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## **The Other Side of the Story: Perpetrators in Change" (OSSPC)**

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### **Regional Strategy for an integrated response to incidents of domestic violence**

Organization: Direcția de Asistență Socială și Medicală (DASM), Cluj-Napoca, Romania

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## **1. The extent of domestic violence at regional level**

### **1.1 The National legal framework and recent statistical data on domestic violence**

The complex issue of preventing and combating domestic violence can be focused on a number of necessary lines of action, both to improve and strengthen the legal framework applicable in this area and to regulate appropriate support and protection measures for domestic violence victims, as well as the measures needed to prevent domestic violence and recidivism, including intervention-oriented measures for perpetrators.

#### **1.1.1 The current legislative framework in the field of domestic violence in Romania**

In recent years, Romania has undertaken an ambitious and comprehensive reform of DVA legislation and has consistently taken steps to ratify and prepare for the implementation of the Istanbul Convention. The Istanbul Convention (2011) is the most comprehensive and extensive treaty in the field of combating DVA, especially because it addresses the issue of violence in a comprehensive manner, establishing mechanisms for protection and prevention for victims and prosecution of perpetrators.

Romania is the 14th state to ratify the Istanbul Convention, by **Law no. 30/2016**, and for the harmonization of the internal legislation with the provisions of the Istanbul Convention, two other important laws were adopted: **Law no. 178/2018** and **Law no. 174/2018**, which refer to the gender perspective, respectively to preventing and combating DVA.



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**Law no. 217/2003 for preventing and combating domestic violence**, in its consolidated form, completed by **Law no. 174/2017** brings the legislation on domestic violence in Romania to the highest possible standard, implementing all the provisions of the Istanbul Convention. Different provisions are introduced, such as: the provisional protection order, (possible) obligation for the perpetrator to wear an electronic bracelet, an emergency telephone line, integrated emergency centres, support centres for perpetrators and other harmonized provisions of the Istanbul Convention.

Equally, the legislation in the social work field (Law no. 292/2011) or in the victim protection 49 field (Law no. 211/2004) are at European standards, with provisions often adopted in a harmonized way in directives.

**ORDER No 2525/2018 of 7 December 2018** approves the Procedure for emergency intervention in cases of domestic violence.

**Law no. 106/2020 for the amendment and completion of Law no. 217/2003 for the prevention and combating domestic violence** introduces the concept of "cyber violence" in the sphere of "domestic violence" and defines the phenomenon by listing the facts that may fall within its scope.

By **Law no. 183 of August 19th, 2020**, the Romanian Parliament amended Law no. 217/2003 for preventing and combating domestic violence. Article 32 stipulates the increase of the punishment regarding the violation of the protection order, a deed considered to be a crime and punishable by imprisonment from 6 months to 5 years. At the same time, Article 27 stipulates the obligatorily of legal assistance in the case of persons requesting a protection order, and Article 16 provides the conclusion of a contract for the provision of social services for both victims and perpetrators receiving hosting and support in specialized units. In case of non-compliance with the measures established by the protection order issued by a court, and in the case of those established by the provisional protection order issued by the police as well, the prison sentence would be between 6 months and 5 years. Law no. 183/2020 stipulates that the violation of the measures established by the protection order constitutes a crime.

According to a law project adopted on October 13th, 2020 by the Chamber of Deputies of the Romanian Parliament, the reconciliation of the parties will no longer exclude criminal liability, as currently stipulated.



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The project stipulates that the criminal investigation can be initiated ex officio in cases of domestic violence and aims at amending the Criminal Code.

**Law no. 217/2020** brings amendments to the Criminal Code regarding the content and penalties for crimes related to sexual freedom and integrity and **Law no. 233/2020** brings changes to the crimes of domestic violence.

**LAW No 146 of 17 May 2021** on electronic monitoring in certain judicial and executive criminal proceedings brings a number of amendments to the Criminal Code, the Code of Criminal Procedure and other normative acts.

**DECISION No 559 of 19 May 2021** on the approval of the National Integrated Programme for the Protection of Victims of Domestic Violence and the Methodology - Framework for the organisation and functioning of the national innovative integrated network of sheltered housing for victims of domestic violence.

**LAW No. 253 /2022** on the amendment and completion of the Housing Law No. 114/1996. The amendments aim at including victims of domestic violence among the beneficiaries of emergency housing (housing intended for temporary, emergency accommodation) and social housing, as a complementary measure to those provided by law in the field of social assistance and protection of victims of domestic violence.

### 1.1.2 The structure of social services and specialised services in the domestic violence field existing at national level:

Between 2020-2021 the number of services for victims of domestic violence has increased and has been diversified to meet specific needs. At national level, there were a total of 254 services for victims of domestic violence: 164 social services to prevent and combat domestic violence, of which 152 for victims of domestic violence and 12 for domestic perpetrators, as well as 6 integrated emergency services for victims of sexual violence and 84 specialised services: 42 support groups and 42 vocational counselling offices.

**Day care services for victims of domestic violence and perpetrators: 50 (38 for victims and 12 for perpetrators)**



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### **Centres for preventing and combating domestic violence: 31**

- Local Council: 7 (Alba - 1, Cluj - 2, Călărași - 1, Vâlcea – 1, Timiș – 1, Ialomița - 1);
- Accredited private bodies: 13 (Bistrița-Năsăud – 1, Brașov – 1, Sector 1 București – 1, Sector 2 București – 2, Sector 3 București – 1, Cluj – 2, Covasna – 1, Mureș – 3, Prahova -1,);
- DGASPC: 11 (Bacău – 1, Brăila - 1, Sector 1 București – 1, Sector 2 București – 1, Sector 4 București – 1, Constanța – 2, Dolj – 1, Galați – 1, Maramureș – 1, Timiș - 1).

### **Centres for information and awareness services: 7**

- Local Council: 5 (Brașov – 1, Neamț – 2, Suceava –1, Ialomița - 1);
- DGASPC: 2 (Alba – 1, Cluj - 1).

### **Support centres for perpetrators: 12**

- DGASPC: 4 (Constanța - 1, Dolj - 1, Ialomița - 1, Timișoara - 1)
- Local Council: 6 (Alba - 1, București DGASMB – 1, Sector 5 București – 1, Maramureș – 1, Neamț - 1, Timiș - 1)
- Accredited private bodies: 2 (Mureș – 1, Călărași - 1).

### **Counties with a high number of social services:**

București – 16, **Cluj - 8**, Alba, Brăila, Mureș – 6, Galați, Ialomița – 5 Buzău Gorj, Neamț, Sibiu, Suceava, Vâlcea, Timiș – 4.

With regard to the statistical situation of persons and offences under Law No 217/2003 on preventing and combating domestic violence, in 12 months/2020, the following can be mentioned:

No. of criminal offences reported: 43,712

- No. offenders: 44,256

- No. of victims: 45,676



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## 1.2 The causes of domestic violence

According to the 2021 study<sup>1</sup> conducted by ANES at national level, the factors favouring domestic violence are the following: the socio-economic situation of the family, poor education, dysfunctional family patterns, temperamental factors, psychological profile of the perpetrator, deformed image of the perpetrator related to the role of women in the family, tolerance of the victim towards violence, entourage, negative effects of the media, social prestige of the aggressor, tolerance towards this phenomenon, passivity of the community, lack of support and defence of the victim.

As regards the triggers of domestic violence, the same study mentions: various forms of dependency of the perpetrator, mental illness, increased frustration, household tasks, family responsibilities, changes in family life or dynamics, various events related to the professional environment, emotional attachment, excessive jealousy and the context of the COVID-19 pandemic.

