele tundlikult ja toetavalt reageerimiseks. |

Järeldused

Kokkuvõttes on traumateadliku lähenemise rakendamiseks vaja süstemaatilisi muudatusi:

Töötada välja ja traumateadlikud juhised ja meetmed: Oluline on töötada välja ja võtta vastu meetmed, mis seavad traumateadlikkuse prioriteediks kõigis teenuste osutamise valdkondades, sealhulgas tervishoius, sotsiaalhoolekandes ja kohtusüsteemis. Need peaksid kajastama traumateadlikku lähenemisviisi ja andma juhiseid, kuidas pakkuda teenuseid, mis on tundlikud vägivalda kogenud naiste vajaduste suhtes.

Pakkuda koolitusi: Tervishoiu-, sotsiaal- ja kohtusüsteemis töötav personal ja spetsialistid peaksid saama koolitust traumateadliku lähenemise põhimõtete kohta ja kuidas neid oma töös rakendada. **Koolitus peaks olema kohustuslik, järjepidev ja kajastama tõenduspõhiseid tavasid.**

Eraldada traumateadliku lähenemise rakendamiseks rahalisi vahendeid: traumata arvestavate põhimõtete rakendamise toetamiseks tervishoius, sotsiaalhoolekandes ja kohtusüsteemis on vaja rahalisi vahendeid. See võib hõlmata koolituse, rakendustoetuse või muude traumateadliku lähenemise tõhusaks rakendamiseks vajalike ressursside rahastamist.

Edendada ametkondade vahelist kootööd: Ametkondade vaheline koostöö on oluline, et pakkuda terviklikku vastust soolisele vägivaldale ja tagada, et vägivalda kogenud naised saaksid vajalikke teenuseid.

Traumateadlike lähemiste rakendamise järelevalve ja hindamine: Vastavad meetmed peaks edendama traumateadlike lähemiste rakendamise järelevalvet ja hindamist, et tagada, et teenused vastavad vägivalda kogenud naiste vajadustele. See võib hõlmata juhiste rakendamise jälgimist, traumateadliku lähenemise alase koolituse tõhususe mõõtmist ja traumateadlike sekkumiste tulemuste hindamist.

Toetada uuringuid, mis keskenduvad traumateadliku lähenemise spetsiifikale: meetmed peaks toetama traumateadliku lähenemise põhimõtteid ja nende tõhusat rakendamist erinevates keskkondades käsitlevate uuringute läbi viimist. See võib hõlmata teadusuuringuid sekkumiste tõhususe kohta ja traumateadliku lähenemise rakendamise parimate tavade määratlemist.



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POBOLJŠANJE USLUGA PODRŠKE ŽRTVAMA RODNO UVJETOVANOG
NASILJA I PRISTUPA PRAVOSUĐU PUTEM SUSTAVA POMOĆI I PODRŠKE
TEMELJENOG NA ZNANJIMA O TRAUMI

PREPORUKE ZA DONOSITELJICE I DONOSITELJE ODLUKA



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Care4Trauma

Sažeti prikaz (Policy Brief)

Hrvatska

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Sažetak

Skrb temeljena na znanju o traumi (Trauma-Informed Care - TIC) je pristup koji prepoznaje prisustvo simptoma traume i prihvaća činjenicu da trauma može utjecati na život traumatizirane osobe. Pristup koji je u stanju pružiti sigurno okruženje i promicati kulturu osnaživanja i razumijevanja žrtvi rodno uvjetovanog nasilja je pristup koji vodi prema sustavnijem dosegu pravde za traumatizirane žene te prema boljem izvješćivanju o rodno uvjetovanom nasilju. Rodno uvjetovano nasilje nad ženama je široko rasprostranjen fenomen u Hrvatskoj, no njegovoj težini i ozbiljnim posljedicama usprkos, većina žena – više od 80% - nikad ne prijavi nasilje.

Žene nemaju povjerenja u institucije i svjedoče o visokoj razini sekundarne viktimizacije. Ustezanje da prijave nasilje i nemogućnost realizacije sudskog postupka identificirani su kao neke od glavnih prepreka učinkovitom ostvarivanju njihovih prava kao žrtava rodno uvjetovanog nasilja.

Istraživanje je također pokazalo da rodno uvjetovano nasilje nad ženama rezultira ozbiljnim psihološkim posljedicama, uključujući PTSP i mnoge simptome traume. Djelatnici u sudstvu, zdravstvu i socijalnoj skrbi su svjesni učinaka traume, no ta tema nije dio njihove obuke, a provedba politika je neučinkovita. Skrb temeljena na znanju o traumi uzima u obzir fizičke i mentalne posljedice traume, a osobama koje su proživjele traumu nudi priliku da ponovo izgrade odnose i povjerenje koje su zlostavljanje i izdaja skršili. Osobi koja je proživjela traumu potrebno je dati vrijeme i prostor da bi donijela svoje vlastite odluke, inače programi podrške žrtvama riskiraju ponovnu traumatizaciju žrtve umjetno nametnutim uvjetima za primanje usluga. Stoga su istraživanja i rad na poboljšanju podrške usredotočene na žrtvu koja se temelji na skrbi temeljenoj na znanju o traumi od krajnje važnosti za pružanje dugoročne i dobrotvorne podrške i osnaživanja žena koje su proživjele rodno uvjetovano nasilje.

Slika 1. Glavne preporuke za provedbu TIC-a u Hrvatskoj



Hrvatska – ključni nalazi

1. Pravni je okvir potrebno uskladiti s međunarodnim i EU standardima. Čak i kada se pravni okvir temelji na saznanjima o traumi, praksa to ne slijedi jer državni dionici ne posjeduju znanje, odnosno svijest o tome.
2. Rodno uvjetovano nasilje nad ženama se često tretira u smislu incidenta koji se dogodi tu i tamo, a faktori prisile i prisilne kontrole se zanemaruju, što rezultira krivljenjem žrtve i sekundarnom viktimizacijom.
3. Poimanje da je iskustvo rodno uvjetovanog nasilja visoko traumatično i da je ženama koje su ga proživjele neophodan specifičan pristup nije dovoljno ugrađeno u zakonodavstvo i provedbu.

Ključne strategije za provedbu preporuka:

1. **Podizanje informiranosti o skrbi temeljenoj na znanju o traumi.**
2. **Pružanje obavezne i redovne obuke svim dionicima.**
3. **Izmjene zakona i politika kojima će se jasno uključiti pojam traume i načela TIC-a.**
4. **Povećanje financijskih i ljudskih resursa.**
5. **Osigurati standardizaciju i praćenje pružanja usluga u sustavima pravosuđa, zdravstva i socijalne skrbi.**

Što je skrb koja se temelji na znanjima o traumi?

Skrb koja se temelji na znanjima o traumi (Trauma-Informed Care - TIC) predstavlja pristup zdravstvenoj skrbi i pružanju socijalnih usluga koji prepoznaje sveobuhvatan učinak koji trauma ima na živote pojedinaca te nastoji stvoriti sigurno, podržavajuće i blagotvorno okruženje za osobe koje su proživjele traumatično iskustvo. TIC se temelji na poimanju da osobe koje su proživjele traumu mogu imati širok raspon fizičkih, emocionalnih i psiholoških reakcija koje su često izvan njihove kontrole te da te reakcije mogu utjecati na njihove interakcije s pružateljima zdravstvenih i socijalnih usluga. TIC se može primijeniti na širok raspon zdravstvenih i socijalnih usluga, uključujući mentalno zdravlje, liječenje od zloporabe droga, primarnu zdravstvenu zaštitu i socijalne usluge za marginalizirane grupe. U okviru ovog projekta, istražili smo i primijenili TIC na žene koje su proživjele rodno uvjetovano nasilje, uključujući nasilje od strane intimnog partnera i seksualno nasilje. Usvajajući pristup skrbi temeljen na znanjima o traumi, pružatelji usluga mogu unaprijediti ozdravljenje, smanjiti stigmatizaciju i pomoći ženama koje su proživjele nasilje da preuzmu kontrolu nad svojim vlastitim izlječenjem i oporavkom.

Načela TIC-a primijenjena na rodno uvjetovano nasilje

1. Prepoznati
2. Uspostaviti emocionalnu sigurnost
3. Povratiti izbor i kontrolu
4. Poticati povezanost
5. Spriječiti ponovnu traumatizaciju
6. Kulturna kompetencija
7. Sekundarna trauma

Koji faktori utječu na provedbu u Hrvatskoj?

Rodno uvjetovano nasilje nad ženama u Hrvatskoj predstavlja ozbiljan i široko rasprostranjen problem, osobito nasilje u intimnim odnosima. Restriktivni patrijarhalni obrasci i društveni stavovi doprinose kako učestalosti i rasprostranjenosti nasilja nad ženama, tako i njegovom toleriranju i društvenoj prihvatljivosti. Iako je u hrvatskom zakonodavstvu došlo do mnogih pozitivnih trendova glede rodne jednakosti i zaštite od rodno uvjetovanog nasilja nad ženama, te se odredbe ili nedovoljno provode ili se sve češće i češće provode na štetu žena koje su proživjele rodno-uvjetovano nasilje. Rodno uvjetovano nasilje se u Hrvatskoj često tretira u smislu incidenta koji se dogodi tu i tamo, zanemarujući faktore prisile i prisilne kontrole, dugotrajnu izloženost takvom nasilju, kao i ozbiljne posljedice koje ono ima na žene i njihovu djecu. To onda često rezultira okrivljavanjem žrtve i sekundarnom viktimizacijom, pogoršavajući učinak na žene koje se potom ustručavaju policiji i nadležnim ustanovama prijaviti nasilje koje su proživjele. Pravni okvir je nužno uskladiti s međunarodnim/EU standardima, a mnoštvo postojećih dokumenata nije uzajamno i sustavno usklađeno. Čak i onda kada se pravni okvir temelji na saznanjima o traumi, to je rijetko slučaj s praksom jer državni dionici rijetko posjeduju znanje i svijest o tome.

