# Towards a Multi-sectoral Response to Gender-Based Violence

## Mapping the Current Situation in the Eastern Europe and Central Asia Region

## 2015

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# Background

## Introduction

Although gender-based violence (GBV)[1] is under-reported, under-recorded and difficult to measure in terms of its economic and health impact, there is evidence that suggests that the effects of GBV on our society are enormous.

GBV can have severe long-term consequences for the physical and mental health of victims/survivors, sometimes leading to child neglect and/or posttraumatic stress disorder. The few studies[2,3,4] that have been conducted in Eastern Europe and Central Asia (EECA) have highlighted the fact that intimate-partner violence (IPV) and sexual violence are major contributors to women's ill-health in many countries. The consequences of GBV can translate into increased poverty and can stop or delay personal and professional development.

GBV results in immediate costs for families and communities. At the family level, violence often results in a lack of financial resources to access psychosocial, legal or health services. There is a strong connection between the socioeconomic status of families and the risk of GBV, including intimate partner violence in particular.

Gender-based violence has gained prominence around the world as a violation of human and legal rights. But it is equally important that it be recognized, and addressed, as a prime barrier to reproductive health.[5]

Reducing violence against women requires concerted and coordinated action by a range of different sectors within a formal mechanism that has been provided with sufficient resources.[6]

In this context, the UNFPA Eastern Europe and Central Asia Regional Office (UNFPA EECARO) introduced in 2014 a regional initiative to support multi-sectoral, coordinated responses to GBV. Its overall goal is to strengthen the capacity of stakeholders (in particular, institutions and organizations from key sectors: psychosocial welfare, police, justice and health care) and offices from EECA region for a comprehensive response to, and prevention of, GBV through:

(1) technical assistance to strengthen existing responses to GBV, applied by different countries and territories, and

(2) support for stakeholders and offices to adapt the multi-sectoral approach of GBV to fit to local context (legal, institutional, professional), which can be translated in adaptation of the (a) design and implementation of multi-sectoral response mechanism and (b) ways to address victims/survivors' needs and concerns.

As a first step in this initiative, a survey was conducted in 2014-2015 in 17 countries and territories in Eastern Europe and Central Asia in order to gain a better understanding of existing approaches, institutional frameworks and practices related to GBV, with a focus on multi-sectoral responses. The 17 countries and territories that participated in the survey were: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Kosovo[7] (UNSCR 1244), the former Yugoslav Republic of Macedonia, the Republic of Moldova, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine and Uzbekistan.

The survey methodology was based on a structured questionnaire that gathered both quantitative and qualitative data. The questionnaire was completed either by the staff member responsible for GBV in the 17 UNFPA offices or by another staff member designated by the head of office.

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[1] The terms "GBV" and "violence against women" are often used interchangeably, as most violence against women is gender-based, and most GBV is inflicted by men on women and girls (CEDAW Gr 19, Article 3 of the Istanbul Convention). Violence against women is an expression of the power inequality between women and men.
[2] WHO, London School of Hygiene and Tropical Medicine, South African Medical Research Council (2013), Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence.
[3] WHO (2002), World report on violence and health.
[4] UNFPA, WAVE (2014), Strengthening health system responses to gender-based violence in Eastern Europe and Central Asia - a resource package.
[5] Population Reference Bureau (2010), Gender-Based Violence: Impediment to Reproductive Health.
[6] WHO (2005), WHO multi-country study on women's health and domestic violence against women: summary report of initial results on prevalence, health outcomes and women's responses.
[7] All references to Kosovo should be understood in the context of United Nations Security Council Resolution 1244 (1999).

## A multi-sectoral response to GBV

**A multi-sectoral response to GBV represents a holistic and coordinated approach aimed at harmonizing and correlating programmes and actions developed and implemented by a variety of institutions (but not limited to these) in the areas of psychosocial welfare, law enforcement (police, prosecutors and justice departments) and health.** A multi-sectoral response to GBV is based on inter-institutional partnership and cooperation, requires a common philosophy for addressing GBV and follows the principles and standards determined by the partners involved. Formulating and implementing coherent and multidisciplinary plans that enable collaboration among sectors such as criminal justice, human rights, education, labour, health and social welfare contribute to preventing violence.[8]

A multi-sectoral response to GBV is a complex mechanism of intervention and collaboration with a clear methodology that gives a unitary framework for all actors. Keeping in mind that the rights and needs of victims/survivors are pre-eminent, the following six functions should be integrated when creating such a mechanism:

1. **Coordination** includes the following sub-components: a) mechanisms for the coordination of a multi-sectoral response to GBV, information management and exchanges between the institutions/organizations involved, and ongoing programmed planning and development; b) designated bodies for coordination of multi-sectoral responses to GBV; and c) financing. Partnerships are critical to the success of multi-sectoral responses to GBV because they offer a wide safety net for support and referral; public authorities must be part of the process. Monitoring and evaluation is an important issue for effective coordination and implementation.
2. **Interventions/services** to limit the consequences of GBV and to prevent further incidents/harm. Service provision refers to services for GBV victims/survivors, as well as services for perpetrators, both of which would be governed by specific protocols, procedures and quality standards. Different services could be available for GBV victims/survivors: responses by key sectors (law enforcement, judicial, social protection/assistance, child protection and health care), specialized services and general services. All partners must be aware of the roles, responsibilities and limitations with respect to the intervention of each service provider. Services and programmes for GBV perpetrators must focus primarily on making them accountable; on ending physically, sexually and psychologically abusive behaviours; and they must be based on strategies that do not blame the victim/survivor or imply that the victim/survivor shares any responsibility for any abuse that occurred.
3. **Reporting and referral systems**. In addition to case review, monitoring and follow-up support, referrals are an important step in case management as part of a multi-sectoral response. Clear reporting and referral procedures, agreed by all institutions, facilitate a multi-sectoral response to GBV and better meet the needs and wishes of victims/survivors.
4. **Training programmes** for all professionals, from all sectors and at all levels are essential for improving the quality and management of a multi-sectoral response to GBV and for ensuring ongoing capacity development. Training programmes should focus not only on building the skills needed for an effective response to GBV and setting the stage for accountable service provision, but also on changing attitudes and behaviour in relation to GBV.
5. **Documentation, reporting, transmitting and data analysis systems**. Data management includes documenting and registering GBV incidents and cases, standardized forms and software for registering and reporting data to a higher-level institution that can generate a centralized database by aggregating all transmitted data. This software should avoid duplication of cases when aggregating data. Good data serve as a basis for the decision-making process and for policy development.
6. **Prevention and awareness-raising activities**. Prevention is aimed at stopping GBV before it occurs by addressing its root causes. The common elements that need to be addressed are one individual's power and control over another individual, as well as gender inequality and discrimination. Prevention requires longer-term planning and implementation to envisage substantive changes of the economic, social and political status of GBV victims/survivors and changes in social norms that tolerate abusive behaviours. Awareness-raising activities are considered part of the intervention component because they may a) raise the level of understanding of the various forms and consequences of GBV, b) change perceptions of GBV, and c) directly influence the addressability of victims/survivors to available services.

[8] WHO (2002), World report on violence and health.

With the exception of a few subcomponents (detailed in the various sections of this report), some of which are critical for the proper and effective implementation of a multi-sectoral response to GBV, Albania, Kosovo (UNSCR 1244), the Republic of Moldova and Turkey have already addressed the six main functions and subcomponents with different degrees of development and implementation. Belarus, Bosnia and Herzegovina, Georgia and Kyrgyzstan also reported that they have started to develop and/or implement the majority of the functions and subcomponents involved in a multi-sectoral response to GBV.

| | | Coordination | | | | Services | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Legal documents that make explicit reference to GBV or at least one form thereof | Mechanism for a multi-sectoral response to GBV | Mechanism for multi-sectoral coordination for GBV-specific activities | Multi-sectoral coordination body for GBV-specific activities | Availability of different types of funding sources | Specialized services for GBV victims/survivors | Specialized services for GBV perpetrators | Regulations regarding referrals of GBV cases (guidelines, protocols) to other services/institutions | Availability of different types of training (university-level, postgraduate, CPE) | Systems for documenting, reporting, transmitting and analysing data | Ongoing awareness-raising activities |
| Albania | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Armenia | | | | Yes | Yes | Yes | | | | Yes | Yes |
| Azerbaijan | Yes | | | | Yes | Yes | | | Yes | Yes | Yes |
| Belarus | Yes | Yes | Yes | | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Bosnia and Herzegovina | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | Yes | Yes |
| Georgia | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | Yes | Yes | Yes |
| Kazakhstan | Yes | | | | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Kyrgyzstan | Yes | Yes | Yes | Yes | Yes | Yes | | Yes | Yes | Yes | Yes |
| Kosovo (UNSCR 1244) | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| The former Yugoslav Republic of Macedonia | Yes | Yes | | | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Republic of Moldova | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Serbia | Yes | Yes | Yes | | Yes | Yes | Yes | Yes | Yes | | Yes |
| Tajikistan | Yes | | Yes | | Yes | Yes | Yes | Yes | Yes | | Yes |
| Turkey | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Turkmenistan | | Yes | Yes | Yes | Yes | | | | | | Yes |
| Ukraine | Yes | Yes | | Yes | Yes | Yes | Yes | Yes | | | Yes |
| Uzbekistan | Yes | | | | Yes | Yes | | | | Yes | Yes |

**Table 1. Implementation of the six functions and their subcomponents (not all of them are included in the table) of a multi-sectoral response to GBV in EECA region.**

Development of an appropriate and culturally sensitive programme addressing GBV may be approached through the lenses of different conceptual models. Complementing the multi-sectoral model, which defines the functions needed by sectors and institutions, the multilevel model based on the social development theory[9] groups functions and activities by levels of intervention (policy reform, infrastructure development and direct services) corresponding to the three levels of prevention (primary, secondary and tertiary).

[9] Garry Jacobs, Harlan Cleveland (1999), Social Development Theory http://www.icpd.org/development_theory/SocialDevTheory.htm.

# Legislative and regulatory frameworks

## Terms and definitions

While all countries and territories have the term *gender-based violence* in their state language, many other terms with a similar meaning are also used when speaking about this subject.[10]

The term *gender-based violence* is formally defined in nine countries and territories of the region. The definition is included in six laws, six policies and three professional documents.

At the same time, the term *multi-sectoral response to GBV*, or a synonym thereof (national referral mechanism, multidisciplinary or intersectoral approach or cooperation) is formally defined in 6 six laws, 8 policies and 6 professional documents in 12 countries and territories.