## 1.3 Framework for inter-institutional collaboration at local/regional level on Domestic Violence (formal or informal activities, strategies, action plans at regional/local level)

**The framework methodology on prevention and intervention in multidisciplinary team and network in situations of violence against children and domestic violence, approved by Government Decision No 49 of 19.01.2011**, establishes a methodological framework for prevention and intervention in multidisciplinary team and network in situations of violence against children and domestic violence. The objectives of the framework methodology: to provide a working tool for all professionals involved in prevention and intervention in cases of violence against children and domestic violence; to support inter-institutional and multidisciplinary intervention in this field; to promote activities to prevent all forms of violence against children and domestic violence. The identification of situations of domestic violence is carried out by professionals who first come into contact with the adult victims from the following fields of activity: health, police, gendarmerie and social work (public or private units for preventing and combating domestic violence). At the same time, the identification of situations of domestic violence is carried out by the SPAS/public social services departments by collecting and verifying information from the community advisory structures and, where they are not yet organised, from the social actors in the community: the directors of the educational establishments, the heads of the territorial units/structures of the Romanian Police, the health professionals (family doctor, community health assistance, health mediator), priests, etc. Both

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<sup>1</sup> <https://anes.gov.ro/wp-content/uploads/2021/05/Studiu-privind-prevalenta-formelor-de-violenta-impotriva-femeilor.pdf>



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the above-mentioned professionals and the SPAS/ staff with social work attributions report situations of domestic violence to the DGASPC.

**The National Integrated Programme for the Protection of Victims of Domestic Violence and the Framework Methodology on the organisation and functioning of the national innovative integrated network of sheltered housing for victims of domestic violence, approved by H.G. No 559 of 19 May 2021**

The aim is to adopt specific integrated solutions, able to respond to the general social interest of protecting social relations and public health principles by law, ensuring the necessary conditions for the restoration of a normal and independent life, by ensuring the protection of victims of domestic violence against the negative and repeated effects produced by domestic violence and providing the necessary support for their socio-professional integration/reintegration and facilitating their transfer to an independent life.

It is implemented, where appropriate, on the basis of partnership between central or local public authorities and/or private social service providers, in order to provide social services for victims of domestic violence such as:

- (a) sheltered housing;
- (b) support groups;
- (c) vocational counselling centres;
- d) any other specific services existing at local/county level and recommended in the
- (d) other specific local/local/judicial services recommended following the assessment of the situation of the victim of domestic violence and included in the intervention plan.

**Order No 2525/2018 of 7 December 2018 approving the Procedure for emergency intervention in cases of domestic violence.** Emergency intervention in cases of domestic violence is carried out by the mobile team made up of representatives of the public social work services, hereinafter referred to as SPAS, or, where appropriate, by representatives of the Directorate-General for Social Work and Child Protection, hereinafter referred to as DGASPC.

**At the level of Cluj-Napoca municipality,** by the Decision of the Local Council of Cluj-Napoca Municipality no. 25 of 2 April 2019, **a mobile team for emergency intervention in cases of domestic violence identified in the municipality was established.**

Resolution No. 766 of 6 December 2021 for the approval of the Annual Action Plan for the year 2022 on social services administered and financed from the budget of the Municipality of Cluj-Napoca was also adopted.

The Integrated Urban Development Strategy for the period 2021-2030, includes local needs and a series of measures for the prevention of domestic violence and the promotion of inter-institutional



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collaboration to reduce the phenomenon, as well as the provision of specialised social services in the field of preventing and combating domestic violence and ensuring their quality (establishment of a shelter for victims of domestic violence; provision of sheltered housing for victims of domestic violence; education actions in schools (negotiation, conflict resolution, combating violence); campaigns to promote mutual respect and non-violence in gender relations and victims' right to justice, establishment of a counselling centre for perpetrators, children and young people with behavioural disorders; mediation services for crimes especially those involving minors; devolution of probation services by involving more local actors to provide services to people involved in probation reintegration activities.

**The Strategy for the Development of Social Services in the municipality of Cluj-Napoca for the period 2023-2030**, as regards domestic violence, includes the following objectives: **the creation of a shelter for victims of domestic violence and the creation of a support centre for family perpetrators**. This strategy will be adopted by the end of 2022 by the Cluj-Napoca City Council.

## 1.4 Examples of good practice at local/regional level

An example of good practice in the Municipality of Cluj-Napoca is the **Interdisciplinary Intervention Group for high risk cases of domestic violence**, of which DASM is part, which has been operating since 2012.

The aim of creating this group was to exchange information and coordinated actions in accordance with the relevant legislation in order to increase the safety of victims of domestic violence as well as to prevent their repeated victimisation.

This group was created by signing a cooperation protocol between the main social actors - DGASPC CLUJ, DASM Cluj-Napoca, Cluj County Police Inspectorate, Cluj-Napoca University, Faculty of Law, Centre for Research and Prevention of Family and Community Violence, ADIZMC, representatives of the Cluj Public Prosecutor's Office, representatives of two law firms, etc.



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## **2. Inter-agency guidance for a coordinated response to incidents of domestic violence**

### **2.1 The need for inter-institutional cooperation to minimise and eliminate domestic violence and abuse (justification of strategy and framework for action)**

Given the complexity of the phenomenon and of domestic violence situations, the identification, referral, assessment, planning and intervention in such cases is absolutely necessary to be carried out by a multidisciplinary and inter-institutional team in order to have a holistic and unitary picture of the psychological, physical and social elements related to the victim and the perpetrator.

It is difficult for institutions and services, even specialised ones, to solve the problems caused by domestic violence through their own efforts alone. Working separately, they lack the resources to provide all the elements of an effective intervention. Stopping violence, victim protection, psychological counselling and practical support, social assistance, legal advice are the main directions of work, action, when a victim asks for support.

According to the Manual entitled *Domestic Violence: Coordinated Multidisciplinary Team Intervention for Specialists*<sup>2</sup> developed within the CONstruct NETwork in Counselling for Trauma project, multi-agency initiatives have been operating since the 1980s, and a variety of models have been explored over time. Their role is to address the lack of coordination between all actors involved in the intervention and resolution of domestic violence cases.

Coordinated intervention models, community response, aimed to include and ensure the coordination of all institutions involved in the intervention process, based on a common understanding of the phenomenon and a set of mutually agreed policies and practices, with exchange of information between institutions and decisions. This has led to the implementation of effective measures to protect victims, to provide services appropriate to their needs, to prevent further attacks and to reduce the incidence of the phenomenon.

The Coordinated Community Response model has proven its effectiveness over more than 40 years since it was first implemented in Duluth, Minnesota, and has been picked up and developed in many other communities around the world.

The situation of a victim of violence can present complex issues related to the child, family and alleged perpetrator, housing issues, socio-professional reintegration and long-term recovery, so it is not sufficient or advisable for a single professional to conduct the assessment. Involving a multidisciplinary

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<sup>2</sup> <https://violentaipotrivafemeilor.ro/wp-content/uploads/2016/09/CONNECT-UNITBV-manual-pentru-specialisti-interventia-co.pdf>.



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team in the assessment of these situations reduces the pressure on the victim and increases the quantity and quality of data obtained and the relevance of the decision.

The multidisciplinary and inter-agency team can be involved both in the assessment process and in the provision of specialised services.

There is no standard formula for the composition of the multidisciplinary and inter-agency team, but depending on its objectives - assessment or intervention - there are several categories of professionals that are part of the minimum mandatory composition<sup>3</sup>:

1. the social worker, who is usually also the case manager (if he/she has the competences established by legislation);
2. the psychologist (usually from a specialised department/service of the DGASPC);
3. the doctor (usually from a specialised service of the DGASPC). In the case of adult victims, it is recommended that the team should include the doctor from the emergency service, in cases where such an intervention has been required, or the doctor attached to the unit for preventing and combating domestic violence; depending on the case, doctors with other specialities will also be consulted: gynaecology-obstetrics, psychiatry, etc.;
4. the police officer. Depending on the type of case, one or more police officers may be involved, preferably from the following structures: Criminal Investigation, Public Order (neighbourhood police and police stations), Analysis, Prevention and Investigation, Criminal Investigation and Combating Organised Crime, as well as the police officer who is a designated member of the Commission for the Protection of Children (CPC).
5. the lawyer (usually the DGASPC lawyer).

In addition to the members of a minimally constituted team, other professionals may be involved who, through their professional training or vocation, can add to the quality of the services provided by the multidisciplinary team. Thus, these professionals become members of the intervention network and can be: teachers, forensic doctors, specialised therapists, probation counsellors, lawyers, priests, the carer, and the child's reference person.