Hrvatska danas ima nacionalne strategije, zakonodavstvo, politike i proceduralne standarde koji pokrivaju sve oblike nasilja nad ženama i obiteljskog nasilja. Međutim, inherentna priroda nasilja nad ženama kao rodno uvjetovanog nasilja nije dovoljno prepoznata. Hrvatska ne posjeduje konkretni zakon ili politiku koji se specifično referiraju na rodno uvjetovano nasilje nad ženama. Umjesto toga, zakon kriminalizira različite oblike nasilja nad ženama, uključujući nasilje od strane intimnog partnera, koji se tretiraju kao oblici obiteljskog nasilja. Žene koje prožive rodno uvjetovano nasilje

mogu zatražiti pravdu putem dvije glavne zakonske komponente – prekršajne i kaznene. U oba su slučaja sve institucije obavezne prijaviti rodno uvjetovano nasilje, odnosno konkretnije, obiteljsko nasilje. Žene koje prožive nasilje imaju specifična prava i prema kaznenom i prema prekršajnom zakonodavstvu temeljem Zakona o zaštiti od obiteljskog nasilja i Zakona o krivičnom postupku. U praksi se ne poštuju uvijek sva ova prava žrtava. Često dolazi do propusta hrvatskih vlasti u pružanju učinkovite reakcije. Posljedično, presude počiniteljima su vrlo niske, te samo otprilike 10% slučajeva završava sa zatvorskim presudama.

Politike zdravstvene i socijalne skrbi za žrtve rodno uvjetovanog nasilja dio su općih državnih politika. Centrima socijalne skrbi su dodijeljeni značajni zadaci i ovlasti u slučajevima obiteljskog nasilja jer su obavezni nasilje prijaviti policiji, predložiti sudu naloge za zaštitu koji su nužni za žrtve, razgovarati sa žrtvama, provesti procjenu potreba kao i izraditi plan za sigurnost žrtvi nasilja. Specijalizirane usluge podrške za žene u Hrvatskoj uglavnom pružaju ženske ne-vladine organizacije. Autonomna ženska skloništa rade po feminističkim načelima pružanja pomoći ženama i djeci koji su proživjeli nasilje. Većina skloništa također posjeduje savjetodavne centre i besplatne telefonske linije za pomoć. Analiza provedena u okviru ovog projekta pokazuje razlike u provedbi pristupa temeljenog na znanju o traumi između civilnog sektora i pravosuđa: civilni sektor je znatno fleksibilniji u pristupu i u stanju se prilagoditi potrebama osoba koje su proživjele nasilje.

Istraživanje je nadalje pokazalo da žene, na žalost, nemaju povjerenja u institucije. Kvalitativno istraživanje ukazuje na to da žene ne prijavljuju nasilje zbog nedostatka informacija o svojim pravima, zbog osjećaja stida, nedostatka financijskih resursa, osjećaja manje vrijednosti zbog propalog braka te zbog nepovjerenja u rad institucija. Žene se često suočavaju s problemima u slučajevima prisile i prisilne kontrole, tj. u situacijama bez fizičkog nasilja, jer policija ne prepoznaje takve situacije kao nasilje i/ili traumu. Postoje slučajevi negativnog tumačenja kulturnih razlika, kao na primjer kad se nasilje nad ženama/obiteljsko nasilje pripisuje kulturi određene grupe te se koristi kao opravdanje za nedostatak intervencije/djelovanja/skrbi.

Proučavanje glavnih zakona poduzeto je da bi se utvrdila prisutnost načela TIC-a u zakonodavstvu i provedbi. Nalazi su izloženi u nacionalnom izvješću te su, uz pomoć strukturiranih intervjua s dionicima i mrežne ankete prikupljeni dodatni podaci.

Mapiranje

Analiza 18 dokumenata pokazuje da njih 67% uključuje barem jedno načelo pristupa temeljnog na znanju o traumi. Riječ ‘trauma’ se jedva pojavljuje; spomenuta je svega tri puta. Iako su načela TIC-a ugrađena u osnove dokumenata, trauma nije jasno prepoznata kao osnova za pružanje podrške i osnaživanje žena i djece koji su proživjeli nasilje.

Slika 2. Uvidi u hrvatsko zakonodavstvo i politike. Uzima li se TIC u obzir?

| Zakoni | Politike | Zaključci |
|---|---|--|
| <ul style="list-style-type: none"> Zakon o zaštiti od obiteljskog nasilja uključuje detaljna prava žrtava koja direktno i indirektno uključuju svih sedam načela skrbi temeljene na znanju o traumi. Neka od prava su: učinkovita psihološka i ostala profesionalna pomoć, pravo na zaštitu od | <ul style="list-style-type: none"> Većina politika sadrži mjere koje se barem dijelom temelje na nekim načelima skrbi temeljene na znanju o traumi. Nacionalna strategija | <ul style="list-style-type: none"> Nedovoljno prepoznavanje specifične rodne prirode zločina obiteljskog nasilja i ostalih oblika nasilja nad ženama. Posljedično, trauma i njene posljedice se nominalno prepoznaju u nekoliko politika i zakonskih dokumenata, no to nije |

| | | |
|--|--|---|
| <p>zastašivanja i odmazde, pravo na zaštitu dostojanstva tijekom ispitivanja.</p> <ul style="list-style-type: none"> • Zakon o krivičnom postupku također sadrži specifična prava žrtava koja se temelje na poimanju traume, kao što su posebne mjere temeljene na individualiziranoj procjeni žrtve: posebno ispitivanje žrtve, korištenje komunikacijskih tehnologija kako bi se spriječio vizualni kontakt s počiniteljem itd. • Proceduralna pravila u slučajevima obiteljskog nasilja predstavljaju najdetaljniji dokument o postupanju sa žrtvama obiteljskog nasilja. Na primjer, žena ima pravo na ispitivanje u zasebnoj prostoriji, odvojeno od počinitelja te da ispitivanje provodi žena policajac. Također se navodi da se prema žrtvama nasilja treba odnositi s osobitim obzirom, nepristrano i profesionalno, poštujući njihovo dostojanstvo, osobito ako se radi o ženama, djeci, osobama s invaliditetom i starijim osobama. | <p>za zaštitu od obiteljskog nasilja za razdoblje 2017. -2022. prepoznaje traumu i sadrži mjere kojima se osigurava emocionalna sigurnost, potiče povezivanje i sprečava ponovna traumatizacija.</p> <ul style="list-style-type: none"> • Zagrebačka Strategija za zaštitu od obiteljskog nasilja 2018. - 2022. sadrži ista načela TIC-a. Na primjer, Strategija omogućava ženama žrtvama nasilja ponovno uspostavljanje njihovog mjesta u zajednici time što im osigurava prikladan stambeni prostor. • Nacionalna politika za rodnu jednakost prepoznaje traumu u slučajevima nasilja nad ženama i sadrži mjere kojima se osigurava kulturna kompetencija. | <p>razrađeno niti se u potpunosti provodi.</p> <ul style="list-style-type: none"> • Postoje strukture za žene i djecu koje podržavaju sustavne odazive temeljene na znanju o traumi, a stručne djelatnice/ djelatnici posjeduju dobre osnove za pružanje empatične podrške osobama koje su proživjele traumu. Međutim, u načelu nedostaje ozbiljnija sistematizacija, osobito u smislu planiranja zaštite i sigurnosti, kao i praćenje i podrška za stručne djelatnice/djelatnike koji rade s osobama koje su proživjele nasilje kako bi se osiguralo provođenje TIC-a. • Potrebne su jasnije upute kako bi se ustanovio prostor u okviru kojeg žene mogu iznijeti svoju stranu priče te usmjeriti rad djelatnika koji rade u institucijama. • Zakonodavstvo je vrlo rodno neutralno i usredotočuje se na to da se osigura sudski progon počinitelja, više nego na to da se u središte odaziva/aktivnosti stave potrebe žrtve. |
|--|--|---|

Rezultati ankete i polu-strukturiranih intervjua

Mrežna anketa je podijeljena osoblju organizacija i stručnim djelatnicama/djelatnicima koji pružaju podršku i pomoć ženama koje su proživjele nasilje i njihovoj djeci. Na nju je odgovorilo 92 stručnih djelatnica/djelatnika. Rezultati ankete ukazuju da načela TIC-a uglavnom nisu sustavno integrirana u rad sa žrtvama. Međutim, u većini institucija i organizacija za socijalnu i zdravstvenu skrb postoje pisane politike, kao i djelomične upute koje sadržavaju prakse skrbi temeljene na znanju o traumi, uključujući prepoznavanje traumatskih iskustava i sprečavanje daljnje traumatizacije. Stručne djelatnice/djelatnici već posjeduju dobre osnove za pružanje empatičnije podrške osobama koje su proživjele traumu. Vezano uz to, prema više od pola ispitanica/ispitanika, učinak traume se uzima u obzir u svakodnevnim procesima donošenja odluka. Da bi bili u stanju ženama i djeci pružati TIC, zdravlje i dobrobit osoblja je izuzetno važno, no čak dvije trećine ispitanica/ispitanika tvrdi da usmjeravanje koje primaju na radnom mjestu ne uključuje upravljanje stresom na osobnoj i profesionalnoj razini. Većina organizacija i institucija ne uključuje u svoj svakodnevni rad planiranje sigurnosti žena temeljem procjene razine njihove traume i mogućih posljedica. Na primjer, samo je otprilike trećina ispitanica/ispitanika potvrdilo da postoje specifični sigurnosni planovi za žene, temeljeni na znanju o traumi, koji uključuju okidače i metode za upravljanje stresom.

Većina ispitanica/ispitanika iz pravosudnog sustava, baš kao i djelatnice/djelatnici iz zdravstvene i socijalne skrbi, navodi da u njihovim radnim okruženjima postoje pisane politike koje ih obavezuju na osjetljivost na traumu kod rada sa ženama i njihovom djecom. Također, polovina ispitanica/ispitanika navodi da njihove organizacija koriste redovne analitičke preglede žena i djece na traumu. U slučajevima proživljenog nasilja, nastoji se što više umanjiti stres za žene i djecu, a u isto se vrijeme nastoji osigurati da su zaštita i shvaćanje traume inkorporirani u svakodnevne prakse donošenja odluka. Dvije trećine ispitanica/ispitanika također navodi da se ženama i djeci daju prilike da izraze svoje potrebe.