***Gender-based violence**: a form of discrimination that seriously inhibits women's ability to enjoy rights and freedoms on a basis of equality with men (UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), General Recommendation No. 19 on VAW, Art. 1).*

***Violence against women**: any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (UN Declaration on the elimination of violence against women. New York, United Nations, 1993). It includes many different forms of violence against women and girls, such as intimate partner violence, non-partner sexual violence, early and/or forced marriage, trafficking, and harmful practices such as female genital mutilation*

| | Terms that have similar meaning to GBV are used | Documents in which the term GBV is formally defined | Documents in which the term *multi-sectoral response to GBV* is formally defined |
|---|---|---|---|
| Albania | Yes | S | L |
| Armenia | Yes | | |
| Azerbaijan | Yes | | |
| Belarus | | | L, P |
| Bosnia and Herzegovina | Yes | L, P, S | L, P, S |
| Georgia | | | P |
| Kazakhstan | Yes | | L, S (2) |
| Kyrgyzstan | | L, P | P |
| Kosovo (UNSCR 1244) | Yes | L | P |
| The former Yugoslav Republic of Macedonia | | P | P |
| Republic of Moldova | Yes | L | S |
| Serbia | Yes | P (2), S | P |
| Tajikistan | Yes | L | L, S |
| Turkey | Yes | L, P | L, P, S |
| Turkmenistan | | | |
| Ukraine | | | |
| Uzbekistan | | | |

**Table 2. Terms and definition used in EECA region. L – law, P – policy, S – professional document specific to GBV.**

[10] Ten countries and territories use other terms that have a similar meaning to gender-based violence: constrângere (constraint), abuz (abuse), agresiune (aggression), зуровари оила, домашнее насилие, бытовое насилие, porodicno nasilje (domestic violence), насилие в семье (family violence), gender esasli qisnama (gender-based persecution), gender zorakiligi (gender violence), kananc nkatmamb brnutyun, qadinlara qarshi zorakiliq, насилие в отношении женщин, nasilje nad zenama, dhuna ndaj gruas (violence against women), dhune psikologjike (psychological violence), dhune fizike (physical violence), dhune seksuale (sexual violence).

## Legal frameworks

Fifteen countries and territories (all those surveyed with the exception of Armenia and Turkmenistan) have a total of 39 legal documents (laws) that make explicit reference to *gender-based violence* or at least one form of GBV, but the majority of them do not include a definition of these terms.

> The *GBV Guidelines for Health Care Providers* in Albania define GBV as an umbrella term for any act, omission or conduct that is perpetuated against a person's will and that is based on socially ascribed differences (gender) between males and females. In this context, GBV includes, but is not limited to, sexual violence, physical violence and harmful traditional practices, as well as economic and social violence. The term refers to violence that targets individuals or groups on the basis of their being female or male.
>
> In Bosnia and Herzegovina, a number of legal documents make explicit reference to GBV or at least one form of GBV. The key legal documents are: Bosnia and Herzegovina's *Gender Equality Law*, the Republika Srpska's *Law on Protection from Domestic Violence*, the Federation of Bosnia and Herzegovina's *Law on Protection from Domestic Violence*, the Republika Srpska's *Criminal Code*, the Federation of Bosnia and Herzegovina's *Criminal Code*, and a number of bylaws, protocols and action plans.
>
> In Kazakhstan, the *Law on Prevention of Domestic Violence* identifies the entities responsible for prevention and their tasks, describing the type of intervention that each institution is mandated to carry out, but there is no explicit description of a multi-sectoral response or cooperation.
>
> In the Republic of Moldova, *Law 45* refers to domestic violence. Also, a comprehensive approach to domestic violence through a coordinated and effective response to stakeholders for victim/survivor assistance and for resolving cases of domestic violence is described in Moldova's profession-specific guidelines on response implementation. In addition, the National Programme on Gender Equality has a dedicated chapter on violence against women.
>
> In Serbia, different legal and policy documents refer to GBV. The Ministry of Health's *Special Protocol for the Protection and Treatment of Women Victims and Survivors of Violence* defines GBV as a type of behaviour that endangers physical integrity, mental health and peace, or that causes material damage to an individual, including serious threat of such behaviour, that prohibits or limits an individual to enjoy his/her freedom and rights based on the principles of gender equality.
>
> The Law of the Republic of Tajikistan *on Equal Rights for Men and Women and Equal Opportunities and Their Implementation* contains a prohibition of discrimination on the grounds of sex, but the definition of discrimination does not include direct and indirect discrimination. The *Law on the Prevention of Domestic Violence* does not include a definition of domestic violence but details the roles and responsibilities of public bodies and organizations to provide social and legal protection for victims/survivors of domestic violence.

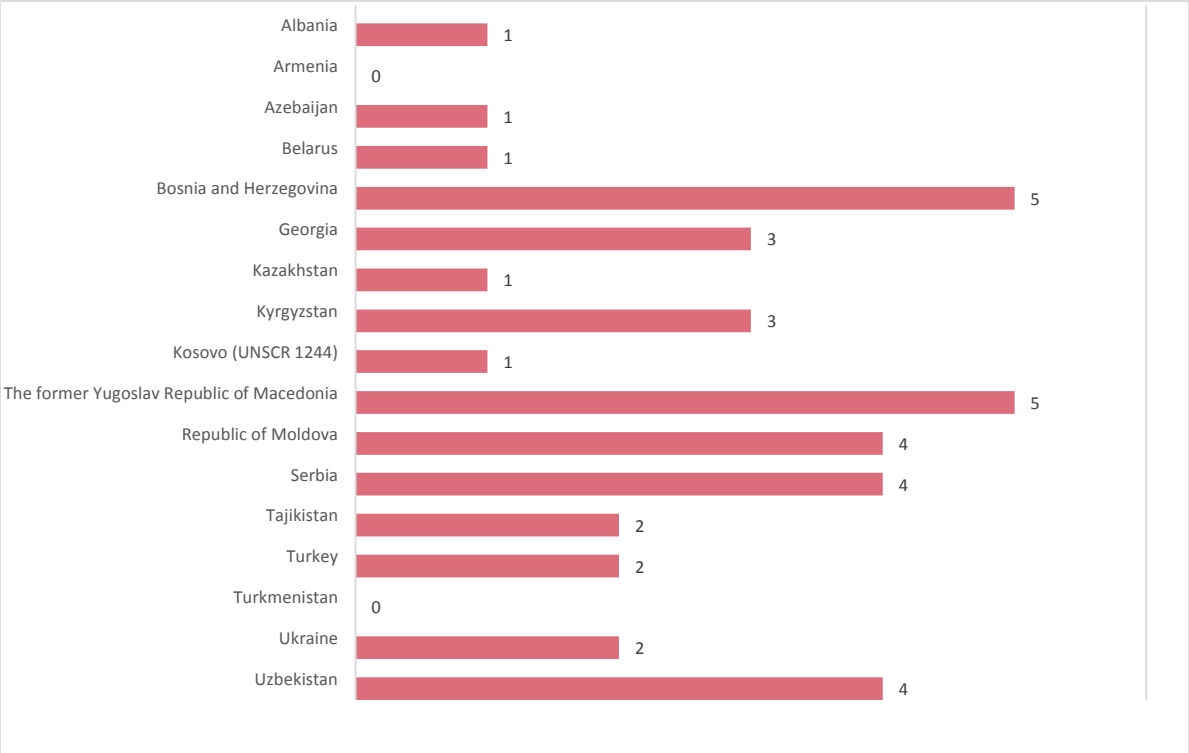


**Figure 1. Number of legal documents that make explicit reference to GBV.**

Almost all of the countries and territories surveyed (except Belarus and Turkmenistan) reported in October 2015 that they had ongoing strategies that referred to GBV or at least one form of GBV. Eleven strategies implemented in 10 countries and territories will end in 2015.

| | Form(s) of GBV covered by the strategy | Institution responsible for strategy implementation | Period covered by the strategy |
|---|---|---|---|
| Albania | Gender-based violence<br>Domestic violence | Ministry of Social Welfare and Youth - Directory for Social Inclusion and Gender Equality<br>Ministry of Interior<br>Ministry of Health<br>Ministry of Justice<br>Ministry of Education and Sports | 2011 – 2015 |
| Armenia | Gender-based violence | Ministry of Health<br>Ministry of Labour and Social Issues<br>Ministry of Education<br>Police | 2011 – 2015 |
| Azerbaijan | Trafficking in human beings | Cabinet of Ministers<br>National Coordinator | 2014 – 2018 |
| | Human rights | Ombudsperson's Office | 2011 – 2015 |
| Belarus | *No ongoing strategy reported* | | |
| Bosnia and Herzegovina | Human trafficking | Ministry of Security<br>Ministry for Human Rights and Refugees<br>Ministries of Justice<br>Multiple line ministries | 2013 – 2015 |
| | Conflict-related sexual violence | Ministry for Human Rights and Refugees<br>Ministries of Justice<br>Ministries of Health and Social Protection<br>Gender Centres<br>Multiple line ministries | 2013 – 2016 |
| | Trafficking and sexual violence during conflict | Gender Agency<br>Gender Centres<br>Ministries of Justice<br>Ministries of Interior<br>Ministry of Defence<br>Multiple line ministries | 2015 – 2017 |
| | Domestic violence | Gender Agency<br>Gender Centres<br>Ministries of Justice<br>Ministries of Interior<br>Multiple line ministries | 2015 – 2018 |
| Georgia | Domestic violence | Georgian State Inter-agency Council for the Prevention of Domestic Violence<br>Government of Georgia | 2013 – 2015 |
| | All forms of Gender-based violence against women | Gender Equality Council at the Parliament of Georgia<br>Government of Georgia | 2012 – 2015 |
| Kazakhstan | Violence against women<br>Gender-based discrimination<br>Domestic violence | National Commission on Women's Affairs and Family-Demographic Policy (under the President of the Republic of Kazakhstan) | 2006 – 2016 |
| Kyrgyzstan | All forms of GBV<br>Violence against women and girls | Ministry for Social Development | 2012 – 2020 |
| Kosovo (UNSCR 1244) | *No ongoing strategy reported* | | |
| The former Yugoslav Republic of Macedonia | Domestic violence | Ministry of Labour and Social Protection | 2012 – 2015 |
| | Gender equality (trafficking in human beings and family violence) | Ministry of Labour and Social Protection | 2013 – 2020 |
| Republic of Moldova | Gender-based violence | Government of the Republic of Moldova<br>Ministry of Labour, Social Protection and Family | 2010 – 2015 |
| Serbia | All forms of GBV | Government of Serbia | 2011 – 2015 |
| Tajikistan | Violence against women | Committee on Women and Family Affairs | 2014 – 2017 |
| Turkey | Domestic violence (physical, psychological, sexual, economic violence) | Ministry of Family and Social Policies – Directorate-General for the Status of Women | 2012 – 2015 |
| Turkmenistan | *No ongoing strategy reported* | | |
| Ukraine | Family violence | Ministry of Social Policy | 2013 – 2016 |
| Uzbekistan | Gender-based violence | Women's Committee<br>Cabinet of Ministers | 2013 – 2015 |

**Table 3. Ongoing strategies that refer to GBV (as of April 2015).**

## Regulations

Twelve countries and territories reported having specific guidelines regarding GBV. Of these, 10 reported that they had specific guidelines for intervention/case management, 10 for referral to other services or institutions, 6 for prevention, 6 for awareness-raising, and 3 for monitoring and evaluation. Belarus, Kyrgyzstan and Turkey reported that they had specific guidelines for all five types of actions mentioned.