The need for an integrated system to track, report and prevent all forms of domestic violence, in order to respond to the challenges in this area, has led to the implementation in Romania of a national integrated management and reporting system for domestic violence cases. Thus, at least 50% of victims of domestic violence are registered in this system, ensuring the flow of information to all relevant institutions involved - the system provides analysis, reports, comparative statistics, integrated measures and services for the protection of victims and collects data. The system also

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<sup>3</sup> <https://lege5.ro/Gratuit/ge2daobyge/metodologia-cadru-privind-prevenirea-si-interventia-in-echipa-multidisciplinara-si-in-retea-in-situatiile-de-violenta-asupra-copilului-si-de-violenta-in-familie-din-19012011?d=2022-06-20>



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allows a range of complex analyses to be carried out, including mapping the behavioural profile of the perpetrator and endemic areas of risk<sup>4</sup>.

On the basis of these types of analyses, Romania has created and is creating emergency shelters for victims of domestic violence in all regions of the country, in areas with the highest prevalence rates, adapted to the specific local profile and, last but not least, intends to develop services for the too few domestic abusers.

## 2.2 Objectives and benefits of working in partnership

Developing partnerships at the level of local public administration authorities between institutions responsible for preventing and combating domestic violence, with a view to developing and implementing local/county action plans, have the aim of:

- Establishment of social services such as residential and day centres
- Strengthening inter-institutional intervention in preventing and combating domestic violence
- Development and expansion of network structures for prevention and outpatient support for women affected by violence
- Establishment of local mobile teams
- Implementation of projects financed by structural funds
- Running prevention, information and awareness-raising campaigns
- Facilitating access to specialised services for victims of domestic violence
- Support victims of domestic violence in obtaining forensic certificates
- Supporting and participating in consultative working groups

Effective intervention in the phenomenon of domestic violence necessarily requires multidisciplinary teamwork and a systemic and coordinated intra- and inter-institutional response, which can ensure adequate intervention to protect and support the victim and assist and punish the perpetrator.

Within the **Interdisciplinary Intervention Group in cases of domestic violence**, mentioned in the examples of good practices, functioning at local level, whose member is also DASM since 2012, the objectives are:

- to develop the working principles and the functioning of the interdisciplinary working team;
- to develop the working procedures and tools necessary for the work of the interdisciplinary working group: victim's file, case referral file, confidentiality and principles, etc;

<sup>4</sup> <https://anes.gov.ro/wp-content/uploads/2018/06/Strategia-Nationala-ES-si-VD.pdf>.



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- collaboration of all institutions involved in the safety management of high-risk victims of domestic violence;
- taking action (appropriate to the role of the institution involved) and providing coherent and coordinated responses on the basis of the activity plan developed by the case manager/case manager and the Interdisciplinary Intervention Group on High Risk Domestic Violence;
- facilitating and promoting policy improvement in the field of domestic violence;
- to streamline dialogue and collaboration between practitioners from the civil justice system, the criminal justice system, the social system, the medical system, researchers and policy makers, developing an effective and sustainable network.

Of particular importance is the clarification of each specialist's role, responsibilities and boundaries within the multidisciplinary team, in order to increase inter- and intra-institutional collaboration, leading to a reduction of intervention time and more effective protection of the victim of abuse in partnership relationships to ensure the safety of victims through:

- Coordinated interventions
- Joint assessment of cases
- Sharing information about interventions carried out by other entities
- Sharing information on other services in the area
- Assessing the risk of relapse.

The benefits of formalized cooperation highlighted by Logar et al. (2006) are:

- Development of a common understanding of the objectives, policies and roles of different parties.
- Increased knowledge and defined information exchange.
- Mutually agreed principles for cooperation (clarification and mutual agreement of roles, tasks and rights, communication, transparency, accountability, decision-making, etc.) to avoid misunderstandings.
- Forming a beneficial level of mutual trust through the exercise of systematic, continuous cooperation.
- The possibility for both law enforcement officials and specialised service providers to react promptly, in a timely manner; the guarantee that they will refer victims of domestic violence to appropriate assistance and services.
- Effective protection and support appropriate to victims' needs.
- Professionals involved in domestic violence intervention themselves need certain conditions to carry out their work and achieve the objectives of their specific part of the intervention, without the work affecting their health - psychologically, mentally or socially.



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Their needs include the following:

- to benefit from the support of the professional community; to be assured of protection;
- to have clear, defined roles and tasks; to be able to plan work at appropriate stages;
- to work as part of a team and to be supported in doing so;
- have the right relationships and conditions to work with professionals from other agencies involved in the response;
- to be provided with supervision of their work, team and individual - to control their own reactions in a healthy way and to overcome emotional effects (fears, pressures, burden, frustrations, rebellion), to learn to live with conflicting feelings and experiences, to accept the limits of their role;
- have access to and carry out continuous training and development;
- to keep emotionally healthy, to have conditions to combat work stress - rest, free time, to function positively for both the beneficiaries and themselves.

## 2.3 Principles for an integrated Community response (coordinated)

The principle of integrated approach - implies coordination and cooperation between all the institutions involved, and practices and procedures in the field of prevention, monitoring and combating domestic violence, as well as those of implementing social assistance measures, will be based on a vision and a unitary conception, with an emphasis on partnership and networking.

According to the *Manual for Developing Minimum Standards for Perpetrator Behavior Change Programs* developed by the OSSPC project, for effectiveness and success, the integrated community response is guided by guiding principles such as<sup>5</sup>:

1. Understand that without effective prevention and early intervention DV often escalates in severity and, therefore, it is important to make every effort to identify and support adult and child victims earlier.
2. Prioritise safety of the victims and their children when considering interventions and acting immediately on disclosure of risk of harm.
3. Data about all incidents of DV should be recorded, analysed and shared with management of services working together regularly and appropriately.
4. At the initial engagement with the services, informed consent of the victim and/or perpetrator should be gained to ensure that information between services could be shared, when required, without unnecessary delays.

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<sup>5</sup> *Manual for Developing Minimum Standards for Perpetrator Behavior Change Programs*, pp.111-113, Proiect The Other Side of the Story: Perpetrators in Change (OSSPC), Grant Agreement No. 881684 OSSPC, REC-AG-2019/REC-RDAP-GBV-AG-2019.



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5. Develop effective working relationships with specialised services and make appropriate representation and contribution to discussions in various forums, meetings, and conferences, when required.
6. Work cooperatively to provide a supportive and enabling environment, which encourages clients to report DV to police and other professionals and services.
7. Respect confidentiality and privacy wherever possible and understand the risks associated with information sharing in the context of DV.
8. Develop and adhere to shared policies and procedures to guide information sharing between different services.
9. Use a multi-agency and collaborative approach in holding perpetrators accountable for their actions.
10. Ensure that perpetrators are known by appropriate and required services to ensure safety of the victims, and that perpetrators may be referred to appropriate services.
11. Ensure that victims are treated with respect and dignity, by listening to them, and believing their experiences and assuring them that they are never to blame.
12. Empower DV victims to make well-informed choices and decisions for themselves, wherever possible. Do not make decisions for them without their involvement.
13. Work together to respect the right of the family to stay as a family, while working with them as much as possible.
14. Ensure that services are sensitive to the diverse needs of the victims, considering their age, disability, gender, race or ethnicity, religion or belief, sexual orientation, but recognise that such differences are not used as an excuse for accepting or perpetrating DV or other harmful practices.
15. Acknowledge the impact of wider socioeconomic factors (low income, low literacy or numeracy skills, isolation or caring responsibilities) on DV and ensure that appropriate support and services are available for those requiring support (e.g. with jobs, housing).
16. Recognise additional barriers affecting access, availability, and acceptability of services for victims and perpetrators of DV (e.g. clients from minority ethnic background; those with disabilities; those with no recourse to funds or issues with migration status).
17. Recognise that victims and their children are most at risk when attempting to leave an abusive relationship or seeking help.



