Cooperation between women's NGOs and healthcare providers

A comparative study in the Western Balkans and Turkey

Executive Summary

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CSSP Civil Society Strengthening Platform

WAVE WOMEN AGAINST VIOLENCE EUROPE

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Women against Violence Europe Network (WAVE) is a European-wide network of more than 160 members (including women's NGOs, NGO networks and individual members) in 46 European countries, who are dedicated to addressing and preventing violence against women and girls. Since its foundation in 1994, WAVE has been working to promote and strengthen the human rights of women and children, and to enable women and their children to live free from violence, particularly through building and sustaining a strong European network of specialized support services, experts and survivors.

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Civil Society Strengthening Platform (CSSP) Partners

Albania	Albanian Women's Empowerment Network
	Gender Alliance Development Centre
Bosnia and Herzegovina	Foundation United Women Banja Luka
Kosovo*	Women's Wellness Centre
Montenegro	SOS Hotline for Women and Children Victims of Violence- Niksic
North Macedonia	National Network to end VAW and DV – Voice against violence
Serbia	Association Fenomena
Turkey	Mor Çatı Women's Shelter Foundation

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◊ Biljana Brankovic is also a member of GREVIO. However, she co-authored this paper in her personal capacity as Consultant, not in her official capacity as GREVIO member, so opinions expressed herein could not be attributed to GREVIO as a whole.

* For the European Union, this designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence. For UN Women, references to Kosovo shall be understood to be in the context of UN Security Council Resolution 1244 (1999).

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Executive Summary

This executive summary is developed based on the findings identified in the CSSP regional assessment: "Cooperation between women's NGOs and healthcare providers. A Comparative study in the Western Balkans and Turkey". The regional assessment and executive summary are developed as part of the EU/UN Women project "Strengthen multi-sectoral and interagency coordination mechanism, CSOs service providers online service delivery skills and youth roles in preventing violence across the Western Balkans and Turkey", under the UN Women regional programme on ending violence against women "Implementing norms, changing minds", funded by the European Union. The programme aims to end gender-based discrimina-tion and violence against women in the Western Balkans and Turkey, encompassing Albania, Bosnia and Herzegovina, Kosovo, Montenegro, the Republic of North Macedonia, Serbia and Turkey.

As healthcare providers are a key and life-saving link in connecting women experiencing male violence with specialist women's services, the overall aim of the regional assessment was to analyse the **cooperation between women's NGOs and healthcare providers** in the seven aforementioned partner countries, including the challenges arising from the pandemic.

More specifically, the study aimed to **analyse the quality of cooperation between women's NGOs and healthcare providers within a broader context of the multisectoral response to violence against women**, as well as explore and illustrate various aspects of such cooperation including; referral pathways, cooperation with mental healthcare professionals, standardised forms to document injuries, any guidelines/protocols in place for healthcare providers, any promising practices and shortcomings of such cooperation, among others. The main findings and numerous challenges on these different facets of multi-agency cooperation highlighted in the regional assessment are summarised below.

For the purpose of this study, a questionnaire was developed by external consultant Biljana Brankovic, and sent to national partners in the Western Balkans and Turkey. Indicators developed for the purpose of the questionnaire rely on the relevant provisions of the Istanbul Convention. In total, WAVE received answers from **14 women's organisations** in all seven partner countries.

Assessing the level of cooperation between women's NGOs and healthcare providers supporting women victims of violence is an important link to consider in the overall response to violence against women and domestic violence. Throughout the received responses, cooperation with healthcare providers has been assessed as average, which is consistent with other recent comparative surveys in the region of the Western Balkans[1]. All but one NGO assessed that their cooperation with healthcare services during the pandemic **remained the same as before**; only one NGO from Albania recorded an improvement in the cooperation. Furthermore the research assessments finds that cooperation was been found to work well among organisations and healthcare providers among which a personal link has been established. The data gathered from women's NGOs working in the field furthermore