***Guideline**: statement of recommended practice for use in specific circumstances; professionals are advised to follow guidelines, but compliance is not mandatory.*

***Protocol**: mandatory set of decision-making rules based on best practices. A protocol refers to a specific sequence of steps involved in addressing a specific need in a specific institution or service.*

***Quality standard**: a document stating certain norms to ensure optimum levels of intervention and referral; it expresses the quality of intervention and referral with a focus on effectiveness, safety and a positive experience for beneficiaries.*

Nine countries and territories reported having specific protocols regarding GBV (protocols regarding intervention/case management or for referral to other services or institutions in 8, protocols for prevention of GBV in 4, protocols for awareness-raising in 3 and for monitoring and evaluation in 2 countries and territories). Turkey was the only country that reported having at least one specific guideline and one specific protocol for each of the five types of actions.

| | Intervention/case management | | | Referral to other services/institutions | | | Monitoring and evaluation | | Prevention | | Awareness-raising | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Guideline | Protocol | Mandatory quality standard | Guideline | Protocol | Mandatory quality standard | Guideline | Protocol | Guideline | Protocol | Guideline | Protocol |
| Albania | Yes | Yes | Yes | Yes | Yes | Yes | | Yes | | Yes | Yes | Yes |
| Armenia | | | | | | | | | | | | |
| Azerbaijan | | | | | | | | | | | | |
| Belarus | Yes | Yes | Yes | Yes | Yes | | Yes | | Yes | | Yes | |
| Bosnia and Herzegovina | Yes | Yes | | Yes | Yes | | | | | | | |
| Georgia | | | | | | | | | | | | |
| Kazakhstan | Yes | | | Yes | | | | | | | | |
| Kyrgyzstan | Yes | Yes | | Yes | | | Yes | | Yes | | Yes | |
| Kosovo (UNSCR 1244) | Yes | | | Yes | | | | | Yes | | | |
| The former Yugoslav Republic of Macedonia | Yes | Yes | | Yes | Yes | Yes | | | Yes | Yes | | |
| Republic of Moldova | | | | Yes | | | | | Yes | | Yes | |
| Serbia | Yes | Yes | | Yes | Yes | | | | | Yes | Yes | Yes |
| Tajikistan | Yes | Yes | | | Yes | | | | | | | |
| Turkey | Yes | Yes | Yes | Yes | Yes | | Yes | Yes | Yes | Yes | Yes | Yes |
| Turkmenistan | | | | | | | | | | | | |
| Ukraine | | | | | Yes | | | | | | | |
| Uzbekistan | | | | | | | | | | | | |

**Table 4. Specific guidelines and protocols regarding GBV at country level.**

Quality standards regarding GBV intervention are mandatory in three countries and for referral in two countries. Thirteen countries and territories did not report any quality standards regarding GBV intervention and/or referral.

# Coordination

## Coordination mechanisms

Twelve countries and territories reported having a mechanism for a multi-sectoral response to GBV, implemented at the national level, local level or at both the national and local level. These mechanisms are described in laws, cooperation protocols, quality standards or national referral mechanisms and are followed by law-enforcement institutions, social services, health-care facilities, educational institutions and institutions or organizations that provide specialized services for GBV victims/survivors.

In 11 countries and territories, a mechanism for multi-sectoral coordination of GBV-specific activities was reported. These coordination mechanisms are described in laws, cooperation protocols, national operating procedures, guidelines, strategies or action plans.

Ten countries and territories reported having a multi-sectoral coordination body for GBV-specific activities. Coordination at the country level is ensured by different ministries in Albania (by municipalities at the local level), Bosnia and Herzegovina, Kyrgyzstan, Kosovo (UNSCR 1244), the Republic of Moldova, Turkey and Ukraine, and by inter-agency commissions, committees or councils in Armenia, Georgia and Turkmenistan.

All countries and territories reported having at least one type of funding source available.

Seven countries and territories reported having all four sub-components of a multi-sectoral response to GBV: a mechanism for a multi-sectoral response to GBV, a mechanism for coordination of implementation, a coordination body for GBV-specific activities and funding sources for GBV activities.

| | Mechanism for a multi-sectoral response to GBV | Mechanism for multi-sectoral coordination of GBV-specific activities | Multi-sectoral coordination body for GBV-specific activities |
|---|---|---|---|
| Albania | Yes | Yes | Yes |
| Armenia | | | Yes |
| Azerbaijan | | | |
| Belarus | Yes | Yes | |
| Bosnia and Herzegovina | Yes | Yes | Yes |
| Georgia | Yes | Yes | Yes |
| Kazakhstan | | | |
| Kyrgyzstan | Yes | Yes | Yes |
| Kosovo (UNSCR 1244) | Yes | Yes | Yes |
| The former Yugoslav Republic of Macedonia | Yes | | |
| Republic of Moldova | Yes | Yes | Yes |
| Serbia | Yes | Yes | |
| Tajikistan | | Yes | |
| Turkey | Yes | Yes | Yes |
| Turkmenistan | Yes | Yes | Yes |
| Ukraine | Yes | | Yes |
| Uzbekistan | | | |

**Table 5. Presence of the elements of coordination for a multi-sectoral response to GBV.**

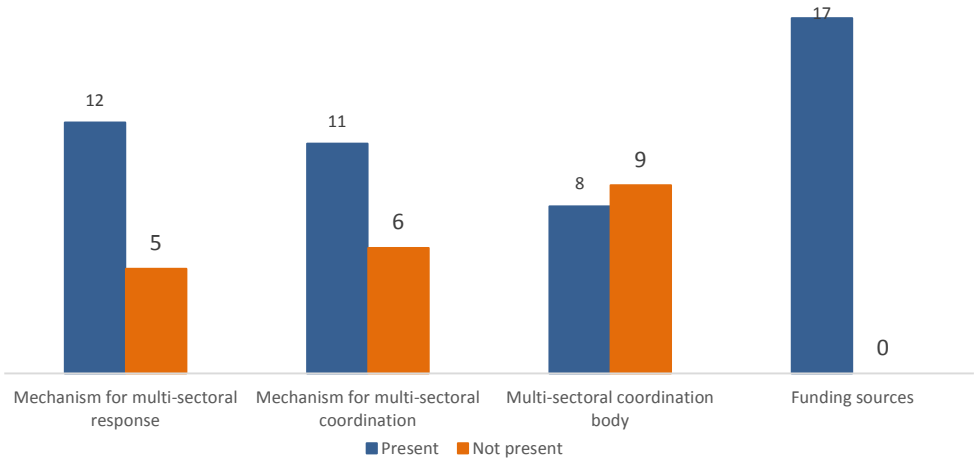


**Figure 2. Number of countries and territories that have reported the four subcomponents of coordination.**

## Institutional frameworks

Almost all countries and territories surveyed reported having an institution at national level mandated to ensure gender equality (except Turkmenistan).

Ten countries and territories reported having a governmental institution mandated to coordinate and/or regulate at national level all activities that address GBV. The mandate is an executive one, not limited to an advisory role. This institution might be different from the multi-sectoral coordination body for GBV-specific activities. In all countries and territories surveyed, this institution is the same as the one mandated to ensure gender equality.

All of the surveyed countries and territories reported having international partner agencies that support GBV activities. These included UN agencies, the Council of Europe, the European Union, the Organization for Security and Co-operation in Europe (OSCE), the Swiss Development Agency, the Swedish International Development Cooperation Agency (SIDA), the United States Agency for International Development (USAID), embassies of different countries, other donors and community-based associations.

| | Institution at national level mandated to ensure gender equality | Institution at national level mandated to coordinate and/or regulate all activities that address GBV | International partners/agencies that support GBV activities |
|---|---|---|---|
| Albania | Yes | Yes | Yes |
| Armenia | Yes | | Yes |
| Azerbaijan | Yes | | Yes |
| Belarus | Yes | | Yes |
| Bosnia and Herzegovina | Yes | Yes | Yes |
| Georgia | Yes | Yes | Yes |
| Kazakhstan | Yes | Yes | Yes |
| Kyrgyzstan | Yes | Yes | Yes |
| Kosovo (UNSCR 1244) | Yes | Yes | Yes |
| The former Yugoslav Republic of Macedonia | Yes | | Yes |
| Republic of Moldova | Yes | Yes | Yes |
| Serbia | Yes | | Yes |
| Tajikistan | Yes | Yes | Yes |
| Turkey | Yes | Yes | Yes |
| Turkmenistan | | | Yes |
| Ukraine | Yes | Yes | Yes |
| Uzbekistan | Yes | | Yes |

**Table 6. Institutions with a mandate to address GBV or support GBV activities.**

As key sectors, law-enforcement, judicial, social-protection, child-protection and health-care institutions were reported by the majority of the countries and territories surveyed as having a mandate to address GBV through response and/or prevention/awareness-raising activities. Health-care facilities in Ukraine and the judicial system and social-protection/assistance institutions in Turkmenistan were not reported to play a role in addressing GBV.

All of the countries and territories surveyed, with the exception of Bosnia and Herzegovina, Georgia and Turkmenistan, reported that there are also non-governmental or civil society organizations/institutions (NGOs or CSOs) with national coverage that address GBV through awareness-raising/prevention, intervention, referral or other types of activities. In Albania, Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Kosovo (UNSCR 1244), the former Yugoslav Republic of Macedonia, the Republic of Moldova and Uzbekistan, NGOs or CSOs that address GBV are organized as networks, coalitions, committees or alliances with national coverage.

## Financing

From the public (state, governmental) budget, funds allocated to support the daily activities or services of different governmental institutions cover support and assistance for GBV victims/survivors and perpetrators (an essential dimension of a multi-sectoral response to GBV), as well as training programmes for staff and prevention and awareness-raising activities.

Besides assistance and support services provided by governmental institutions and funded from public budgets, specific GBV-related activities that receive funding from different sources were reported in the 17 countries participating in the survey. The types of activities funded include training for professionals, specialized services for GBV victims/survivors, awareness-raising/prevention activities and situation analysis and other activities.

In 12 out of the 17 countries and territories, public (state, governmental) institutions provide funding for non-governmental institutions and organizations for specific GBV-related activities, mainly for specialized services for GBV victims/survivors and awareness-raising/prevention activities.

Private non-profit (non-governmental) institutions provide funding to other institutions for specific GBV-related activities (training, awareness-raising/prevention and situation analysis) in eight countries. Three countries reported having private for-profit (commercial) institutions that provide funding to other institutions for GBV awareness-raising/prevention. Funds from international institutions for activities that address GBV are available and accessible in all 17 countries and territories. Only one country reported having available all four sources of funding for specific GBV-related activities.

| | Public (state, governmental) institutions providing funds to NGOs | Private non-profit (non-governmental) institutions providing funds to other institutions | Private for-profit (commercial) institutions providing funds to other institutions | International institutions providing funds to other institutions |
|---|---|---|---|---|
| Albania | Yes | Yes | Yes | Yes |
| Armenia | | Yes | | Yes |
| Azerbaijan | Yes | Yes | | Yes |
| Belarus | | | | Yes |
| Bosnia and Herzegovina | Yes | Yes | | Yes |
| Georgia | | | | Yes |
| Kazakhstan | Yes | | | Yes |
| Kyrgyzstan | Yes | Yes | | Yes |
| Kosovo (UNSCR 1244) | Yes | | | Yes |
| The former Yugoslav Republic of Macedonia | Yes | Yes | Yes | Yes |
| Republic of Moldova | Yes | Yes | | Yes |
| Serbia | Yes | | | Yes |
| Tajikistan | | | | Yes |
| Turkey | Yes | | Yes | Yes |
| Turkmenistan | | | | Yes |
| Ukraine | Yes | Yes | | Yes |
| Uzbekistan | Yes | | | Yes |

**Table 7. Institutions that provide funding to other institutions for specific GBV-related activities.**

# Services

Different types of support services are essential in order to address the various and complex short-, medium- and long-term needs of GBV victims/survivors and to ensure that perpetrators are held accountable. A wide range of sectors and actors are involved in service provision networks to ensure the efficacy of intervention: key sectors (law enforcement, judicial, social protection/assistance, child protection, health care) involved in GBV response, specialized services for GBV victims/survivors and perpetrators, and general services. Besides specialized service providers, governmental institutions offer support and assistance to GBV victims/survivors according to their mandates: judicial, investigatory, health care, social assistance, employment support, public education or child welfare.