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### **3. Weaknesses and challenges in regional/local coordinated response systems**

The Social and Medical Services Directorate of Cluj-Napoca (DASM), partner in the consortium that implements the "The Other Side of the Story: Perpetrators in Change" (OSSPC) project, organized, between 4-6 November 2020, three online focus groups with 30 participants, specialists in the field of domestic violence and in that of working with perpetrators. The focus groups aimed to assess the need for programs for specialists to work with perpetrators to reduce the perpetuation of domestic violence in Romania, to understand the circumstances in which these programs operate, and to share good practice models and methods of working with perpetrators.

During the discussions, the following aspects were highlighted:

- **the need to develop and increase the number of prevention programs**, by introducing early education programs in schools on topics related to violence, bullying and preparation for couple life; increasing media involvement in changing the mentality on the phenomenon of domestic violence, decreasing tolerance regarding domestic violence, focusing on informing the community about existing solutions and services;
- **the need to implement the provisions of Law no. 217/2003 for preventing and combating domestic violence** and to comply with the recommendations of the Istanbul Convention regarding the approach of the issues of domestic violence from a dual perspective, both from the victim and from the perpetrator by: increasing the number of centres for victims of domestic violence and of sheltered apartments, setting up centres for working with perpetrators in each city, creating new positions in the organizational structures of public institutions, hiring staff and training specialists in the field of working with perpetrators, developing training programs in the field of domestic violence and of working with the perpetrators, developing clear procedures in working with perpetrators and integrated interventions of the specialists involved, working in multidisciplinary teams;
- **the need to increase the responsibility of the main actors** (teachers/educators, doctors, priests, the police, social-work staff) in recognizing/identifying and reporting, as early as possible, situations of abuse/domestic violence, strengthening collaboration protocols between various public and private institutions (police, court, psychiatry, social services, nurseries/ kindergartens/schools, doctor's offices, day care centres for children, etc.) and the operationalization of existing services (mobile emergency response teams and/or monitoring the compliance with protection orders with the support of electronic bracelets);
- **the need to identify means of real monitoring of compliance with protection orders** and to develop dissuasive measures regarding the application of penalties for perpetrators who



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- violate the protection order, in order to remove the insecurity of the victim and to avoid dramatic situations resulting in her death;
- **the need to increase the intervention capacity of professionals who come into contact with aggressors in situations of domestic violence;**
  - **the existence of some legislative gaps** (lack of gradual punishments applied to perpetrators, the optional and accessory character of the disposition, by the court, of the obligation of perpetrators to attend a program of psychological counselling, the existence of some inconsistencies in the intervention in situations of child abuse and in the legal provisions regarding the situations of sexual acts with minors).

During the same research activity (within WP2), 5 interviews were conducted with family perpetrators and 20 questionnaires were applied to victims of domestic violence by each partner involved in the project. Following the analysis of the data collected by DASM, the following aspects were highlighted:

- the services intended for family perpetrators /domestic violence victims are little known and poorly publicized in the community;
- victims of domestic violence end up living for several years in abusive relationships, until they ask for support;
- most of the responding domestic violence victims consider that things could have been different if their abusive partner had received help;
- most respondents consider that when their abusive partner was not violent, most of the times their relationship was fine;
- most perpetrators stated that they had experienced situations of abuse in the family of Co-funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020) origin;
- there are only a few situations in which perpetrators end up benefiting from specialized intervention;
- voluntary access to rehabilitation services by perpetrators, as a result of them becoming aware of their inappropriate behaviour and of the need for specialized support, increases the success of their rehabilitation process;
- in the improvement of support services for perpetrators, an important factor is the increase in the involvement of state institutions providing services (e.g. church, social services, police, etc.).

### **Other gaps and challenges identified in preventing domestic abuse/violence:**

- lack of sheltered housing for victims of domestic violence;
- reduced capacity of the emergency shelter for victims of domestic violence;



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- the lack of a centre dedicated to working with perpetrators, allowing for parallel/simultaneous specialist intervention for both victims and perpetrators in Cluj-Napoca;
- lack of professional training in working with domestic perpetrators, lack of specialists in this field.
- changing mentalities, developing and rooting the concept of positive masculinity;
- raising awareness at the level of the municipality of Cluj of the need to develop services for victims of domestic violence and abuse by providing a greater number of places in the shelter for victims of domestic violence and the existence of sheltered apartments in each municipality;
- raising awareness at the level of the municipality of Cluj-Napoca of the need to set up a specialised centre for services for domestic perpetrators and to develop a uniform methodology and a set of standardised tools for working with them;
- increasing the involvement of professionals in dealing with situations of domestic violence and making them aware of their legal responsibility to report situations of abuse and domestic violence of which they become aware through the nature of their work to the competent authorities;
- training specialists from public and private social service providers on how to work with victims of domestic violence and domestic perpetrators.

It should be noted that another challenge, which further complicates collaboration, is the overlap between domestic violence and child welfare, as well as the correlation and co-occurrence of domestic violence with other issues such as mental health problems and problematic alcohol and/or substance use/addiction. This overlap induces difficulties due to the increasing range and number of different services involved, as well as the involvement of several professionals addressing different clients and/or target issues.



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#### **4. Potential regional/local organisations in the inter-institutional approach**

##### **4.1 Regional/local organisations active in preventing, combating VDA, supporting, protecting victims**

Organisations active in preventing, combating VDA, supporting, protecting Victims				
Organization	Status	Action level (regional/local)	Services	Is there a coordination mechanism/cooperation protocol in place?
Cluj County Council	Public institution	regional	preventing, combating, developing capacities	Yes
Cluj-Napoca Municipality	Public institution	local	preventing, combating, developing capacities	Yes
DASM Cluj-Napoca	Public institution	local	preventing, combating, developing capacities	Yes
The Centre for preventing and combating domestic violence in families - DASM, Cluj-Napoca	Public institution	local	preventing, combating, developing capacities <ul style="list-style-type: none"> <li>- social counselling</li> <li>- psychological counselling</li> <li>- legal counselling</li> <li>- parental counselling</li> <li>- risk assessment</li> <li>- mobile team</li> </ul>	Yes



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Social emergency centre - CSU, DASM Cluj-Napoca	Public institution	local	temporary accommodation for homeless people: - Housing and food - protection - medical assistance - psychological counselling - legal advice - occupational counselling - social inclusion	Yes
Centre for temporary shelter, DASM Cluj-Napoca	Public institution	local	temporary accommodation for homeless people/family abusers: - housing - protection and security - medical services - psychological counselling - social counselling - legal advice	Yes
The Child and Family protection Department, DASM Cluj-Napoca	Public institution	local	identification, prevention, capacity building and facilitating access to specialised services	Yes
Resource Centre for Children and parents DASM Cluj-Napoca	Public institution	local	identification, prevention, capacity building - risk assessment - psychological counselling	Yes



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			<ul style="list-style-type: none"> <li>- social counselling</li> <li>- parental counselling</li> <li>- facilitating access to services</li> </ul>	
The General Directorate for Social Work and Child protection- DGASPC, Cluj	Public institution	Regional/c ounty	preventing, combating, developing capacities	Yes
DGASPC Cluj, Case management Department, adults, domestic violence, support for the elderly	Public institution	regional	<ul style="list-style-type: none"> <li>handling reports of domestic violence</li> <li>providing specialised services to victims through subordinate centres</li> </ul>	Yes
DGASPC Cluj, Emergency shelter for domestic violence victims	Public institution	regional	<ul style="list-style-type: none"> <li>preventing, combating, developing capacities, hosting</li> <li>- protection against the perpetrator</li> <li>- food</li> <li>- medical assistance</li> <li>- Psychological counselling</li> <li>- legal advice</li> <li>- socio-educational counselling</li> <li>- facilitating access to kindergarten/school</li> </ul>	Yes
DGASPC Cluj, Protected shelter	Public institution	regional	<ul style="list-style-type: none"> <li>preventing, combating, developing capacities</li> <li>- shelter and protection from the perpetrator</li> </ul>	Yes