Slika 3. Analiza polu-strukturiranih intervjua



Kako zajamčiti pristup pravdi koji se usredotočuje na žene u Hrvatskoj

Istraživanje koje se provelo u okviru ovog projekta putem mrežne ankete i polu-strukturiranih intervjua utvrdilo je priličan broj prepreka za pristup pravdi za žene koje su proživjele nasilje. U nastavku donosimo sažeti opis tih prepreka:

- Sudski procesi u svim procedurama traju predugo, što uvećava rizik za sekundarnu viktimizaciju i iscrpljivanje žrtava, dok u isto vrijeme produžuje vrijeme tijekom kojeg žene i njihova djeca nemaju zaštitu.
- Suci nemaju dovoljno obuke i empatije, a pravni okvir ne nudi rješenja za sve situacije, kao što je, na primjer, situacija kada zaštitna narukvica za počinitelja nasilja nije skinuta, a zabrana pristupa se pokazala neučinkovitom.
- Žene žrtve nasilja se često nađu u situaciji da se tijekom procesa moraju susresti sa svojim zlostavljačem, što uvećava njihov stres i može prouzročiti daljnju traumu, osobito kad je to vezano uz prve korake vrlo spore pravne.
- U institucijama kao što su policija, centri socijalne skrbi i sudovi nedostaje obuke o rodno-osjetljivoj skrbi i skrbi temeljnoj na znanju o traumi za žene žrtve nasilja. To rezultira nedostatkom empatije, a ponekad se žrtvu i krivi i/ili joj se ne vjeruje.
- Nema dovoljno psihološke podrške za žene. Ne postoji psihološka pomoć koju bi se žrtvi pružalo često i u kontinuitetu tijekom dužeg razdoblja, kao ni mogućnost da žrtva koristi takvu pomoć svakodnevno, ako je to nužno.
- Slučajeva je previše, a stručnih zaposlenika premalo. Također, nema dovoljno suradnje između relevantnih tijela i agencija.
- Nedostupnost zaposlenika u pravosuđu za zajedničku obuku tijekom koje bi razmjenjivali iskustva i dobre prakse. Nepoznavanje i nepoštivanje Konvencije Vijeća Europe o sprečavanju i borbi protiv nasilja nad ženama i nasilja u obitelji.

Slika 4. **Komponente prednosti i komponente za daljnji razvoj pristupa pravdi za žene žrtve nasilja u Hrvatskoj**

| | Komponente prednosti | Komponente za razvoj |
|---|--|--|
| 1 | <ul style="list-style-type: none"> • Kriminalizacija svih oblika nasilja nad ženama i obiteljskog nasilja (iako bi definicije i izricanje kazni trebalo poboljšati). Također postoje protokoli koji pokrivaju odredbe za podršku žena koje su proživjele nasilje. | <ul style="list-style-type: none"> • Zakone i zakonske amandmane trebaju pisati osobe koje su svjesne učinka traume, kao što su stručnjaci s neophodnim obrazovanjem i obukom koji također posjeduju životno iskustvo rada sa žrtvama nasilja. • Skratiti vrijeme koje osobe koje su proživjele nasilje provedu u čekanju u policijskim stanicama; unaprijediti i poboljšati okolinu s kojom se osobe koje su proživjele nasilje suočavaju kada prijavljuju nasilje policiji, npr. osigurati privatnost. |

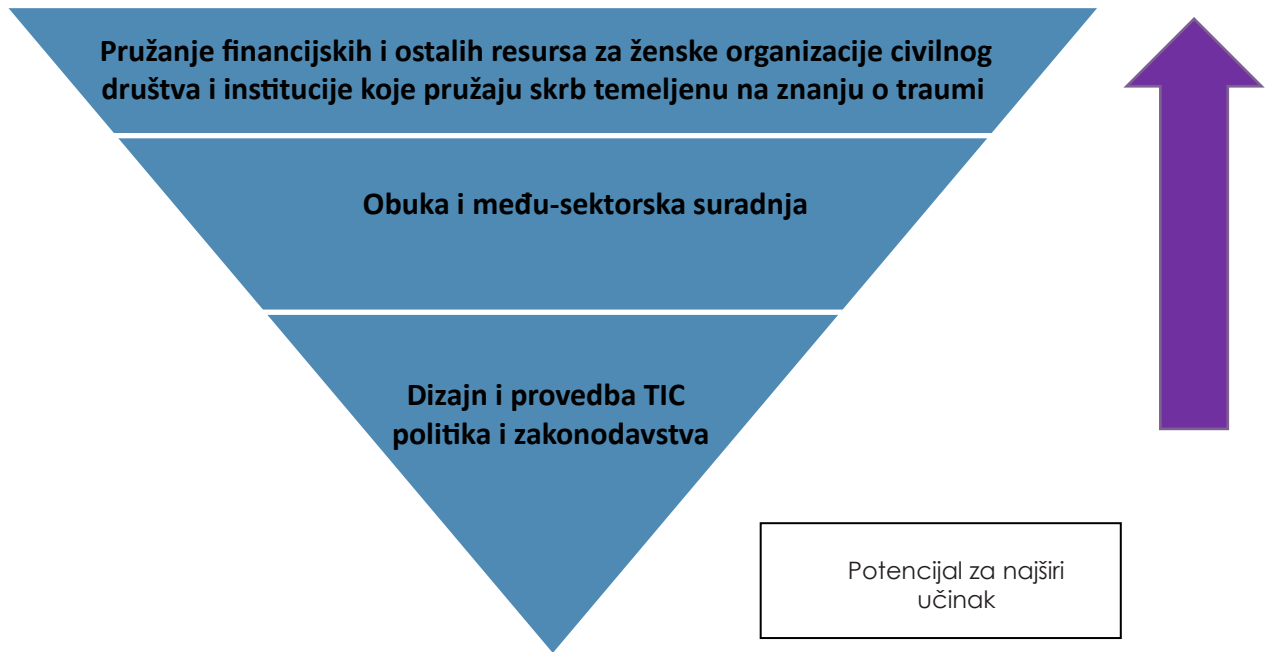
| | | |
|----------|--|---|
| <p>2</p> | <ul style="list-style-type: none"> • Ženske organizacije civilnog društva pružaju širok raspon usluga, uključujući skloništa za žene i savjetodavne centre, koje su utemeljene na skrbi temeljenoj na znanju o traumi i podršci koja se usredotočuje na žrtve. | <ul style="list-style-type: none"> • Vrlo je važno financijski podržavati rad ovih organizacija te ih uključivati u sve među-sektorske suradnje, a osobito u aktivnosti obuke i evaluacije rada ostalih institucija. • Nužno je osigurati više ljudskih i financijskih resursa za veći broj osoblja, kao i za redovan nadzor i usmjeravanje te podršku kako bi se osigurala dobrobit i zdravlje djelatnika koji rade sa žrtvama traume. |
| <p>3</p> | <ul style="list-style-type: none"> • Stručni djelatnici posjeduju svijest o tome da su žene koje su proživjele nasilje traumatizirane te da to otežava njihov oporavak, da su pravosudni procesi osobito naporni i teški za žene te da su krivljenje žrtve i sekundarna viktimizacija ozbiljni problemi koje je potrebno rješavati. | <ul style="list-style-type: none"> • Osigurati kontinuitet edukacije na temu traume i pružanja podrške, izrade plana sigurnosti i zaštite žrtava te u isto vrijeme osigurati bolju podršku za stručnjake i veći broj zaposlenika kako bi se oni mogli bolje i učinkovitije posvetiti žrtvama nasilja. Revidirati postojeće protokole o obradi slučajeva traume. Smanjiti količinu papirologije vezane uz obradu. |

Koje bi strategije mogle potaknuti diseminaciju i usvajanje TIC-a u službama i institucijama koje rade sa ženama žrtvama nasilja?

Stručnjakinje/stručnjaci i dionici koji su sudjelovali u ovom istraživanju preporučuju nekoliko strategija za poticanje provedbe načela TIC-a u zdravstvenoj i socijalnoj skrbi te u pravosuđu:

- **Pružanje obuke i edukacije:** profesionalna edukacija zaposlenika na upravljačkim pozicijama mogla bi poboljšati organizaciju rada i bolje usmjeriti profesionalnu obuku zaposlenika koji su u direktnom kontaktu sa žrtvama obiteljskog nasilja. Unutar samih institucija, potaknuti stručnjakinje/stručnjake koji posjeduju znanje i razne dodatne edukacije da podijele svoja znanja i iskustva sa suradnicama/suradnicima – za to nije potreban novac, samo dobra volja da se podijeli znanje te spremnost suradnika da prihvate naputke onih koji posjeduju znanje. Distribuirati više pisanih materijala (brošura) suradnicama/suradnicima i korisnicama/korisnicima. Bez obzira na stručno znanje, težina i opseg traumatizacije žena u nasilnim odnosima nisu svima jasni. Opseg traume i njene posljedice na žrtve treba predstaviti što je jednostavnije moguće.
- **Više ljudskih i financijskih resursa:** uvećati intervencije i dostupne resurse koji bi ženama stajali na raspolaganju te koje bi one mogle koristiti za osnaživanje i promjenu, tj. njihova bolja i veća dostupnost (smještaj, zaposlenje, financije i slični problemi s kojima se suočavaju žrtve nasilja). Bolja suradnja između odjela, sveobuhvatan pristup žrtvama nasilja, poštivanje stručnjaka te ustanovljenog protokola za rad sa ženama žrtvama nasilja. Uvećati broj djelatnika u sustavu kako bi mogli pristupiti, pratiti i pružati podršku žrtvama nasilja.
- **Podići svijest o načelima TIC-a i rodno uvjetovanom nasilju:** podizanje svijesti o pravima žrtava, kaznama i sankcijama za zlostavljače te pomoći za djecu žena žrtava nasilja. Osnaživanje žena pružajući im bolju edukaciju i sredstva za preživljavanje i samostalnost kao i nezavisnost od njihovih partnera.
- **Prikupljanje podataka i praćenje zadovoljstva korisnica/korisnika:** važno je poboljšati unos, upravljanje i diseminaciju statističkih podataka kojima upravljaju relevantni državni dionici, tj. uskladiti informacijske sustave raznih dionika kako bi se unaprijedilo istraživanje o nasilju nad ženama. Pored toga, cijeli sustav treba upražnjavati, aktivno tražiti i sustavno bilježiti i upravljati povratnim informacijama korisnika kako bi se unaprijedila kvaliteta pruženih usluga. Treba tražiti povratne informacije od korisnica/korisnika o tome koliko su bile/bili zadovoljni pruženim uslugama te koje bi prijedloge imale/imali za poboljšanje kvalitete usluga.
- **Među-sektorska suradnja:** među-sektorska bi suradnja trebala biti obavezna, kako na lokalnoj tako i na nacionalnoj razini, a trebala bi pokrivati provedbu politika kao i specifičnosti vezane uz upravljanje slučajevima i uključivati sve relevantne institucije i organizacije civilnog društva. Članice/članove multi-agencijskih timova bi trebalo obučavati o skrbi temeljenoj na znanju o traumi.
- **Značaj ženskih organizacija civilnog društva:** ženske organizacije civilnog društva bi trebale biti uključene u sve aspekte planiranja i razvoja politika, zakonodavstva, programa za podršku i osnaživanje, kao i pružanje usluga ženama koje su proživjele nasilje. Ženske organizacije civilnog društva posjeduju najveću stručnost u pružanju skrbi temeljenoj na znanju o traumi te bi trebale biti na čelu svih strategija vezanih za pitanja rodno uvjetovanog nasilja.