In the context of the EECA region, where specialized services for GBV victims/survivors and perpetrators might not exist or are limited, an effective and quality coordinated response to GBV on the part of governmental institutions is essential.

Both law-enforcement and child-protection institutions have a mandate to respond to GBV in all 17 countries and territories surveyed. The judicial system and health-care institutions have a mandate to respond to GBV in 16 countries and territories, while social-protection/assistance services have such a mandate in 15 countries and territories.

| | Law enforcement | Judicial | Social protection/assistance | Child-protection institutions | Health-care institutions |
|---|---|---|---|---|---|
| Albania | Yes | Yes | Yes | Yes | Yes |
| Armenia | Yes | Yes | Yes | Yes | Yes |
| Azerbaijan | Yes | Yes | Yes | Yes | Yes |
| Belarus | Yes | Yes | Yes | Yes | Yes |
| Bosnia and Herzegovina | Yes | Yes | Yes | Yes | Yes |
| Georgia | Yes | Yes | Yes | Yes | Yes |
| Kazakhstan | Yes | Yes | Yes | Yes | Yes |
| Kyrgyzstan | Yes | Yes | Yes | Yes | Yes |
| Kosovo (UNSCR 1244) | Yes | Yes | Yes | Yes | Yes |
| The former Yugoslav Republic of Macedonia | Yes | Yes | Yes | Yes | Yes |
| Republic of Moldova | Yes | Yes | Yes | Yes | Yes |
| Serbia | Yes | Yes | Yes | Yes | Yes |
| Tajikistan | Yes | Yes | | Yes | Yes |
| Turkey | Yes | Yes | Yes | Yes | Yes |
| Turkmenistan | Yes | | | Yes | Yes |
| Ukraine | Yes | Yes | Yes | Yes | |
| Uzbekistan | Yes | Yes | Yes | Yes | Yes |

**Table 8. Mandates of key governmental institutions to respond to GBV.**

Specialized services are specific services established to protect and empower GBV victims/survivors and their children or to hold perpetrators accountable, and they are tailored to their specific immediate and longer-term needs. These services are provided by specialized staff with in-depth knowledge of GBV. It is necessary to distinguish between specialized services and general support services, which are services that provide support for GBV victims/survivors or perpetrators but are not designed exclusively for them and therefore may not adequately or thoroughly address their specific needs. General support services cater to a range of needs, such as all victims/survivors of crime, all people with health problems, all perpetrators. While victims/survivors of GBV may access general support services, their specific needs are not systematically addressed or supported. In the case of victims/survivors, general support services may include homeless shelters, family shelters, shelters for mothers and their children, general advice centres and helplines.

Specialized services may be provided a) by governmental/public/state institutions (public services); b) by non-profit (non-governmental) organizations or for-profit (commercial) organizations (private services); or c) within the framework of a contract between a public/state authority and a private party (non-profit or for-profit) in which the private party provides a public service or completes a project and assumes substantial technical and operational responsibilities (public-private partnership).

Sixteen countries and territories reported that specialized services for GBV victims/survivors were available. Specialized services for GBV perpetrators are available in 12 countries and territories.

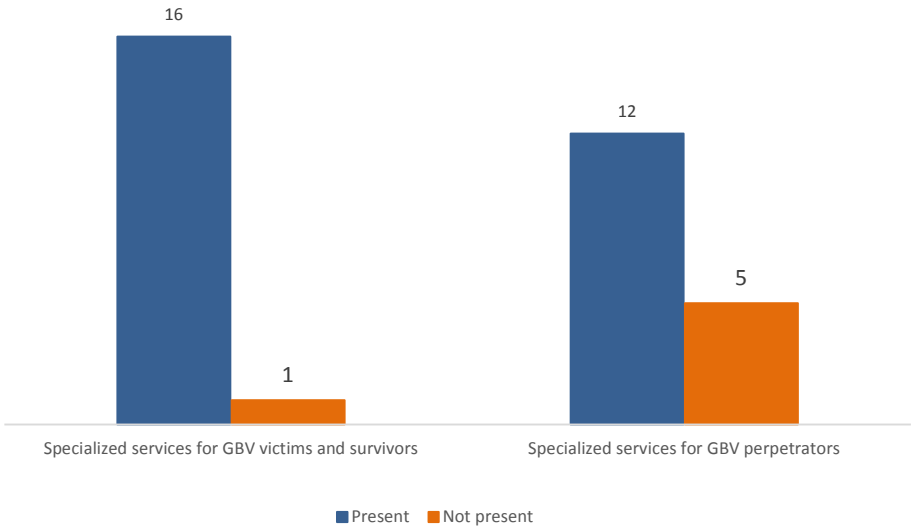


**Figure 3. Number of countries and territories that reported having specialized services.**

## Specialized services for GBV victims/survivors

Sixteen of the countries and territories surveyed reported having specialized services available for GBV victims/survivors, the majority of whom are women. While a number of factors may increase the risk of women experiencing GBV, domestic violence may affect women regardless of their socioeconomic status, educational achievements, ethnic origin, religion or sexual orientation.[11]

Six countries reported having all seven types of services mentioned in the survey: crisis support, counselling, trauma coping support; referral to other institutions or specialized services; long-term sheltering; short-term sheltering; outreach; advocacy for victims/survivors' rights at other institutions; and information and support through hotlines or helplines. One country did not report having any type of specialized services for GBV victims/survivors (Turkmenistan).

Fourteen of the surveyed countries and territories (with the exception Kyrgyzstan, Turkmenistan and Uzbekistan) reported having public services available, while 16 countries and territories (with the exception of Turkmenistan) reported having privately owned (non-profit or commercial) specialized services. The provision of specialized services in the framework of a public-private partnership (PPP) was reported by nine countries and territories.

Nine out of the 16 countries and territories where services for GBV victims/survivors are available reported having a licensure/registration process for the services provided for GBV victims/survivors in order to verify that a service provider meets the basic minimum standards of competency to perform their work with victims/survivors safely and effectively.

An accreditation process for the services provided for GBV victims/survivors was reported in 4 out of the 16 countries and territories. Such a mechanism reviews the capabilities of an organization to consistently deliver reliable, high-quality outputs or to achieve desired results, and ensures that services demonstrate compliance with pre-established organizational performance or quality standards**.**

[11] UNFPA, WAVE (2014), Strengthening health system responses to gender-based violence in Eastern Europe and Central Asia - a resource package.

| | Crisis support, counselling, trauma coping support | | | Referral to other institutions/ specialized services | | | Long-term sheltering | | | Short-term sheltering | | | Outreach | | | Advocacy for victims/survivors' rights at other institutions | | | Information and support through hotlines/ helplines | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Public | Private | PPP | Public | Private | PPP | Public | Private | PPP | Public | Private | PPP | Public | Private | PPP | Public | Private | PPP | Public | Private | PPP |
| Albania | Yes | Yes | | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | Yes | Yes |
| Armenia | | Yes | | Yes | Yes | | | | | | Yes | | | | | | Yes | | | Yes | |
| Azerbaijan | | Yes | | Yes | Yes | | | | | | Yes | | Yes | Yes | | Yes | Yes | | | Yes | |
| Belarus | Yes | Yes | | Yes | Yes | | Yes | Yes | | Yes | Yes | | Yes | Yes | | Yes | Yes | | Yes | Yes | |
| Bosnia and Herzegovina | Yes | Yes | Yes | Yes | Yes | Yes | | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Georgia | Yes | Yes | Yes | Yes | Yes | Yes | | | | Yes | Yes | Yes | | | | Yes | Yes | Yes | Yes | Yes | Yes |
| Kazakhstan | Yes | Yes | | Yes | | | | | | | Yes | | Yes | Yes | | Yes | Yes | | Yes | | Yes |
| Kyrgyzstan | | Yes | | | | Yes | | | | | Yes | | | | | | Yes | | | Yes | |
| Kosovo (UNSCR 1244) | | | | Yes | | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | Yes | | Yes | Yes | | Yes | | |
| The former Yugoslav Republic of Macedonia | | | | Yes | | | Yes | | | Yes | | | | Yes | | | Yes | | | Yes | |
| Republic of Moldova | Yes | Yes | | Yes | Yes | | | Yes | | Yes | Yes | | | Yes | | Yes | Yes | | | Yes | |
| Serbia | Yes | Yes | | Yes | | | Yes | Yes | | Yes | Yes | | | | | Yes | Yes | | Yes | Yes | |
| Tajikistan | | Yes | | Yes | Yes | | | | | Yes | Yes | | | | | Yes | Yes | | Yes | Yes | |
| Turkey | Yes | | | Yes | | | Yes | | | Yes | | | Yes | | | Yes | Yes | Yes | Yes | Yes | Yes |
| Turkmenistan | | | | | | | | | | | | | | | | | | | | | |
| Ukraine | Yes | Yes | | Yes | | | Yes | Yes | | Yes | Yes | Yes | | Yes | | | Yes | | | Yes | |
| Uzbekistan | | Yes | Yes | | Yes | | | | | | Yes | | | Yes | | | Yes | | | Yes | |

**Table 9. Types and ownership of specialized services for GBV victims/survivors.**

| | Specialized services for GBV victims/survivors available (any type) | Supervision process for professionals | Reconciliation/mediation procedure for GBV victims/survivors and perpetrators available | Licensure/registration process available | Accreditation process available |
|---|---|---|---|---|---|
| Albania | Yes | Optional | Yes | Yes | |
| Armenia | Yes | No supervision | | | |
| Azerbaijan | Yes | No supervision | | Yes | Yes |
| Belarus | Yes | Optional | | | |
| Bosnia and Herzegovina | Yes | Optional | Yes | Yes | |
| Georgia | Yes | Optional | | Yes | |
| Kazakhstan | Yes | No supervision | Yes | | |
| Kyrgyzstan | Yes | No supervision | | | |
| Kosovo (UNSCR 1244) | Yes | No supervision | | Yes | |
| The former Yugoslav Republic of Macedonia | Yes | No supervision | Yes | | |
| Republic of Moldova | Yes | No supervision | Yes | | |
| Serbia | Yes | No supervision | | Yes | Yes |
| Tajikistan | Yes | No supervision | | Yes | |
| Turkey | Yes | No supervision | Yes | Yes | Yes |
| Turkmenistan | | No supervision | | | |
| Ukraine | Yes | No supervision | | Yes | Yes |
| Uzbekistan | Yes | Optional | | | |

**Table 10. Availability of specialized services for GBV victims/survivors and quality-assurance processes.**

Four out of the 16 countries and territories that have specialized services for GBV victims/survivors available reported having both licensure/registration and accreditation processes for these services.

