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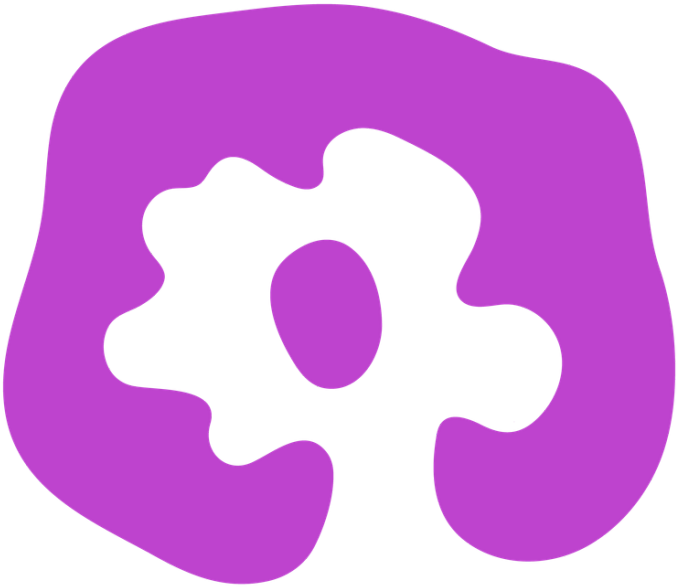
GENDER-BASED VIOLENCE AND HUMAN TRAFFICKING:

PROFESSIONAL PERSPECTIVES ON TRAINING AND INTERVENTION



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Gender-based violence and human trafficking: Professional perspectives on training and intervention
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Gender-based violence and human trafficking:

Professional perspectives on training and intervention

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2026

CONTENTS

List of figures 5
List of tables 6
List of acronyms 8
Executive summary 9
Key recommendations 11

1. Normative framework, existing literature and the gap from practice 13
1.1. Why this chapter is necessary 13
1.2. The European framework: reference standards for training, protection and cooperation 13
1.3. The national framework: protection mechanisms and institutional responsibilities 15
1.4. Monitoring, existing data and civil society contributions 18
1.5. The gap from practice: what this research contributes 19
1.6. Implications for reading the report 20

2. Research methodology 22
2.1. How the limitations of the research should be read 23

3. Who participated in the research 24
3.1. Quantitative component: questionnaire respondents 24
3.2. Distribution of respondents by type of institution 24
3.3. Professional experience 25
3.4. Gender, age and education 25
3.5. Territorial distribution 26
3.6. Qualitative component: interviewed professionals 26
3.7. Profile of interviewed professionals 27
3.8. Qualitative component: interviewed survivors 28
3.9. Aggregated profile of survivors 28

4. The landscape of professional training 30
4.1. Access to training: a significant deficit 30
4.2. Training is relevant where it exists, but access remains unequal 31
4.3. Competence is frequently built informally 32
4.4. What is missing from training: not just procedures, but also information on trauma, risk and collaboration 33
4.5. Different needs, a common core 34
4.6. Learning formats: professionals call for applied training 35
4.7. Why online training is not sufficient 36
4.8. Training as a protection infrastructure 36
4.9. What the common training core should include 37

5. Conditions of intervention: professional support, time, bureaucracy and burnout 39
5.1. The sense of readiness and its limits 40
5.2. Professional support: available but unequal 40
5.3. Burnout and secondary trauma: occupational risks, not individual vulnerabilities 42

5.4. Time: the invisible resource of intervention 43
5.5. Bureaucracy: between necessary documentation and reduced time for support 44
5.6. Staff turnover and discontinuity of support 45
5.7. When working conditions become conditions of protection 46
5.8. What can be strengthened 46
5.9. How working conditions affect the victim's experience 47

6. Trust and the pathway through the system: what good help means 48
6.1. Victims' distrust of institutions: a recurring experience 48
6.2. First contact: the moment when the system can open or close the pathway 49
6.3. Being believed and verification without invalidation 50
6.4. Immediate protection: when safety must be felt, not merely recorded 52
6.5. Hearings and retelling the story: when procedure can become re-traumatising 52
6.6. Fragmentation of the pathway and the burden of coordination 53
6.7. Concrete support: more than listening 54
6.8. Legal support, communication and effective access to rights 55
6.9. Continuity and the possibility of returning 56
6.10. What good help means and what a trustworthy institution looks like 57

7. Inter-institutional collaboration: between network, fragmentation and integrated intervention 60
7.1. Collaboration is necessary, but assessed unevenly 60
7.2. The network of actors: necessary complementarity, but not automatically integrated 61
7.3. Obstacles to collaboration: resources, communication, joint training, procedures and personnel 63
7.4. From formal collaboration to integrated intervention 64
7.5. Fragmentation as a problem of real access to protection 65
7.6. The pathway through the system: how fragmentation is experienced by survivors 65
7.7. Protocols are necessary but not sufficient 66
7.8. From person-dependent collaboration to stable mechanisms 67
7.9. What good collaboration means from the perspective of the person affected 67
Chapter conclusion 68

8. The specifics of human trafficking: identification, stabilisation and reintegration 70
8.1. A greater training deficit in the area of trafficking 70
8.2. Detecting victims: a core competence 71
8.3. Trafficking and multiple vulnerabilities 72
8.4. Social stabilisation as a prerequisite for intervention 73
8.5. Intra-family exploitation: when family space becomes a space of risk 74
8.6. Long-term support and the possibility of reconstruction 74
8.7. Socio-professional integration: more than finding a job 75
8.8. Confidentiality in reintegration 75
8.9. Psychological and legal support in trafficking cases 76
8.10. Inter-institutional collaboration in trafficking cases 76
8.11. What training is needed for human trafficking 77
Chapter conclusion 77

9. Integrated synthesis of findings 78
9.1. Competence exists, but compensates for a missing training infrastructure 79
9.2. Procedural preparation does not automatically produce trauma- and stereotype-sensitive practice 79
9.3. Trust is the infrastructure of protection 80
9.4. Working conditions erode intervention 80
9.5. Fragmentation is experienced as a burden 81
9.6. What the two perspectives together reveal: professionals and survivors 81
9.7. From findings to recommendations 82
Conclusion of the integrated synthesis 83

10. Recommendations 84
A. Training of professionals 85
B. First contact, hearing and the relationship with the person affected 86
C. Inter-institutional collaboration and case management 88
D. Support for professionals and working conditions 89
E. Specific intervention in trafficking cases 91
F. Data, monitoring and institutional learning 92
Recommendations by implementation timeline 93

11. Final conclusion 95

12. List of references 97

Annexes 99
Annex 1. Questionnaire 99
Annex 2. Interview guide for professionals 110
Annex 3. Interview guide for survivors 113

List of figures

Figure 1. Distribution of respondents by gender
Figure 2. Participation in training programmes in the past 3 years
Figure 3. High professional readiness, by participation in training
Figure 4. Sources of professional competence
Figure 5. Topics insufficiently covered in training
Figure 6. Learning formats considered useful
Figure 7. How prepared professionals feel to deal with the complexity of cases
Figure 8. Forms of professional support, by type of institution
Figure 9. Conditions that erode intervention — synthetic indicators
Figure 10. Extent to which existing mechanisms prevent professional burnout
Figure 11. Extent to which available time allows the provision of necessary support
Figure 12. Extent to which administrative pressure limits time and quality of intervention
Figure 13. Extent to which staff turnover affects continuity of support
Figure 14. Assessment of inter-institutional collaboration
Figure 15. Obstacles to inter-institutional collaboration
Figure 16. Participation in specific training in the area of human trafficking
Figure 17. Attitudinal items specific to human trafficking

List of tables

Table 1. List of annexes
Table 2. European standards and their relevance to the report
Table 3. External sources and the contribution of the present research
Table 4. Methodological indicators of the research
Table 5. Distribution of respondents by type of institution
Table 6. Profile of interviewed professionals
Table 7. Aggregated profile of interviewed survivors
Table 8. Summary indicators on the training of professionals
Table 9. Quantitative indicators on professionals' working conditions
Table 10. Forms of support available within the institution
Table 11. Effect of institutional conditions on the victim/survivor
Table 12. Frequency of victims' distrust of institutions
Table 13. Indicators of protection prioritisation and information verification
Table 14. Potentially guilt-inducing questions and possible rephrasings
Table 15. From formal collaboration to integrated intervention
Table 16. Obstacles and directions for improving inter-institutional collaboration
Table 17. Summary indicators on training and intervention
Table 18. The five integrated findings of the report
Table 19. From problem to direction of action
Table 20. Directions of the report's recommendations
Table 21. Sources of acquisition of professional competences
Table 22. Learning formats considered useful
Table 23. Useful characteristics for organising training programmes
Table 24. Frequency of victim categories encountered during intervention
Table 25. Agreement with attitudinal items on case assessment in practice
Table 26. Survivor – training needs – institutional directions matrix

Table 1. *List of annexes*

No.	Title of annex
Annex 1	Online questionnaire
Annex 2	Interview guide for professionals
Annex 3	Interview guide for survivors
Annex 4	Frequency tables for main items
Annex 5	Survivor – training needs – institutional directions matrix

List of acronyms

ANAIS = ANAIS Association

ANES = National Agency for Equal Opportunities between Women and Men

ANITP = National Agency Against Trafficking in Persons

CETS = Council of Europe Treaty Series

DAS = Directorate of Social Assistance

DGASPC = General Directorate of Social Assistance and Child Protection

DIICOT = Directorate for Investigating Organised Crime and Terrorism

GDPR = General Data Protection Regulation — Regulation (EU) 2016/679 on the protection of personal data

GREVIO = Group of Experts on Action against Violence against Women and Domestic Violence

IGPR = General Inspectorate of the Romanian Police

IML = Institute of Forensic Medicine

JHA = Justice and Home Affairs (US)

LGBTQ = Lesbian, Gay, Bisexual, Transgender, Queer

NGO = Non-Governmental Organisation

ORAPO = Romanian Observatory for the Analysis and Prevention of Homicides

EU = European Union

GBV = Gender-Based Violence

Executive summary

This report presents the findings of a mixed-methods study on the training needs and intervention conditions of professionals working with victims of gender-based violence and human trafficking in Romania. The research was conducted as a needs analysis to underpin training programmes and public policy recommendations, drawing on a central question: what conditions are necessary for institutional intervention to provide genuine protection, beyond procedural response?

The report shows that the effective protection of victims does not depend exclusively on the existence of legislation or on the individual responsibility of professionals. It depends on an entire infrastructure: continuous training, inter-institutional collaboration, specialised services, support for professionals, trauma-sensitive communication and trust-based relationships between victims and institutions.

The research included an online questionnaire addressed to professionals who come into contact with victims of gender-based violence and human trafficking, interviews with professionals from social services, child protection, the police, NGOs and specialised structures, as well as interviews with survivors. This combination of data allows the system to be understood from two complementary perspectives: from within professional practice and from the experience of people navigating the system in search of protection, support and safety.

The report's findings indicate a major tension between standards calling for coordinated intervention, effective protection, prevention of re-victimisation and specialised training, on the one hand, and the real conditions of intervention, on the other. Professionals frequently work in contexts marked by lack of time, high caseloads, insufficient resources, unequal collaboration between institutions and limited access to training. At the same time, survivors describe institutional pathways in which first contact, hearings, communication with institutions and continuity of support can determine whether a person continues to seek help or withdraws from the system.

A first major finding concerns access to training. A significant proportion of professionals working with gender-based violence or human trafficking have not undergone specific training in recent years. The deficit is more pronounced in the area of human trafficking. In the absence of a stable training infrastructure, competences are frequently developed through practical experience, exchanges with colleagues, self-study and informal learning. These forms of learning are valuable but cannot replace continuous, applied, up-to-date training distributed equitably across institutions.

A second finding concerns the limitations of predominantly procedural preparation. Intervention in violence and trafficking cases requires more than knowledge of legislation and the application of administrative steps. Professionals need to work with trauma, ambivalence, shame, fear, economic and emotional dependence, post-separation risk, reluctance to self-identify as a victim, distrust of institutions and repeated returns to abusive environments. The data show that training must include relational and reflexive dimensions: non-judgmental communication, risk assessment, trauma-sensitive interviewing, understanding coercive control, identification of gender stereotypes, and managing the boundary between professional verification and harmful disbelief.

A third central finding concerns trust. Victims' trust in institutions is not a secondary element of intervention, but a condition of protection. For survivors, seeking help does not merely mean entering a procedure; it means exposing oneself, recounting painful experiences, risking not being believed, depending on the reaction of professionals and on institutions' capacity to protect them. The first contact with the system can open or close the subsequent pathway. A guilt-inducing question, a rushed hearing, unnecessary repetition of the account or a lack of

information about the case can produce withdrawal, distrust and re-traumatisation. Conversely, non-judgmental listening, clear information, concrete protection and continuity of support can transform contact with the system into an experience of safety.

A fourth finding concerns professionals' working conditions. The quality of intervention is affected by insufficient mechanisms to prevent professional burnout, unequal professional support, lack of supervision, staff turnover, bureaucratic pressure and insufficient time for direct work with those affected. These conditions affect not only professionals, but also victims. Lack of time can become rushed interaction; lack of staff can become discontinuity; poor collaboration can compel the person affected to repeat the same story across multiple institutions; professional burnout can reduce the capacity for listening, patience and accompaniment.

A fifth finding concerns inter-institutional collaboration. Intervention in cases of gender-based violence and human trafficking requires cooperation between the police, social services, child protection, the medical system, the justice system, specialised NGOs, schools and other local structures. The data show that this collaboration exists, but functions unevenly. It frequently depends on personal relationships, local resources and the history of collaboration between institutions, rather than on stable, clear and predictable mechanisms. For those affected, institutional fragmentation is not an abstract administrative problem, but a concrete experience: repeated journeys, reiterated explanations, the absence of a single point of contact, confusion about responsibilities and the feeling of having to manage the relationship with the system on their own.

Overall, the report shows that effective intervention requires more than well-intentioned professionals and existing procedures. A coherent protection ecosystem is needed: applied training, accessible services, coordination mechanisms, support for professionals, reduction of re-traumatisation and the involvement of specialised non-governmental organisations as genuine partners of public institutions.

The report's recommendations address ten main directions:

- ✓ development of a continuous training infrastructure;
- ✓ prioritisation of applied and inter-institutional training;
- ✓ introduction of a mandatory reflexive component;
- ✓ strengthening specific training on human trafficking;
- ✓ standardisation of first contact with the victim;
- ✓ reduction of re-traumatisation in hearings and across the institutional pathway;
- ✓ creation of a single point of contact (victim's counsellor) or an inter-institutional case management mechanism;
- ✓ constant communication on the status of the case within the multidisciplinary team;
- ✓ strengthening institutional support for professionals;
- ✓ consolidation of the state–NGO partnership.

This report does not simply propose more training courses. It proposes a change in perspective: training must be understood as part of the protection infrastructure. An institution is genuinely available to victims not when it merely holds legal responsibilities, but when it can respond competently, in a coordinated, empathetic, predictable and safe manner.

Key recommendations

Logic of the recommendations

The recommendations are not reducible to the idea of organising more training courses. They propose the consolidation of a protection infrastructure: continuous training, stable collaboration, case management, support for professionals, reduction of re-traumatisation and state–NGO partnership.

1. Development of a continuous training infrastructure

The training of professionals must become systematic, recurrent and accessible to all institutions involved, rather than dependent on individual initiative or one-off projects. It should include induction for newcomers, periodic updating, specialised training and continuous learning mechanisms.

2. Prioritisation of applied and inter-institutional training

Professionals need case-based training, simulations, role play, case analysis and experience sharing between institutions. Joint training can contribute to the development of individual competences, as well as to the building of a shared language between the police, social services, child protection, health, justice, education and specialised NGOs.