1 Brankovic, B. (2019). Violence against women in Western Balkans – Thematic report. In: Duhacek, D., Brankovic, B., Mirazic, M., *Women's rights in Western Balkans: Study for the FEMM Committee, European Parliament*, pp. 34-74. Brussels: European Parliament, Policy Department for Citizens' Rights and Constitutional Affairs. (in English), Available at European Parliament Website: **http://www.europarl.europa.eu/RegData/etudes/STUD/2019/608852/IPOL_STU(2019)608852_EN.pdf**

suggests that information is scarce when it comes to the work carried out by healthcare professionals or the protocols in place that guides their response. There is an intrinsic need to gather and use national-level data on access of victims to healthcare for the purpose of monitoring, shadow reporting and advocacy. Data represents an important tool to properly assess the situation on the ground, further contributing to policy making. Findings of the assessment also imply that sometimes without the resilience and/or involvement of women's NGOs in a particular case, appropriate support by healthcare providers would not have been possible. Such efforts have been moreover visible throughout the COVID-19 pandemic, where general services had reduced availability; as a result the number of services provided by women's NGOs have significantly increased.

The impact of COVID-19 on women victims of violence and women's specialist services impact

Almost all women's NGOs (12 out of 14) responded that they recorded an increase in the number of domestic violence cases reported to their NGOs during the pandemic, as compared to 2019. With respect to cases of sexual violence, responses differ; only one NGO recorded an increased number of such cases. The COVID-19 pandemic negatively impacted the level of violence against women in the region, and a number of problems were highlighted:

- Victims were less inclined to report domestic violence to the police due to i.e. restrictions of movement, limited public transport, and increased economic uncertainty.
- More cases of psychological violence were reported and cases of domestic violence were more severe.
- An increase in self-referred domestic violence cases and decrease in cases referred by the police were reported.
- Access to general services was restricted, especially during the first phase of the pandemic.
- When both the victim and perpetrator are employed as medical workers in the same hospital, steps were not taken to support nor protect the victim.

Women victims of violence therefore turned to women's NGOs in greater numbers, as these organisations have continued to offer support throughout the pandemic. Women's NGOs, to the extent possible, **compensated for the limitations in the provision of general services that occurred throughout the pandemic.**

Multi-agency cooperation as a key prerequisite in supporting women victims of violence

Article 18 of the Council of Europe Convention on preventing and combating violence against women and domestic violence (also known as the Istanbul Convention) requires parties to the Convention to ensure that, in accordance with internal law, there are appropriate mechanisms in place that provide for effective co-operation among the following agencies: the judiciary, public prosecutors, law enforcement agencies, local and regional authorities and NGOs and other relevant organisations and entities. According to the Explanatory Report to the Convention, other relevant organisations refers to a non-exhaustive list in order to allow co-operation with any organisation/institution a party may deem relevant.

Co-operation among different stakeholders implies that all forms of violence against women are best addressed in a concerted and co-ordinated manner by a number of agencies. Enforcing multi-agency cooperation and co-ordination among different stakeholders requires establishing referral mechanisms at a national and local level. In its baseline evaluation report for Albania, GREVIO highlighted that notwithstanding certain shortcomings identified at that time, Albania can be considered as an example of best practice of multi-agency co-operation in the region[2]. According to the Mid-term

2 https://www.coe.int/en/web/istanbul-convention/-/mid-term-horizontal-review-provides-a-panoramic-view-of-the-implementation-of-the-istanbul-convention#:~:text=Back-,Mid%2Dterm%20horizontal%20review%20provides%20a%20panoramic%20view%20of,implementation%20of%20the%20Istanbul%20Convention&text=Pause%2C%20take%20stock%20and%20capitalise,term%20horizontal%20review%20published%20today

	Albania	BiH	Kosovo	Montenegro	North Macedonia	Serbia	Turkey
General protocol on all forms of VAW	No	No	No	No	No	No	No
General protocol on DV only	Yes + Protocol specific to the context of the pandemic	Yes (at the entity level: Republic of Srpska)[3]	Yes	Yes	No	Yes	No
General protocol on SV	Yes	No	No	No	No	No	No
Special protocol for healthcare providers	Yes + Protocol specific to civil emergency situations	No	No	No	No	Yes	No

Table 1: The overview of available General and/or Special Protocols in Western Balkans and Turkey, according to information received from women's NGOs filling out the questionnaire

Horizontal Review Report, Albania has established various referral mechanisms at municipal level around three types of structures: a steering committee responsible for the political direction of the process, a multi-disciplinary technical team tasked with case-management and a local co-ordinator who leads and co-ordinates the work of the technical team. As of 2021, referral mechanisms have been established in all 61 municipalities of Albania, but they function at varying degrees.