Slika 5. **Strateške razine daljnje provedbe TIC-a u Hrvatskoj**



Slika 6. **Primjer provedbe TIC-a u sektorima socijalne/zdravstvene skrbi i pravosuđu**

| Sektori zdravstva i socijalne skrbi | Pravosuđe |
|--|---|
| Opis inicijative | |
| Obavezna obuka o traumi kao posljedici nasilja te pružanju skrbi temeljenoj na znanju o traumi. | Obavezna obuka o učincima traume na žene koje su proživjele nasilje, uključujući načela TIC-a i pružanje podrške tijekom pravnih procesa. |
| Osigurati stručno praćenje temeljeno na znanju o traumi svim djelatnicima zdravstvene i socijalne skrbi. | Ubrzati i povećati učinkovitost svih sudskih procedura radi bolje zaštite žrtava. Ispitivanje žrtava putem video linka, dodjela punomoćnica/punomoćnika svim žrtvama. |
| Zdravstvo i socijalna skrb | |
| Poboljšati kvalitetu usluga za žene koje su proživjele nasilje temeljeći ih na načelima TIC-a. | Uvećati kapacitete pravosudnih dionica/dionika za pružanje pomoći ženama koje su proživjele nasilje i osigurati dostupnost pravde. |

Koje bi aktivnosti mogle imati najveći učinak u Hrvatskoj?

Kao što je prikazano u ovom Kratkom očitovanju, na papiru Hrvatska ima dobro zakonodavstvo i politike vezane uz prevenciju i borbu protiv nasilja nad ženama i obiteljskog nasilja. Međutim, nedostaje njihova provedba. Osim toga, učinak traume na žene koje su proživjele nasilje ne uzima se u obzir na sustavan način čak niti na razini politika. Iako većina organizacija i institucija koje su sudjelovale u ovom istraživanju navodi da postoje pisane politike posvećene provedbi i primjeni načela TIC-a (oko 80% i u pravosuđu i u sustavima zdravstvene i socijalne skrbi), provedba tih politika se sustavno ne vrednuje niti ne prati u više od dvije trećine sudionika u anketi. Sudionice na radionici su navele da je pravni okvir potrebno uskladiti s međunarodnim/EU standardima te da postoji previše dokumenata koji nisu međusobno i sustavno usklađeni. Čak i kada se pravni okvir temelji na znanju o traumi, praksa to obično nije jer državnim dionicima nedostaje znanje i svijest o tome.

Preporučujemo sljedeće aktivnosti kako bi se osiguralo uključivanje i primjena načela TIC-a u politikama i procedurama, kao i programima i provedbi:

Slika 7. Aktivnosti za pravosudni sustav

| Pravosudni sustav | | |
|--|--|--------------------------|
| Preporuke | Načela TIC-a koja su time pokrivena | Vremenski okvir provedbe |
| 1. Uskladiti pravni okvir s međunarodnim/pravnim standardima kako bi se osigurala međusobna sukladnost. | Sva | 5 godina |
| 2. Osigurati da stručnjakinje/stručnjaci u radnim skupinama posjeduju kako tehničko tako i praktično znanje o skrbi temeljenoj na znanju o traumi. | Sva | Do kraja projekta |
| 3. Poboljšati uvjete kod ispitivanja žrtava i počinitelja tako što će se osigurati privatnost i sigurnost, kao i ispitivanje putem video linka. | Prepoznavanje Emocionalna sigurnost Povrat izbora i kontrole Sprečavanje ponovne traumatizacije | Do kraja projekta |
| 4. Uvesti obaveznu obuku za policiju, suce, tužitelje, pravnike, odvjetnike, sudske asistente i ostale sudionice/sudionike u pravosudnom sustavu o rodno-osjetljivom pristupu ženama koje su proživjele nasilje i skrbi temeljenoj na znanju o traumi za žene žrtve nasilja. | Sve | 5 godina |
| 5. Uvesti obaveznu obuku o sekundarnoj traumi i kako ju prevladati. | Sekundarna traumatizacija | Do kraja projekta |
| 6. Osigurati multi-sektorsku suradnju između dionika u pravosuđu i ženskih skloništa i savjetodavnih centara. | Emocionalna sigurnost Poticanje povezivanja | 5 godina |

| | | |
|---|------------------------------------|-------------------|
| 7. Osigurati prisutnost prevoditelja tijekom cijelog pravnog procesa te asistenciju specijaliziranih organizacija civilnog društva za žrtve. | Kulturna kompetencija | Do kraja projekta |
| 8. Razviti priručnik dobrih praksi kako bi se spriječilo ponovno traumatiziranje žrtava rodno uvjetovanog nasilja i njihove djece. Priručnik se treba temeljiti na znanju o traumi i treba biti dostupan svim stručnim djelatnicima uključenim u pravnu skrb o žrtvama. | Sprečavanje ponovne traumatizacije | Do kraja projekta |

Slika 8. Aktivnosti za sustav zdravstvene i socijalne skrbi

| Sustavi zdravstvene i socijalne skrbi | | |
|--|--|--------------------------|
| Preporuke | Načela koja su TIC-a pokrivena | Vremenski okvir provedbe |
| 1. Osigurati kontinuitet edukacije na teme traume i pružanja podrške, izrade plana za sigurnost žrtava, te u isto vrijeme osigurati bolju podršku za stručno osoblje i više zaposlenika kako bi se na bolji način mogli posvetiti žrtvama nasilja. Revidirati protokole o obradi slučajeva traume i smanjiti količinu popratne papirologije. | Sva | 5 godina |
| 2. Aktivirati stručnjakinje/stručnjake unutar institucija koji posjeduju znanje i razne dodatne edukacije kako bi svoje znanje i iskustvo podijelili sa suradnicama/suradnicima. | Prepoznavanje Emocionalna sigurnost Poticanje povezanosti Sprečavanje ponovne traumatizacije Sekundarna trauma | Do kraja projekta |
| 3. Osigurati redovnu i odgovarajuću podršku za ženske organizacije civilnog društva koje pružaju usluge skloništa za žene, savjetovanja i ostale usluge ženama koje su proživjele nasilje, koje se temelje na načelima TIC-a. | Emocionalna sigurnost Poticanje povezanosti Povrat izbora i kontrole | Do kraja projekta |
| 4. Poboljšati unos, upravljanje i diseminaciju statističkih podataka kojima upravljaju relevantni državni dionici, tj. uskladiti informacijske sustave različitih dionika kako bi se olakšala istraživanja o nasilju nad ženama. | Prepoznavanje | 5 godina |
| 5. Upražnjavati, aktivno tražiti i sustavno bilježiti i upravljati povratnim informacijama korisnika kako bi se poboljšala kvaliteta pružanih usluga. | Povrat izbora i kontrole | Do kraja projekta |

| | | |
|---|--|-------------------|
| 6. Osigurati razumijevanje kulturnog konteksta, njegovih posljedica te zašto se on nikada ne smije koristiti za opravdavanje nasilja. | Kulturna kompetencija | Do kraja projekta |
| 7. Osigurati bolju suradnju između odjela, sveobuhvatan pristup žrtvama nasilja, poštivanje stručnjakinja/stručnjaka te ustanovljenog protokola za rad sa ženama žrtvama nasilja. | Prepoznavanje Poticanje povezanosti Sprečavanje ponovne traumatizacije | 5 godina |
| 8. Osigurati redovno praćenje temeljem načela TIC-a za sve djelatnice/djelatnike koji rade sa žrtvama traume. | Sprečavanje ponovne traumatizacije Sekundarna trauma | 5 godina |

Zaključci

Dokumentarno istraživanje i nacionalno izvješće koje je iz njega proisteklo i koje je mapiralo situaciju glede pristupa u skrbi žena koje su proživjele nasilje, a koji se temelje na znanju o traumi, pokazali su da su načela TIC-a u službenim dokumentima uglavnom indirektno prepoznata i integrirana. Riječ 'trauma' se rijetko spominje, a oni ne sadrže odjeljke koji bi bili detaljno posvećeni pitanju traume i njenih učinaka na osobe koje su proživjele nasilje, iako su načela podrške temeljena na znanju o traumi ipak barem djelomično pronašla svoje mjesto u praksi.

U praksi se pokazalo da su dionici širom sektora pravosuđa i zdravstvene i socijalne skrbi svjesni problema s kojima se nose žene žrtve nasilja i učinaka traume, no ono što nedostaje je sustavni pristup provođenju postojećih politika na način koji se temelji na znanju o traumi. Obuka o obiteljskom nasilju postoji i provodi se, no nije jasno sadržava li detaljne osvrtne na traumu i načela TIC-a kod pružanja podrške i osnaživanja žena koje su proživjele nasilje. Među-sektorska suradnja je važna i državne institucije s vrlo zadovoljne njenim tijekom. Međutim, ženske organizacije civilnog društva nisu uvijek dovoljno uključene, tako da u tom pogledu postoji prostor za poboljšanja. Tijekom projekta se dosljedno pokazalo da ženske organizacije civilnog društva posjeduju najvišu razinu stručnosti u pružanju skrbi temeljene na znanju o traumi, no da su njihovi resursi oskudni što ih onemogućuje u pružanju kontinuirane podrške.