3. Introduction of a mandatory reflexive component

Training must include work on gender stereotypes, myths about violence and trafficking, coercive control, trauma, ambivalence, shame, reluctance of trafficking victims to self-identify, and the boundary between professional verification and harmful disbelief.

4. Strengthening specific training in the area of human trafficking

The training deficit is more pronounced in the area of trafficking. Specialised modules are needed on victim identification, sexual and labour exploitation, psychological coercion, threats, dependency on the exploiter, working with vulnerable persons and psycho-social stabilisation prior to full procedural cooperation.

5. Standardisation of first contact with the victim

First contact with institutions must be treated as a critical moment of intervention. Standards are needed for trauma-sensitive communication, private, secure spaces, professionals prepared for crisis communication, clear materials on rights and next steps, and rapid referral to specialised services.

6. Reduction of re-traumatisation in hearings and across the institutional pathway

Institutions must reduce unnecessary repetition of the account, use responsibly the information already collected, ensure appropriate spaces for hearings and, where possible, the presence of a support person. Hearings must be oriented towards both documenting the case and protecting the person.

7. Creation of a single point of contact (victim's counsellor) or an inter-institutional case management mechanism

People affected should not have to manage the relationship with the system on their own. A recognisable point of contact is needed — a person responsible for communication with the victim — as well as clear referral pathways between institutions.

8. Constant communication on the status of the case

Lack of information about the file, procedures or next steps sustains fear and distrust. Institutions should ensure periodic updates, clear explanations of the limits and possibilities of intervention, and accessible communication throughout the case.

9. Institutional support for professionals

Supervision, mentoring, psychological support, case analysis meetings and reasonable distribution of workload must be treated as elements of service quality. Professionals who work constantly with trauma, risk and suffering need institutional support — individual resilience alone is not sufficient.

10. Consolidation of the state–NGO partnership

Specialised NGOs must be integrated as genuine partners in training, referral, direct support and service development. State–NGO collaboration should be stable, predictably funded and institutionally recognised, rather than dependent solely on informal relationships or temporary projects.

1. Normative framework, existing literature and the gap from practice

Chapter summary

This chapter does not aim to provide an exhaustive review of legislation. Its role is to show why the issues investigated in the report — the training of professionals, inter-institutional collaboration, prevention of secondary victimisation, early identification, access to specialised services and trust in institutions — are not mere methodological preferences of the research, but central dimensions of European standards, the national framework and monitoring mechanisms.

Read in this way, the normative framework serves as a reference point for understanding the gap between what the standards require and what the report's data reveal about intervention practice: insufficient or unequal training, fragile collaboration, pressure on professionals, difficulties in identification and institutional pathways that may become difficult to navigate for those affected.

1.1. Why this chapter is necessary

The prevention and combating of gender-based violence and human trafficking, as well as victim assistance, are regulated by a set of European and national instruments promoting prevention, protection, specialised support, inter-institutional cooperation and the training of professionals. These instruments are relevant to the report not merely as a legal backdrop, but as reference points enabling a critical reading of the empirical data.

In particular, European standards and monitoring mechanisms insist on several conditions for effective protection: trained professionals, multidisciplinary cooperation, accessible services, prevention of secondary victimisation, risk assessment, identification of vulnerabilities and respectful treatment of victims in contact with institutions.

The report proceeds from the premise that the existence of these standards does not automatically guarantee their functioning in practice. The central question is not whether legislation or procedures exist, but whether professionals have the training, time, support, collaboration mechanisms and sufficient services to translate these standards into concrete protection for victims and survivors.

This chapter must therefore be read as a bridge between the normative framework and the empirical analysis. It shows what the normative architecture promises and identifies, in the subsequent chapters, the tensions between standard, implementation and the effective experience of intervention.

1.2. The European framework: reference standards for training, protection and cooperation

At the European level, the institutional response to gender-based violence and human trafficking is built around recurring principles: prevention, protection, specialised support, collaboration between institutions, non-discriminatory treatment of victims and avoidance of secondary victimisation. These principles are found in several instruments relevant to the report.

1.2.1. The Istanbul Convention

The Council of Europe Convention on preventing and combating violence against women and domestic violence remains one of the main European reference points for intervention in the area of violence against women. Particularly important for the present report are the provisions on the

training of professionals, inter-institutional cooperation, prevention of secondary victimisation and access to specialised services.

Article 15 formulates the obligation of states to provide or strengthen adequate training for professionals who come into contact with victims or perpetrators of acts of violence.

Article 18 insists on effective cooperation between relevant state agencies, local and regional authorities, the judiciary, law enforcement, social services and non-governmental organisations.

Article 22 concerns specialised support services.

These provisions are directly linked to the report's data: access to training, inter-institutional collaboration, quality of first contact, referral capacity and support provided to victims are not secondary topics, but conditions for the implementation of assumed standards.

1.2.2. Directive (EU) 2024/1385 on combating violence against women and domestic violence

Directive (EU) 2024/1385 consolidates the European framework for preventing and combating violence against women and domestic violence. It is important for the report because it emphasises prevention, protection, specialised support, access to justice, general and specialised training of professionals, trauma-sensitive approach and cooperation between public institutions and civil society organisations.

For the analysis of data, the directive is relevant primarily in that it links the protection of victims to professional competences and to how institutions collaborate. Thus, questions about training, gender stereotypes, non-re-victimising communication, risk identification, digitally facilitated violence and multidisciplinary support are not simply training topics, but requirements for an institutional response compatible with recent European standards.

1.2.3. Directive 2011/36/EU and Directive (EU) 2024/1712 on human trafficking

Directive 2011/36/EU establishes the European framework for preventing and combating human trafficking and protecting victims. Directive (EU) 2024/1712 amends and updates this framework, including in relation to new or more visible forms of exploitation, the role of technology in recruitment, control and exploitation, and the need for an institutional response adapted to the digital environment.

For this report, the most relevant elements are: early identification of victims, assistance and support provided before, during and after criminal proceedings, an individualised approach to victims' needs, referral mechanisms and ongoing training for professionals likely to come into contact with victims or potential victims of trafficking.

These provisions support the necessity of a dedicated chapter on the specifics of human trafficking. The research data show that trafficking entails specific needs for identification, working with reluctance to self-identify, psycho-social stabilisation, legal and psychological support, confidentiality in reintegration, and collaboration between specialised institutions and local specialised services.

1.2.4. Directive 2012/29/EU on victims' rights

Directive 2012/29/EU on the rights, support and protection of victims of crime is relevant to how the report discusses contact between victims and institutions. The directive emphasises respectful, individualised, professional and non-discriminatory treatment of victims, the right to information and support, and the prevention of secondary and repeat victimisation.

These principles are directly linked to the survivors' accounts analysed in the report: first contact, hearings, retelling the story, communication throughout the case, access to services and the sense of being believed or, conversely, suspected. From this perspective, secondary victimisation

does not remain an abstract legal concept, but becomes a concrete experience that can arise when procedures are applied without attention to trauma, communication and safety.

Box 1. What European standards require and where it appears in the report

Continuous professional training: analysed in the chapter on the training landscape and in recommendations.

Multidisciplinary cooperation: analysed in the chapter on inter-institutional collaboration.

Prevention of secondary victimisation: analysed through first contact, hearings, retelling the story and communication with the person affected.

Identification of vulnerabilities and trafficking victims: analysed in the chapter on the specifics of human trafficking.

Access to specialised services and concrete support: analysed through survivors' pathways, the role of specialised NGOs, and psychological, legal, social and material support.

Table 2. *European standards and their relevance to the report*

European standard	What it entails	Empirical question in the report
Training of professionals	General and specialised preparation, updating, trauma-sensitive approach.	Do professionals have access to relevant, applied and recurrent training?
Cooperation between institutions	Coordination mechanisms between police, justice, social services, health, specialised NGOs.	Does collaboration produce integrated intervention or merely formal referrals?
Prevention of secondary victimisation	Reduction of re-traumatisation and respectful treatment of victims.	How is first contact, the hearing and retelling the story experienced?
Specialised support	Psychological, legal, social, material and protection services.	Is help accessible, concrete and sufficiently continuous?
Identification of trafficking victims	Recognition of indicators, including in situations of reluctance to self-identify.	Are professionals prepared to recognise trafficking in ambiguous forms?

1.3. The national framework: protection mechanisms and institutional responsibilities

The national framework on domestic violence and human trafficking has been developed in dialogue with European and international standards. For the present report, it is relevant because it establishes protection mechanisms, institutional roles and the preconditions for collaboration. However, the analysis in the report does not aim at a legal assessment of conformity, but at how these mechanisms are supported or limited in practice by training, resources, collaboration and working conditions.

1.3.1. Domestic violence and protection mechanisms

The main national reference point in the area of domestic violence remains Law No. 217/2003 on preventing and combating domestic violence, republished, with subsequent amendments and

additions. It enshrines multiple forms of violence, protection mechanisms and responsibilities for the police, public social assistance services, social assistance and child protection directorates, local authorities and social service providers.

The framework must, however, be read together with Law No. 26/2024 on the protection order, which generalised the instrument of the protection order for acts of violence such as assault, sexual violence, threats, stalking, online harassment and other forms of intimidation or psychological violence.

Recent amendments introduced by Law No. 232/2025 and Law No. 36/2026 strengthen the continuity of protection, information to the victim and the response to violations of the measures ordered.

The protection order and the provisional protection order are relevant to the report's analysis because they entail risk assessment, rapid intervention, informing the person affected, monitoring compliance with measures and institutional cooperation. The recent updates reinforce precisely these points: the automatic extension of the provisional order until the first-instance ruling on the request for a protection order, obligations to inform the victim before the measures expire, the possibility of control measures and firmer responses in the case of repeated violations.

The effectiveness of these instruments depends, however, on professionals' capacity to recognise risks, understand the dynamics of violence and work in a coordinated manner with other services.

From the perspective of the research data, the legislative framework creates important preconditions, but does not automatically resolve the difficulties encountered in practice:

- ✓ unequal access to training,
- ✓ lack of time,
- ✓ bureaucracy,
- ✓ fragile collaboration,
- ✓ reduced trust of victims, and
- ✓ risk of re-traumatisation in contact with institutions.

1.3.2. Human trafficking: identification, protection and stabilisation

In the area of human trafficking, Law No. 678/2001 on preventing and combating human trafficking and protecting victims must be read together with Government Decision No. 88/2023 approving the National Identification and Referral Mechanism (NIRM) for trafficking victims, and Government Decision No. 533/2024 approving the National Strategy against Human Trafficking for 2024–2028. The Strategy structures intervention around prevention, prosecution, protection and partnership, and includes objectives on reducing vulnerabilities, the effectiveness of criminal justice, the protection and assistance of victims, standardisation of data collection, and cooperation within the anti-trafficking system.

For the report, these elements are important because human trafficking entails a specific intervention logic. The victim may choose whether to cooperate in judicial proceedings, may need psycho-social stabilisation prior to legal or psychological cooperation, and may be exposed to the risk of re-victimisation if there are no real material alternatives.

The NIRM is relevant precisely because it treats identification as a phased, multidisciplinary and inter-institutional process.

Thus, questions about specialised training, identification of trafficking indicators, collaboration with specialised structures and NGOs, social support and socio-professional reintegration derive directly from the way in which the normative framework conceptualises trafficking as a complex phenomenon, rather than as a mere criminal case file.

1.3.3. Law No. 53/2026 on femicide and the prevention of violence escalation

A recent and important element of the national normative framework is Law No. 53 of 23 April 2026 on preventing and combating femicide and the violence that precedes it, and on amending and supplementing certain normative acts, published in the Official Gazette No. 323 of 23 April 2026.

The Law introduces the term femicide into national legislation and distinguishes between intimate femicide, non-intimate femicide and indirect femicide.

It includes girls under 18 within the term 'women' and regulates attempted intimate or non-intimate femicide. For the present report, the significance of the Law lies not only in defining an extreme form of violence, but in shifting attention from the isolated lethal event to the pathway of violence, threats, intimidation, control and vulnerabilities that may precede the extreme act.

The Law is also relevant to the topic of professional training. If femicide is understood as a possible result of a continuum of violence, frontline professionals must be able to recognise the risk signals before violence reaches extreme forms:

- ✓ explicit or implicit threats,
- ✓ stalking,
- ✓ harassment,
- ✓ violation of protection measures,
- ✓ post-separation violence,
- ✓ control through children,
- ✓ the perpetrator's access to the victim,
- ✓ intensification of the frequency or severity of episodes,
- ✓ isolation of the person affected, and
- ✓ situations of dependency or vulnerability exploited by the perpetrator.

This normative direction supports one of the central findings of the report: the prevention of risk cannot depend exclusively on the existence of procedures, but on professionals' capacity to interpret situations in context, to assess risk beyond visible physical violence, and to collaborate rapidly with other institutions. Without training, time, coordination and clear monitoring mechanisms, escalation signals may be treated as separate incidents.

Law No. 53/2026 also reinforces the role of monitoring. It provides for the collection of relevant data by police bodies, judicial bodies and forensic medicine institutions, annual public reports, and the analysis of cases by the Romanian Observatory for the Analysis and Prevention of Homicides.

Data must not merely be descriptive, but must enable an understanding of risk pathways: what signals existed beforehand, which institutions were contacted, what measures were taken, where communication broke down and what types of intervention might have reduced the risk. This logic converges with the report's recommendation to complement administrative data with indicators on the experience of intervention and the continuity of support.

Box 2. Relevance of Law No. 53/2026 to the report

Introduces the legal term femicide and distinguishes between intimate femicide, non-intimate femicide and indirect femicide.

Shifts the emphasis from reaction after extreme violence to prevention of escalation and reading of the prior violence pathway.

Reinforces the need for training on risk assessment, coercive control, threats, violations of protection orders and post-separation violence.

Highlights the importance of rapid collaboration between police, justice, social services, health, child protection, forensic medicine and NGOs.

Establishes a more robust logic of data collection and analysis, including through annual reports and the analysis of cases by ORAPO.

Supports the idea that femicide must be read as a possible failure of a protection infrastructure, not merely as an isolated criminal act.

Box 3. What the national framework adds to the report's analysis

Clarifies the responsibilities of the institutions involved in intervention.

Creates protection mechanisms, such as protection orders, provisional protection orders and identification/referral instruments.

Recent amendments to the protection order strengthen victim information, the continuity of measures and the response to their violation.

Requires cooperation between the police, social services, child protection, the justice system, health services, forensic medicine, local authorities and NGOs.

Emphasises risk assessment, the prevention of repeated and escalating violence, the identification of trafficking victims and access to services.

Raises the report's central question: under what conditions do these mechanisms work effectively for the persons affected?

1.4. Monitoring, existing data and civil society contributions

In addition to the normative framework, the analysis must be situated in relation to international monitoring mechanisms, administrative data and civil society reports. These sources show that the gap between standards and implementation is not specific only to the present research, but represents a theme already signalled in existing evaluations.

The GREVIO baseline evaluation report on Romania, published in 2022, highlighted legislative progress, but also vulnerabilities regarding data collection, the training of professionals, the response of law enforcement and the judicial system, inter-institutional cooperation and the prevention of secondary victimisation.

In addition, the first GREVIO thematic evaluation round currently under way for Romania, through the visit in 2025, focuses on trust, support and access to justice for women victims of violence. These benchmarks provide an important framework for interpreting the research findings.

Administrative data produced by institutions such as ANES, IGPR and ANITP allow an understanding of the scale of the phenomenon and of formal institutional responses. However, these data capture less the concrete conditions of intervention: how professionals are trained, what support they receive, how institutions collaborate, how victims experience first contact and whether protection is felt to be effective.