Protocols regulating the duties and responsibilities of healthcare workers

Many State Parties are equipped with **healthcare protocols including standardised care paths** covering the identification of victims, screening, diagnostic, treatment, referral, documentation, as well as standardised forms to document the injuries experienced by victims to the police. For the purpose of this research, women's NGOs were asked whether their country has a general protocol which clarifies the responsibilities of all relevant professionals regarding all forms of VAW, and whether a special protocol for healthcare professionals exists.

As can be seen in the table above, although some countries have protocols that include GBV or VAW in the title, these protocols only or primarily address domestic violence (and there are no general protocols addressing all forms of VAW). Additionally, according to the information provided by NGOs in North Macedonia and Turkey, these countries do not have either general or special protocols. Albania is the only country in the region which has a general protocol on sexualised violence and a special protocol for healthcare providers (although many gaps still exist in establishing structures for multi-agency cooperation with healthcare providers, as highlighted by GREVIO[4]).

Respondents to the questionnaire have furthermore identified many problems with the implementation of protocols at a local level, such as:

- Medical staff being untrained in identifying cases of domestic violence or sexual abuse and in providing services to victims, especially those with disabilities.
- Doctors not being able to perform examinations because they were focused on COVID-19 patients.

3 In the report of the national partner, there was no information about the another entity (Federation BiH)

4 GREVIO, 2017: **https://rm.coe.int/grevio-first-baseline-report-on-albania/16807688a7**

- Marginalised women (especially Roma women) facing obstacles in obtaining timely healthcare.
- Doctors avoiding examining whether injuries were caused by domestic violence.
- Women sometimes having to pay for medical documentation themselves and then requesting a reimbursement (or simply not being reimbursed).
- Doctors not always showing empathy with victims, slowing down the examination process.
- Unclarities regarding which specific medical centre is responsible for conducting a forensic examination.

Despite the fact that multiple problems can be identified when it comes to the implementation of such protocols, women's NGOs highlighted that a promising method of ensuring such implementation is to create cooperation agreements with healthcare providers. For example, NGOs in BiH have signed a cooperation agreement with the Health Centre in Banja Luka, under which all women and children sheltered in the Safe House of the women's NGO can receive medical assistance in that specific family medical centre, close to the location of the shelter.

Moreover, in the case of Albania some organisations are members of a coordinated referral mechanism at municipality level, which is a form of maintaining cooperation with all actors responsible, in particular with psychologists and psychotherapists. Cases of VAW and DV are identified and discussed among the meetings of the coordinated referral mechanism and victims are referred to hospitals for specialist examinations

Referrals

As noted above, a strong referral mechanism is vital in ensuring multi-agency cooperation among different stakeholders. To this regard, the research assessment looked at whether medical professionals use the opportunity to refer women victims to women's NGOs, so that victims may receive specialist support. The research assessment also tried to enquire if women's NGOs have signed protocols or other formal mechanisms of cooperation with healthcare institutions that might facilitate referral. Important to note here is that in some countries, such as Albania, doctors have a legal obligation to refer victims to specialist services.

Half of the women's NGOs reported that **healthcare institutions do not refer women victims of violence to their organisation.** In addition to this, seven NGOs **do not have a signed protocol at a local level or other formal mechanism of collaboration with healthcare services** (their cooperation with healthcare institutions in their community is based only on personal links with medical professionals).

However, even in countries where a formal mechanism has been established, referrals remain challenging. For example, despite the cooperation agreement between the institutions of the Coordinated Referral Mechanism in Albania, there is still a lack of referrals of victims from healthcare professionals, including psychiatrists, to women's NGOs or state agencies. The reasons for low levels of referral include, in the opinion of Albanian NGOs:

- Health workers feel unprotected (for example due to a possible retaliation from the perpetrator) and they are reluctant to report or refer cases.
- Health workers are unaware of their legal obligation, so there is a need to continuously inform them about updates in legislation and regulations.