Sljedeći koraci prema unapređenju i poboljšanju pružanja skrbi koja je temeljena na traumi moraju uključivati promjene u politikama i procedurama, kao i u zakonodavstvu, kako bi se osiguralo da je trauma jasno identificirana i **prepoznata** na svim razinama procesa identifikacije i utuživanja rodno uvjetovanog nasilja, kao i pružanja potpore žrtvama. Žene koje su proživjele nasilje moraju postići **emocionalnu sigurnost** kroz primanje usluga skloništa i ostalih specijaliziranih usluga, kroz zaštitu njihove privatnosti u okviru pravosudnog sustava i izradu planova za sigurnost i zaštitu temeljenih na znanju o traumi. Uz pomoć tih usluga i obuku svih uključenih dionika, moguće je pružiti podršku žrtvama koja im omogućuje da obnove svoj osjećaj **izbora i kontrole** te da donose informirane i samostalne odluke o svojim životima. Uzimajući u obzir dugotrajne sudske procedure i uglavnom rodno-neutralno zakonodavstvo, izuzetno je važno koristiti edukaciju, pisane politike i praćenje kako bi se spriječila **ponovna traumatizacija** žrtava. Među-sektorska suradnja i učestaliji rad s različitim dijelovima zajednice radi pružanja dugoročne podrške žrtvama može pomoći u **poticanju povezanosti** između njih i šire društvene zajednice. Povratne informacije dionika naznačuju da se

kulturni kontekst ne uzima u obzir kod rada sa ženama koje su proživjele nasilje, osim u negativnom smislu, kad se kulturni kontekst koristi da bi se opravdalo nasilje. Stoga je treningom važno osigurati **kulturološku kompetenciju** te raditi s organizacijama civilnog društva koje su specijalizirane za rad s marginaliziranim skupinama, kao što su romske žene. Na kraju, djelatnice/djelatnici iz svih sektora izloženi su visokim razinama stresa i primaju vrlo malo podrške za održavanje dobrobiti. Kako bi se spriječila **sekundarna trauma**, neophodno je razviti politike i praksu koji osiguravaju redovan nadzor djelatnika te programe i podršku za njihovu dobrobit.

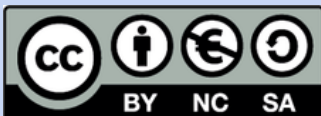


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Με τη συγχρηματοδότηση
της Ευρωπαϊκής Ένωσης



CARE4TRAUMA

ΒΕΛΤΙΩΝΟΝΤΑΣ ΤΙΣ ΥΠΗΡΕΣΙΕΣ ΥΠΟΣΤΗΡΙΞΗΣ ΤΩΝ ΕΠΙΖΩΣΩΝ ΒΙΑΣ
ΚΑΙ ΤΗΝ ΠΡΟΣΒΑΣΗ ΤΟΥΣ ΣΤΗ ΔΙΚΑΙΟΣΥΝΗ ΜΕΣΩ ΤΗΣ ΦΡΟΝΤΙΔΑΣ
ΠΟΥ ΒΑΣΙΖΕΤΑΙ ΣΤΗΝ ΕΠΙΓΝΩΣΗ ΤΟΥ ΤΡΑΥΜΑΤΟΣ

Συστάσεις Πολιτικής Ελλάδα



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



Care4Trauma

Συστάσεις πολιτικής

Ελλάδα

Συγγραφείς:

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Σύνδεσμος Μελών Γυναικείων Σωματείων Ηρακλείου και Ν. Ηρακλείου

Ηράκλειο, 05.2023

Το περιεχόμενο αυτής της δημοσίευσης αποτελεί αποκλειστική ευθύνη του έργου Care4Trauma και δεν αντικατοπτρίζει απαραίτητα τη γνώμη της Ευρωπαϊκής Ένωσης. Ούτε τα θεσμικά όργανα και οι φορείς της Ευρωπαϊκής Ένωσης ούτε οποιοδήποτε πρόσωπο που ενεργεί για λογαριασμό τους μπορεί να θεωρηθεί υπεύθυνο για τη χρήση που μπορεί να γίνει των πληροφοριών που περιέχονται σε αυτά

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Επισκόπηση

Η προσέγγιση της Φροντίδας που Βασίζεται στην Επίγνωση του Τραύματος θα μπορούσε να διευκολύνει την πρόσβαση στη δικαιοσύνη για τις επιζώσες της βίας, καθώς και να παρέχει μια βάση για την προστασία τους από περαιτέρω επανατραυματισμό, ενώ παράλληλα θα παρέχει στα άτομα αυτά τη δυνατότητα να διεκδικήσουν εκ νέου τη ζωή τους. Οι επιζώσες που έχουν μία εμπειρία από το δικαστικό σύστημα ισχυρίζονται ότι αυτό αποτελεί τροχοπέδη στην προσπάθειά τους να βρουν δικαιοσύνη. Με βάση την ανασκόπηση ανά χώρα, το σύστημα υποστήριξης και πρόσβασης στη δικαιοσύνη για τις επιζώσες φαίνεται κατακερματισμένο και χωρίς σαφή θεσμικά όρια δίκτυα επικοινωνίας και συνεργασίας μεταξύ των διαφόρων παραγόντων. Παράλληλα, δεν υπάρχουν σαφείς κατευθύνσεις για εκείνους που έχουν το δικαίωμα πρόσβασης στο σύστημα, με αποτέλεσμα οι επιζώσες να μην γνωρίζουν τελικά τα δικαιώματά τους. Η Φροντίδα που βασίζεται στην Επίγνωση Τραύματος έχει ως στόχο να περιορίσει το αίσθημα της απειλής από το σύστημα και να βοηθήσει την ομαλή μετάβαση μεταξύ υπηρεσιών και διαδικασιών.

Ελλάδα – Βασικά ευρήματα

1. Δεν υπάρχει μια τυποποιημένη διαδικασία συνεργασίας μεταξύ των διαφορετικών φορέων του συστήματος προστασίας επιζώσων.
2. Η πρόβλεψη και εφαρμογή του νόμου σχετικά με την αντιμετώπιση της Ενδοοικογενειακής Βίας, εμφανίζεται αποσπασματική και κατακερματισμένη.
3. Η Φροντίδα που βασίζεται στην Επίγνωση του Τραύματος στην Ελλάδα εφαρμόζεται με βάση μεμονωμένες πρωτοβουλίες των διαφόρων επαγγελματιών και όχι με βάση κάποια επίσημη οδηγία Ιδρυμάτων σε Εθνικό επίπεδο.

Εικόνα 1. Βασικές συστάσεις για την εφαρμογή ΦΕΤ στην Ελλάδα



Βασικές στρατηγικές για την εφαρμογή των συστάσεων

- Ευαισθητοποίηση σχετικά με τα οφέλη και τον αντίκτυπο της Φροντίδας που βασίζεται στην Επίγνωση του Τραύματος.
- Υλοποίηση συνεχιζόμενων διεπαγγελματικού χαρακτήρα εκπαιδεύσεων.
- Συντονισμός των διαφόρων παραγόντων στο σύστημα υποστήριξης και πρόσβασης στη δικαιοσύνη, μέσω ενός Εθνικού συστήματος.
- Συνεπή πρωτόκολλα και τυποποιημένες διαδικασίες για την υπεράσπιση των επιζωών της βίας και των παιδιών τους.
- Συμμετοχή των ωφελουμένων στο σχεδιασμό των διαδικασιών.

Τι είναι η Φροντίδα που βασίζεται στην Επίγνωση του Τραύματος (ΦΕΤ);

Η Φροντίδα που βασίζεται στην Επίγνωση του Τραύματος (ΦΕΤ) περιλαμβάνει την ανάπτυξη μιας ολιστικής εκτίμησης των πιθανών επιπτώσεων του τραύματος με στόχο τη διασφάλιση της ενσυναίσθησης των επαγγελματιών και την ψυχική ασφάλεια του δικαιούχου. Ταυτόχρονα, αυτή η προσέγγιση διασφαλίζει τις συνθήκες βάσει των οποίων οι επιζώσες θα διεκδικήσουν εκ νέου τη φωνή και την αυτοπεποίθησή τους.

Ποιοι παράγοντες επηρεάζουν την εφαρμογή στην Ελλάδα;

Στο πλαίσιο της υλοποίησης του έργου Care4Trauma, ο Σύνδεσμος Μελών Γυναικείων Σωματείων Ηρακλείου και Νομού Ηρακλείου έχει εκπονήσει μια αναφορά για να αξιολογήσει την επικράτηση της έμφυλης βίας στην Ελλάδα, την πρόσβαση των επιζωσών στη δικαιοσύνη και τα εμπόδια που αντιμετωπίζουν. Στο ίδιο πλαίσιο, χαρτογραφήθηκαν επίσης οι εθνικοί, περιφερειακοί και τοπικοί κανονισμοί, νομοθεσίες, οι πολιτικές, οι κατευθυντήριες γραμμές και οι έρευνες επιζωσών που σχετίζονται με την Φροντίδα που βασίζεται στην Επίγνωση του Τραύματος.

Χαρτογράφηση

Η έρευνα βασίστηκε στη χαρτογράφηση των σχετικών πολιτικών και οδηγιών και στην αξιολόγησή τους με βάση τις αρχές της προσέγγισης της Φροντίδας που βασίζεται στην Επίγνωση του Τραύματος. Ειδικά για την Ελλάδα, αναθεωρήθηκαν οι πολιτικές που αφορούν την πρόσβαση στη δικαιοσύνη, αλλά και οι κοινωνικές και υγειονομικές πολιτικές με βάση τις αρχές που σχετίζονται με την Φροντίδα που βασίζεται στην Επίγνωση του Τραύματος.

Συνοπτικά, οι επιζώσες έχουν συγκεκριμένα δικαιώματα από την πρώτη στιγμή της καταγγελίας του εγκλήματος και η ενσωμάτωση της ευρωπαϊκής νομοθεσίας παίζει σημαντικό ρόλο σε αυτό. Η Οδηγία της Ευρωπαϊκής Ένωσης 2012/29/ΕΕ (η «Οδηγία για τα δικαιώματα των θυμάτων») και η ελληνική νομοθεσία (άρθρα 56-62 του Ν. 4478/2017) θεσπίζουν ελάχιστα πρότυπα για τα δικαιώματα, την υποστήριξη και την προστασία των επιζωσών.

Οι αρχές ΦΕΤ που εφαρμόζονται στις περιπτώσεις Έμφυλης Βίας

Αναγνώριση του τραύματος της κακοποίησης και των επιπτώσεών της στη ζωή και τη συμπεριφορά των επιζωσών.

Δημιουργία **ασφαλούς περιβάλλοντος** όπου οι δικαιούχοι αισθάνονται άνετα να εκφραστούν.

Παρουσίαση **διαφανών διαδικασιών** που θα οδηγήσουν στην διαμόρφωση εμπιστοσύνης προς το σύστημα.

Διασφάλιση **συνεπούς απάντησης** από όλους τους παράγοντες του συστήματος που ασχολούνται με την έμφυλη βία, μέσω επαρκούς επικοινωνίας και συνεργασίας.

Ενδυνάμωση δικαιούχων διασφαλίζοντας ότι γίνονται σεβαστές οι επιλογές τους οι οποίες βασίζονται σε επαρκείς πληροφορίες και πόρους.