Civil society organisations have contributed both through the provision of specialised services and through monitoring, advocacy and documentation of systemic limitations. The reports and

analyses produced by organisations active in the field have drawn attention to access to services, reduced trust in institutions, the need for better data collection, prevention of femicide, the risk of violence escalation and the difficulties of identifying and supporting trafficking victims.

Table 3. *External sources and the contribution of the present research*

External source	What it shows	How it is complemented by the present research
European monitoring mechanisms	Legislative progress, but also vulnerabilities regarding implementation, training, data and institutional response.	The report shows how these vulnerabilities are experienced by professionals and survivors.
Administrative data	Scale of the phenomenon, reports, interventions, protection orders, identifications and reported cases.	The report adds the perspective of working conditions and the quality of the pathway through the system.
Civil society reports	Access to services, monitoring of femicide, identification difficulties, state–NGO collaboration.	The report brings these topics into dialogue with quantitative data and interviews with professionals and survivors.

1.5. The gap from practice: what this research contributes

The normative framework and existing reports converge around the same requirements: training, cooperation, prevention of secondary victimisation, access to services and identification of risks. The present research does not repeat these standards, but examines the conditions in which they can or cannot be translated into practice.

Quantitative data show where the tensions arise within the sample:

- ✓ unequal access to training,
- ✓ a more pronounced deficit in the area of human trafficking,
- ✓ insufficient professional support,
- ✓ limited anti-burnout mechanisms,
- ✓ unevenly assessed inter-institutional collaboration, and
- ✓ areas of professional ambivalence in case assessment.

Interviews with professionals show how these tensions are managed in practice:

- ✓ through experience,
- ✓ responsible improvisation,
- ✓ informal relationships between institutions,
- ✓ individual effort,
- ✓ learning on cases, and
- ✓ frequent overstepping of the formal limits of the role.

They also show the costs of this functioning: fatigue, bureaucracy, emotional pressure and the difficulty of ensuring continuity.

- ✓ Survivors' accounts show what these conditions mean from the perspective of the person affected: first contact can encourage or discourage the continuation of the process;
- ✓ questions can clarify or induce guilt;
- ✓ hearings can document the case or reactivate the trauma;
- ✓ collaboration between institutions can reduce the burden or transfer it onto the victim.

The gap analysed in the report is therefore not a simple gap between law and application. It is a gap between the standard of victim-centred protection and the real conditions in which professionals attempt to intervene. This gap lies at the intersection of training, resources, time, collaboration, institutional culture, stereotypes, trust and access to services.

Box 4. The gap examined by the report

Standards require trained professionals; the data show unequal access to training and reliance on informal learning.

Standards require multidisciplinary cooperation; the data show collaboration that exists but is fragile and often dependent on individuals.

Standards require the prevention of secondary victimisation; survivors describe the risks of a difficult first contact, guilt-inducing questions and having to repeat their story.

Standards require access to services; the data show that effective support depends on resources, NGOs, local services and continuity.

Standards require the early identification of trafficking victims; the data show a deficit of specialised training and difficulties in working with victims' reluctance to self-identify.

1.6. Implications for reading the report

This chapter has provided the framework for understanding the following sections. The landscape of professional training shows the extent to which the obligation to provide training is translated into real access to preparation.

- The chapter on the conditions of intervention shows that training cannot produce lasting effects without time, support, supervision and anti-burnout mechanisms.
- The chapter on collaboration shows the difference between formal cooperation and integrated intervention.
- The chapter on trust and survivors' pathways shows how standards on respectful treatment and the prevention of re-victimisation are experienced in concrete contact with institutions.
- The chapter on trafficking shows why identification, social stabilisation and reintegration require specific competences.

The report does not legally assess Romania's conformity with all European and national standards. It provides an empirical analysis of the conditions of intervention and training needs, seeking to bring the existing standards into dialogue with what professionals and survivors describe about the effective functioning of the system.

From this perspective, the report's recommendations are not simple proposals for courses or one-off adjustments. They aim at building a protection infrastructure:

- ✓ continuous training,
- ✓ stable collaboration,
- ✓ specialised services,
- ✓ support for professionals,
- ✓ reduction of re-traumatisation, and
- ✓ trustworthy institutional practices.

Note on the use of the words 'victim' and 'survivor'

In this report we use both the term 'victim' and the term 'survivor', without treating them as interchangeable. We choose the term according to the angle from which the person affected is viewed — institutional and legal on the one hand, biographical and experiential on the other.

Victim

We use 'victim' when referring to the institutional, legal and procedural framework of intervention. In the normative framework, EU directives, the Istanbul Convention and national legislation use the term 'victim' as a legal category — for example, 'protection of victims' or 'secondary victimisation'. When describing the role of professionals, we speak of 'professionals working with victims of gender-based violence'.

In the questionnaire applied to professionals, 'victim' is used explicitly as a generic working term, regardless of how the person might describe themselves. This choice is explained in the questionnaire instructions themselves: 'Throughout the questionnaire, we use the term victim as a generic term, including with reference to persons who identify as survivors of gender-based violence or human trafficking.'

In this sense, 'victim' is the appropriate term when speaking about the system: about what institutions owe to those affected, about protection standards, about procedures and about indicators.

Survivor

We use 'survivor' when referring to the persons interviewed in the qualitative component of the research and to the experience they share with us. The ten participants in the qualitative interviews are referred to throughout the report as 'survivors'.

The term recognises the agency of the person, the fact that they have lived through the experience, sought support, navigated institutions and continued — not merely that they suffered harm. It is used in particular when speaking about the pathway through the system: how first contact was experienced, the hearing, the support received or refused, trust or distrust in institutions. In this sense, 'survivor' is the appropriate term when speaking about the person: about how they experienced, felt and interpreted the interaction with the system.

The report does not impose a universally correct terminological choice. It recognises that persons affected by violence or exploitation may identify differently, depending on context, moment or personal preference. The distinction used here is functional, not ideological: 'victim' describes a position within a framework of protection and institutional accountability; 'survivor' describes the person from the perspective of their own experience and their pathway through the system.

2. Research methodology

Chapter summary

The research underpinning this report used a mixed design, combining quantitative and qualitative data. This choice enabled both the identification of general patterns regarding training and the conditions of intervention, and a deeper understanding of how these conditions are experienced by professionals and by those affected.

Table 4. *Methodological indicators of the research*

Methodological indicator	Value	Role in reading the report
Research design	Mixed: questionnaire + interviews with professionals + interviews with survivors	Enables quantitative patterns and concrete experiences to be read together
Quantitative component analysed	383 valid respondents	Basis for the percentages reported in the thematic chapters
Professionals interviewed	16 professionals, in 12 sessions	Deepens understanding of intervention practice and institutional conditions
Survivors interviewed	10 participants	Shows how support, first contact, hearings and the pathway through the system are experienced
Type of quantitative sample	Convenience sample	Percentages should be read as indications of patterns within the sample, not as national estimates

The quantitative component consisted of an online questionnaire addressed to professionals who, in the course of their work, come into contact with victims of gender-based violence, victims of human trafficking, or both categories. Of the total number of registrations, the analysis included the responses of active respondents — that is, those who declared that they work directly with at least one of the target categories. The questionnaire covered access to training, the sources of professional competence, the sense of readiness, perceptions regarding case assessment, institutional working conditions, professional support, inter-institutional collaboration and resources considered necessary.

The qualitative component included semi-structured interviews with professionals working in the field. These professionals come from social services, child protection, the police, non-governmental organisations and structures specialised in the prevention and combating of human trafficking. The interviews enabled a detailed understanding of intervention practice: collaboration between institutions, challenges encountered in the field, professional dilemmas, the relationship with those affected, training needs and the limitations of existing services.

The research also included interviews with survivors of gender-based violence and human trafficking. These interviews were centred on the experience of the support received, not on a detailed account of the traumatic experience. Participants were invited to speak about their interactions with institutions and support services, about what helped them, what discouraged them, how they experienced first contact with the system, the hearing, communication with professionals, protection and the continuity of support.

Quantitative and qualitative data were analysed in a complementary manner. The questionnaire data provide an overview of the distribution of certain perceptions, experiences and needs among respondents. The interviews explain the mechanisms through which these patterns emerge in practice and show how they are experienced by professionals and survivors. The report does not treat the two types of data as separate sources, but brings them into dialogue: the figures indicate the scale of problems within the sample, while the interviews show how these problems manifest in concrete situations of intervention.

Participation in the research was voluntary. The questionnaire was anonymous. The interviews were conducted on the basis of informed consent, and the qualitative data were anonymised. In the report, quotations and case narratives are presented without names, localities, identifiable institutions or biographical details that could enable identification of the persons. In the case of sensitive accounts — especially those involving minors or situations of severe violence — details have been reduced or generalised to protect the identity of the persons involved.

2.1. How the limitations of the research should be read

This research does not aim to provide statistically representative estimates at the national level. The quantitative sample is a convenience sample and more strongly reflects the perspective of certain institutional categories, particularly public order structures. In addition, the territorial distribution of responses is unequal, with some counties more strongly represented in the data than others.

These limitations do not reduce the relevance of the research, but indicate the correct way to read the results. The percentages presented in the report should be interpreted as indications of patterns, tensions and needs existing within the sample, not as national estimates. They show issues relevant to the professionals who responded to the questionnaire and can guide the development of training programmes, public policies and support mechanisms.

The qualitative component supplements this limitation by including perspectives that are less visible in the quantitative sample: professionals from social services, child protection, specialised support, non-governmental organisations and survivors. The interviews are not used to generalise numerically, but to understand how intervention functions in practice, how blockages arise and what effective support means for those affected. Moreover, the survivors were referred to us through specialised NGOs, which provides a particular perspective when participants speak about support.

The report should therefore be read as an analysis of needs and conditions of intervention, not as a representative measurement of the entire national system. Its strength lies in combining quantitative data with the accounts of professionals and survivors, which enables the identification of concrete directions for training, institutional coordination and the improvement of support.

Methodological reading note

This report does not produce statistically representative estimates at the national level. Percentages should be read as indications of patterns, tensions and needs within the sample analysed.

The strength of the mixed design lies in the dialogue between the questionnaire, the interviews with professionals and the interviews with survivors: the figures show distributions, while the interviews explain the mechanisms and concrete effects of intervention.

3. Who participated in the research

Chapter summary

The profile of participants matters when reading the report's findings. The research brings together three perspectives: the perspective of professionals who responded to the questionnaire, the perspective of interviewed professionals, and the perspective of survivors. Each component contributes a different type of information.

The questionnaire provides a broader picture of training, working conditions, collaboration and professional perceptions among active respondents. The interviews with professionals enable a more detailed understanding of intervention practice, professional dilemmas and institutional conditions. The interviews with survivors show how the pathway through the system is experienced by persons seeking protection and support.

The composition of participants must be read with care. The quantitative sample primarily captures the perspective of the institutional frontline, particularly public order structures. The qualitative component supplements this profile through a stronger inclusion of professionals from social services, child protection and specialised support.

3.1. Quantitative component: questionnaire respondents

The quantitative component includes 383 active respondents — that is, persons who declared that they work directly with victims of gender-based violence, victims of human trafficking, or both categories.

The institutional distribution shows a majority presence of public order structures. The police represent 58% of the sample, with 222 respondents. The Gendarmerie represents 8.1%, with 31 respondents. Together, these two categories account for approximately two thirds of respondents.

Social assistance represents 18.8% of the sample, with 72 respondents. Non-governmental organisations represent 4.4%, with 17 respondents. Local public institutions, education, health and the justice system are present in smaller proportions.

This structure has direct consequences for the interpretation of results. The quantitative data more strongly reflect the perspective of first-contact institutions and public order structures. The perspectives of the non-governmental sector, specialised services, health, education and the justice system are present, but less statistically visible.

3.2. Distribution of respondents by type of institution

Table 5. *Distribution of respondents by type of institution*

Type of institution	N	%
Police	222	58.0
Social assistance	72	18.8
Gendarmerie	31	8.1
NGO	17	4.4
Local public institution	12	3.1
Education / Health / Justice system	14	3.7

Other / unspecified	15	3.9

For an understanding of subsequent findings, this distribution is useful. For example, when the report discusses the sense of professional readiness, access to training, inter-institutional collaboration or perceptions regarding cases, these results should be read bearing in mind that the sample is dominated by professionals from public order structures.

At the same time, the presence of social assistance and specialised NGOs enables the capture of different perspectives on intervention, even if these categories are numerically smaller. For the smaller sub-samples, results should be read as indications, not as a basis for conclusions generalisable to the entire sector.

3.3. Professional experience

The quantitative sample includes both respondents at the start of their careers and professionals with extensive experience. Almost four in ten respondents have fewer than three years of experience, of whom approximately 10% have less than one year. At the same time, approximately one quarter of respondents have more than 15 years of experience.

This is an important distribution for interpreting training needs, suggesting that within the same system, different needs coexist. Professionals at the start of their careers may need induction, basic preparation and guidance on complex cases. Experienced professionals may need updating, specialised training, supervision, case analysis spaces and support for the prevention of professional burnout.

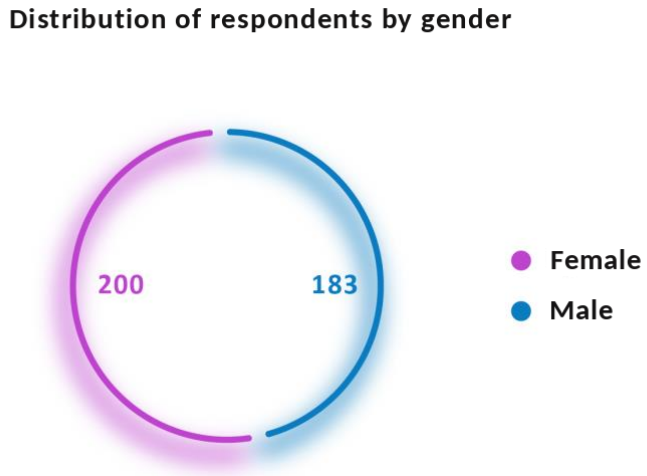
Recommendations on training should therefore not treat professionals as a homogeneous group. An effective training infrastructure must include both introductory training for newcomers and continuous and specialised training for experienced professionals.

3.4. Gender, age and education

The gender distribution of respondents is relatively balanced: 52.2% are women and 47.5% are men. Male presence is higher particularly in public order structures, reflecting the institutional composition of the sample.

In terms of age, the active career segments predominate. Approximately 29.5% of respondents are between 35 and 44 years old, and 25.6% are between 45 and 54. These data show that a significant proportion of respondents are at a professional stage at which practical experience has already been accumulated, but the need for updating and support remains relevant.

Figure 1. *Distribution of respondents by gender*



The level of education is high. 44.4% of respondents hold a master's degree, 28.5% hold a bachelor's degree, and 21.7% hold post-secondary qualifications. This educational profile indicates that the report captures the perspectives of professionals with a high level of formal preparation; however, the results regarding the lack of specific training show that general education does not replace specialised training in the area of gender-based violence and human trafficking.

3.5. Territorial distribution

Respondents come from 41 counties. This territorial coverage is broad, but the distribution of responses is uneven. Prahova County concentrates 31.6% of responses — 121 respondents. At some distance follow Arad, Brașov, Bucharest and Harghita, each with approximately 5% of responses.

This territorial concentration confirms the convenience character of the sample and must be borne in mind when reading the results. The report does not provide a statistically representative picture of all counties, but captures patterns, tensions and needs within a territorially unevenly distributed sample.

At the same time, the fact that respondents come from 41 counties provides a diversity of institutional and local contexts. This diversity is important, but should not be confused with statistical representativeness.