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			<ul style="list-style-type: none"> <li>- medical assistance</li> <li>- psychological counselling</li> <li>- legal advice</li> <li>- socio-educational counselling</li> <li>- facilitating access to kindergarten/school</li> <li>- vocational counselling</li> <li>- professional orientation</li> </ul>	
The County Police Directorate	Public institution	regional local	identification, prevention, capacity building, combating and sanctioning	Yes
The General Directorate- The local police	Public institution	local	identification, prevention, capacity building, combating and mobile team	Yes
Court Cluj-Napoca	Public institution	local	combating, sanctioning, capacity building	Yes
Cluj Public Prosecutor's Office	Public institution	regional	prevention, combating, sanctioning	Yes
Probation Services Cluj	Public institution	local	Social rehabilitation, capacity building	Yes
The County Emergency Hospital, Cluj	Public institution	regional	Medical services, developing capacities	Yes
The Municipal Hospital Cluj-Napoca	Public institution	local	Medical services, developing capacities	Yes



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Legal Medicine Cluj	Public institution	regional	Medical services, developing capacities	Yes
Public Health Directorate	Public institution	regional	Medical services, developing capacities prevention	Yes
School County Inspectorate Cluj	Public institution	regional	preventing, combating, developing capacities	Yes
Babeş-Bolyai University	Public institution	local	preventing, combating, developing capacities	Yes
National Agency against Trafficking in Human Beings - Cluj-Napoca Regional Centre	Public institution	regional local	preventing, combating, developing capacities	Yes
Centre for Drug Prevention, Evaluation and Counselling - Cluj	Public institution	regional	preventing, combating, developing capacities	Yes
Territorial Office Cluj-Napoca - Advocate General	Public institution	local	preventing	Yes
Asociația Filantropică Medical - Creștină "Christiana", Filiala Cluj, Programul Sf. Dimitrie	NGO	local	preventing, combating, developing capacities	Yes
Atena Delphi Association	NGO	local	preventing, combating, developing capacities	No
Women Against Violence Association - Artemis	NGO	local	developing capacities	no



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Counselling centre for victims of domestic violence Comunitatea VeDe	NGO	regional local	preventing, combating, developing capacities	Yes
Counselling Centre for Violence Prevention	NGO	local	preventing, combating, developing capacities	Yes
Working group on domestic violence Cluj-Napoca	Working group	local	preventing, combating	Yes
National Agency for Equal Opportunities for Women and Men - ANES	Public institution	national	preventing, combating, developing capacities	yes
The Public Ministry Prosecutor's Office of the High Court of Cassation and Justice	Public institution	national	preventing, combating, developing capacities	Yes
National Agency for Protecting the Children's Rights and adoption	Public institution	national	preventing, combating, developing capacities	Yes



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## 4.2 Overview of key strategic actions to prevent new cases of DVA /Analysis of protection, care and support services for the effective protection, care and support of DVA victims /Analysis of capacity development strategies.

In order to assess the individual social needs of the beneficiary, the centres for preventing and combating domestic violence collaborate with the institutions responsible for dealing with cases of domestic violence. Protocols can be concluded with: county police inspectorates, local social services, child rights protection, services for victims of domestic violence, probation services, county public health directorates, hospitals, forensic medicine services, mental health centres, drug prevention centres, specialised services for different types of addictions, etc. Protocols stipulate how beneficiaries can be referred from one partner to another and how specialists can work together to resolve cases.

Thus, for the prevention of domestic violence, in a correlative way to the four categories of intersectional consequences (health, psychosocial, safety/security and legal/justice framework), the response to domestic violence should focus on a National Strategy with concrete actions.

The strategy promotes good practices in the field and useful tools in the practice of all those who come into direct contact with victims and domestic abusers, specialists from different fields such as social protection, local administration, justice, health, education, in order to ensure a common plan of measures, aiming at the reintegration into society of people affected by domestic violence and the rehabilitation of domestic abusers.

The actions proposed in the Action Plan for the implementation of the National Strategy for preventing and combating violence against women and domestic violence for the years 2021-2022 are aimed at ensuring the implementation of the objectives of the Strategy, which will ultimately contribute to reducing the phenomenon of domestic violence and violence against women, as well as ensuring an effective response of the relevant bodies in cases of violence.

The general objectives of the new Action Plan are based on the four pillars of the Council of Europe Convention on preventing and combating violence against women and domestic violence: prevention; protection; investigation and prosecution; integrated policies and data collection. For each general objective, specific actions and objectives have been set.

Thus, with a view to promoting zero tolerance towards the phenomenon and reducing it, the key actions focus on conducting public awareness campaigns on the phenomenon of violence; increasing the confidence of women, victims and potential victims in the public authorities with competences in the field; increasing the level of reporting/ reporting of cases of violence against women; continuous training of specialists in the field; mandatory inclusion of the topics of preventing and combating violence in study programmes and training curricula.



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The activities corresponding to the second general objective are aimed at strengthening protection, support and assistance to victims by facilitating women's access to specialised services, developing a clear, standardised mechanism to ensure a prompt and effective multidisciplinary response to cases of domestic and sexual violence, developing specialised services for victims of sexual offences, implementing measures for the economic empowerment of victims of violence against women and domestic violence.

The third general objective includes activities aimed at improving the supervision mechanism for the enforcement of protection measures; ensuring the accountability and re-socialisation of perpetrators through the development of supervision services and mechanisms, improving probation programmes aimed at changing aggressive behaviour and preventing violence among persons convicted of acts of violence, adjusting the legislative framework to ensure access to justice for victims of domestic violence and sexual violence, training police officers, prosecutors, judges in the investigation and prosecution of domestic violence and sexual offences.

The activities under the last general objective aim at strengthening the national response and intersectoral cooperation in cases of domestic violence, training multidisciplinary teams and joint groups of specialists on the application of the intersectoral intervention mechanism in cases of domestic violence, ensuring the functionality of the Interministerial Council on preventing and combating domestic violence, strengthening systems for the collection, analysis and dissemination of sectoral statistical data and ensuring regular monitoring of the dynamics of the phenomenon of violence against women and domestic violence .

In order to implement the measures set out in the National Strategy for preventing and combating violence against women and domestic violence, each institution with responsibilities in the field is required to appoint a representative, who will facilitate and monitor the implementation of the strategy internally, and will ensure collaboration with ANES and other responsible institutions regarding the implementation/monitoring/evaluation/reporting of activities and actions proposed for preventing and combating domestic violence.

Local public administration authorities shall designate specialised staff to implement the system for recording, reporting and managing cases of domestic violence. Mayors and local councils shall cooperate with and support religious organisations, non-governmental organisations and any other legal and natural persons involved in charitable activities in order to fulfil these obligations. Thus:

**Public Social Services (SPAS)** - the main provider of social services at the local level, with the task of early detection of risk situations that may lead to the separation of children from their parents, as well as prevention of abusive parental behaviour and domestic violence. If the institution does not have the capacity to provide the full package of services needed to address the problem of the person at risk/vulnerability, then the SPAS may conclude partnership agreements and contracts for the



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provision of social services with accredited service providers. Also in case SPAS cannot provide social services in emergency situations, such as domestic violence, they will be taken over by the county public social assistance service, i.e. the county branch of the General Directorate of Social Assistance and Child Protection (DGASPC).

- **Accredited private service providers (NGOs)** - are an alternative to the services offered in the state system.

- **Police** - play an important role in stopping the social mechanisms perpetuating domestic violence. The police can identify various risk situations and inform the social worker, thus facilitating early specialised intervention in case violence occurs.

- **Community health workers** - can identify, during office visits or home visits, various potentially risky problems faced by families and their children. On the one hand, they can inform the relevant institutions of situations of domestic violence, and on the other they can become a source of information for the families concerned, directing them to the bodies they can turn to when they need support or to prevent violence from occurring;

- **Teachers** can also be a good resource in preventing violence against children and families and in providing information to families at risk;

- **Priests** can help families in the community and disseminate information on the causes of domestic violence and its consequences. Priests can also inform social workers about the existence of risk factors that may contribute to the development of domestic violence. Given their particular influence on the community, priests have the opportunity to pass on information, provide information resources on risk behaviours and support services for abused children and adults.

- **Community members** can inform social workers about the existence of risk factors for domestic violence and form support groups to support the work of various professionals.



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### 4.3 What types of information are shared between organisations/institutions in the different thematic areas?

Effective prevention and intervention in cases of domestic violence requires cooperation from professionals in the field. Underpinning this cooperation is the legislative and regulatory framework and the relationships and joint working mechanisms established in practice.