Six countries reported having an officially regulated reconciliation/mediation procedure available for GBV victims/survivors and perpetrators. This is a process that provides interested victims/survivors with an opportunity to meet their abusers in a safe and structured setting, and to engage in a mediated discussion of what they suffered. With the assistance of a trained mediator, victims are able to tell their abusers about the physical, emotional and financial impact of the violence that they suffered and to be directly involved in developing a restitution plan for the perpetrator to pay back financial debts resulting from the abuse**.** Mediation and restorative justice are allowed only where procedures are in place to guarantee no force, pressure or intimidation has been used.[12] As minimum requirements, the process must offer the same or greater measures of protection of the victim/survivor's safety as does the criminal justice process and take place with the approval of the justice service provider after a validated risk assessment that determines that the victim/survivor is not at high risk and is facilitated by trained and qualified mediators. The victim/survivor must be fully informed of the process, approve of the mediation and consent to participate. Also, the perpetrator must accept responsibility for the violence committed.

Working with GBV victims/survivors might have a psychological and emotional impact on service providers. Because of this, it is recommended that service providers, in addition to other measures such as flexible working hours and capacity-building activities, follow supervision sessions during which another counsellor may review their work with victims/survivors, and also take part in activities aimed at their professional development and often their personal development as well. Such supervision is optional in five countries, while no supervision process for service providers was reported in the rest of countries and territories surveyed.

## Specialized services for GBV perpetrators

The primary purpose of specialized services and programmes for GBV perpetrators is to make them accountable for their abuse and to change their violent and abusive behaviour. Perpetrator accountability requires that justice services effectively hold perpetrators accountable while ensuring that they get a fair trial.[13] This requires careful consideration of victim/survivor risks and vulnerabilities and that the special needs of victims/survivors who face particular barriers are addressed.

The most conservative conclusions that one can make concerning the effectiveness of intervention programmes for IPV perpetrators are that (a) the available data from a relatively small number of studies, many with serious methodological limitations, simply do not allow for clear conclusions about effectiveness, and (b) there are simply too few clear, unbiased studies with sufficient evidence of internal and external validity to properly determine whether these programmes are effective at preventing future episodes of GBV.

Twelve of the countries and territories surveyed reported that specialized services for GBV perpetrators are available, while 10 countries and territories reported that specialized services provided by a public/state institution were available. Eight countries and territories reported that privately owned specialized services for GBV perpetrators were available, and four countries and territories reported that specialized services were provided in the framework of a public-private partnership.

Nine countries and territories reported that perpetrators are mandated to follow specialized service. In most situations, the professionals who are entitled to require that perpetrators comply with certain measures are representatives of law-enforcement institutions: police officers in seven countries and territories, judges in six, and prosecutors in five.

Four countries reported having an established licensure/registration process for the services provided for GBV perpetrators, and two of these reported also having an accreditation process for the services provided for GBV perpetrators.

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[12] UN Women, UNFPA, UNDP, UNODC (2015) Strategy for Essential Justice Services to Respond to Violence against Women and Girls - Essential Services and Quality Standards.

[13] Idem.

| | Psychological counselling | | | Psychiatric evaluation | | | Legal counselling | | | Social rehabilitation and reinsertion | | | Facilitation of access to services for addictions | | | Outreach | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Public | Private | PPP | Public | Private | PPP | Public | Private | PPP | Public | Private | PPP | Public | Private | PPP | Public | Private | PPP |
| Albania | | | Yes | Yes | | | Yes | Yes | | Yes | Yes | | Yes | | | Yes | Yes | Yes |
| Armenia | | | | | | | | | | | | | | | | | | |
| Azerbaijan | | | | | | | | | | | | | | | | | | |
| Belarus | Yes | Yes | | | | | | | | | | | Yes | | | | | |
| Bosnia and Herzegovina | | Yes | | | | | | | | | Yes | | Yes | | | | | |
| Georgia | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | | |
| Kazakhstan | | Yes | | Yes | | | | | Yes | | | | | | | | | Yes |
| Kyrgyzstan | | | | | | | | | | | | | | | | | | |
| Kosovo (UNSCR 1244) | | | | Yes | | | Yes | | | Yes | | | Yes | | | | | Yes |
| The former Yugoslav Republic of Macedonia | | | Yes | | | | | | | | | | | | | | Yes | |
| Republic of Moldova | | Yes | | Yes | | | | Yes | | | Yes | | | Yes | | | Yes | |
| Serbia | | | | Yes | | | Yes | | | | | | | | | | | |
| Tajikistan | | | | Yes | | | Yes | | | | | | | | | | | |
| Turkey | Yes | | | | | | Yes | | | Yes | | | Yes | | | Yes | | |
| Turkmenistan | | | | | | | | | | | | | | | | | | |
| Ukraine | Yes | Yes | | Yes | Yes | | | Yes | | | Yes | | Yes | Yes | | | Yes | |
| Uzbekistan | | | | | | | | | | | | | | | | | | |

**Table 11. Types and ownership of specialized services for GBV perpetrators.**

The majority of specialized services for GBV perpetrators seem to be disconnected from the specialized services for GBV victims/survivors, especially in terms of case management. No country or territory reported that all specialized services for perpetrators are connected to the specialized services for victims/survivors. Albania and the Republic of Moldova reported that more than 50 per cent of the available services for perpetrators and victims/survivors are connected, while Bosnia and Herzegovina and Turkey reported that less than 50 per cent of them are connected. Seven countries and territories reported having both types of specialized services (for GBV victims/survivors and for perpetrators), but there is no connection between them. Six countries and territories reported that this is not applicable to their situation since they do not have one or both types of specialized services available (for victims/survivors or perpetrators).

| | Services for GBV perpetrators available (any type) | Perpetrators are mandated to follow a specialized service | Percentage of specialized services for perpetrators connected to specialized services for victims/survivors | Licensure/ registration process | Accreditation process |
|---|---|---|---|---|---|
| Albania | Yes | Yes | More than 50% | Yes | |
| Armenia | | | NA | | |
| Azerbaijan | | | NA | | |
| Belarus | Yes | Yes | Not connected | | |
| Bosnia and Herzegovina | Yes | | Less than 50% | | |
| Georgia | | | NA | | |
| Kazakhstan | Yes | Yes | Not connected | | |
| Kyrgyzstan | | | NA | | |
| Kosovo (UNSCR 1244) | Yes | Yes | Not connected | | |
| The former Yugoslav Republic of Macedonia | Yes | Yes | Not connected | | |
| Republic of Moldova | Yes | Yes | More than 50% | | |
| Serbia | Yes | Yes | Not connected | | |
| Tajikistan | Yes | | Not connected | Yes | |
| Turkey | Yes | Yes | Less than 50% | Yes | Yes |
| Turkmenistan | | | NA | | |
| Ukraine | Yes | Yes | Not connected | Yes | Yes |
| Uzbekistan | | | NA | | |

**Table 12. Availability of specialized services for GBV perpetrators and quality-assurance processes.**

# Reporting and referral

If a victim/survivor does not want to disclose an incident to a service provider, adequate support cannot be provided. After disclosure, a victim/survivor has the right to choose whether or not to ask the provider to provide a referral to another service provider. This choice should be respected, and the victim/survivor should still be supported in any way possible. Referral pathways help women and girls receive timely and appropriate support services[14]. Referral processes must incorporate standards for informed consent.

***Reporting of a GBV incident**: disclosure of a GBV incident and the sharing of information between professionals. An incident may be reported only with, and within the limits of, the victim's consent, with few exceptions.*

***Referral of a GBV victim**: the process through which a victim gets in touch with an individual professional or institution about her case and through which professionals and institutions communicate and work together to provide her with comprehensive support.*

Mandatory reporting refers to legislations passed by some countries or states that oblige individuals or service providers to report (usually to the police or legal system) any incident of actual or suspected domestic violence or intimate partner violence.[15] In many countries, mandatory reporting applies primarily to child abuse and maltreatment of minors, but in others it has been extended to the reporting of intimate partner violence. Still, it is not recommended that health-care providers be required to report cases of intimate partner violence to the police.

When reporting is mandatory, service providers must obtain and understand, in their entirety, all of the mandatory reporting requirements, including reporting mechanisms and investigation procedures. Victim/survivors should be informed about the mandatory reporting of certain GBV incidents in accordance with the relevant laws and what can happen after an incident is reported. Even if the reporting procedure is mandatory, it should ensure the safety, dignity and comfort of the victim/survivor.

Fourteen of the countries and territories surveyed indicated that a procedure regulated by an official document (e.g. specific laws, Criminal Code, national standard procedures, governmental protocols) is in place for the mandatory reporting of a GBV incident to the police or other law-enforcement institution by institutions and/or professionals that may identify GBV victims or survivors.

Health-care providers are required to report incidents of GBV to law-enforcement institutions in Albania, Belarus, Bosnia and Herzegovina, the Republic of Moldova, Serbia, Tajikistan, Turkey and Uzbekistan. Staff providing social services or psychological support have to follow a mandatory reporting procedure in Albania, Bosnia and Herzegovina, Tajikistan and Turkey.

> In Albania, mandatory reporting to the police or other law-enforcement institution by health-care and psychosocial service providers is limited to severe injuries.
>
> In Georgia, health-care professionals shall be entitled (hence not obliged) to inform the relevant authorities regarding possible cases of GBV without securing the consent of the person involved.
>
> In Serbia, mandatory reporting is limited to domestic violence leading to serious physical injury, serious impairment of health or death, and to all cases of violence against children.

In seven of the countries and territories surveyed, the informed consent of an adult victim/survivor is legally required for the reporting of a GBV incident to the police or other law-enforcement institution by another institution or professional, while, in one country, such consent is not required (Bosnia and Herzegovina). When victims/survivors are under the legal age of consent (children) or have a limited capacity of discernment, the law requires the consent of the victim/survivor's parent or guardian in only one country (Kyrgyzstan).