3.6. Qualitative component: interviewed professionals

The qualitative component included 16 professionals, interviewed in 12 sessions. Of these, nine were individual interviews and three were dyadic interviews. The interviews were conducted in three counties: Argeș, Bacău and Dolj.

Unlike the quantitative component, dominated by public order structures, the qualitative component was deliberately oriented towards professionals from social services, child protection and specialised support. This decision sought to complement the perspective offered by the questionnaire and to balance the overall data profile.

Most participants come from social assistance and child protection services. Alongside them, police officers from prevention and analysis units, a representative of a specialised non-

governmental organisation working with victims, and a representative of a national agency dedicated to combating human trafficking were also interviewed.

This composition provides access to professional experience accumulated across different areas of intervention: prevention, protection, counselling, legal assistance, service coordination and victim support.

The professional spectrum is multidisciplinary. It includes social workers, psychologists, legal counsellors, police officers specialised in prevention, centre coordinators and programme coordinators.

The qualitative sample is characterised by high seniority: the majority of participants have more than 15 years of activity, and several exceed 20 years. This is a configuration that provides access to forms of sedimented professional knowledge, since the interviews do not merely capture one-off opinions, but experience accumulated over years of practice, including tacit understandings of how the system functions in the field.

3.7. Profile of interviewed professionals

Table 6. *Profile of interviewed professionals*

Code	Sector	Role	Main domain	Seniority
P1	Police	Officer, prevention	Domestic violence	10–15 years
P2	Police	Officer, prevention	Domestic violence and trafficking, prevention	Over 15 years
P3	Social assistance	Social worker	Human trafficking	Over 15 years
P4	Social assistance	Psychologist	Trafficking and repatriations	Over 20 years
P5	Social assistance	Social worker	Domestic violence	Over 15 years
P6	Police	Officer, prevention	Domestic violence and trafficking	10–15 years
P7	Social assistance	Legal counsellor	Domestic violence, trafficking, crime victims	Over 15 years
P8	Specialised NGO	Programme coordinator	Human trafficking	Over 20 years
P9	Social assistance	Psychologist, centre director	Domestic violence	Over 20 years
P10	Social assistance	Counselling, child abuse	Child abuse	Over 15 years
P11	Social assistance	Senior social worker	Violence and child abuse	Over 20 years
P12	Social assistance	Coordination, child protection	Domestic violence	10–15 years
P13	Social assistance	Legal counsellor	Domestic violence and trafficking	Under 10 years
P14	Social assistance	Clinical psychologist	Domestic violence	Over 15 years
P15	Social assistance	Legal counsellor	Domestic violence and trafficking, emergency centre	Over 15 years

P16	National agency	Social worker	Human trafficking	Over 15 years

3.8. Qualitative component: interviewed survivors

The qualitative component includes interviews with ten survivors of gender-based violence and human trafficking. Participants were included on the basis of informed consent and willingness to discuss their experience with institutions and support services.

Given the sensitive nature of these accounts, the profile is presented exclusively in aggregated form. No localities, individual ages, exact number of children, possible health conditions or other biographical details that could enable the identification of any person are mentioned. The characteristics are not cross-referenced with one another.

The purpose of these interviews was not to reconstruct the traumatic experience, but to understand how institutional and community support was experienced by those affected: what helped, what was difficult, where blockages arose, what produced trust or distrust, and what type of support was perceived as effective.

3.9. Aggregated profile of survivors

Table 7. *Aggregated profile of interviewed survivors*

Characteristic	Distribution
Number of participants	10 survivors
Type of experience described	Violence by an intimate partner / domestic violence — approximately half of participants; human trafficking and forms of exploitation — the other half
Age range	Between 24 and 44 years, distributed relatively uniformly from young adulthood to middle age
Residential area	Urban and rural, with a greater proportion in urban settings
Children in care	The majority of participants had children in their care at the time of the interview
Services contacted	▪ Police — all participants ▪ Non-governmental organisations — almost all ▪ Justice system — the majority ▪ Psychological support / therapy — the majority, usually through an NGO ▪ Protection and social assistance services — several participants ▪ Structures specialised in combating trafficking — in trafficking cases ▪ Forensic medical services — some participants

The profile shows that the interviews with survivors capture experiences of contact with multiple types of institutions and services. All participants came into contact with the police, almost all with non-governmental organisations, and the majority with the justice system and with psychological support or therapy. This diversity of contacts enables analysis of the pathway through the system, beyond a single institutional interaction.

At the same time, the profile must be read with caution. The ten interviews do not provide a representative picture of all survivors of gender-based violence or human trafficking. They do, however, provide access to relevant experiences regarding how support is experienced, what produces trust or distrust, what forms of support are perceived as useful and where blockages arise in the pathway through the system.

The composition of participants shows that the report should be read as an analysis of needs and conditions of intervention, not as a national representative study.

The quantitative component is strong by virtue of the number of active respondents and the fact that it captures the perspective of professionals working directly with victims. However, it is dominated by public order structures and is territorially unevenly distributed.

The qualitative component supplements this perspective through a stronger inclusion of professionals from social services, child protection, NGOs and specialised support. It also brings into the analysis the perspective of survivors, indispensable for understanding the real effect of institutional intervention.

Together, the three data sources enable a more balanced reading than any one alone would allow. The questionnaire shows patterns among active respondents. The interviews with professionals show how work is carried out in practice, in concrete institutional conditions. The interviews with survivors show how these practices are experienced by persons seeking protection.

Beyond its limitations, this triangulation is one of the report's strengths. It enables the transition from the question 'what do professionals think happens?' to a broader question: 'how does intervention unfold and how is it experienced by those affected?'.

4. The landscape of professional training

Chapter summary

The training of professionals working with victims of gender-based violence and human trafficking is one of the central conditions of effective intervention. The data show, however, that access to training is insufficient, unequal and, in many cases, dependent on the institutional context, individual initiative or one-off opportunities. In the absence of a stable infrastructure for continuous training, professional competence is frequently built through practical experience, exchanges between colleagues, self-study and direct learning from cases.

This is a finding that must be read carefully. The report does not argue that professionals lack competence or that intervention does not function. On the contrary, the qualitative data show the existence of significant professional knowledge, sedimented over years of practice, particularly among experienced professionals. The problem is that this competence frequently remains informal, unevenly distributed and insufficiently supported institutionally. A system that relies predominantly on individually accumulated experience risks producing large differences between institutions, counties, teams and individual professionals.

In fields marked by trauma, risk, ambivalence, dependency, exploitation, distrust of institutions and possible re-traumatisation, training cannot be reduced to the transmission of legal or procedural information. Professionals need applied, interdisciplinary and continuous preparation that combines knowledge of the legal framework with an understanding of trauma, non-judgmental communication, risk assessment, inter-institutional collaboration and the protection of their own professional wellbeing.

Table 8. *Summary indicators on the training of professionals*

Indicator	Percentage	Significance
No specific GBV training	48.9%	Professionals working with GBV who have not undertaken any specific training in the past three years.
No specific trafficking training	59.2%	Professionals working with human trafficking who have not undertaken any specific training in the past three years.
High readiness – with training	80.0%	Respondents who have undergone training and report high/very high readiness.
High readiness – without training	56.3%	Respondents without training who report high/very high readiness.
Risk of repetition/escalation insufficiently covered	50.0%	The topic most frequently identified as insufficiently covered in training.
Simulations/role play considered useful	79.8%	The learning format most frequently assessed as useful/very useful.

4.1. Access to training: a significant deficit

The first finding concerns participation in training programmes.

In the area of gender-based violence, almost half of the respondents working with such cases have not undertaken any specific training in the past three years.

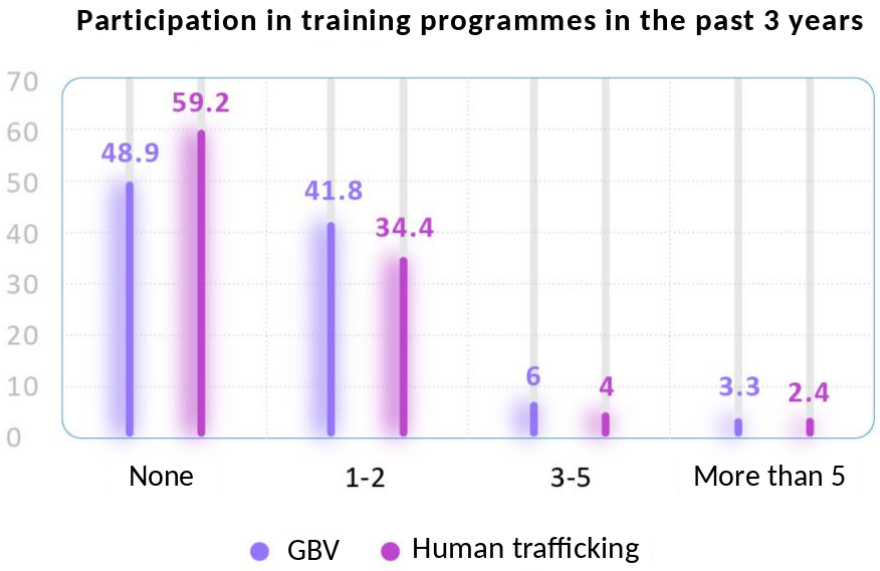
In the area of human trafficking, the deficit is even more pronounced: almost six in ten respondents working with such cases have not undertaken any specific training in the same period.

This difference is important because human trafficking entails specific forms of identification, protection and intervention. Victims of trafficking may be in situations of sexual exploitation, labour exploitation, psychological control, threats, dependency on the exploiter, lack of documents, shame, fear or non-self-identification as victims. In such cases, the absence of specialised training can affect early identification, referral to appropriate services and professionals' capacity to understand why the person affected is not seeking help in the expected form or is not cooperating immediately with institutions.

A relevant pattern emerges in the case of professionals who work with both categories of victims: gender-based violence and human trafficking. Although these professionals are at the intersection of two complex fields and may encounter situations with overlapping vulnerabilities, they report high levels of lack of training in each of the two domains. This finding shows that professional exposure to complex cases is not automatically accompanied by access to specialised training.

The lack of training is not confined to the start of a career. The data indicate that the proportion of professionals without training remains high both among those at the beginning of their careers and among those with lengthy experience. This suggests that the problem is not merely one of professional induction — i.e. the preparation of new employees — but a structural one: continuous training is not sufficiently stable, predictable and integrated into the professional career path.

Figure 2. *Participation in training programmes in the past 3 years*



4.2. Training is relevant where it exists, but access remains unequal

The data suggest that the main problem is not the lack of relevance of the training undergone, but unequal access to it. Respondents who have benefited from training applicable to their work tend to find it useful or very useful. In addition, training is associated with a higher sense of professional readiness: those who have undergone at least one specific training programme more frequently report feeling prepared to handle the complexity of cases.

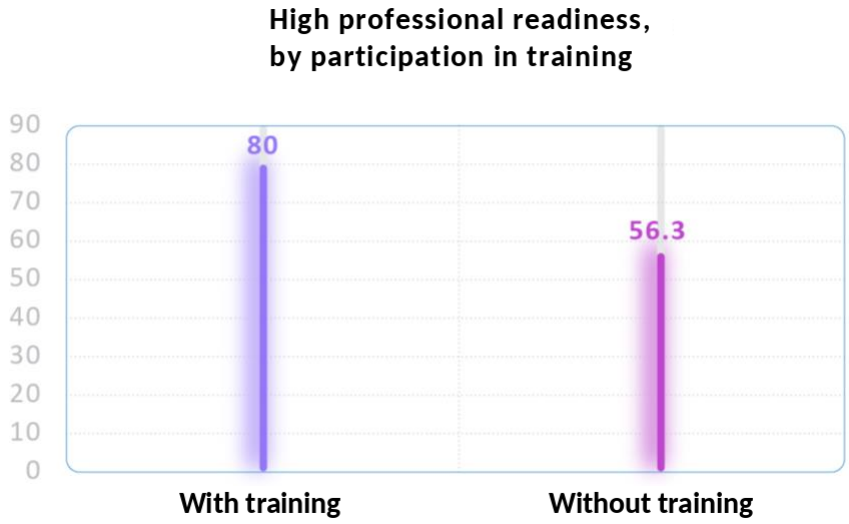
We have interpreted this relationship with caution. The sense of readiness is not the same as effective intervention or the quality of the relationship with the victim. A professional may feel

prepared because they have experience, because they master procedures or because they have handled many cases.

At the same time, intervention in violence and trafficking cases requires competences that are not always visible in professional self-assessment: the capacity to listen without judgement, to formulate questions that do not induce guilt, to understand the victim's ambivalence, to assess risk beyond visible physical violence, to work with trauma and to cooperate with other institutions.

Nevertheless, the fact that training is associated with greater professional confidence is important. It shows that training is not a secondary addition, but a resource that can increase professionals' capacity to understand complex situations and act with greater assurance. For this resource to produce systemic effects, it must be available on a recurrent basis, not occasionally.

Figure 3. *High professional readiness, by participation in training*



4.3. Competence is frequently built informally

In the absence of a sufficient infrastructure of formal training, professionals indicate practical experience and discussions with colleagues as the main sources of competence. This result shows that professional learning takes place, to a large extent, within everyday practice: through cases encountered, decisions taken under pressure, rapid consultations, advice received from experienced colleagues and adjustments made according to situations arising in the field.

We are speaking of a form of learning with genuine value. In fields such as gender-based violence and human trafficking, many situations cannot be fully anticipated through manuals or procedures. Professionals learn from difficult cases, from encounters with people in crisis, from collaboration with other institutions and from experience accumulated over time. Practical knowledge is important, particularly when intervention requires judgement, adaptation and the capacity to act in ambiguous situations.

However, excessive dependence on informal learning has its limits. It can produce large differences between teams and institutions. A professional working in a team with experience, where cases are discussed and peer support is available, may learn more than an isolated professional in an institution with limited resources or high staff turnover. Thus, access to competence may depend on the fortunate circumstance of having good colleagues, an attentive coordinator or a functional professional network.

Furthermore, informal learning does not guarantee the updating of knowledge. Legislation changes, forms of violence diversify, digital risks become more visible, and understanding of trauma and coercive control evolves. Without continuous training, there is a risk that some

practices will remain based on intuitions, routines or professional assumptions that are no longer sufficient for the complexity of current cases.

Another important aspect is that persons without training do not appear to fully compensate for its absence through stronger informal sources. On the contrary, the data suggest that the lack of training may coincide with more limited access to other professional learning resources. This means that the absence of training is not always compensated by experience, collegiality or supervision. For some professionals, the lack of training may be part of a more general situation of professional isolation.

Figure 4. *Sources of professional competence*



4.4. What is missing from training: not just procedures, but also information on trauma, risk and collaboration

When asked what topics are insufficiently covered in professional preparation, respondents indicate both technical and relational, psychological and professional self-protection dimensions.

Among the most frequently mentioned topics are:

- the risk of repetition and escalation of violence,
- trauma and its effects on victims,
- multidisciplinary intervention and inter-institutional collaboration,
- specificities of intervention by category of victim,
- prevention of secondary trauma and professional burnout,
- as well as the legal framework and relevant procedures.

This distribution is important because it shows that professionals are not asking solely for more legal information. They indicate needs relating to the capacity to understand the dynamics of violence and its effects on the person affected. The risk of repetition and escalation of violence cannot be assessed merely through the existence of a recent violent episode or through the severity of visible injuries. It requires understanding threats, coercive control, stalking, isolation, post-separation violence, economic dependency, the perpetrator's access to the victim and the role of children in maintaining control.