Αντίληψη της **πολιτιστικής ευαισθησίας** και κατανόηση των διαφορετικών τρόπων με τους οποίους ο πολιτισμός μπορεί να επηρεάσει τις εμπειρίες και τη συμπεριφορά των επιζωσών.

Με βάση τις προαναφερθείσες αρχές της Φροντίδας που βασίζεται στην Επίγνωση του Τραύματος, η ισχύουσα νομοθεσία διευκολύνει την αναγνώριση του τραύματος:

- i. Η διαφάνεια των διαδικασιών (§56, Ν. 4478/2017),
- ii. Το δικαίωμα της κατανόησης και του να γίνονται κατανοητοί,
- iii. Το δικαίωμα ενημέρωσης (§57 Ν. 4478/2017) από την πρώτη επαφή με την αρμόδια αρχή και η πολιτιστική ευαισθησία,
- iv. Το δικαίωμα διερμηνείας και μετάφρασης (§60 Ν. 4478/2017).

Επιπρόσθετα, οι δικαιούχοι έχουν δικαίωμα πρόσβασης και λήψης βοήθειας από Υπηρεσίες Υποστήριξης (§ 61-62 του Ν. 4478/2017) (πηγή: Εθνικό ΦΕΚ) .

Οι βασικοί πυλώνες αυτών των δικαιωμάτων είναι η αναγνώριση των βασικών αναγκών των επιζωσών και η απαίτηση μιας εξατομικευμένης προσέγγισης με επίκεντρο τους δικαιούχους. Κάθε περίπτωση είναι διαφορετική, ανάλογα με τα χαρακτηριστικά των δικαιούχων (κοινωνικά και δημογραφικά), το είδος του εγκλήματος, τη σχέση με τον δράστη κ.λπ. Ο σκοπός της θέσπισης ενός ελάχιστου συνόλου δικαιωμάτων ισχύει για όλους τους επιζώντες, ενώ η εξατομικευμένη θεραπεία στοχεύει στην κάλυψη των αναγκών τους πριν, κατά τη διάρκεια και μετά την ποινική διαδικασία.

Ένα άλλο σημαντικό σημείο για την αντιμετώπιση του ζητήματος της Έμφυλης Βίας με βάση την προσέγγιση της Φροντίδας που βασίζεται στην Επίγνωση του Τραύματος στην Ελλάδα αποτελεί η ίδρυση των «Γραφείων Υπηρεσιών Ενδοοικογενειακής Βίας» εντός του τοπικού Αρχηγείου της Αστυνομίας το 2019 (Π.Δ. 37/201966). Η αστυνομία είναι συχνά το πρώτο σημείο επαφής με το «σύστημα» και είναι σημαντικό να στελεχωθεί από εξειδικευμένους και καλά εκπαιδευμένους επαγγελματίες. Με αυτόν τον τρόπο, οι επιζώσες έχουν την ευκαιρία να λάβουν υπηρεσίες καλύτερα ενημερωμένες, να εδραιώσουν το απόρρητό τους και τη σωστή στοχευμένη προσέγγιση.

Επιπλέον, η Εθνική Σχολή Δικαιοσύνης (δικαστές, εισαγγελείς) έχει εισαγάγει μαθήματα ειδικά για τα δικαιώματα των θυμάτων ενδοοικογενειακής κακοποίησης και σεξουαλικών εγκλημάτων, καθώς και μαθήματα που επικεντρώνονται σε ένα φιλικό προς τα παιδιά σύστημα Δικαιοσύνης.

Παρά το γεγονός ότι στα επίσημα κρατικά έγγραφα δεν υπάρχει καμία συγκεκριμένη αναφορά της Φροντίδας που βασίζεται στην Επίγνωση του Τραύματος, ωστόσο πολλές από τις πολιτικές και τη νομοθεσία ευθυγραμμίζονται με τις γενικές αρχές αυτής της προσέγγισης.

Σχήμα 2. Πληροφορίες για την ελληνική νομοθεσία και τα έγγραφα πολιτικής. Λαμβάνεται υπόψη η ΦΕΤ?

| Νομοθεσία | Πολιτική | Μηνύματα: |
|---|---|---|
| <ul style="list-style-type: none"> • Δικαίωμα κατανόησης και του να γίνονται κατανοητοί • Δικαίωμα λήψης πληροφοριών • Δικαίωμα λήψης υποστήριξης από τις Υπηρεσίες Υποστήριξης Θυμάτων • Δικαίωμα διερμηνείας και μετάφρασης | <ul style="list-style-type: none"> • Συνεχιζόμενη κατάρτιση για τα δικαιώματα των θυμάτων βίας για δικαστές και εισαγγελείς • Εξατομικευμένη ενημερωμένη προσέγγιση από τους εξειδικευμένους επαγγελματίες των Γραφείων Ενδοοικογενειακής Βίας της Ελληνικής Αστυνομίας | <ul style="list-style-type: none"> • Εφαρμογή μεμονωμένων πρακτικών που είναι ευθυγραμμισμένες με τις αρχές της Φροντίδας που βασίζεται στην Επίγνωση του Τραύματος χωρίς συγκεκριμένη αναφορά στη μεθοδολογία που βασίζεται στο τραύμα. |

Έρευνα και ημι - δομημένες συνεντεύξεις

Η ομάδα του Care4Trauma ανέπτυξε μια διαδικτυακή έρευνα με 19 ερωτήσεις και 39 μεταβλητές, η οποία διανεμήθηκε μέσω email και μέσω κοινωνικής δικτύωσης από τον Σύνδεσμο Μελών Γυναικείων Σωματείων Ηρακλείου και Ν. Ηρακλείου σε όλα τα ενδιαφερόμενα μέρη, όπως το Υπουργείο Δικαιοσύνης, η Γενική Γραμματεία Δημογραφίας και Οικογενειακής Πολιτικής και Ισότητας των Φύλων, η Αστυνομική Διοίκηση, η Περιφερειακή Δημόσια Διοίκηση, τα Κέντρα υποστήριξης γυναικών, οι κοινωνικές υπηρεσίες, οι μη κυβερνητικές οργανώσεις, τα δικηγορικά γραφεία και άλλα. Στην Ελλάδα συμμετείχαν συνολικά 20 επαγγελματίες. Οι κοινωνικοί λειτουργοί, οι κοινωνικοί επιστήμονες και οι εκπαιδευτικοί αντιπροσώπευαν το 47,1% του συνολικού αριθμού των συμμετεχόντων, ενώ ακολουθούσαν οι ψυχολόγοι και οι ψυχίατροι που αποτέλεσαν το 23,5%. Αυτό είχε ως αποτέλεσμα την διαμόρφωση του ποσοστού 70,6% των απαντήσεων του ερωτηματολογίου το οποίο έχει απαντηθεί από το κοινωνικό σύστημα και το σύστημα υγείας. Παράλληλα, το 29,4% των απαντήσεων προήλθε από το δικαστικό σύστημα, όπως περιγράφεται από δικηγόρους και νομικούς φορείς. Όσον αφορά την περιοχή καταγωγής, οι περισσότερες απαντήσεις αφορούν είτε την περιοχή της Αττικής (29,4%), (Αθήνα) και την περιοχή της Κρήτης (29,4%). Το 5,8% αντικατοπτρίζει την περιοχή της Βόρειας Ελλάδας, επομένως, αυτή η περιοχή αυτή φαίνεται να υπο-εκπροσωπείται.

Ταυτόχρονα, πραγματοποιήθηκαν 12 σε βάθος συνεντεύξεις με υπεύθυνους λήψης αποφάσεων και επαγγελματίες του χώρου με άμεση επαφή με επιζώσες (ψυχολόγους, κοινωνικούς λειτουργούς, δικηγόρους, υγειονομικό προσωπικό, αστυνομία κ.λπ.). Οι συνεντεύξεις διεξήχθησαν με σκοπό να διερευνηθούν οι εμπειρίες των συμμετεχόντων σχετικά με τη γνώση, την ανάπτυξη και την εφαρμογή της Φροντίδας που βασίζεται στην Επίγνωση του Τραύματος και να συλλέξουν τις απόψεις τους σχετικά με το πώς και γιατί η χρήση αυτής της προσέγγισης θα μπορούσε να βελτιώσει την πρόσβαση στη δικαιοσύνη, τις πολιτικές και τις υπηρεσίες υποστήριξης επιζωσών της βίας και τα παιδιά τους.

Η έρευνα και οι συνεντεύξεις δεν αποτελούν ισχυρό αντιπροσωπευτικό δείγμα του τι συμβαίνει σε εθνικό και τοπικό επίπεδο, αλλά αποτελούν πολύτιμη αφετηρία για περαιτέρω

διερεύνηση και εξέταση. Τα αποτελέσματα και των δύο μεθόδων ευθυγραμμίστηκαν και περιγράφονται παρακάτω:

- **Εκπαίδευση:** Οι συμμετέχοντες φάνηκαν να έχουν κίνητρα για περαιτέρω εξειδικευμένη εκπαίδευση σχετικά με την Φροντίδα που βασίζεται στην Επίγνωση του Τραύματος για όλους τους επαγγελματίες που συναντούν γυναίκες επιζώσες κακοποίησης και τα παιδιά τους. Η δι-υπηρεσιακή εκπαίδευση επισημάνθηκε ιδιαίτερα, καθώς και η εκπαίδευση στη μεθοδολογία και η πρακτική εκπαίδευση σε πραγματικές περιπτώσεις (casestudies), έτσι ώστε όλοι οι επαγγελματίες να είναι ενημερωμένοι για τα τραύματα και να έχουν συνεπή ανταπόκριση. Αναγνωρίζεται ότι η εξειδικευμένη εκπαίδευση για την έμφυλη βία και την προσέγγιση της Φροντίδας που βασίζεται στην Επίγνωση του Τραύματος έχει σημαντικό αντίκτυπο στη μείωση των εμποδίων στην πρόσβαση στη δικαιοσύνη και μπορεί να συμβάλει στη βελτίωση της φροντίδας των επιζωσών και των παιδιών τους.
- **Έλεγχος και αξιολόγηση:** Ειδικά μέσα από τις συνεντεύξεις τονίστηκε η έλλειψη ελέγχου των διαδικασιών. Είναι επίσης κοινή αντίληψη ότι η ανατροφοδότηση των δικαιούχων πρέπει να ενσωματώνεται σε οποιαδήποτε διαδικασία αξιολόγησης. Επιπλέον, καθώς σε ορισμένες περιπτώσεις οι γραπτές πολιτικές συχνά αγνοούνταν, ήταν αναγκαία η διαμόρφωση συγκεκριμένων μέτρων ελέγχου των διαδικασιών καθώς και οι συνέπειες για όσους δεν τις λαμβάνουν υπόψη και δεν τις τηρούν.
- **Δίκτυα:** Οι απαντήσεις στις ανοιχτές ερωτήσεις του ερωτηματολογίου και των συνεντεύξεων τόνισαν την έκκληση για ένα καθιερωμένο δίκτυο εμπλεκόμενων οργανισμών και ιδρυμάτων. Αυτό θα οδηγήσει σε μια επικοινωνία και διαδικασίες μεταξύ διαφορετικών οντοτήτων, καθώς και μια κοινή προσέγγιση σχετικά με τις πρακτικές που ενημερώνονται για το τραύμα.
- **Εργαλεία:** Οι ανοιχτές ερωτήσεις αποκαλύπτουν ένα σταθερό αίτημα για ερωτήσεις που σχετίζονται με το τραύμα που θα συμπεριληφθούν στην αρχική αξιολόγηση και τον έλεγχο κάθε περίπτωσης. Η διαθεσιμότητα τέτοιων ερωτηματολογίων καθώς και πρωτοκόλλων που σχετίζονται με το τραύμα, θα παρέχουν πρακτικά εργαλεία σε αυτόν τον επαγγελματία που μπορεί να τα χρησιμοποιήσει άμεσα.
- **Συνηγορία:** Η ισχύουσα νομοθεσία για την αντιμετώπιση της ενδοοικογενειακής βίας αποτυγχάνει να επιδείξει τη συνέπεια στο σύστημα και τις διαδικασίες που πρέπει να ακολουθήσουν οι επιζώσες για να βρουν δικαιοσύνη. Συγκεκριμένα, παρά το γεγονός ότι πραγματοποιήθηκαν συνεντεύξεις, εμφανίστηκε η ανάγκη για επιπλέον συνηγορία με σκοπό την περαιτέρω ανάπτυξη της ισχύουσας νομοθεσίας.

Διασφάλιση πρόσβασης στη δικαιοσύνη με επίκεντρο την γυναίκα στην Ελλάδα

Τα παραπάνω αποτελέσματα κοινοποιήθηκαν σε 25 επαγγελματίες που ασχολούνται με την αντιμετώπιση της έμφυλης βίας μέσω δύο εργαστηρίων διαβούλευσης. Το πρώτο εργαστήριο υλοποιήθηκε διαδικτυακά και στόχευε οργανισμούς από την ηπειρωτική Ελλάδα, ενώ το δεύτερο εργαστήριο πραγματοποιήθηκε στο Ηράκλειο Κρήτης, με επίκεντρο περισσότερο στους τοπικούς/περιφερειακούς ενδιαφερόμενους φορείς και επαγγελματίες. Οι συμμετέχοντες κλήθηκαν να αξιολογήσουν εάν τα αποτελέσματα της έρευνας ήταν ενδεικτικά

της δικής τους εμπειρίας και να συζητήσουν παραγωγικά τα εμπόδια του τρέχοντος συστήματος.

Γενικότερα, οι συμμετέχοντες στο εργαστήριο διαβούλευσης συμφώνησαν με τα αποτελέσματα της έρευνας. Εξέφρασαν την ανάγκη εισαγωγής προγραμμάτων «χαμηλού ορίου» και τόνισαν την ανάγκη πιο ευαίσθητοποιημένων διαδικασιών που να ευθυγραμμίζονται με την προσέγγιση της Φροντίδας που βασίζεται στην Επίγνωση του Τραύματος. Οι επαγγελματίες του δικαστικού συστήματος πρότειναν τη μεταρρύθμιση των ισχυόντων νόμων που συνδέονται με την ενδοοικογενειακή βία για την καλύτερη προστασία της σωματικής και ψυχικής ασφάλειας των επιζώντων, καθώς και την αυστηρότερη επιβολή των υφιστάμενων προβλέψεων.

Επιπλέον, σε σχέση με την πτυχή της πολιτιστικής ευαισθησίας, καθώς η Ελλάδα εξυπηρετεί έναν ποικίλο πολυπολιτισμικό πληθυσμό, οι γυναίκες με μεταναστευτικό ή προσφυγικό υπόβαθρο συχνά θέτουν πρόσθετα εμπόδια. Για παράδειγμα, εάν μία αιτούσα άσυλο αποφασίσει να εγκαταλείψει το σπίτι της οικογένειας για ένα καταφύγιο για γυναίκες, θα αποκλειστεί από το πρόγραμμα, ενώ θα αποκλειστεί και από τις υπόλοιπες υπηρεσίες υποστήριξης (π.χ. μηνιαίο επίδομα, διερμηνέας, κοινωνικός λειτουργός) που συνδέονται με αυτό. Οι επαγγελματίες που εργάζονται με αιτούντες άσυλο και πρόσφυγες τόνισαν την ανάγκη για μια πολιτική μετανάστευσης/προσφύγων που να λαμβάνει υπόψη το πολλαπλό καθεστώς που μπορεί να έχει ένα άτομο με τρόπο που να μην αποκλείονται από τις υπόλοιπες κοινωνικές υπηρεσίες (π.χ. επιζώσες βίας και αιτούσες άσυλο/πρόσφυγας).

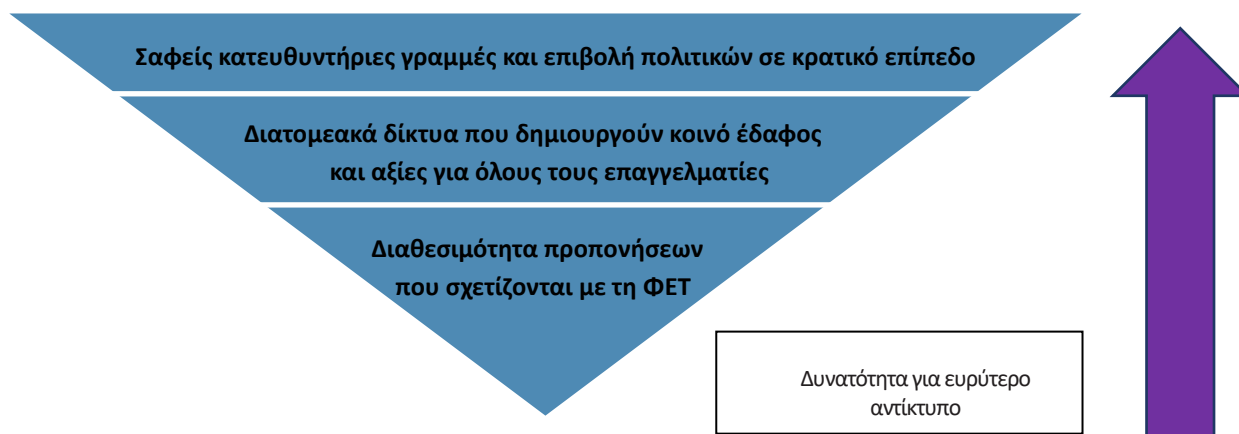
Εικόνα 3. Δυνατά και αναπτυξιακά σημεία πρόσβασης στη δικαιοσύνη για τις γυναίκες που επιζώσων κακοποίησης στην Ελλάδα

| | Δυνατά σημεία | Σημεία ανάπτυξης |
|----------|---|--|
| 1 | <ul style="list-style-type: none"> Όλο και περισσότερο ευαίσθητοποιημένο προσωπικό στις περισσότερες υπηρεσίες που έρχονται σε επαφή με επιζώσες | <ul style="list-style-type: none"> Καλύτερη επιβολή των υφιστάμενων πολιτικών για την προστασία των επιζώσων και των παιδιών τους |
| 2 | <ul style="list-style-type: none"> Διαθεσιμότητα εκπαίδευσης για τα δικαιώματα των επιζώσων ενδοοικογενειακής βίας και των παιδιών τους για δικαστές και εισαγγελείς | <ul style="list-style-type: none"> Πιο σημαντικές πολιτικές για τα πολλαπλά καθεστώτα που μπορεί να έχει μία επιζώσα κακοποίησης (π.χ. μητέρα, αιτούσα άσυλο, άνεργη κ.λπ.) |

Ποιοι τύποι στρατηγικών θα μπορούσαν να δώσουν κίνητρο για τη διάδοση και την υιοθέτηση της ΦΕΤ σε υπηρεσίες και ιδρύματα που εργάζονται με γυναίκες επιζώσες κακοποίησης;

Η Φροντίδα που βασίζεται στην Επίγνωση του Τραύματος αποτελεί μια σχετικά νέα έννοια για την Ελλάδα. Πολλοί από τους επαγγελματίες ευθυγραμμίζονται με τις αρχές της ΦΕΤ χωρίς να γνωρίζουν τη συγκεκριμένη μεθοδολογία. Οι υπηρεσίες και τα ιδρύματα που εργάζονται με επιζώσες εφαρμόζουν επί του παρόντος πρακτικές, κυρίως στα πλεονεκτήματα των μεμονωμένων επαγγελματιών. Σύμφωνα με τα συμπεράσματα από την συζήτηση στο πλαίσιο των εργαστηρίων διαβούλευσης, οι σαφείς και ακριβείς κατευθυντήριες γραμμές από τη Γενική Γραμματεία Δημογραφίας και Οικογενειακής Πολιτικής και Ισότητας των Φύλων για την επιβολή των διαδικασιών με βάση την Φροντίδα που βασίζεται στην Επίγνωση του Τραύματος, θεωρείται η πλέον αποτελεσματική ενέργεια. Επιπλέον, η εκπαίδευση επαγγελματιών στο πλαίσιο του έργου Care4Trauma θα είναι η πρώτη του είδους της στην Ελλάδα που θα επικεντρώνεται ειδικά σε αυτή τη μεθοδολογία και που θα είναι διαθέσιμη για ένα ευρύ φάσμα επαγγελματιών. Οι συμμετέχοντες στην έρευνα εκφράζουν ιδιαίτερα υψηλό ενδιαφέρον για περαιτέρω εκπαιδεύσεις και μάλιστα με διαθεσιμότητα αυτών σε μία περισσότερο μόνιμη βάση καθώς και για την εγκαθίδρυση δικτύων σε δι-υπηρεσιακό επίπεδο για την εξασφάλιση μίας καλύτερης επικοινωνίας και συνεργασίας μεταξύ των επαγγελματιών του πεδίου.