According to **Law no. 242/2022 on the exchange of data between information systems and the creation of the National Interoperability Platform**<sup>6</sup>, regulates the creation, operation and management of the tool/facility necessary for the delivery in an integrated format of several electronic services through the implementation of the interoperability platform, and establishes the tasks of public authorities and institutions with regard to the use and integration into the National Interoperability Platform, as well as the exchange of data, and the tasks of the public authority responsible for its creation, development and management, with the aim of increasing the quality of public services by facilitating the exchange of data between information systems, reducing the bureaucratic and administrative burden on natural and legal persons and increasing the transparency of data use by public authorities and institutions. The purpose of this Law is to adopt measures relating to technologies, equipment, software and the data used by them, with a view to contributing to increasing the degree of interconnection between the information systems of public authorities and institutions and facilitating the exchange of data between them, based on the principles and objectives of the European Interoperability Framework.

Information shared between organisations and institutions involved in preventing and combating violence is public information, such as:

Distribution of victims/ perpetrators of domestic violence (cases):

- by age group, gender, residence
  - by nationality and ethnicity
  - by level of education
  - by occupation, income and home ownership
  - by marital status
  - by the victim's relationship with the family abuser
- Distribution of victims/ perpetrators of domestic violence (cases):
- by type of violence
  - by type of violence by frequency of assault
  - Services received by victims/ perpetrators of domestic violence

<sup>6</sup> <https://lege5.ro/gratuit/gezdgmjsgm4da/legea-nr-242-2022-privind-schimbul-de-date-intre-sisteme-informatic-e-si-crearea-platfomei-nationale-de-interoperabilitate>.



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- Legal proceedings initiated or withdrawn by victims of domestic violence
- Risk associated with the case of domestic violence.

According to the minimum quality standards (as of 3 January 2019) for social services organized as counselling centres for the prevention and combating of domestic violence, the Centre for the Prevention and Combating of Domestic Violence of the Directorate of Social and Medical Assistance prepares a personal file for each beneficiary on paper or electronically. It contains at least the following documents:

- application for counselling services signed by the beneficiary and approved by the head of the centre;
- the original service contract;
- documents on the level of education, professional training, physical and mental health, other legal documents relevant to the victim's condition - protection order, medico-legal certificates, etc;
- multidisciplinary assessment/reassessment sheet;
- rehabilitation and social reintegration plan for the victim of domestic violence;
- counselling plan;
- service monitoring sheet;
- agreement to process the beneficiary's data.

At the written request of the beneficiary or the competent bodies, a copy of the personal file, with all the documents listed above, can be made available to them. Beneficiaries' personal files, archives and records are available at the Centre's premises under the conditions of confidentiality laid down in its organisational and operational rules.

Confidentiality of the medical/psychological act is necessary in order to respect the privacy of the beneficiary. The doctor or psychologist shall not be entitled to disclose information obtained in the course of medical treatment or psychological counselling sessions without the freely expressed consent of the beneficiary, except in specific cases. Such exceptions to professional secrecy and confidentiality are the transmission to third parties of information which does not contain any specific names or details, but only allows a description in general terms of a professional act<sup>7</sup>.

Exceptions to the obligation of professional secrecy or confidentiality are cases where disclosure of data and information is requested by a court of law, a parliamentary committee of inquiry or the College's Ethics and Disciplinary Committee; in the case of informing the legal representatives or the guardianship authority for minor children, in their best interests, or when the law expressly requires the professional to disclose professional secrecy or confidential data and information; in emergency

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<sup>7</sup> <https://lege5.ro/gratuit/gm3tonzvgm/codul-deontologic-al-profesiei-de-psiholog-cu-drept-de-libera-practica-din-01112013>.



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situations - any situation which, in relation to the present psychological conditions, requires immediate resolution, which cannot be postponed and requires prompt specialised intervention.<sup>8</sup>

#### 4.4 Relevant referral procedures for frontline professionals

A fundamental aspect of networking between the services involved is undoubtedly the referral procedure.

Case referral is an important step in case management as part of inter-agency collaboration, alongside case review, follow-up and support for individuals going forward. The referral system<sup>9</sup> can be defined as a comprehensive institutional framework in which various entities with well-defined and delineated mandates, responsibilities and competences are connected in a cooperative network, with the overall aim of providing protection and assistance to victims of domestic violence, to assist in their full recovery and empowerment, to prevent violence and to legally sanction perpetrators. Referral mechanisms operate on the basis of effective communication and the establishment of clearly defined referral pathways and procedures with simple and clear sequential steps (UNFPA, 2010). To ensure sustainability and effectiveness, the functioning of referral mechanisms needs to be regulated by laws or standardised protocols that define the roles and responsibilities of the institutions involved.

A referral network usually brings together different institutions such as: county police inspectorates, local social services, child rights protection, services for victims of domestic violence, probation services, county public health directorates, hospitals, forensic services, mental health centres, drug prevention centres, specialised services for different types of addictions, NGOs, etc.

#### Referral of victims of domestic violence

In principle, victims of domestic violence who approach the centres for the prevention and combating of domestic violence, ask for support either directly (by phone, e-mail, at the address) or referred by other institutions with competences in the field of preventing and combating violence (County Police Inspectorate, the Municipal Police, the Emergency Reception Unit, the Forensic Medicine Service of the County Emergency Hospital, the General Directorate for Social Assistance and Child Protection, the Social Assistance Directorate, the County School Inspectorate, the Court, various Associations and NGOs, etc. ).

<sup>8</sup> <https://lege5.ro/gratuit/gq2tonbs/dreptul-la-confidentialitatea-informatiilor-si-viata-privata-a-pacientului-lege-46-2003?dp=gezdinrrgm2tk>.

<sup>9</sup> <https://violentaipotrivafemeilor.ro/wp-content/uploads/2016/09/CONNECT-UNITBV-manual-pentru-specialisti-interventia-co.pdf>, p. 214.



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Referral to/from other institutions is done either by verbally informing people about the existence of services for victims of domestic violence and providing them with materials - leaflets and flyers with contact details and available services, or by telephone or written referral of cases.

Usually, during the first contact with the victim, the specialist makes an initial assessment of the situation and the associated risk, and then, depending on the particularities of the case and the victim's needs or request, recommends psychological counselling, legal counselling, social counselling, or referral to other institutions or specialists dealing with domestic violence and/or admission to a temporary centre/ shelter for victims of violence.

During the counselling sessions, clients are informed about: the services they can benefit from, the institutions that can intervene in the family when violence occurs, other institutions they can turn to in order to solve the problematic situation, the rights they have, the possibilities of action.

## Referral of perpetrators

Relevant research has shown that the effectiveness of batterers' programmes depends to a large extent on the existence of strong institutional capacities and coordinated referral systems to ensure both the safety of victims and the monitoring of family abusers.

According to the Manual for Developing Minimum Standards for Perpetrator Behaviour Change Programmes<sup>10</sup> developed under the OSSPC project, to be successful, referrals should be adequately prepared and follow specific guidelines, including those below: Refer perpetrators to a structured perpetrator programme, encompassing individual intake and assessment phase, Individual and/or group interventions, and follow-up phase.

- Refer perpetrators to a perpetrator programme, complying with quality standards (e.g. interface with current or ex partners for conducting all-embracing risk assessment and safety planning for them and their children).
- Do not refer perpetrators to anger management programmes; such approaches and interventions might unintentionally support perpetrators' belief that they are victims of people making them angry and that DV results from anger and "losing control", instead of being a choice leading to a pattern of controlling and coercive behaviours. In addition, anger management programmes do not entail communication and cooperation with victim support services, neither the provision of support nor the insurance of victims' safety.
- Do not refer perpetrators to couples counselling, mediation, and family therapy. Such approaches and interventions perceived as inefficient and even potentially dangerous, since they prevent victims' freely expression due to the fear of retaliation, reinforcing in this way the feeling of helplessness; while if they express themselves they might be at a great risk. On

<sup>10</sup> *Manual for Developing Minimum Standards for Perpetrator Behaviour Change Programmes, Idem, pp.108-110.*



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the top of that, these approaches strengthen the belief that DV lays upon relationship problems and that the responsibility shares among partners.