Cooperation with mental health services and long-term support

One of the shortcomings noted by GREVIO in their recently-published horizontal review is the insufficient provision of long-term psychological counselling and support to victims of violence. Support services seem to be better equipped to answer to the short-term needs of women victims of violence rather than their long-term ones. Having in mind such aspects, the research assessment looked at the cooperation between metal health services and women's NGOs and examined the possibilities for survivors of violence to obtain long-term psychological counselling in the public healthcare system.

Women's NGOs noted that they have established cooperation with psychiatrists, psychologists and psychotherapists who work in the public healthcare centres in their local communities, and **positive aspects of such cooperation include**:

- Cooperation with school psychologists has improved in recent years.
- Good cooperation with psychologists and social workers in local hospitals and/or clinical psychologist in local healthcare centres.
- Victims being able to receive psychological counselling free of charge.
- Cases of trauma caused by domestic violence are being monitored by psychiatrists.

However, respondents to the questionnaire also highlighted numerous problems with regards to such cooperation, response indicating that public healthcare systems in the region do not provide adequate possibilities for long-term support for women survivors of domestic and sexual violence. Among the problems identified, the following can be highlighted:

- No cooperation with psychotherapists in the local community.
- Psychiatric and psychological counselling in the public healthcare system not being available or being severely limited.
- Longer-term psychological counselling or psychotherapy being limited or only available in private practices.
- Treatment ending with a prescription for psychiatric medication or including only diagnostics and drug prescription.
- Professionals lacking a gendered understanding of VAW leading to the re-traumatisation of the victim.
- Government services having reduced the provision of mental health services in recent times.
- Access to psychological support being dependent on a woman's health insurance.

Documenting injuries in a domestic violence case

Analysing how healthcare professionals are fulfilling their role in supporting women victims of violence is an important aspect to focus on, as it further illustrates in which areas women's NGOs should further target their efforts to improve such cooperation.

An appropriate documentation of injuries by healthcare professionals contributes both to the protection of victims of violence and to the prosecution of perpetrators. Standardised forms to document such injuries represent a promising practice, as they can more easily be used as evidence throughout court proceedings and can represent supporting documents when it comes to the right of the victim to claim compensation, either from the State or the perpetrator. Protocols and/or guidelines that inform duties of professionals in cases of violence (where such guidelines exist) include **standardised forms to document the injuries experienced by victims of violence** (also referred to as "medical certificates").

All women's NGOs filling out the questionnaire confirmed that doctors in their countries issue such medical documents, and a number of **positive aspects** were noted:

- Qualified and gender-sensitive family doctors also issue medical certificates.
- Using such certificates in court as a piece of evidence can be successful.
- Detailed forms and guidelines for issuing certificates have been provided to medical professionals.
- Prescribed forms exist for recording and documenting violence that doctors should fill in.

However, in practice, many **problems** were encountered when it came to receiving and issuing medical documents, such as:

- Medical certificates not always being free of charge, even in countries where legal regulations prescribe that these documents should be issued for free.

- In some countries, women victims must meet certain conditions in order to get a document without paying a fee (i.e. report to the police).
- In some instances, victims need to be referred by relevant agencies such as police officers or prosecutors in order for forensic doctors to issue a certificate.
- Forensic doctors not providing victims with a copy of the forensic report and/or police officers not referring all victims to a forensic doctor for examination.
- The availability of forensic doctors being insufficient and injuries not being described sufficiently.
- Law enforcement sometimes misinforming or discouraging victims from applying for a certificate.
- Certificates do not include victims' statements that injuries are inflicted by the perpetrator.
- Forensic doctors not examining the victims on time leading to a loss of valuable evidence.

When it comes to sexual violence cases, a prompt and competent intervention by healthcare professionals can really make a difference. As highlighted throughout other papers[5], only a few cases of sexual violence are reported to the police, many cases have been discontinued when the victim refuses to testify, or criminal proceedings do not lead to a conviction due to lack of evidence. Properly documenting injuries, even if the victim is not willing to press any charges or to testify against the perpetrator is an important requirement of the Istanbul Convention (Article 18 paragraph 4). In most cases, legal provisions or prescribed procedures regulating the work of state agencies have not been harmonised with the requirements of the Istanbul Convention to provide for example, medical and forensic examination to all victims, regardless of their willingness to report the offence. For example, in most cases forensic examinations are subject to a request made by law enforcement agencies or prosecution office; therefore depending on the prior report of the victim to the police or prosecutor.