Εικόνα 4. Στρατηγικά επίπεδα περαιτέρω υλοποίησης ΦΕΤ στην Ελλάδα



Μερικές από τις τρέχουσες πρακτικές που εφαρμόζουν οι επαγγελματίες είναι ο συντονισμός μεταξύ των διαφορετικών φορέων (π.χ. συμβουλευτικό κέντρο και κοινωνικές υπηρεσίες), έτσι ώστε οι επιζώσες να μην χρειάζεται να αφηγηθούν εκ νέου την εμπειρία και τις ανάγκες τους σε διαφορετικές υπηρεσίες. Επιπλέον, ο επαγγελματίας λαμβάνει σοβαρά υπόψη το απόρρητο των γυναικών που αναζητούν βοήθεια, είτε διασφαλίζοντας ότι ένας χώρος στα ιδρύματά τους είναι ιδιωτικός για συναντήσεις με επιζώσες είτε είναι διακριτικός κατά τη διάρκεια επισκέψεων στο σπίτι (π.χ. κοινωνικές υπηρεσίες). Όλες οι συμβουλευτικές υπηρεσίες ξεκινούν τις διαδικασίες τους με σύμβαση μεταξύ του δικαιούχου και των φορέων, διασφαλίζοντας τη διαφάνεια της διαδικασίας και το απόρρητό της. Ορισμένα από τα συμβουλευτικά κέντρα δίνουν ιδιαίτερη προσοχή αναφορικά με τον χώρο υποδοχής και συμβουλευτικής τους, με στόχο τη δημιουργία ενός ασφαλούς και άνετου περιβάλλοντος (π.χ. μουσική υπόκρουση). Οι πιο σημαντικές τρέχουσες πρακτικές σε ορισμένες περιοχές επικεντρώθηκαν στην επικοινωνία και τη συνεργασία μεταξύ των φορέων, έτσι ώστε οι δικαιούχοι να μην εξαφανιστούν

από το σύστημα χωρίς να επιλυθεί η υπόθεσή τους. Αναφορικά με την κατάρτιση, δεν υπάρχουν ειδικές εκπαιδεύσεις για το ΦΕΤ, ωστόσο κάποιοι φορείς, συμπεριλαμβανομένης του Συνδέσμου Μελών Γυναικείων Σωματείων Ηρακλείου και Ν. Ηρακλείου, εφαρμόζουν εκπαίδευση για ένα ευρύ φάσμα επαγγελματιών σχετικά με τον τρόπο αντιμετώπισης γυναικών και παιδιών που έχουν υποστεί οποιαδήποτε μορφή κακοποίησης. Το περιεχόμενο αυτών των εκπαιδεύσεων εμπνέεται από τις ίδιες αρχές με το ΦΕΤ.

Σχήμα 5. Παράδειγμα εφαρμογής ΦΕΤ στους τομείς της κοινωνικής/υγειονομικής περίθαλψης και στο δικαστικό σύστημα

| Τομείς υγείας και κοινωνικής πρόνοιας | Δικαστικό σύστημα |
|--|--|
| Περιγραφή πρωτοβουλίας | |
| Περιφερειακά δίκτυα δι-υπηρεσιακής συνεργασίας | Εκπαίδευση δικαστών και εισαγγελέων για τα δικαιώματα των επιζώντων της βίας |

Ποιες ενέργειες μπορεί να έχουν τον μεγαλύτερο αντίκτυπο στην Ελλάδα

Η διαμόρφωση δικτύων δι-υπηρεσιακής συνεργασίας είναι ζωτικής σημασίας για την ανάπτυξη μιας κοινής βάσης κατανόησης και διευκόλυνσης της επικοινωνίας μεταξύ των διαφόρων φορέων. Αυτά θα εφαρμοστούν καλύτερα εάν επιβληθούν από μια κρατική αρχή.

Επιπλέον, οι εκπαιδεύσεις για τη ΦΕΤ και συγκεκριμένα η κοινή εκπαίδευση θα παρέχουν στους ενδιαφερόμενους όλα τα απαραίτητα εργαλεία για να σχεδιάσουν και να εφαρμόσουν τις πολιτικές και τις διαδικασίες που εξυπηρετούν καλύτερα το πλαίσιο τους.

Τυποποιημένες διαδικασίες για τις διάφορες υπηρεσίες μέσω των οποίων θα διασφαλιστεί η συνοχή της θεραπείας των επιζώνων και θα διευκολυνθεί περαιτέρω από εργαλεία αξιολόγησης τραύματος. Με αυτόν τον τρόπο, σε όλους τους δικαιούχους μπορεί να εξασφαλιστεί η ενημερωμένη και συνεπής εξέταση της υπόθεσής τους.

Η Αξιολόγηση και ανατροφοδότηση από τους δικαιούχους εξακολουθεί να αποτελεί σημείο ανάπτυξης σε πολλές υπηρεσίες στην Ελλάδα. Οι επιζώσες θα πρέπει να έχουν ισχυρότερη συμβολή στο σχεδιασμό των υπηρεσιών που λαμβάνουν, αυτό θα δημιουργήσει καλύτερη παροχή υπηρεσιών και θα ενδυναμώσει την επιζώσα της οποίας η γνώμη εκτιμάται.

Μέχρι το τέλος του έργου, θα πραγματοποιηθεί η πρώτη δι-υπηρεσιακή εκπαίδευση της ΦΕΤ και οι συμμετέχοντες θα δημιουργήσουν μια ομάδα επαγγελματιών όπου θα μπορούν να απευθύνονται για περαιτέρω υποστήριξη για τις υποθέσεις και τις γενικές διαδικασίες τους.

Την επόμενη πενταετία ο Σύνδεσμος Μελών Γυναικείων Σωματείων Ηρακλείου και Ν. Ηρακλείου οραματίζεται να δημιουργήσει δι-υπηρεσιακά δίκτυα συνεργασίας μεταξύ των εμπλεκόμενων φορέων.

Τα επόμενα δέκα χρόνια, η συνηγορία του Συνδέσμου που εμπλέκεται στην αντιμετώπιση της έμφυλης βίας στοχεύει να επιτύχει την προώθηση πρακτικών κατευθυντήριων γραμμών και διαδικασιών από τη Γενική Γραμματεία Δημογραφίας και Οικογενειακής Πολιτικής και Ισότητας των Φύλων με βάση το τραύμα, οι οποίες θα είναι δυνατό να εφαρμοστούν και να ληφθούν υπόψη από όλα τα ενδιαφερόμενα μέρη που ασχολούνται με άτομα που επιζούν της βίας.

Σχήμα 6. Προσδιορισμένες ενέργειες βάσει των αρχών ΦΕΤ.

| Αρχές ΦΕΤ | Βασικές προσδιοριζόμενες ενέργειες | Βασικές στρατηγικές |
|--|---|--|
| Αναγνώριση | Είναι σημαντικό να αναγνωρίσουμε το τραύμα που μπορεί να φέρει η επιζώσα και τον αντίκτυπο που έχει αυτό σε αυτή | <ol style="list-style-type: none"> 1. Εκπαίδευση προσωπικού στην αναγνώριση της έμφυλης βίας. 2. Χρήση εργαλείων διαλογής. |
| Καθιέρωση συναισθηματικής ασφάλειας | Η αρχική επαφή με το σύστημα είναι κρίσιμη για την απόφαση του δικαιούχου να λάβει υποστήριξη. Οι επιζώσες θα μπορούσαν να επωφεληθούν από μέτρα που έχουν βασίζονται στην επίγνωση τραύματος, ειδικά στο δικαστικό σύστημα | <ol style="list-style-type: none"> 1. Ελάχιστο επίπεδο υπηρεσιών 2. Εφαρμογή ΦΕΤ. |
| Αποκατάσταση της επιλογής και ελέγχου | Καθιέρωση συστήματος όπου ο δικαιούχος είναι κάτι περισσότερο από παθητικός αποδέκτης υπηρεσιών | <ol style="list-style-type: none"> 1. Με βάση την ενδυνάμωση υπεράσπιση 2. Εφαρμογή ΦΕΤ. |
| Διευκόλυνση σύνδεσης | Δημιουργώντας ένα ασφαλές και υποστηρικτικό περιβάλλον όπου η επιζώσα νιώθει άνετα να μοιραστεί εμπειρίες, σκέψεις και συναισθήματα μπορούν να βοηθήσουν στη διευκόλυνση της σύνδεσης. | <ol style="list-style-type: none"> 1. Υποστηρικτικό κτιρίουσχέσεις 2. Ενθάρρυνση της συμμετοχής σε ομαδικές δραστηριότητες |
| Αποφυγή επανατραυματισμού | Παροχή συναισθηματικής και ψυχολογικής υποστήριξης. Παρέχοντας σαφή και συνεπή επικοινωνία . | <ol style="list-style-type: none"> 1. Επικοινωνία που να στηρίζεται στην Επίγνωση του Τραύματος 2. Παροχή επιλογών και ελέγχου |
| Πολιτισμική ικανότητα | Αναγνώριση και αντιμετώπιση πολιτιστικών προκαταλήψεων. Παροχή γλωσσικών υπηρεσιών. Δημιουργία συνεργασιών με πολιτιστικά συγκεκριμένους οργανισμούς | <ol style="list-style-type: none"> 1. Εκπαίδευση και κατάρτιση 2. Συνεργασία με οργανισμούς και κοινωνικές υπηρεσίες. |
| Δευτερογενές τραύμα | Παροχή τακτικής επίβλεψης και υποστήριξης. Προώθηση της αυτοφροντίδας. Εκπαίδευση στην ΦΕΤ. Προώθηση ενός υποστηρικτικού εργασιακού περιβάλλοντος. | <ol style="list-style-type: none"> 1. Οι επαγγελματίες πρέπει να δώσουν προτεραιότητα στην αυτοφροντίδα ως βασική στρατηγική για την αποφυγή δευτερογενούς τραύματος. 2. Επαγγελματίες που εργάζονται με θύματα βίας πρέπει να λάβουν ολοκληρωμένη εκπαίδευση σχετικά με την Φροντίδα που βασίζεται στην Επίγνωση του Τραύματος, να αναπτύξουν τη γνώση και τις δεξιότητες που είναι απαραίτητες για την αναγνώριση του τραύματος και να ανταποκρίνονται αυτό με ευαισθησία και υποστηρικτικότητα. |



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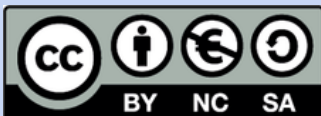


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