[14] UN Women, UNFPA, UNDP, UNODC (2015) Essential social services for women and girls who experience violence - Quality Standards and Guidelines.
[15] WHO (2013) Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines.

| | Mandatory reporting | Informed consent required for reporting | |
|---|---|---|---|
| | | From adult victims/survivors | From victims/survivors under the legal age of consent (children) or with limited discernment |
| Albania | Yes | Legally required | Optional |
| Armenia | | Optional | Optional |
| Azerbaijan | Yes | Optional | Optional |
| Belarus | Yes | Legally required | Optional |
| Bosnia and Herzegovina | Yes | Not required | Not required |
| Georgia | Yes | Optional | Optional |
| Kazakhstan | Yes | Optional | Optional |
| Kyrgyzstan | Yes | Legally required | Legally required |
| Kosovo (UNSCR 1244) | Yes | Legally required | Optional |
| The former Yugoslav Republic of Macedonia | Yes | Optional | Not required |
| Republic of Moldova | Yes | Optional | Optional |
| Serbia | Yes | Legally required | Optional |
| Tajikistan | Yes | Optional | Optional |
| Turkey | Yes | Legally required | Optional |
| Turkmenistan | | Optional | Not required |
| Ukraine | | Legally required | Optional |
| Uzbekistan | Yes | Optional | Not required |

**Table 13. Mandatory reporting requirements, including informed consent.**

# Human resources and training programmes

The types of professionals involved in GBV intervention and referral include police officers in all countries and territories, followed by judges, social workers and medical doctors in 15 countries and territories, and lawyers, psychologists and prosecutors in 14 countries. In seven of the countries and territories surveyed, representatives of faith-based organizations were reported to have an active role in GBV intervention and referral. Volunteers are involved in GBV intervention and referral in 10 countries and territories. Four countries and territories reported involving professional volunteers and six others non-professional volunteers.

| | Police officers | Judges | Prosecutors | Lawyers | Social workers | Psychologists | Legal advisers | Doctors | Nurses | Teachers | Representatives of faith-based organizations |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Albania | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Armenia | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | Yes |
| Azerbaijan | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Belarus | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Bosnia and Herzegovina | Yes | | Yes | | Yes | Yes | Yes | Yes | Yes | | |
| Georgia | Yes | Yes | Yes | Yes | Yes | Yes | | Yes | Yes | | |
| The former Yugoslav Republic of Macedonia | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| Republic of Moldova | Yes | Yes | Yes | Yes | Yes | Yes | | Yes | Yes | | |
| Serbia | Yes | Yes | | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| Kazakhstan | Yes | Yes | Yes | Yes | | | Yes | | | | |
| Kyrgyzstan | Yes | Yes | Yes | | Yes | Yes | | Yes | | Yes | Yes |
| Kosovo (UNSCR 1244) | Yes | Yes | | | Yes | | | Yes | | | |
| Tajikistan | Yes | Yes | | Yes | Yes | Yes | Yes | Yes | | | Yes |
| Turkey | Yes | Yes | Yes | Yes | Yes | | Yes | Yes | Yes | | Yes |
| Turkmenistan | Yes | Yes | Yes | Yes | | | Yes | Yes | Yes | Yes | |
| Ukraine | Yes | Yes | Yes | Yes | Yes | Yes | | | | | |
| Uzbekistan | Yes | | Yes | Yes | Yes | Yes | Yes | Yes | | | |

**Table 14. Types of professionals involved in GBV intervention and referral.**

Twelve countries and territories reported having at least one type of training that also covers the topic of GBV.

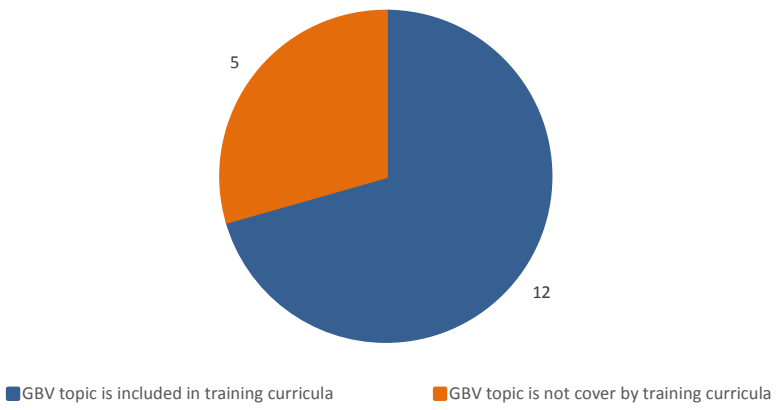



**Figure 4. Number of countries and territories where the topic of GBV is or is not covered by training curricula.**

Seven countries reported that the topic of GBV was included in the pre-graduate training curricula at university level. The types of professionals who have subjects related to GBV in their university curricula include police officers in six countries; social workers in five countries; judges, lawyers and prosecutors in four countries; psychologists in three countries; legal advisers and medical doctors in two countries and sociologists and nurses in one country.

***Post-graduate education**: studying for a degree, professional or academic certificate, or other qualification for which a first degree is required. This is usually considered to be part of higher education (e.g. master's, post-university school, etc.).*

***Continuous professional education (CPE)**: education through which people maintain/improve/gain knowledge and skills related to their professional lives; educative processes provided by any type of institution (not limited to formal educational institutions) endowed with flexible curricula and a methodology capable of adapting to the needs and interests of trainees.*

Postgraduate education covering the topic of GBV is present in 6 out the 17 countries and territories surveyed. The target professionals for postgraduate education are: police officers in four; judges, psychologists and social workers in three; prosecutors and medical doctors in two and lawyers and teachers in one country.

Out of the 17 EECA countries and territories included in the survey, 6 reported continuous professional education (CPE) activities for professionals involved in GBV intervention and referral. CPE activities are made available to medical doctors in six; to judges in five; to police officers, prosecutors and nurses in four; to lawyers, social workers and teachers in three; and to psychologists and legal advisers in two. One country (Turkey) reported having CPE activities for representatives of faith-based organizations.

Twelve countries and territories reported having at least one type of education or training for professionals involved in GBV intervention and referral. Police officers and judges are the professional groups that benefits most frequently from GBV-related education or training, followed by social workers, prosecutors, lawyers and psychologists. Despite the fact that health-care facilities are front-line units in GBV intervention and referral, only five countries and territories reported at least one type of education or training for medical doctors and nurses. Social workers and psychologists, i.e. the professionals who commonly provide psychosocial support for GBV victims/survivors, are the target of at least one type of GBV-related education or training in eight countries and territories. Nine countries and territories include the topic of GBV in at least one form of education or training for law-enforcement professionals (police and judicial staff).

Five countries reported that no GBV-related topic was included or covered by any of the three types of training (university-level, postgraduate or CPE).

| | Pre-graduate training curriculum at university level | Postgraduate education | CPE activities for professionals |
|---|---|---|---|
| Albania | Yes | Yes | Yes |
| Armenia | | | |
| Azerbaijan | Yes | Yes | |
| Belarus | | Yes | |
| Bosnia and Herzegovina | | | |
| Georgia | Yes | | Yes |
| Kazakhstan | Yes | | |
| Kyrgyzstan | | Yes | Yes |
| Kosovo (UNSCR 1244) | | Yes | |
| The former Yugoslav Republic of Macedonia | Yes | | |
| Republic of Moldova | Yes | Yes | |
| Serbia | Yes | | Yes |
| Tajikistan | | | Yes |
| Turkey | | | Yes |
| Turkmenistan | | | |
| Ukraine | | | |
| Uzbekistan | | | |

**Table 15. Types of training covering GBV topics.**

# Documenting, registering, transmitting and analysing data

Service providers should keep documentation on every case reported to them. Such documentation should include a comprehensive summary of the most relevant information about each individual GBV incident. Collecting relevant information about each GBV case and storing it in a database will generate data for monitoring and evaluating the progress of GBV cases, will offer a clear view of the disclosed cases in a specific area, and will help evaluate the functioning of multi-sectoral responses to GBV.

***GBV incident**: an event with a clear time frame and space involving different forms of GBV.*

***GBV case**: an individual who can be during her/his lifetime a victim of one or multiple GBV incidents that were reported/disclosed to one or multiple institutions/organizations.*

A system for documenting, reporting, transmitting and analysing data is not a case management or human rights monitoring tool. Collected data do not reflect the prevalence of GBV; rather, they reflect the incidents and cases reported to a particular service provider.

All of the countries and territories surveyed reported having a more or less complex system for documenting, reporting, transmitting and analysing data.

All countries and territories reported that front-line institutions (police departments, forensic services, medical facilities, social assistance institutions/departments, specialized services for GBV victims/survivors and/or perpetrators) use a system for documenting, registering and transmitting data about GBV incidents/cases. The systems for registering and transmitting data used by institutions have different levels of complexity: registration of GBV incidents/cases, standardized forms for registering GBV incidents/cases, software for registering GBV incidents/cases, transmitting GBV incidents/cases to a higher-level institution, and compiling at a higher-level institution a centralized database for GBV incidents/cases reported by all subordinate institutions.

Police departments in all 17 countries and territories have systems of varying complexity for the documentation, registration and transmission of data. These systems register GBV incidents/cases in 16 countries and territories, have standardized forms for registering GBV incidents/cases in 10, report GBV incidents/cases to a higher-level institution in 9 and have special software for registering GBV incidents/cases in 4. Although police departments in all countries and territories surveyed document and/or transmit data about GBV incidents/cases to higher-level police institutions, only Turkey reported a centralized database for GBV incidents/cases reported by all police departments.

Four countries reported having no system for the documentation, registration and transmission of GBV-related data within forensic departments. Twelve countries and territories reported that their forensic departments document and register GBV incidents/cases, seven countries and territories reported having standardized forms for registering GBV incidents/cases, seven countries and territories reported that they report GBV incidents/cases to a higher-level institution, and two countries and territories reported having a centralized database for GBV incidents/cases at a higher level.

Four countries lack a system for the documentation, registration and transmission of GBV-related data within medical facilities. Eleven countries and territories reported that health-care services document and register GBV incidents/cases in an unstructured manner; in five countries and territories, standardized forms for registering GBV incidents/cases are in use; in nine countries and territories, medical facilities report GBV incidents/cases to a higher-level institution. One country (Belarus) reported having a centralized database for GBV incidents/cases reported by all health-care facilities.

There is no formal documentation system within social-assistance institutions in 5 out of the 17 countries and territories. Eleven countries and territories reported that GBV incidents/cases are documented and registered. Seven countries and territories reported having standardized forms for registering GBV incidents/cases at the level of social-

assistance institutions. Data regarding GBV incidents/cases are transmitted to a higher level in seven countries and territories, but only one country reported having a centralized database for GBV incidents/cases.

NGOs that offer specialized services for GBV victims/survivors and/or programmes for holding perpetrators accountable document and register GBV incidents/cases in 12 countries. In seven countries, they have standardized forms for registering GBV incidents/cases, while three countries have specialized software. Five countries reported that GBV incidents/cases were reported by NGOs to a higher-level institution, while two countries reported that higher-level institutions have a centralized database for GBV incidents/cases transmitted by all NGOs. Four countries lack a system for the documentation, registration and transmission of data at the level of NGOs that provide specialized services for GBV victims/survivors and/or perpetrators.

Three of the countries surveyed reported that there were other institutions involved in registering, transmitting and/or centralizing data about GBV incidents/cases: the Committee on Statistics in Kazakhstan, the Ministry of Justice in the former Yugoslav Republic of Macedonia and the National Statistics Committee in Kyrgyzstan.

> Bosnia and Herzegovina reported that police departments, forensic services, medical facilities and social assistance institutions/departments have software for registering GBV incidents/cases.
>
> In Tajikistan, victim support rooms (VSRs) for post-trauma recovery in health facilities have introduced GBV registration forms to be filled in by VSR doctors.
>
> In Turkmenistan, police officers are the only professionals who document GBV incidents, and only health-care providers have to report GBV incidents/cases to the police.
>
> In Uzbekistan, the Ministry of Internal Affairs issued, in 2011, an instruction to all subordinate agencies countrywide, stating that crime prevention officers should keep separate records containing all relevant information related to violence against women and children, in accordance with the Criminal Code of the Republic of Uzbekistan. The National Centre for Human Rights of the Republic of Uzbekistan maintains a register for recording information and reports on cases of violence against women (VAW), which is used by prosecutors' offices and internal affairs agencies. The register contains data on all VAW cases, which are transmitted to the Internal Affairs Authority information clearing house for analysis.