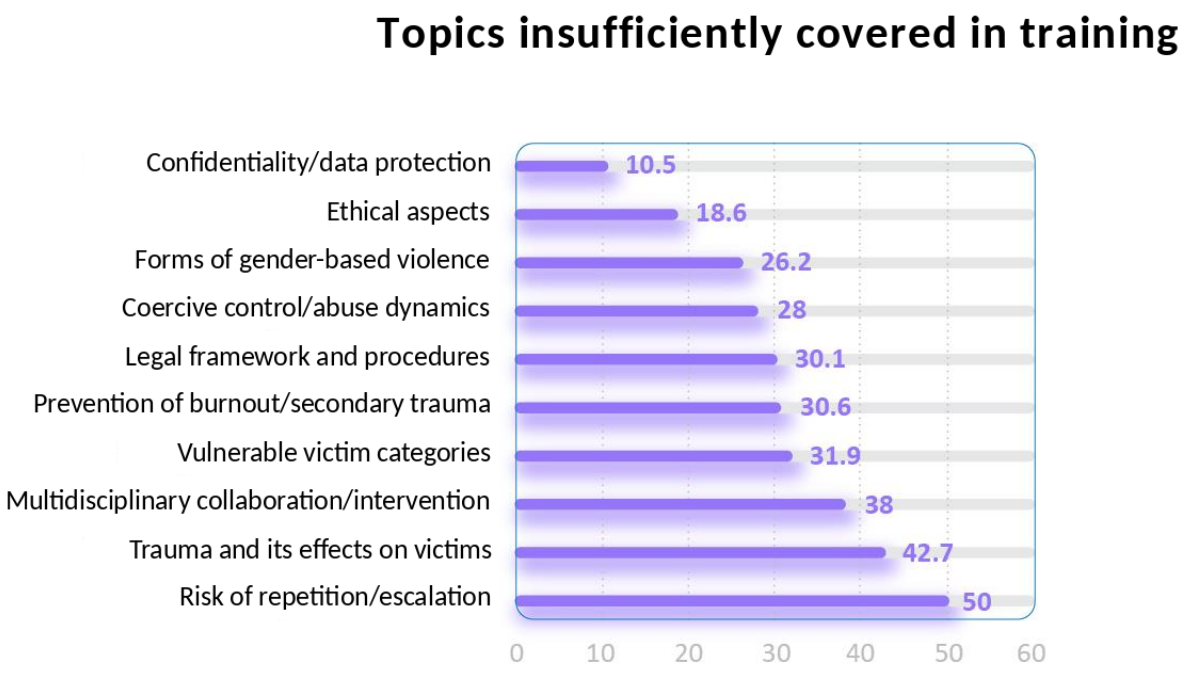
Similarly, trauma does not reduce to a psychological consequence of violence: it affects how the person communicates, remembers, relates to institutions and can accept support. A victim may

give a fragmented account, may avoid certain details, may revise their statements, may appear confused or may refuse help. Without training on the effects of trauma, these reactions may be misinterpreted as lack of cooperation, unreliability or unjustified ambivalence. With adequate training, they can be understood as possible reactions to violence, fear and control.

The need for training on inter-institutional collaboration shows that intervention cannot be conceived solely at the level of individual competence. Professionals need to know the roles of other institutions, referral pathways, the limits of each service, modes of communication and shared responsibilities. Without this understanding, the person affected risks being sent from one institution to another, repeating the same account and receiving fragmented or contradictory information.

The fact that prevention of secondary trauma and professional burnout appears among insufficiently covered topics is also relevant. Work in this field exposes professionals to suffering, risk, emergencies, repetitive cases, administrative pressure and high emotional responsibility. If professionals do not have access to supervision, psychological support, case analysis and professional self-regulation tools, their capacity to intervene empathetically and coherently may be affected. Professional support is therefore not separate from victim protection; it is a condition of the quality of intervention.

Figure 5. *Topics insufficiently covered in training*



4.5. Different needs, a common core

The data suggest that training needs differ according to institutional sector. Professionals in social assistance more frequently indicate topics related to the victim's trauma, relational support and prevention of professional burnout. Public order structures place high importance on risk assessment, the legal framework and procedures. These differences are natural, because institutional roles differ. The police often intervene in emergency situations, document facts, assess immediate risks and may issue or contribute to protection measures. Social services and specialised organisations work more frequently with medium- and long-term support, and with the material, psychological, legal and relational needs of the person affected. However, the differences between roles should not lead to entirely separate training programmes.

A common training core is needed, including: an understanding of gender-based violence, the dynamics of human trafficking, the effects of trauma, non-re-victimising communication, assessment of needs and risks, inter-institutional collaboration, victims' rights and the principles of person-centred intervention. Alongside this common core, sector-specific modules may be provided: emergency intervention for the police, case management for social services, psychological support for counselling specialists, legal procedures for staff involved in case documentation, and early identification for schools and medical services.

> *A professional notes: "there are very many cases that the police have been referring lately for domestic violence with protection orders, requiring counselling for victims"*
>
> *A professional notes: "access to the counselling programme is only on the basis of the victim's consent. If we don't have her consent, there is no way we can collaborate"*

Such a model would avoid two risks. The first is the fragmentation of training: each institution learns only about its own procedure and does not understand the complete pathway of the person affected. The second is excessive uniformity: everyone receives the same general training, but without applicability to their specific role. An effective training infrastructure must combine a shared language with role-specific specialisation.

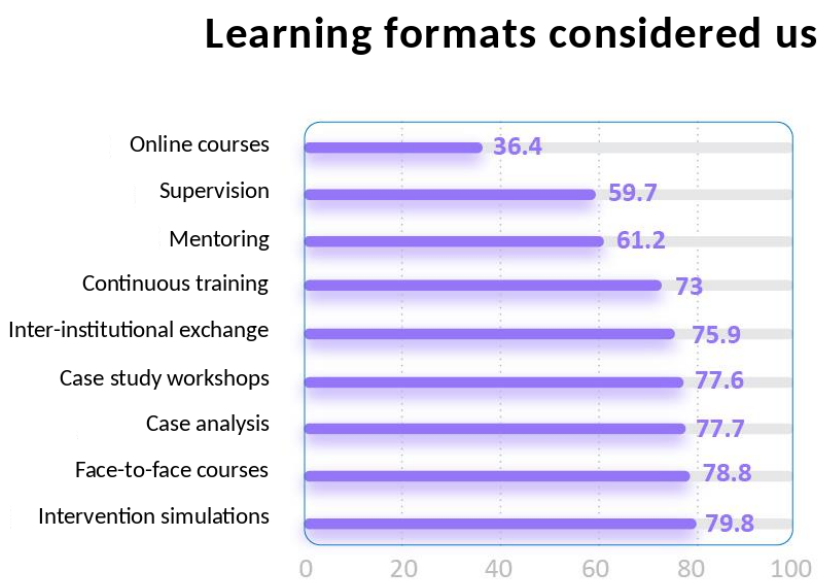
4.6. Learning formats: professionals call for applied training

Respondents clearly value applied, interactive learning formats that are close to real situations of intervention. The most valued are simulations and role play, face-to-face training, practical workshops on case studies, case analysis meetings, inter-institutional experience sharing and continuous training programmes. Online courses are assessed significantly less positively than these formats — a preference that is easy to understand. Intervention in cases of violence and trafficking requires decisions in complex situations, difficult communication, risk assessment, collaboration with other institutions and management of one's own emotions and those of the person affected. These competences cannot be sufficiently developed through information transmission alone. They require practice, applied discussion, reflection, feedback and work on cases close to professional reality.

Simulations and role play can help professionals rehearse first contact, hearings, the formulation of questions, explaining rights, communicating with a person in panic or managing a situation in which help is refused. Case study workshops allow for the discussion of dilemmas: when verification becomes invalidation, how to assess post-separation risk or the risk of return to the household, how to work with a victim who returns to the perpetrator/trafficker, how to proceed when institutions have different perspectives on the same case. Case analysis meetings can function as both training and professional support.

Inter-institutional experience sharing is particularly important. Many blockages arise not because professionals are unfamiliar with legislation, but because they do not know enough about the roles of other institutions, their limits, the types of services available or the contact persons. Inter-institutional training can build professional relationships, clarify intervention and referral pathways, and reduce dependence on improvisation in urgent cases.

Figure 6. *Learning formats considered useful*



4.7. Why online training is not sufficient

Online courses can play a role in transmitting basic information, providing legislative updates or introducing concepts. They can be useful particularly when resources are limited or when professionals are located in different localities. However, the data show that professionals consider them far less useful than applied and interactive formats.

This assessment should not be interpreted as a complete rejection of online training, but as a signal regarding its limits. In a field involving trauma, risk, sensitive communication and inter-institutional collaboration, exclusively online training may remain too abstract. It transmits information, but does not create sufficient space for practising decisions, for difficult discussions, for understanding the perspectives of other institutions or for reflection on one's own professional reactions.

A realistic solution would be a blended model: short online modules for basic information and updates, followed by face-to-face workshops, simulations, case analysis and inter-institutional sessions. In this way, online training would not be eliminated, but integrated into a broader professional learning pathway.

4.8. Training as a protection infrastructure

The findings of this chapter show that training must be understood as part of the protection infrastructure for victims. It is not reducible to a professional development activity and does not concern merely the individual careers of professionals. The way in which professionals are trained directly influences how the person affected is received, listened to, believed, directed, protected and accompanied.

Insufficient training can produce delays in risk identification, guilt-inducing questions, difficulties in understanding trauma, incoherent communication between institutions and professional burnout. Well-designed training can contribute to safer interventions, reduced re-traumatisation, increased trust in institutions and more coherent collaboration between the actors involved.

The central recommendation is therefore not limited to organising more courses, but to building an infrastructure of continuous training. This infrastructure should have several clear characteristics:

- recurrent, not one-off;
- applied, not merely theoretical;
- inter-institutional, not isolated to individual institutions;
- combining the common core with modules adapted to professional roles;
- including trauma, risk, communication, stereotypes, trafficking, collaboration and burnout;
- creating spaces for case analysis and professional reflection;
- involving non-governmental organisations and survivors, where it is ethical and safe, in the design of training content.

Finally, the data show that professionals do not only need to know more, but to be able to work better in difficult situations. This requires knowledge, but also practice, support, coordination and time. Training must help them transform procedure into effective protection, and institutional contact into the safest possible experience for the person affected.

4.9. What the common training core should include

A common training programme for professionals working with victims of gender-based violence and human trafficking should include at least the following topics:

- Forms of gender-based violence and human trafficking.
- Dynamics of domestic violence, coercive control and post-separation violence.
- Identification of trafficking victims and working with reluctance to self-identify.
- Trauma and its effects on memory, communication and the relationship with institutions.
- Assessment of the risk of repetition/re-trafficking and escalation of violence.
- First-contact communication and non-judgmental listening.
- Trauma-sensitive hearing and reduction of re-traumatisation.
- Professional verification without invalidation or guilt-induction.
- Gender stereotypes, myths about violence and myths about trafficking.
- Inter-institutional collaboration and case management.
- Support for children and recognition of children who witness violence.
- Prevention of secondary trauma and professional burnout.
- The role of specialised NGOs and referral pathways to specialised services.
- Communication with the victim throughout the case and explanation of rights.
- Ethics of intervention: autonomy, protection, confidentiality and safety.

Chapter conclusion

Training is one of the central links in intervention, but cannot be treated as an isolated solution. The data show that professionals need continuous, applied and interdisciplinary training, but also institutional conditions that allow them to apply what they learn. A course on trauma cannot compensate for the lack of an adequate hearing space. A module on collaboration cannot replace the absence of clear referral pathways. A session on burnout cannot resolve staff shortages or excessive caseloads.

Training must therefore be integrated into a broader strategy for strengthening the protection system. It must be linked to supervision, professional support, inter-institutional collaboration, clear procedures and accessible services for victims. Only in this way can it contribute to the

central objective of intervention: genuine protection, reduction of re-traumatisation and effective support for those affected.

5. Conditions of intervention: professional support, time, bureaucracy and burnout

Chapter summary

The quality of intervention in cases of gender-based violence and human trafficking does not depend solely on the individual training of professionals. It also depends on the conditions in which they work: how many cases they manage, how much time they have available, what forms of professional support they receive, how clearly responsibilities are distributed, how much bureaucracy they must handle and whether institutional mechanisms exist to protect them from burnout.

The data show that professionals frequently work in a context of pressure. Many face large caseloads, insufficient time, high administrative demands, unequal professional support and limited mechanisms for preventing burnout. These conditions do not affect only the wellbeing of professionals. They directly influence how victims are received, listened to, directed, protected and accompanied.

The problems identified must not be reduced to the individual competence or attitude of professionals. A professional may be well-intentioned and experienced, but if they work under constant pressure, without supervision, without sufficient time and without services to refer the person affected to, the quality of intervention remains vulnerable. At the same time, a system that relies excessively on the individual dedication of professionals risks depleting the very resource that keeps it functional.

This chapter analyses professionals' working conditions as part of the protection infrastructure. Support for professionals is not a secondary benefit, but a condition of safe, coherent and trauma-sensitive intervention.

Quantitative indicators relevant to the chapter

A few figures summarise the link between professionals' working conditions and the capacity of intervention to remain coherent, sustained and centred on the person affected:

Table 9. *Quantitative indicators on professionals' working conditions*

Indicator	Percentage	Significance
High professional readiness	69.6%	Respondents working directly with cases who declare they feel prepared to a high/very high degree.
Insufficient professional support	24.7%	Respondents who assess professional support as not at all or to a small extent sufficient.
Insufficient anti-burnout mechanisms	51.5%	Respondents who consider burnout prevention mechanisms to be to a small or no extent sufficient.
Insufficient available time	23.9%	Respondents who consider that available time allows the provision of necessary support not at all or to a small extent.
Procedures limiting adaptation of intervention	24.9%	Respondents who consider that procedures limit the adaptation of intervention to a high/very high degree.
Staff turnover affects continuity	39.2%	Respondents who consider that staff turnover affects the continuity of support to a high/very high degree.

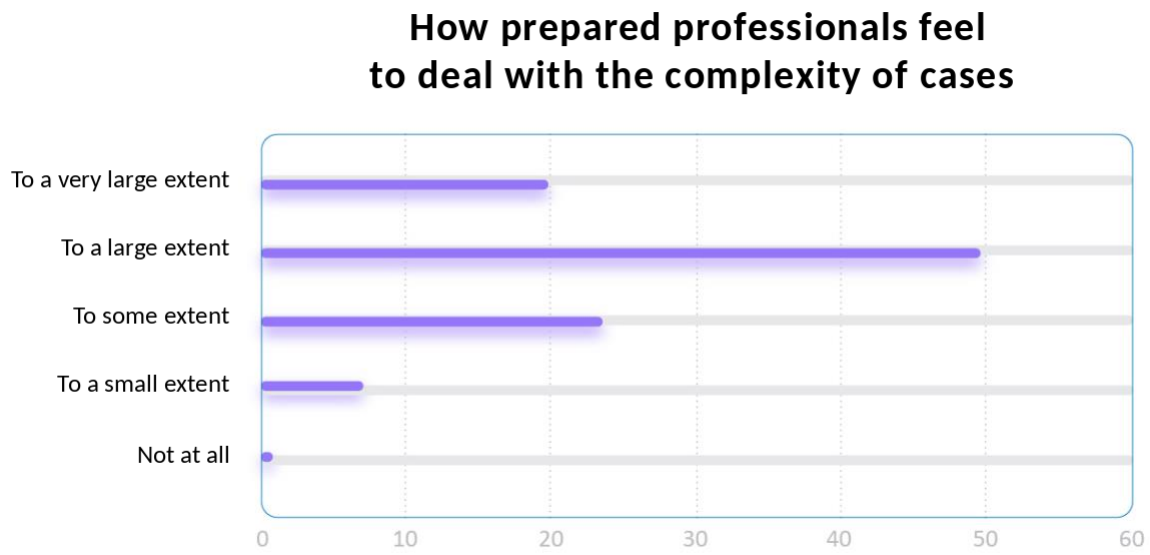
5.1. The sense of readiness and its limits

At the declarative level, the majority of respondents consider themselves prepared to handle the complexity of the cases they work with. This professional confidence is important and shows that the system relies on people who have accumulated experience, procedures, working routines and forms of practical knowledge.