There are though positive cases that suggest that a prompt intervention by healthcare professionals can contribute to the prosecution of perpetrators and overall the safety of the victim. For example, in Serbia, women's NGOs reported that the documentation provided by the doctors in the emergency ward, in a sexual violence case, played a crucial role in the trial and into sentencing the perpetrators of gang rape.

Training for healthcare professionals

The training and sensitisation of professionals to the many causes, manifestations and consequences of all forms of violence provides an effective means of preventing such violence but also supporting victims of violence. The research assessment looked at assessing if in the opinion of women's NGOs healthcare professionals have been sufficiently trained to respond to cases of domestic and sexual violence and if women's NGOs have been involved in such processes. Trainings can be furthermore seen as a form of establishing and/or improving communication and cooperation between healthcare professionals and women's NGOs.

All national partners assessed that healthcare professionals in their countries **have not been sufficiently trained on the issue of violence against women**, in particular, on multi-agency coordinated response to domestic and sexual violence. It was not possible to ascertain the contents of these trainings, including which types of violence against women were covered, and only one NGO out of 14 mentioned trainings being mandatory for healthcare professionals. Other issues regarding training included:

- Healthcare workers not being gender-sensitive and not having enough knowledge about different types of violence and the consequences of each type of violence on health.
- Trainings not focusing on changing the attitudes of medical professionals regarding VAW.
- Professionals needing a continuous update on legal regulations regarding VAW and DV.

5 https://cssplatform.org/wp-content/uploads/2021/09/WAVE_CSSP_Policypaper210917_web.pdf

- Trainings organised by women's NGOs only being attended by few representatives of medical centres.

Almost all NGOs reported having previously organized in-service trainings for healthcare workers in their local communities. It can therefore be assumed that women's NGOs in the region of the Western Balkans and Turkey possess the expertise and motivation to (continue to) provide trainings for healthcare professionals, which may contribute to strengthening multi-sectoral coordinated response to violence, including referral. In terms of available healthcare data, some respondents answered that they are unaware of national-level data on numbers of victims who asked for help in healthcare insti-tutions, or on the services to victims provided by healthcare professionals[6]. **Women's NGOs in the Western Balkans and Turkey thus miss the oppor-tunity to use such data for monitoring, shadow reporting and advocacy.** Only two national partners reported about available data on access of victims to healthcare, one from Kosovo and one from BiH.

Conclusion

The regional assessment sought to analyse the co-operation between women's NGOs and healthcare providers in seven partner countries in the Western Balkans and Turkey. As the research revealed, women's NGOs have established cooperation with healthcare providers, including professionals working in the field of mental health, which overwhelmingly remained the same during the pandemic. Notably, **referral mechanisms with medical professionals were found to be a "weak point" in multi-agency cooperation**, which worked better if women's NGOs have signed protocols or other structured forms of cooperation with respective healthcare institutions in their local communities. Furthermore, women's NGOs who completed the questionnaire highlighted that although doctors have a legal obligation to provide medical certificates to survivors free of charge, this was not always the case. Public mental health systems also provide limited possibilities to victims of violence to get long-term psychological counselling.

Women's NGOs have however demonstrated skills and creativity in developing strategies to overcome shortcomings in the public healthcare system, which became more pronounced during the pandemic. NGOs, which are often under-staffed and under-funded, have managed to compensate for the limitations in the provision of general services that occurred throughout the pandemic. **The research recommends several areas on which women's NGOs can concentrate their efforts in the future**: trainings for healthcare professionals, advocacy for adoption of protocols, and use of national-level data on access of victims to healthcare. In order to reach these goals, women's NGOs in the region would need the support of UN agencies and/or national governments. ■

6 This is in line with GREVIO reports on Albania (2017), Montenegro (2018), Turkey (2018) and Serbia (2020) which identified shortcomings in collecting data on violence by public health-care institutions.

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