Five countries and territories have a mechanism for correlating country-level databases of GBV incidents/cases among the different institutions that register them. Seven countries and territories have institutions at country level (statistics institutions/agencies or ministries of interior/police) that centralize data about GBV incidents/cases registered by different institutions.

> Albania has a list of gender indicators that must be used by institutions to gather and transmit data. The Albanian Institute of Statistics (INSTAT) is required to prepare periodical studies regarding domestic violence. The Albanian State Police have a web-based Total Information Management System (TIMS) for registering all cases/incidents that involve GBV. Health-care institutions are required to register GBV cases in a specific register and to report them to the Ministry of Health. Under the Law on Domestic Violence, an online database was established, where municipalities report all cases managed by the national referral mechanism (including all types of services provided by different institutions). All these data are also sent directly to the Ministry of Social Welfare and Youth.

| | Police departments | | | Forensic services | | | Medical facilities | | | Social assistance institutions/departments | | | NGOs offering specialized services for GBV victims/survivors and/or perpetrators | | | Mechanism for correlating databases from different institutions exists at national level | Institution that centralizes data exists at national level |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No registering and reporting system | Register GBV incidents/cases | Report GBV incidents/cases to a higher-level institution | No registering and reporting system | Register GBV incidents/cases | Report GBV incidents/cases to a higher-level institution | No registering and reporting system | Register GBV incidents/cases | Report GBV incidents/cases to a higher-level institution | No registering and reporting system | Register GBV incidents/cases | Report GBV incidents/cases to a higher-level institution | No registering and reporting system | Register GBV incidents/cases | Report GBV incidents/cases to a higher-level institution | | |
| Albania | | Yes | Yes | | Yes | Yes | | Yes | Yes | | Yes | Yes | | Yes | Yes | Yes | Yes |
| Armenia | | Yes | | | Yes | | | Yes | | Yes | | | | Yes | | | Yes |
| Azerbaijan | | Yes | | | Yes | | | Yes | | | Yes | | | Yes | Yes | | |
| Belarus | | Yes | Yes | | Yes | Yes | | Yes | Yes | | Yes | Yes | | Yes | Yes | | |
| Bosnia and Herzegovina | | Yes | Yes | | Yes | Yes | | Yes | Yes | | Yes | Yes | | Yes | Yes | | |
| Georgia | | Yes | | Yes | | | Yes | | | | Yes | | | Yes | | | |
| Kazakhstan | | Yes | Yes | | Yes | Yes | Yes | | | Yes | | | Yes | | | Yes | Yes |
| Kyrgyzstan | | Yes | Yes | | Yes | Yes | | Yes | Yes | Yes | | | | Yes | Yes | Yes | Yes |
| Kosovo (UNSCR 1244) | | Yes | | | Yes | | | Yes | | | Yes | | Yes | | | Yes | Yes |
| The former Yugoslav Republic of Macedonia | | Yes | Yes | | Yes | Yes | Yes | | | | Yes | Yes | | Yes | | | |
| Republic of Moldova | | Yes | Yes | | Yes | | | Yes | Yes | | Yes | Yes | | Yes | | | Yes |
| Serbia | | Yes | | Yes | | | | Yes | | | Yes | | | Yes | | | |
| Tajikistan | | Yes | | | Yes | | | Yes | Yes | | | Yes | Yes | | | Yes | Yes |
| Turkey | | Yes | Yes | | Yes | | | Yes | Yes | | Yes | Yes | | Yes | | | |
| Turkmenistan | | Yes | | Yes | | | | | Yes | Yes | | | Yes | | | | |
| Ukraine | | Yes | | Yes | | | Yes | | | | Yes | | | Yes | | | |
| Uzbekistan | | | Yes | | | Yes | | | Yes | Yes | | | Yes | | | | |

**Table 16. Registering and transmitting data about GBV incidents/cases.**

# Prevention and awareness-raising

The aim of GBV prevention is to understand the causes of, and factors that contribute to, GBV and to establish strategies to reduce or eliminate them. All of the countries and territories surveyed reported having ongoing GBV prevention activities and programmes with national and/or local coverage.

Awareness-raising is a fundamental component of primary prevention strategies aimed at: a) changing attitudes, behaviours and beliefs that normalize and tolerate GBV among the general public; b) preventing men and women from becoming GBV victims or perpetrators; and c) informing the wider public and especially victims/survivors and perpetrators about the resources available to tackle the problem. GBV-related awareness-raising activities attempt to focus the attention of the community as a whole on GBV, mobilizing community-based efforts and mass media campaigns. GBV-related awareness-raising activities have a positive influence on the attitudes of victims/survivors who may be able to recognize the various forms and consequences of GBV and thus be empowered to remove themselves from violent situations. As a result, the demand for specialized services may be increased. All of the countries and territories surveyed reported having ongoing GBV awareness-raising activities and programmes.

| | Ongoing GBV prevention activities/programmes | | Ongoing GBV awareness-raising activities/programmes | |
|---|---|---|---|---|
| | National | Local | CountrywideNational | Local |
| Albania | Yes | Yes | Yes | Yes |
| Armenia | Yes | Yes | Yes | Yes |
| Azerbaijan | | Yes | | Yes |
| Belarus | Yes | | Yes | |
| Bosnia and Herzegovina | | | | Yes |
| Georgia | Yes | | Yes | |
| Kazakhstan | Yes | | Yes | |
| Kyrgyzstan | Yes | Yes | Yes | Yes |
| Kosovo (UNSCR 1244) | Yes | | Yes | |
| The former Yugoslav Republic of Macedonia | Yes | | | Yes |
| Republic of Moldova | Yes | | Yes | |
| Serbia | Yes | Yes | Yes | Yes |
| Tajikistan | | Yes | | Yes |
| Turkey | Yes | Yes | Yes | Yes |
| Turkmenistan | Yes | | Yes | |
| Ukraine | | Yes | | Yes |
| Uzbekistan | Yes | | Yes | |

**Table 17. Ongoing GBV awareness-raising and prevention activities/programmes.**

The following institutions have a mandate to address GBV by implementing prevention/awareness-raising activities: social-protection/assistance (15 countries and territories), child-protection institutions (14 countries and territories), health-care and law-enforcement institutions (12 countries and territories) and judicial institutions (6 countries and territories).

| | Law enforcement | Judicial | Social protection/ assistance | Child-protection institutions | Health-care institutions |
|---|---|---|---|---|---|
| Albania | Yes | Yes | Yes | Yes | Yes |
| Armenia | | | Yes | Yes | |
| Azerbaijan | Yes | | Yes | | Yes |
| Belarus | Yes | | Yes | Yes | |
| Bosnia and Herzegovina | Yes | | Yes | Yes | Yes |
| Georgia | | | | | |
| Kazakhstan | | | Yes | Yes | |
| Kyrgyzstan | Yes | | Yes | Yes | Yes |
| Kosovo (UNSCR 1244) | Yes | Yes | Yes | Yes | Yes |
| The former Yugoslav Republic of Macedonia | Yes | | Yes | Yes | Yes |
| Republic of Moldova | Yes | Yes | Yes | Yes | Yes |
| Serbia | | | Yes | Yes | Yes |
| Tajikistan | Yes | Yes | Yes | Yes | Yes |
| Turkey | Yes | Yes | Yes | Yes | Yes |
| Turkmenistan | Yes | | | Yes | Yes |
| Ukraine | | | Yes | | |
| Uzbekistan | Yes | Yes | Yes | Yes | Yes |

**Table 18. Mandates of key governmental institutions to address GBV through prevention/awareness-raising activities.**

# Facilitating and constraining factors

The most frequently reported issue related to facilitation that has or may have a positive influence on the implementation of an effective multi-sectoral response to GBV was good collaboration and coordination among different institutions (governmental institutions, service providers, faith-based organizations and international partners/agencies/donors), which was identified by 14 countries and territories at all levels. Good collaboration and coordination includes joint planning and activities between partner institutions, relevant coordination mechanisms and professional networks.

Legislation and regulatory frameworks (improved, stable legislation, often aligned with international standards, ratification of international conventions, existing guidelines, protocols, and standard operating procedures) were also considered a facilitating factor by 13 countries.

The implementation of awareness-raising and advocacy campaigns in the past (identified by 8 countries) and the existence of systems and/or procedures for data collection (identified by 8 countries and territories) were two other issues that were recognized as being able to have a positive influence on the implementation of a multi-sectoral response to GBV.

Other facilitating factors identified included: political will and recognition of GBV as a problem that should be addressed; a high degree of institutional capacity and a strong commitment on the part of different institutions, including NGOs; the institutionalization of GBV-related topics at different levels for specific groups of professionals and sectors that may address GBV; and increased and diverse sources of funding or donors.

| | Facilitating factors | | | | Constraining factors | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Good collaboration and coordination among different institutions | Good legislative and regulatory framework | Existence of systems and/or procedures for data collection | Awareness-raising and advocacy campaigns implemented | Lack of awareness or undesired attitudes/stereotypes towards GBV | Limited funds and/or sources for GBV-related activities | Limited human and institutional resources | Lack of political commitment Unstable political environment | Lack of/need to improve the legislation related to GBV, specific standards, clear referral system |
| Albania | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Armenia | Yes | Yes | | | Yes | Yes | Yes | | Yes |
| Azerbaijan | Yes | Yes | Yes | | Yes | Yes | Yes | | Yes |
| Belarus | Yes | Yes | Yes | | Yes | Yes | Yes | | |
| Bosnia and Herzegovina | Yes | Yes | | Yes | Yes | Yes | Yes | Yes | Yes |
| Georgia | Yes | | | Yes | Yes | Yes | Yes | | |
| Kazakhstan | Yes | Yes | | | Yes | | | | Yes |
| Kyrgyzstan | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Kosovo (UNSCR 1244) | Yes | | Yes | | Yes | Yes | | Yes | |
| The former Yugoslav Republic of Macedonia | Yes | Yes | | Yes | | | | Yes | |
| Republic of Moldova | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Serbia | | Yes | | | Yes | | | Yes | |
| Tajikistan | Yes | | Yes | | Yes | | Yes | Yes | Yes |
| Turkey | Yes | Yes | | Yes | | Yes | Yes | Yes | |
| Turkmenistan | | Yes | | | | | Yes | | |
| Ukraine | | Yes | | | | Yes | | | |
| Uzbekistan | Yes | | | Yes | Yes | Yes | | | |

**Table 19. Issues that have or may have a positive or negative influence on the implementation of an effective multi-sectoral response to GBV, by order of frequency.**

The most frequently identified factors that can have a negative influence on the implementation of an effective multi-sectoral response to GBV were a poor understanding of the complexity of GBV, a lack of sensitivity regarding the topic, a lack of awareness of the devastating effects of GBV and the presence of stereotypes regarding GBV (13 countries and territories reported these constraining factors).

Limited funds and/or resources for GBV-related activities were reported as constraining factors by 12 countries and territories.

Limited human and institutional resources (low number of trained professionals, lack of training programmes, limited or inadequate capacities/skills of professionals/service providers to effectively address GBV, staff burnout, low number of institutions involved in GBV response) were reported as constraining factors by 11 countries.