However, the sense of readiness must be read together with the other data in the report. A significant proportion of respondents have not undergone specific training in recent years, and professional competence is often acquired through practical experience and informal exchanges with colleagues. In addition, perceived readiness does not eliminate the difficulties produced by lack of time, administrative pressure, the absence of supervision or the fragmentation of collaboration between institutions.

It is therefore not sufficient to ask whether professionals feel prepared. We must also ask whether they have the necessary conditions to translate this preparation into effective protection. A professional may know what should be done in a case, but may not have the time, support, resources or available institutional partners to act appropriately. This is where one of the central tensions of intervention arises: the difference between individual competence and institutional capacity.

Figure 7. *How prepared professionals feel to deal with the complexity of cases*



5.2. Professional support: available but unequal

Professional support is necessary in a field in which professionals come into contact with trauma, risk, suffering, complex family situations, repeated violence, child abuse, exploitation and decisions with major impact on the safety of persons. In such contexts, professionals need spaces in which they can discuss cases, receive feedback, clarify dilemmas, manage the emotional impact of their work and avoid professional isolation.

The data show, however, that forms of support are distributed unequally. Professional supervision and case analysis meetings are mentioned by some respondents, but do not appear as generalised practices. Psychological support for staff is available to a smaller proportion of professionals. At the same time, a relevant proportion of respondents declare that none of the listed forms of support is available to them.

This situation is problematic because intervention in violence and trafficking cases entails difficult decisions that go well beyond the mechanical application of procedures. Professionals must assess risk, listen to traumatic accounts, distinguish between conflict and violence, work with ambivalent persons, manage the refusal of help, collaborate with other institutions and sometimes make decisions under conditions of uncertainty. Without professional support, these decisions are taken individually, and the emotional and professional responsibility may become difficult to sustain.

A professional observes: *"the police officer did nothing, did not send a team, did not record anything"*

This type of situation indicates that the existence of procedures does not automatically guarantee their consistent application. Although the legislative framework is perceived as better developed than in the past, field experiences show that the institutional response also depends on local resources, the training of staff, the interpretation of the professional role and the capacity of institutions to act in a coordinated manner.

Other categories of participants also signalled difficulties in the relationship with the police or in the police's capacity to intervene uniformly in all communities. Staff shortages, particularly in rural areas, professional workloads and differences in the application of procedures can affect the quality of the institutional response.

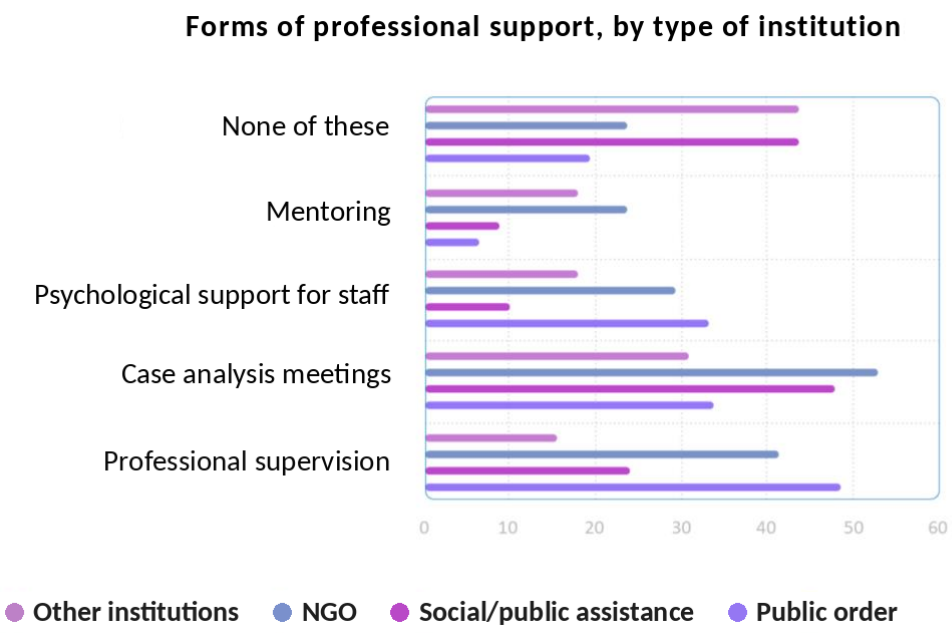
In some accounts, police intervention is perceived as insufficient or delayed; one participant describes a case in which "the police officer did nothing, did not send a team, did not record anything".

Supervision, mentoring and case analysis meetings should be understood as part of the quality of intervention. They are more than professional development tools — they function as safety mechanisms. A case discussed within a team can be better understood. A decision verified through consultation can reduce the risk of error. A professional who has a support space can be more available for listening, patience and clarity in the relationship with the person affected.

Table 10. *Forms of support available within the institution*

Form of support	Percentage (%)
Professional supervision	40%
Case analysis meetings	37%
Psychological support for staff	27%
None of these	27%
Mentoring	9%

Figure 8. *Forms of professional support, by type of institution*



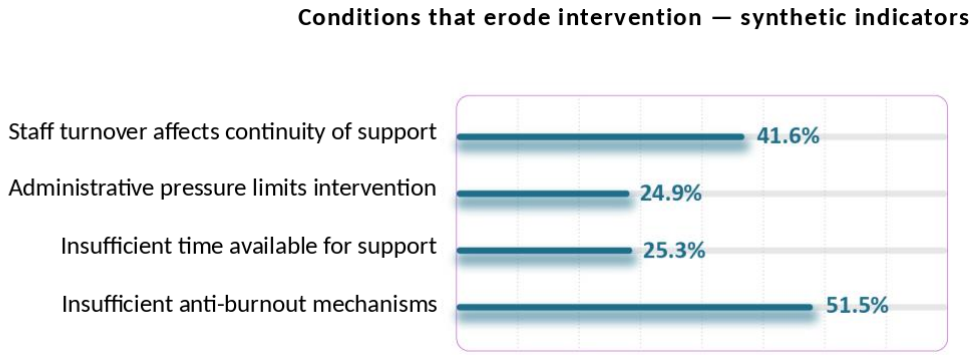


Figure 9. *Conditions that erode intervention — synthetic indicators*

5.3. Burnout and secondary trauma: occupational risks, not individual vulnerabilities

An important vulnerability signalled by the data concerns mechanisms for preventing professional burnout. More than half of respondents consider these mechanisms to be to a small or no extent sufficient. This finding must be treated as a systemic signal.

Work in the field of gender-based violence and human trafficking involves repeated exposure to suffering, danger, abuse, helplessness, dependency, aggression, poverty, vulnerability and situations in which the outcomes of intervention do not appear immediately. Professionals may invest time, energy and emotional resources in a case, and the person affected may return to the abusive environment, withdraw the complaint or refuse support. These situations are not exceptions, but are part of the dynamics of the field.

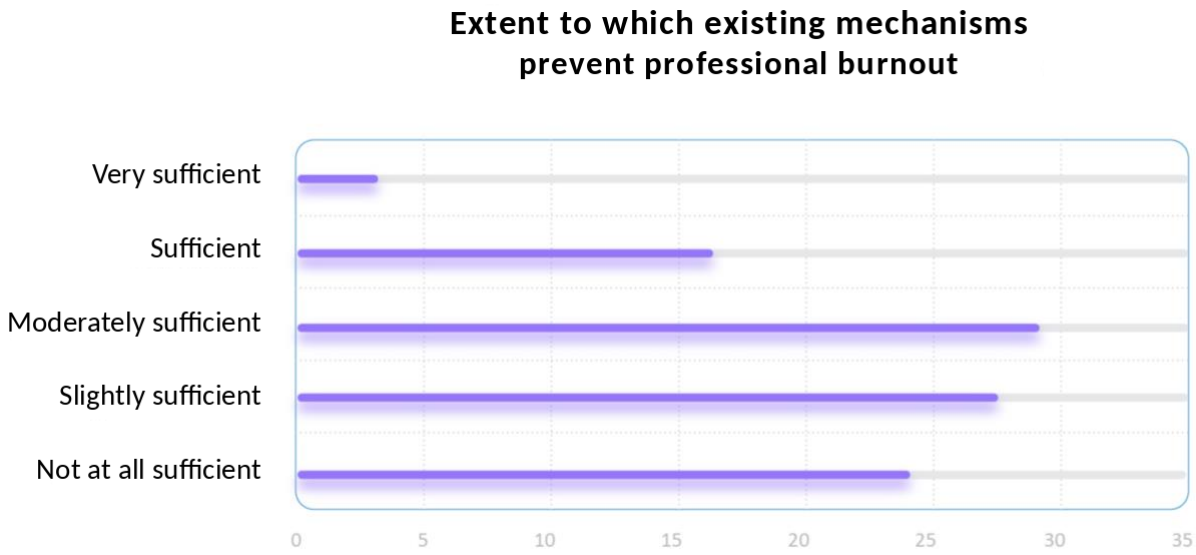
In the absence of support mechanisms, the risk is that professionals will interpret these situations as personal failure or develop forms of detachment, fatigue, defensive cynicism or distrust. Professional burnout can affect the condition of the person working in the system, but also the quality of the relationship with the victim. A burned-out professional may have less patience, less

availability for listening and less capacity to manage the ambivalence or silence of the person affected.

Burnout must therefore not be treated as an individual problem of resilience. It is not sufficient to ask professionals to be stronger, more empathetic or better organised. Institutional mechanisms are needed: supervision, psychological support, regular case analysis meetings, reasonable distribution of workload, sufficient teams, mentoring for newcomers and spaces in which professionals can discuss the emotional impact of their work without stigmatisation.

The prevention of burnout is thus part of victim protection. A system that burns out its professionals cannot provide coherent long-term support to those affected.

Figure 10. *Extent to which existing mechanisms prevent professional burnout*



To what extent do you consider that the existing mechanisms (professional supervision, psychological support for staff, case analysis meetings, mentoring) are sufficient to prevent professional burnout?

5.4. Time: the invisible resource of intervention

Time is one of the least visible but most important resources of intervention. Work with victims of gender-based violence or human trafficking requires time for listening, clarification, explaining rights, risk assessment, completing documents, communicating with other institutions, directing people towards services and following up on cases.

> **A professional observes:** *"in total there were [...] 144 victims of domestic violence who participated in psychological counselling"*

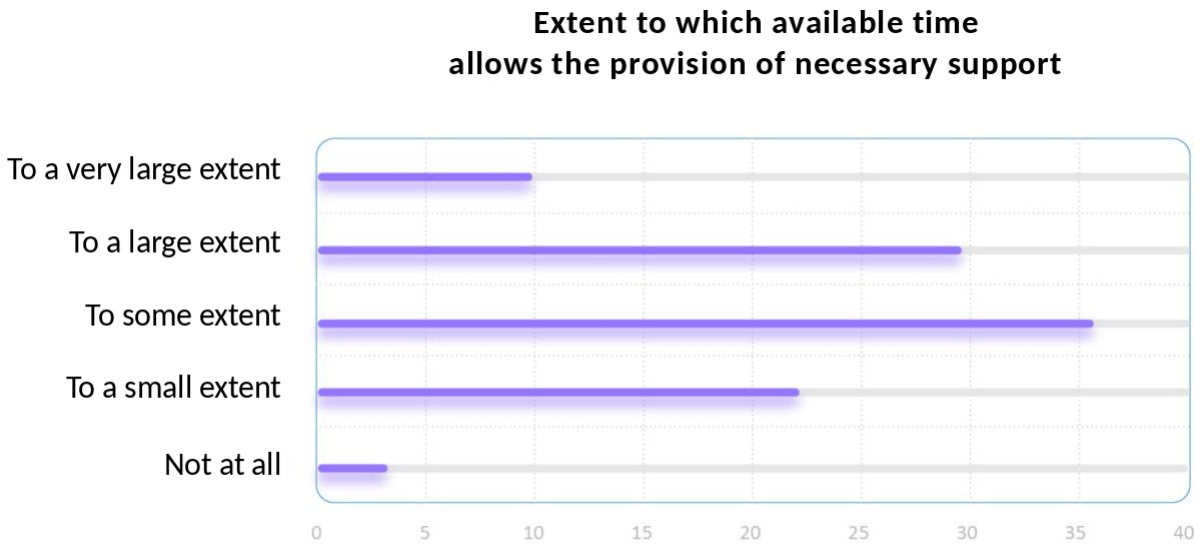
The data show that a significant proportion of professionals (25%) consider that the available time does not allow them to provide the necessary support. Trauma-sensitive intervention cannot be carried out in haste. A person in crisis may need time to understand what is happening to them, to tell their story, to ask questions, to calm down, to decide whether or not to accept certain forms of support. If the interaction is rushed, the person may feel they are being processed administratively, rather than being listened to.

Lack of time also affects the quality of information. A person may give a fragmented account, may forget details, may return to certain aspects or may need questions to be reformulated. If the professional does not have time, these manifestations may be misinterpreted as lack of

cooperation or incoherence. Pressure of time can thus affect not only the comfort of the interaction, but also the assessment of credibility and risk.

For survivors, lack of time may translate into the feeling that no one has the genuine availability to accompany them. First contact with institutions, the hearing, communication about the case or referral to other services are moments in which time matters. A rushed explanation can produce confusion. A rapid hearing can produce blockage. Lack of follow-up can produce distrust. In this way, time does not remain a mere organisational resource — it becomes a condition for building trust.

Figure 11. *Extent to which available time allows the provision of necessary support*



5.5. Bureaucracy: between necessary documentation and reduced time for support

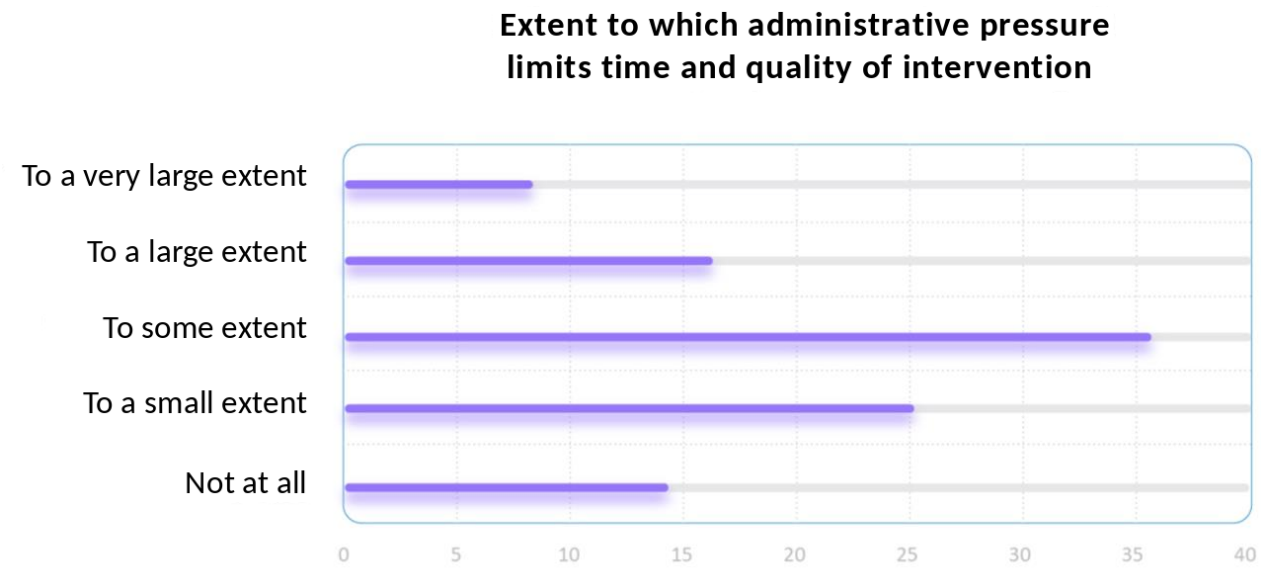
Intervention in cases of violence and trafficking requires documentation, forms, reports, procedures, evidence and inter-institutional communication. Part of this administrative work is necessary. Without documentation, cases cannot be tracked, protection measures may be difficult to justify and institutions cannot formally fulfil their responsibilities.