- If structured perpetrator programmes are not available, the alternative will be the referral to individual counselling, which would be explicitly targeted to cease DV, and would follow a victim safety-focused approach.
- Establish clear referral pathways and get informed and aware of the existing perpetrator programmes at local level. Contact with them in order to collect all the relevant information required.

Furthermore, you should not omit to assess other needs associated to perpetrators and their use of DV, considering referring them to corresponding specialised services. Referrals for additional needs may involve services, such as:

- Medical services
- Mental health services
- Substance abuse services
- Family services/ clinics
- Crisis management services
- Fatherhood programmes/ Parenting classes
- Supervised visitation centres
- Child welfare services
- Police/safety services
- Prisons
- Courts
- Educational facilities/ resources
- Employment services/ Workplaces
- Job training/ Career services
- Community centres/ advocacy services
- Union meeting places
- Frequently visited social spots
- Housing services
- Clothing services
- Mentoring services
- Financial services
- Food services
- Transportation services.

While referring perpetrators to other services we need to remember that:

- They may not explicitly target DV, and thus, the counselling/ therapy services provided by them should take place simultaneously and in coordination with the perpetrator programme.
- Perpetrators may have a hard time inducting, participating in, and preserving their attendance at two simultaneous intervention processes.

Un aspect important în managementul situațiilor de violență domestică, indiferent de calitatea beneficiarului de servicii - victimă sau agresor, constă în faptul că munca profesionistului nu se finalizează odată cu referirea cazului, ci continuă cu monitorizarea acestuia.



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## **5. Proposal for a multi-agency/institutional cooperation mechanism/structure and recommendations for an effective integrated response to VDA incidents**

In order to ensure the safety of women and/or children but also to hold perpetrators accountable and prevent the perpetuation of domestic violence, collaboration between all services and intervention systems involved in domestic violence cases is vital.

Domestic violence is a horizontal issue that requires an integrated approach. Cooperation between all partners through institutional coordination is essential to implement all measures effectively. In the cooperation between law enforcement institutions and social services institutions there are mainly two ways which can be distinguished. The first one is a top-down model, which is based on a national plan and in which government institutions assign responsibilities to practitioners. It can be implemented formally or informally. The second model is bottom-up, being decentralised, which means that initiatives are led by NGOs, police, prosecutors, mainly through social support providers<sup>11</sup>.

The need for an interdisciplinary approach to the issue of domestic violence is recognised and supported by the ministries with responsibilities in the field: The Ministry of Labour, Family and Equal Opportunities, the Ministry of Interior and Administrative Reform and the Ministry of Health. The three ministries issued Joint Order No. 384/306/993 of 12 July 2004 approving the procedure for working together to prevent and monitor cases of domestic violence.

On the basis of this joint order, a concrete procedure for cooperation was established, concluded at county level, namely between: police inspectorates, gendarmerie commands, public health directorates, departments for combating violence, probation services, Child Protection services at County level (DGASPC), Public Local Welfare Services, school inspectorates, forensic services, units for preventing and combating domestic violence, etc.

### **The inter-institutional circuit of the victim of domestic violence**

The victim of domestic violence can turn to the following institutions:

- Police - to file a complaint;
- Hospital/Family Doctor's Emergency Unit - to get medical care;
- Forensic Institute/Service/Laboratory - to obtain a forensic certificate;
- General Directorate of Social E and Child Protection - to receive complex social services, especially if the victim's children are involved;
- Directorate of Social and Medical Assistance - to obtain information, counselling and referral to social services/centres dealing with domestic violence;

<sup>11</sup> [https://eucpn.org/sites/default/files/document/files/Toolbox\\_DV\\_RO.pdf](https://eucpn.org/sites/default/files/document/files/Toolbox_DV_RO.pdf).



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- Centres for preventing and combating domestic violence (shelter or day centre for victims of domestic violence) - for temporary accommodation, social assistance, psychological and legal counselling, social and professional reintegration, information, referral to other institutions;
- NGOs providing specialised social services for victims of domestic violence.

### **Integrated approach to domestic violence cases<sup>12</sup>:**

#### **1. Case management - the general method in the field of social services**

Case management is a method of coordinating all medical, psychological and social care services and consists of the activity of identifying the needs of the victim of domestic violence/family perpetrator, planning, coordinating and monitoring the implementation of the measures in her/his individualised care plan, according to the resources which are available.

Case management as a working practice proposes the assessment of the individual's needs, those of the social environment in which he/she lives and of the network of services which are available, in accordance with which the case manager builds an individual intervention strategy based on priority needs and available resources.

The case manager (CM) is the professional who ensures the coordination of special social work and protection activities for victims of domestic violence, carried out through a multidisciplinary team and a case manager.

The case responsible (CR) is the professional in the field of domestic violence who, through delegation of tasks by the CM, ensures the coordination of activities and the implementation of specialised intervention programmes (individualised intervention plan, rehabilitation and socio-professional reintegration plan, plan to prevent the reopening of the case, safety and the risk assessment plan).

The stages of case management (according to G.O no. 68/2003 on social services, with subsequent amendments and additions):

1. initial assessment;
2. development of the intervention plan;
3. complex assessment;
4. elaboration of the individualized care and assistance plan;
5. implementation of the measures set out in the intervention plan and in the individualised plan;
6. monitoring;
7. reassessment;
8. evaluation of the beneficiary's opinion.

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<sup>12</sup> *Intervention guide in domestic violence cases,*

<http://femei.euoproject.org.ro/uploads/GHID%20Violenta%20domestica.pdf>, pp.37-42.



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### **Identification, initial assessment, case taking**

When a case of domestic violence is reported, social workers from the Public Social Welfare Service must make a social investigation within 72 hours from the registration of the direct request, referral or case report to determine: whether emergency intervention is required - this is required when the victim of domestic violence is at immediate risk of abuse; the emergency services to which the case should be referred.

In order to decide whether the victim is at risk, it is necessary for social workers from the Public Social Welfare Service to: identify the aspects that trigger emergency intervention and to determine how they affect the victim; examine the current risks faced by family members; determine whether family members or other members of the community can intervene without requiring the intervention of specialist emergency support services.

### **Development of the intervention plan**

The case manager ensures that the initial assessment is carried out within 72 hours from the registration of the direct request, referral or referral.

In emergency situations where the travel time of the case manager or the mobile intervention team require more than one hour, the initial assessment is carried out by the local authority case responsible in the community where the victim is located.

An initial assessment report is drawn up on the basis of which a decision is made to continue case management or to close the case by referral or guidance to other relevant services/institutions. If the case is confirmed, it should be assigned to a case manager (CM) who will take over the management of the whole problem with the help of the case responsible (CR) and of the multidisciplinary team. The content of the initial assessment report is communicated to the beneficiary.

In the case of referral to other institutions, if the registration is made to an institution that cannot take over the case, the initial assessment report is sent to the referring institution.

### **Complex assessment**

While the initial information guides the emergency intervention, the complex assessment aims to gain the knowledge of the problems and resources of the assisted person which are needed to develop the intervention plan.

The complex assessment process follows the aspects that relate to the individualised situation of the beneficiary, as defined in accordance with OUG 68/2003, art. 33, par. (1)-(3), art. 34-39. The data collected during this stage come from the social worker's interview with: the assisted person, family members, the perpetrator, parents/carers, community service specialists.







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## Intervention planning

The social worker - case manager, together with the interdisciplinary team, draw up the individualized intervention plan within a maximum of 30 days from the registration of the case, which represents the intention to achieve a desired and intentional change, to modify individual behaviours in a limited period of time, using the allocated resources and having the capacity to maintain the changes produced at the level of the beneficiary.

## Implementation of the intervention plan and monitoring

The social worker-case manager ensures the coordination of the implementation of the assistance and protection activities for victims of domestic violence. Intervention is the most visible part of the assistance process. During the implementation of the planned actions, the social worker has to monitor the implementation, which involves checking how resources are being allocated as well as their effects on the assisted person. The implementation of the intervention plan must be continuously monitored in order to know, on the one hand, whether the services are still appropriate to the needs of the assisted person and, on the other hand, whether changes can be made as the case evolves.