Nine countries and territories reported the lack of political commitment and unstable political environment as negative factors.

Eight countries indicated as constraining factors the lack of GBV-related legislation or the need to improve existing laws, the lack of specific standards and the absence of a clear referral system that could support victims/survivors by helping them get access to comprehensive and multi-sectoral support.

# Needs

All 17 of the countries and territories surveyed indicated that institutional capacities should be developed in order to introduce (or to advance, if they already exist) their multi-sectoral response to GBV. Fifteen countries and territories identified the need for specialized services for GBV victims/survivors and for perpetrators, the development of new or the revision of existing guidelines and protocols, the provision of adequate funding and for specific training programmes for professionals.

| | Institutional capacity development | Specialized services for GBV victims/survivors | Specialized services for GBV perpetrators | Guidelines and protocols | Specific training for professionals | Funding | Legal framework | Strategies and policies |
|---|---|---|---|---|---|---|---|---|
| Albania | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Armenia | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| Azerbaijan | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Belarus | Yes | | Yes | | Yes | Yes | | Yes |
| Bosnia and Herzegovina | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Georgia | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Kazakhstan | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Kyrgyzstan | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Kosovo (UNSCR 1244) | Yes | Yes | | Yes | | Yes | | |
| The former Yugoslav Republic of Macedonia | Yes | Yes | Yes | Yes | Yes | Yes | | Yes |
| Republic of Moldova | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Serbia | Yes | Yes | Yes | | | | Yes | |
| Tajikistan | Yes | | Yes | Yes | Yes | Yes | | |
| Turkey | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Turkmenistan | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Ukraine | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Uzbekistan | Yes | Yes | | Yes | Yes | | Yes | Yes |

**Table 20. Identified needs for introducing or advancing multi-sectoral responses to GBV, by order of frequency.**

# Recommendations

The survey revealed that major steps have been taken towards the development and implementation of multi-sectoral responses to GBV in EECA region. However, further efforts are needed to introduce some of the functions of a comprehensive approach to GBV in some countries and territories and to strengthen them in others.

Considering the survey findings and the main need identified by all countries and territories, further actions should be taken in order to develop capacities at institutional and individual levels for an efficient response to GBV. The need for capacity development should be addressed through a plan that includes the general key components related to capacity (policy and legal issues, partnership and coordination, strategic planning, leadership and governance, accountability, human resources, monitoring and evaluation and funding). A few cross-cutting or specific recommendations have emerged in terms of ensuring an effective multi-sectoral response to GBV.

## Partnerships and coordination

Improving the coordination of multi-sectoral responses to GBV by means of capacity-building activities ensures the good functioning of such inter-institutional mechanisms. Technical capacity-building should target not only coordination at all levels, but also planning, implementation and monitoring the implementation of multi-sectoral responses to GBV.

Designing, developing and implementing activities that address GBV, including monitoring and evaluation, should be carried out in a participatory manner with the target population.

Working with governments at national and local levels; NGOs, especially those that provide specialized services in the area of GBV; international institutions/agencies/partners and the target population strengthens and increases the effectiveness of GBV prevention, response and coordination mechanisms. In countries and territories where such partnerships are established and embedded, an assessment and revision of existing agreements may be useful to ensure that they reflect the state of the art in terms of legal, regulatory and institutional frameworks; to reconfirm commitments and to expand them in order to include all relevant institutions/organizations. Partnerships should include a clear description of the responsibilities of the all parties involved, modalities for sharing responsibilities (when applicable) and communication procedures.

## Ownership of governmental institutions

Governmental ownership is a mandatory condition at all stages and levels in order to increase the commitment of the state and to ensure progress in addressing GBV, as well as the sustainability of initiatives. Advocacy activities at the governmental level to increase political will and commitment may be needed.

## Regulations for a multi-sectoral response to GBV

Guidelines, protocols, standardized operating procedures for sectors that address GBV and quality standards must be developed or reviewed, if needed, in a participatory manner. A regular mechanism for quality control should be created at the levels of policies and regulations, institutions or processes. All processes involved in the development of policies and regulations must incorporate, from the very beginning, mechanisms to check whether the objectives of a policy or regulation have been met, to determine the extent to which a policy or regulation influenced practice and to identify any factors that may lead to non-compliance with the policy or regulation. Even where legislative and regulatory frameworks exist, there is likely to be a gap in terms of implementation. Quality-assurance processes at institutional level should be developed and implemented to monitor and evaluate compliance with policies and regulations in order to improve the quality of services delivered to GBV victims/survivors or perpetrators.

## Specialized services for GBV victims/survivors and perpetrators

Specialized services for GBV victims/survivors and perpetrators should be developed, where they are currently lacking, to cover as much of territory as possible. At the same time, access to services should be ensured for everyone, with special attention to vulnerable groups, free of charge, within the referral system regardless of the existence or lack of a formal complaint or the location of the victim/survivor.

To strengthen responses to GBV, specialized services for GBV victims/survivors and perpetrators should be linked to existing support or assistance services provided by front-line governmental institutions.

Introducing the topic of GBV in pre-graduate curricula for relevant service providers and providing adequate and regular postgraduate training on GBV responses for professionals involved in GBV interventions and referrals will improve the quality of service provision. Also, it is necessary to identify and, if required, to train professionals who are already providing services (such as police officers, social workers, health-care professionals, etc.) in order to build a functional and effective referral system.

## Licensure/registration and accreditation processes

A licensure/registration process should be set up in order to verify if basic minimum standards are being met by service providers. Accreditation formally recognizes the competence of institutions and organizations that provide services to GBV victims/survivors and perpetrators and validates the fulfilment of quality requirements. This, in turn, provides quality assurance to stakeholders, reduces potential risks to the effectiveness of multi-sectoral responses and maintains the confidence of victims/survivors and perpetrators in the services provided.

## Documentation, registration and analysis

The quality of a multi-sectoral response to GBV may be improved by having appropriate documentation, registration and analysis systems and tools for GBV incidents/cases. These should be embedded in the existing documentation/statistics systems of governmental institutions. All systems must adhere to confidentiality principles. It is recommended that forms and tools used for data collection be revised. The development of an inter-institutional information-sharing process, including clear definitions, data items and procedures, can provide a complex and more accurate view of the multi-sectoral response to GBV and can provide information that can serve as a basis for the decision-making process.

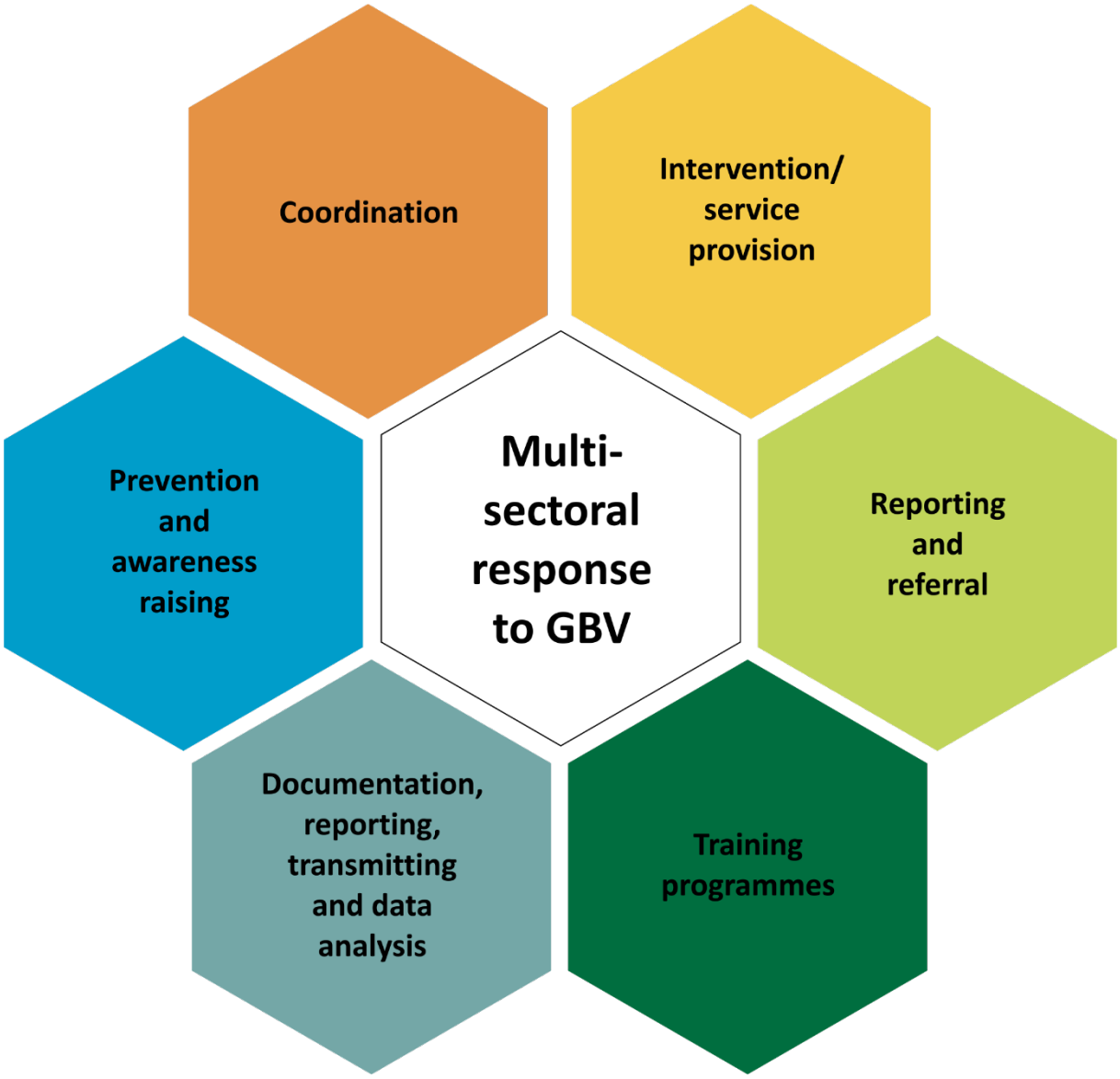
## Prevention and awareness-raising

Prevention and awareness-raising activities should be developed. These are critical for disseminating a clear and unequivocal message of zero tolerance regarding GBV, informing victims/survivors of their rights and empowering them to recognize the various forms and consequences of GBV. Such activities also contribute to increasing the demand for specialized services by providing information about available resources. Awareness-raising activities should focus on perpetrator behaviour, choices, actions and their accountability and should challenge minimization and denial.

Developing and implementing prevention activities at all three levels (primary, secondary and tertiary) will have an impact not only on individuals who have already been affected by GBV but will also attempt to eliminate the phenomenon of GBV or minimize its impact. .

## Financing

Identifying and gaining access to sources of funding for a multi-sectoral response to GBV is a challenging task that should be shared by all partners involved in a coordinated response to GBV. Joint budgeting among inter-institutional programmes that address GBV may lead to better results.


Coordination
Intervention/ service provision
Prevention and awareness raising
Multi-sectoral response to GBV
Reporting and referral
Documentation, reporting, transmitting and data analysis
Training programmes