The problem arises when administrative tasks reduce significantly the time available for direct work with those affected. The data show that some respondents consider that procedures and administrative requirements limit their time and the quality of intervention. The interviews confirm this tension: professionals describe situations in which documentation becomes so time-consuming that it reduces availability for listening, counselling, coordination or follow-up.

This tension should not be formulated simplistically as an opposition between 'bureaucracy' and 'help'. Documentation is part of protection, particularly in cases involving risk, repeated violence, children, protection orders, trafficking or judicial proceedings. But documentation must be proportionate, clear, useful and integrated into the support pathway. If each institution requests similar information, if the person affected must repeat the same details in multiple places, and if professionals spend more time completing documents than coordinating support, then procedure may end up eroding its original purpose.

A system centred on protection should reduce repetitive administrative tasks, simplify forms where possible, use information already collected and ensure compatibility between institutions' procedures. The aim is not the elimination of documentation, but its transformation into a tool that supports intervention rather than needlessly slowing it down.

Figure 12. *Extent to which administrative pressure limits time and quality of intervention*



5.6. Staff turnover and discontinuity of support

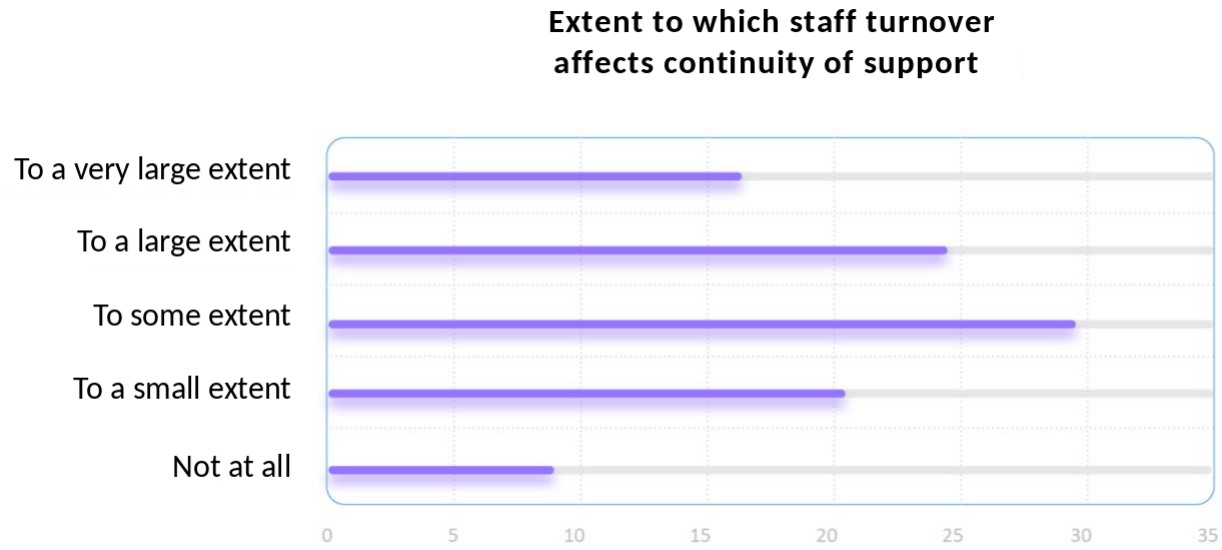
Staff turnover is mentioned by a significant proportion of respondents as a factor affecting the continuity of support offered to victims. This problem has multiple effects. At the institutional level, turnover means loss of experience, interruption of relationships between institutions, the constant need to train new employees and instability within teams. At the level of the person affected, turnover may mean repeated changes of the contact professional, retelling the story, loss of trust and the sensation that no one knows the full course of the case.

In fields in which interaction is founded on a relationship, continuity matters equally. For a person who has experienced violence or exploitation, speaking about the experience entails effort and vulnerability. If the professional changes, if the case is taken over by someone else or if there is no recognisable person to follow the situation, the burden of continuity falls on the victim. They must explain again, clarify, verify what the new professional knows and rebuild trust.

Turnover also affects inter-institutional collaboration. Many functional relationships between institutions are built over time, through mutual acquaintance, direct contacts and shared experiences. When staff change frequently, these relationships are lost or must be rebuilt. In the absence of stable formal mechanisms, collaboration comes to depend on individuals. When individuals leave, collaboration becomes fragile.

Reducing the effects of turnover therefore requires not only staff retention, although this is important. It also requires clear case handover procedures, updated service directories, institutional points of contact, functional protocols, induction training for new employees and case management mechanisms that do not depend exclusively on the individual memory of a single professional.

Figure 13. *Extent to which staff turnover affects continuity of support*



5.7. When working conditions become conditions of protection

The data analysed show that support for professionals and their working conditions must be understood as part of victim protection. In a fragmented and pressured system, the quality of intervention comes to depend excessively on the availability, resilience and individual commitment of professionals. This may produce good outcomes in some cases, but does not guarantee predictable protection.

For victims, professionals' working conditions translate into experiences. Lack of time can become a rushed interaction. Lack of supervision can become decisions taken in isolation. Excessive bureaucracy can become delays and repetition of the account. Staff turnover can become discontinuity. Burnout can become emotional distance, irritation or lack of patience. The absence of services to which the professional can refer the person affected can become unfulfilled promises.

The link between professionals' conditions and victims' experience is one of the central ideas of the report. Victim-centred intervention cannot be built in a system that does not support professionals. At the same time, support for professionals must not be used to shift attention away from victims' rights. The two are connected: institutions must protect victims and, to do so, must create conditions in which professionals can work competently, ethically and sustainably.

5.8. What can be strengthened

On the basis of the data, several priority directions can be identified for strengthening the conditions of intervention.

a. First, professional supervision should become a regular practice, not an occasional resource. It can help professionals discuss complex cases, clarify dilemmas, manage the emotional impact and avoid isolated decision-making.

b. Second, case analysis meetings should be organised periodically, including inter-institutionally where cases involve multiple actors. These meetings can function simultaneously as training, coordination and professional support.

c. Third, institutions should develop mechanisms for preventing burnout and secondary trauma. These may include psychological support for staff, professional reflection groups,

mentoring, rotation of responsibilities in highly emotionally charged cases and debriefing procedures following difficult situations.

d. Fourth, unnecessary administrative burden must be reduced. This does not mean eliminating documentation, but simplifying repetitive procedures, clarifying responsibilities and making more efficient use of information already collected.

e. Fifth, continuity of support for victims must be strengthened through case management, single points of contact, handover procedures between professionals and clear communication throughout the case file.

f. Sixth, institutions must invest in the retention and stability of staff. Without stable teams, continuous training, inter-institutional collaboration and trust-based relationships with victims remain fragile.

5.9. How working conditions affect the victim's experience

Table 11. *Effect of institutional conditions on the victim/survivor*

Institutional condition	Possible effect on the victim/survivor
Insufficient time	Rushed interaction, incomplete explanations, difficulty in recounting the experience, feeling of not being listened to.
High bureaucracy	Repetition of the account, delays, confusion, focus on documents rather than support.
Lack of supervision	Decisions taken in isolation, inconsistent case management, risk of different interpretations between professionals.
Staff turnover	Loss of continuity, retelling of the story, reduced trust, absence of a recognisable point of contact.
Professional burnout	Reduced availability for listening, colder or more rushed interactions, risk of emotional detachment.
Lack of specialised services	Incomplete support, formal referral without real access, return to risk situations.

Chapter conclusion

Professionals' working conditions are not a secondary topic of the report. They are one of the central conditions of effective protection. Professional training, however important, cannot produce lasting change if professionals work without time, without support, without supervision, without stable teams and without coordination mechanisms.

The data show that the system relies on the competence, experience and dedication of professionals, but this dedication is constantly exposed to erosion. A good system should not function only through individual effort. It should offer predictable conditions, sufficient resources and institutional support for intervention to be coherent, safe and centred on the person affected.

Improving intervention therefore requires two simultaneous directions: the training of professionals and the strengthening of the conditions in which they work. Without the first, the system risks reproducing practices insufficiently sensitive to trauma, risk and stereotypes. Without the second, training remains difficult to apply in practice. The protection of victims requires both dimensions.

6. Trust and the pathway through the system: what good help means

Chapter summary

The accounts of survivors and professionals show that protection is not produced merely through the formal existence of institutions, services or procedures. For the person affected, real access to support is built through encounters: the first call to emergency services, first contact with the police or a social service, the hearing, the visit to medical or forensic services, communication with the lawyer, interaction with the court, the meeting with the psychologist, the social worker, non-governmental organisations or support groups. Each of these moments can build safety and trust or, conversely, can produce discouragement, confusion and re-traumatisation.

Victims' trust in institutions is therefore not a secondary element of intervention, but one of the conditions through which protection becomes possible. A person may have legally recognised rights, formally available services and several institutions involved in the case, but if they do not feel believed, listened to, protected and informed, effective access to support remains fragile.

The research data show that victims' distrust of institutions is a recurring experience in professional practice. This distrust must not be interpreted as lack of cooperation, irrational refusal of help or an individual characteristic of the victim. It must be understood in the context of experiences of violence, control, manipulation, threats, shame, fear, dependency, stigmatisation, prior institutional interactions and, sometimes, institutional responses experienced as insufficient, rushed or invalidating.

From survivors' perspective, good help is not defined merely by the existence of a service. A service may exist and yet be experienced as inaccessible, cold, confusing or re-traumatising. Conversely, an interaction becomes support when the person feels listened to, believed, directed, protected and accompanied. Good help is simultaneously relational and material: it requires attitude, language, empathy and respect, but also concrete measures — protection, information, therapy, legal assistance, shelter, housing, financial support, accompaniment and continuity.

6.1. Victims' distrust of institutions: a recurring experience

The questionnaire shows that professionals frequently encounter situations in which victims do not trust the institutions that should be supporting them. Almost half of respondents declare that they encounter such situations frequently or very frequently, and if the response 'sometimes' is included, the proportion becomes a majority. This finding is important because it shows that distrust is not marginal, but forms part of the current reality of intervention.

Table 12. *Frequency of victims' distrust of institutions, as reported by professionals (in response to the question: How often do you encounter situations in which victims do not trust the institutions that should support them?)*

Response	% of valid N
Never	1.8%
Rarely	13.2%
Sometimes	37.7%
Frequently	33.0%
Very frequently	12.1%

Cannot assess	2.1%

This distrust may have multiple sources. Some relate to the person affected's direct experience: abusive relationships in which they were repeatedly told they would not be believed, fear of the perpetrator, economic dependency, shame, family or community pressure. Other sources relate to prior institutional experiences: complaints that were not acted upon, interactions in which the person felt judged, lack of information about the case, protection measures perceived as insufficient or the need to repeat the story in multiple places.

> *"what would make me feel safe is knowing that I am believed"*

This is a formulation that links trust to safety. For the person affected, being believed is not a symbolic privilege, but a practical condition for continuing the pathway. The relevant question for public policy is therefore not only 'why do victims not trust?', but 'what must institutions do to become trustworthy?' If distrust is treated as the victim's problem, solutions will aim at persuading the person to cooperate. If distrust is treated as an effect of the experience of violence and the relationship with the system, solutions will focus on how institutions receive, listen to, inform, protect and accompany the person affected.

Distrust must therefore be read as the product of a pathway, not as a characteristic of the person affected. A victim may enter the system after years of control, threats, economic dependency, shame and repeated messages that they will not be believed. If the first institutional reaction replicates, even involuntarily, this logic of doubt or blame, the person may interpret the entire intervention as a new exposure. Trust is thus not a premise the victim must bring from outside, but an effect that is produced or lost in contact with institutions.

This shift of perspective has direct consequences for public policy. The question is not only how victims can be persuaded to cooperate, but how institutions can become trustworthy. An institution becomes trustworthy when it explains, protects, listens without judgement, communicates throughout the process and does not leave the person affected to manage the consequences of violence or exploitation alone. In other words, trust is an institutional responsibility, not merely an individual disposition of the victim.

6.2. First contact: the moment when the system can open or close the pathway

First contact with institutions appears in survivors' accounts as a decisive moment. For the person affected, asking for help often means overcoming fear, shame, the perpetrator's pressure, threats, economic or emotional dependency and the fear of not being believed. The first reaction of a professional can thus influence the entire subsequent pathway.

In some accounts, survivors describe first contact as an experience in which they did not feel they were entering a space of protection, but a space in which they had to explain, justify or demonstrate why they had come. A survivor of trafficking recounts that, although she had brought written evidence, messages and call records, she was met with the question:

> *"and all these years you couldn't leave?"*

For the participant, the question was not a simple request for clarification, but an institutional replication of the blaming she had already feared she would encounter: "that's how society is [...] they're going to laugh at you and then this person comes and tells me: well, and couldn't you leave?".

Another participant describes first contact as an experience in which she felt "judged" and "criticised": "what were you doing there?". She explains that the initial conversations made her

lose the desire to continue: "they left me without the desire to want to continue talking, to say anything about it". This does not mean that professionals should not ask questions. Intervention requires the clarification of facts, risk assessment and case documentation. The problem is how questions are asked and when they arise. In first contact, the person affected needs, above all, to feel they are safe, that their experience is taken seriously and that they are not being judged.

There are also positive accounts, which show that the difference lies not only in the institution but also in the person encountered. A survivor describes first interaction with police officers as "OK":

> *"they spoke very nicely [...] they helped me, they supported me, they asked if I wanted anything, if I needed anything"*

These examples show that first contact must be treated as a specific professional competence, not as a simple administrative receipt of a complaint. It combines crisis communication, non-judgmental listening, safety assessment, information about next steps and the capacity to work with fragmented accounts, silences, shame or reluctance to self-identify as a victim.

Box 5. Minimum standard for first contact with a victim/survivor

First contact with a person affected by gender-based violence or human trafficking must be treated as a critical moment of intervention. Appropriate first contact should include: a safe and private space; a calm, respectful and non-judgmental tone; validation of the fact that the person has sought help; clear, relevant questions formulated without inducing guilt; listening without pressure for a perfect account; verification of immediate safety; explanation of next steps; respect for autonomy and informed consent; avoidance of unnecessary repetition of the account; rapid referral to specialised support; specific attention in trafficking cases, where the person may not self-identify as a victim; and the principle of the 'open door', so that the person can return for support without shame or reproach.

The box synthesises principles of victim-centred, trauma-sensitive and safety-oriented intervention.

6.3. Being believed and verification without invalidation

One of the strongest themes in survivors' accounts is the need to be believed. Being believed does not mean that institutions should forgo verifying facts or documenting the case. It means that the starting point of the interaction should not be suspicion, irony, blame or the idea that the person must prove they deserve protection. For survivors, credibility is conveyed through details:

- the professional's gaze,
- the tone of voice,
- the way in which questions are formulated,
- whether they are interrupted or allowed to tell their story,
- whether certain questions are explained as necessary, and
- whether they feel treated as a person at risk or as a suspect.