## Case closure and post-intervention monitoring

In the case of domestic violence, case closure must be followed by post-intervention monitoring, especially in cases where the victim remains in the vicinity of the perpetrator. Even if the perpetrator is engaged in an individual support programme, there is still a risk that the perpetrator will repeat the violence. Therefore, closing a case should only be done after a long-term follow-up of the case and only after the case professionals have sufficient information to prove that the victim and perpetrator can cope with the risk situations that may arise.

## The Interdisciplinary team

The interdisciplinary and inter-institutional team includes professionals in the field of domestic violence and abuse such as: social worker, psychologist, psychotherapist, psychiatrist, doctors of different specialities, forensic doctor, police officer, lawyer, specialist referrers; the multidisciplinary/interdisciplinary team collaborates with the case manager, according to proposals/requests made by the CM, respectively the case responsible. The team meets with the case manager and the case responsible ("case meeting") periodically, or exceptionally, or with the domestic violence victim / perpetrator/other family members if necessary.

The handbook for professionals, *Domestic Violence: Coordinated Multidisciplinary Team Intervention*<sup>13</sup>, citing Appelt, B., Kaselitz, V., Logar, R. (2000), states that the steps to be taken to

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<sup>13</sup> *Domestic Violence: Coordinated Multidisciplinary Team Intervention*, <https://violentaipotrivafemeilor.ro/wp-content/uploads/2016/09/CONNECT-UNITBV-manual-pentru-specialisti-interventia-co.pdf>.







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provide a coordinated multi-agency response begin with a unified, congruent understanding by professionals of the phenomenon of domestic violence, continuing with the generation of resources and structuring of the way of working, as follows:

1. Sharing a common understanding as a basis for cooperation, along with the principles and goals that follow: victim safety, holding perpetrators accountable, community involvement.
2. Agreeing procedures for cooperation that prevent secondary trauma and respond appropriately to the needs of victims.
3. Monitoring cases - to ensure accountability of professionals - and clarify the roles of each professional group.
4. Coordinating information exchange between professionals: focus on sharing, developing the understanding of confidentiality rules.
5. Providing resources and services for adult and child victims.
6. Providing sanctions, restrictions and services for perpetrators.
7. Evaluating the coordinated justice system response: the response of police, prosecutors and judges, as well as and probation services.
8. Ongoing training and supervision for the benefit of professionals and their work.

Apart from these, some additional prerequisites for creating a successful network to address domestic violence cases may be:

- Establishing interconnected and supportive relationships;
- Building mutual trust to enable joint problem solving and conflict resolution;
- Addressing concerns and suggested conflicts;
- Shared vision, knowledge and goals;
- Mutual respect;
- Establishing open and honest communication - through clear channels of communication;
- Sharing resources and information about offenders and community outcomes;
- Acknowledging and confronting the impact of professional differences in the perception and approach to these cases (particularly in terms of 'risk assessment');
- Recognising and accepting different professional priorities and approaches (e.g. working with families);
- Developing coordinated community responses that address not only perpetrator accountability but also community empowerment and safety in general (UN WOMEN, 2010; Wood et al., 2009).



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When referring to other services, professionals should provide them with as much information as possible about the victim/perpetrator, about the context and the type of violence which has been committed.

In this way, all professionals working with the perpetrator and his/her family will be aware of the violence and of the current level of risk, and their work will hold the perpetrator accountable for his/her violence.

Alongside the principles mentioned above under section 2 Inter-agency guidance for a coordinated response to incidents of domestic violence, sub-item 2.3 Principles for an integrated community response, an effective network requires the existence of institutionalised protocols/agreements for collaboration, which stipulate the implementation and operation of the following aspects<sup>14</sup>:

- Formal multi-agency partnerships at the local level between institutions/services such as the criminal justice system (e.g. police forces, probation services), social services, victim support services, housing management services, addiction-focused services, etc.)
- the existence of a clear and shared vision, purpose and mission of the partnership
- the existence of clearly articulated and agreed partnership goals, targets and objectives
- shared understanding of local needs
- complying with partners' roles and responsibilities
- establishing shared priorities
- multi-agency/institutional decision making on setting priorities and action plans, including frequent review of domestic violence cases for identifying potential perpetrators, risk assessment (e.g. risk levels and risk ratings and development, implementation and monitoring of risk management plans)
- more institutions focusing on perpetrators in order to prevent and early intervene in repeated and serious cases of domestic violence, including homicides
- formalised and appropriate information exchange (e.g. through information sharing agreements and information management systems)
- partnership monitoring
- community involvement - awareness raising events/campaigns
- working environments that foster collaboration (time, funding, regularly scheduled meetings, joint intake/referral procedures based on joint risk assessment)
- willingness and capacity of professionals to engage in collaborative efforts (Ali & McGarry, 2019; Diemer et al., 2015; Miller, 2014; Ofsted, Stanley, 2018).

<sup>14</sup> *Manual for Developing Minimum Standards for Perpetrator Behaviour Change Programmes, Idem, pp.113-114.*



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**The DASM team of the OSSPC project** has developed the **Regional Strategy for an Integrated Response to Domestic Violence Incidents**, which is intended as a tool to encourage inter-agency collaboration in responding to domestic violence incidents. To this end, a working meeting (round table) will be organised with representatives of regional/local authorities competent in the field of domestic violence, representatives of community organisations (victim support services, etc.), as well as experts in the field of gender equality/domestic violence, in order to raise awareness of the importance of effective and high quality information exchange between institutions and timely and effective interventions.

During the roundtable, discussions with key stakeholders, including representatives of public institutions and organisations present, will focus on the importance of inter-institutional collaboration as a response to domestic violence and the potential for improving the effectiveness of services offered, which can enhance the safety and well-being of victims of domestic violence.

As mentioned, at local level there is the Interdisciplinary Intervention Group on High Risk Domestic Violence, mentioned under examples of good practice, whose purpose coincides with the aim of this strategy. When the working group came into being in 2012, a collaboration protocol was drawn up and signed between the main social actors with responsibilities in the field of domestic violence (DGASPC CLUJ, DASM, Cluj County Police Inspectorate, UBB Cluj-Napoca, Faculty of Law, Centre for Research and Prevention of the Phenomenon of Family and Community Violence, ADIZMC, representatives of the Cluj Public Prosecutor's Office, representatives of two law firms, etc.), which is intended to be improved/signed annually.

This occasion (round table) will provide the appropriate framework for resuming the discussions and meetings of this working group, as during the round table DASM will also invite members of this working group, reiterating their role and responsibilities, according to the legislation in force, in the field of domestic violence, as well as discussing aspects from the area of the project "The Other Side of the Story: Perpetrators in Change" (OSSPC) and disseminating the materials/documents developed within the project.

Along with some of the members of the Interdisciplinary Intervention Group for High-Risk Domestic Violence, representatives of non-governmental organisations with which DASM, through the Child and Family Protection Department and the Centre for the Prevention and Combating of Domestic Violence, collaborates on a regular basis will also participate in the round table.

In this regard, it is desired to develop/establish a cooperation mechanism with all these organizations in order to establish the framework for intensifying and expanding cooperation between them with a view to preventing and reducing domestic violence at the local level. The parties will take the necessary steps to adopt and implement an effective and coordinated approach encompassing all



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relevant measures to prevent and combat violence against women and domestic violence in Cluj-Napoca/Cluj County, by adopting a holistic approach, including the roles and responsibilities of the parties involved.

During the working meeting, the importance of inter-institutional cooperation in cases of domestic violence will be highlighted, as it is absolutely necessary that the identification, referral, assessment, planning and intervention in such cases be carried out by a multidisciplinary and inter-institutional team in order to have a holistic and unitary perspective of the psychological, physical and social elements related to the victim of domestic violence and the domestic aggressor. Emphasis will also be placed on the exchange of information and coordinated action, in accordance with the relevant legislation in this field, with a view to increasing the safety of victims of domestic violence and preventing their repeated victimisation and the perpetuation of domestic violence by domestic violence perpetrators.

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