A survivor says that, at the beginning of her pathway, she would have needed only:

> *"to be believed and for people to believe what is happening to you"*

For her, being believed could have changed her entire journey: things "would have started to go much better". Instead, disbelief and blaming produce shame and reinforce exactly the messages internalised during the abuse: "to make you feel guilty, to make you feel ashamed, because those are things that are fed to you day by day".

Invalidation can also be conveyed non-verbally. A survivor describes feeling treated as "that easy woman [...] who wants to harm a man", an attitude that, she says, "could be read on their faces".

For another participant, it was not the words that hurt her most, but the looks: "just the look [...] left a lot to be desired", and the encounter made her feel "very bad, very low" even before she had a chance to tell her story.

The questionnaire shows, at the same time, the existence of an area of professional tension. The majority of respondents support the prioritisation of protection when information is incomplete or contradictory, but a significant proportion of respondents agree with items that introduce doubt about the seriousness, intent or credibility of the report.

Table 13. *Indicators of protection prioritisation and information verification*

Indicator	% agreement / total agreement
Prioritisation of protection when information is incomplete or contradictory	72.7%
Reports may be viewed with suspicion in separation/custody contexts	42.8%
The seriousness of the violence or abuse reported is sometimes perceived as exaggerated	34.7%
Some cases are treated with distrust even when the person is seeking protection	26.5%

We do not believe these data should be transformed into a general indicator of professionals' distrust of victims. Intervention often takes place in ambiguous contexts, with incomplete information, fragmented accounts, family pressures or children involved.

Professionals have an obligation to assess situations, document facts and protect all persons at risk. The problem is not verification as such, but how it is conducted.

An institutional formulation centred on protection might start from the idea: 'We are listening to you, we are taking seriously what you are telling us and we will clarify together the information needed to protect/support you.' This position allows simultaneously for initial credibility and responsible documentation. It avoids both procedural naivety and suspicion that can re-traumatise.

Table 14. *Potentially guilt-inducing questions and possible rephrasings*

Question that may induce guilt	Possible reformulation
"Why didn't you leave sooner?"	"What has prevented you until now from leaving or seeking help?"
"Did you provoke him in any way?"	"What happened before the episode of violence? What makes you feel in danger now?"
"Why did you go back to him?"	"What made you return and what support would you need to be safe?"
"Why didn't you tell the truth from the start?"	"It's fine if some details emerge gradually. You can take your time to clarify what happened."
"Are you sure it's not just a family conflict?"	"I want to understand whether there is fear, control, threats or risks for you or for the children."
"Why didn't you ask for help before now?"	"Many people seek help only when they feel they can take this step. What made you seek help now?"

6.4. Immediate protection: when safety must be felt, not merely recorded

For the person affected, asking for help does not automatically produce safety. Some survivors describe situations in which, after contact with institutions, they continued to feel exposed: the perpetrator was still nearby, they did not know what measures would be taken, they received no clear information or were told to be careful and call again if a problem arose. One participant recounts that, after presenting evidence and threatening messages, she was told to "block and not respond anymore", but then:

> *"from that moment I knew absolutely nothing. Nobody informed me of anything"*

The same participant describes insecurity in concrete terms: "I don't know where he is right now", "nobody can make me feel safe". In such a situation, protection becomes permanent self-vigilance: the person must keep her phone close, be alert on the street, enter a shop if something seems strange and call the police again.

This situation can produce the feeling that responsibility for safety is transferred back onto the victim. The institution acknowledges the problem, but the person affected remains the one who must be vigilant, avoid the perpetrator, organise their own protection and manage daily fear.

In cases of domestic violence and post-separation violence, the risk does not disappear once the relationship is left or a complaint is filed. Harassment, stalking, threats, control through children, digital intimidation and economic pressure can continue. In one account, after a survivor requested a protection order following an attempt by the perpetrator to forcibly take the child — a child left "shocked, terrorised" — the order was refused, and she ended up going out into the street "with pepper spray in her pocket".

In trafficking cases, immediate safety may also require protection from the exploiter or network, stabilisation of housing, access to documents, psychological support, legal support and sometimes protection of family members. A person who has no place to live, no material resources or who fears for their loved ones will not be able to cooperate procedurally at the pace expected by institutions. Protection must begin with these basic conditions.

6.5. Hearings and retelling the story: when procedure can become re-traumatising

The hearing is one of the most sensitive stages of the pathway through the system. For institutions, it is necessary for documenting the case. For the person affected, it may mean a return to traumatic experiences and the disclosure of intimate, painful or shameful details in front of strangers.

Survivors' accounts show that repeating the story can be profoundly exhausting. A survivor of trafficking explains:

> *"I don't want to hear all of it from the beginning again, to recount [...] the same story again"*

She anticipates that she might be required to repeat the account "not once, but several times" and adds: "I cannot go through this thing so many times". The person may be required to recount the same things before multiple institutions or professionals, sometimes in conditions perceived as unsafe or lacking in privacy. This repetition is not merely an administrative inconvenience: it can reactivate trauma and can produce profound destabilisation — after hearings, the same participant says she was "disfigured for a month" and "I no longer want to explain myself".

The risk of re-traumatisation increases when the hearing takes place in an inappropriate space, when too many people are present, when questions come rapidly, when their purpose is not explained or when the person feels they are being extracted as a source of data for the file rather than listened to as a person at risk. A survivor describes how, in an inappropriate space, "a great

many commissioners gathered" who rapidly demanded "where, when, the address, how many apartments". For a person in trauma, such an accumulation of questions can produce blockage, shame and the feeling of not being listened to.

Re-traumatisation is not produced only by the individual attitude of a professional. It can also be produced by the fragmented organisation of the system. A participant sent from the police to the Institute of Forensic Medicine and back recounts being told she was "crazy, stupid, what are you doing here", because the institution had not received the necessary document. In this case, lack of coordination produces not only delay but also humiliation.

A trauma-sensitive hearing must pursue two simultaneous objectives: documenting the case and protecting the person. This requires reducing unnecessary repetition, an adequate space, an adapted pace, relevant questions formulated without inducing guilt, the possibility of breaks, explanation of the procedure and, where possible, the presence of a support person.

6.6. Fragmentation of the pathway and the burden of coordination

Survivors' accounts show that the pathway through the system can become confusing and exhausting when institutions do not communicate sufficiently with one another. The person affected may be sent from one institution to another, may receive incomplete or contradictory information and may end up not knowing who has responsibility for the next step.

For an institution, referral to another service may seem like a normal stage of the procedure. For the person affected, it may mean a new journey, a new explanation, a new exposure and a new possibility of being rejected or misunderstood. At a moment of vulnerability, managing this complexity becomes difficult.

Fragmentation is also experienced by professionals. A professional at a shelter wonders why she must depend on separate protocols with each institution — the police, the school, the hospital — when the law already provides that victims must receive support. This account shows that the burden of coordination weighs equally on the person affected and on those trying to support them.

The person affected should therefore not have to become their own case manager. A victim-centred system must reduce the burden of coordination. This requires a recognisable single point of contact, clear information about next steps, communication between institutions and referral pathways that are not limited to telling the person where to go next.

Fragmentation also affects trust. If the person receives different information from different institutions, if they do not know who is handling the case or if they are sent back for missing documents, they may feel the system is not prepared to support them. Inter-institutional collaboration does not reduce to a problem of administrative efficiency — it is a condition of trust and protection.

From survivors' perspective, fragmentation is not seen as institutional architecture, but as a succession of journeys, questions and returns. A person may end up explaining the same situation to the police, forensic medicine, specialised social services, their lawyer, the prosecutor or in court, without always understanding how these stages connect. If each institution fulfils its role strictly but there is no recognisable coordination for the person affected, the intervention may remain formally correct and yet very difficult to navigate.

This is a burden that also has an emotional dimension. Each new account means a new exposure; each missing document may be experienced as a rejection; and each unclear response may produce the impression that the system does not know or cannot protect. Integration of intervention must therefore be assessed not only through the existence of referrals between institutions, but through their effect on the person affected: does the pathway reduce the

burden, clarify responsibilities, decrease the number of retellings and create a sense of continuity?

6.7. Concrete support: more than listening

The accounts of survivors and professionals show that useful support is rarely a single service. Good help most frequently appears as a combination of elements: psychological counselling, legal support, legal representation, shelter, housing, food, protection, financial support, information about the case, accompaniment, a support group, access to employment, support for children and the possibility of returning to someone when the situation changes.

> *"we offer them shelter, we offer all the conditions, we offer accommodation, we offer food, we address health and education problems as well"*

This combination is important because violence and trafficking affect simultaneously multiple dimensions of life. A person may need immediate safety, but also housing. They may need therapy, but also a lawyer. They may need to be listened to, but also to know how to support their children. They may need protection from the perpetrator, but also an income that allows them not to return to the abusive relationship or exploitative context.

Support also has a relational function. When the person receives effective help, trust in the system can grow. If, conversely, they are listened to but cannot be offered real alternatives, the relationship with institutions becomes fragile. A person who has nowhere to go, has no resources and receives no material support may feel that help remains at the level of discussion.

This is an important dimension for understanding why support cannot be reduced to empathetic listening. Empathy is necessary, but remains insufficient if the person has no place to live, has no money, has no access to a lawyer, does not know what is happening with the case or cannot receive psychological support. For a person at risk, protection becomes credible when it is backed by resources and an intelligible pathway. Otherwise, contact with the system may produce the impression that suffering has been acknowledged, but not changed.

In trafficking cases, this link between support and protection is even more evident. Psycho-social stabilisation — documents, shelter, food, access to medical services, legal and psychological support — may be a prerequisite for any subsequent cooperation. A person who has no identity documents, housing or resources cannot be treated as though they can participate linearly in procedures. In these situations, autonomy does not reduce to an inner decision: it becomes possible only if minimum material conditions exist.

Specialised non-governmental organisations appear frequently in survivors' accounts as spaces of effective support, continuity and reconstruction. For some participants, the specialised NGO was the place where they felt for the first time that they were listened to, believed and accompanied.

> *"The NGO [...] was my pillar [...] it supported me and offered me services, counselling, then medical, everything I needed [...] to integrate into society"*

Another participant describes the effect of the support received in terms of identity: "from there I regained my identity" and "from there I began to have trust". These accounts do not mean that specialised NGOs should replace public institutions. They mean that NGOs must be recognised as an indispensable part of the protection ecosystem and stably integrated into referral, training and support pathways.

The role of specialised NGOs thus appears in two registers. On the one hand, they provide services that may be absent or difficult to access in public institutions: accompaniment, therapy, legal counselling, support groups, material support or guidance between institutions. On the other hand, they can function as relational spaces in which the person feels listened to without being

immediately placed under doubt. For some survivors, this difference is decisive: before institutions become accessible, there is a need for a space in which the experience can be spoken without fear.

This finding is important for a public policy report, because it shows that NGOs cannot be treated merely as occasional complementary resources. They are often continuity actors in a fragmented system. This is precisely why the state–NGO partnership must be stable, predictably funded and integrated into referral pathways, not dependent on temporary projects or informal relationships between professionals.

Psychological support also appears as a central element of recovery. One participant speaks of "very intensive therapy" and states that, without that support, "I would no longer be who I am today"; another describes the therapeutic moment in which, "at the end of the sessions, I felt something breaking" — a sign of the gradual release of accumulated emotions. Psychological support is not, in these cases, an additional service, but a condition of reconstruction.

Psychological support must be read as part of protection, not as a secondary intervention available only after other procedures have been exhausted. Violence and exploitation affect trust, memory, decision-making capacity, the relationship with one's own body, the sense of safety and the possibility of entering into relationships again. Psychotherapy or counselling therefore does not only mean managing emotions, but can support the person's very capacity to continue legal proceedings, to care for children, to remain outside the abusive relationship or to reconstruct autonomy.

In survivors' accounts, psychological support sometimes appears as the place where the experience becomes intelligible and bearable. Formulations such as "I would no longer be who I am today" or "I regained my identity" show that recovery cannot be measured only by leaving the situation of exploitation, the shared home, filing a complaint or completing a hearing. Recovery also means the reconstruction of the sense of self, the capacity to trust and the possibility of imagining a life beyond violence.

6.8. Legal support, communication and effective access to rights

Legal support is a central component of the pathway through the system. The protection order, criminal proceedings, the criminal complaint, the hearing, the case file, the court, custody, rights over the home, compensation, moral damages, protection measures, or access to a lawyer and/or bailiff can be difficult to understand and manage without specialised help. Without legal support, there is a risk that rights remain formal: a person may have the right to protection but not know how to request it; may need a lawyer but not be able to afford one; may receive information but not be able to translate it alone into concrete steps.

Without legal translation and accompaniment, rights may remain formal. A person may have the right to protection but not know how to request a protection order, what evidence is required, what a complaint entails, what follows after the hearing or how to defend themselves in proceedings related to custody or housing. In such situations, access to rights depends on the capacity of institutions and specialised services to translate procedural language into steps understood by the person affected.

Legal support is also important because it reduces the feeling of facing the system alone. For survivors, the court, the prosecutor's office, the police or forensic medicine may be intimidating spaces. Having a lawyer, a legal counsellor or a professional who explains the procedure can change the power relationship between the person and the system. This is not merely about legal representation, but about the possibility of understanding what is happening and making informed decisions.

Communication throughout the case is equally important. Trust is not built only at first contact but must be maintained. Survivors' accounts show that lack of information about the case file, about next steps or about the responsibilities of institutions can sustain fear and confusion. One participant recounts that, attempting to find out what was happening with the case, "they never answer the phone", being forced to go in person to the station to find out whether a case file existed.

From the perspective of the person affected, lack of communication is not an administrative detail. Silence may be experienced as abandonment, particularly when the risk continues. If the person has given a statement, presented evidence or requested protection but subsequently receives no information, they may come to believe that no one is handling the case or that their situation is not being taken seriously. Distrust may thus be produced not only by an explicitly negative interaction, but also by the absence of a recognisable response.

Communication does not entail unrealistic promises or the disclosure of information that cannot be shared. It does, however, require clarity: what can be done, what cannot be done, who is responsible for the next step, how long it might take, and what the person should do if the perpetrator returns or new threats arise. Even when solutions are limited, clarity can reduce anxiety and maintain the link between the victim and the institution.

For institutions, a lack of communication may sometimes seem a secondary issue: the case is in progress, procedures take time, information cannot be fully disclosed or professionals are overloaded. For the person affected, institutional silence may be experienced as abandonment. A victim who does not know what is happening may interpret the lack of communication as indifference, distrust or a lack of protection.

A mechanism for communication throughout the case could include: a contact person, periodic updates, accessible materials on rights and procedures, confirmation of the steps taken, explanations of delays and information about available services. Clarity is preferable to uncertainty: even when solutions are limited, a person who is informed may feel more in control than a person left without explanations.

6.9. Continuity and the possibility of returning

One of the most important conclusions of this chapter is that good help requires continuity. For many survivors, one-off support is not sufficient. A statement, a hearing, a referral or an emergency intervention may be necessary, but they do not cover the entire process of leaving violence or exploitation.

Continuity means that the person knows to whom they can return. It means receiving information about the status of the case. It means not being abandoned after the first complaint. Several survivors express this need explicitly: they would find it useful to have 'monitoring', 'a dedicated person who contacts you periodically to ask: how are you doing?', someone who, after first contact, can ask 'what is happening in your life'.

Leaving an abusive relationship or situation of exploitation is rarely linear. The person may leave and return, may file a complaint and then hesitate, may seek help and then withdraw. These movements should not be interpreted simplistically as lack of will. They may reflect fear, economic dependency, traumatic attachment, family pressure, lack of housing, concern for children or threats from the perpetrator/trafficker. The principle of the 'open door' is decisive here. If a person initially refuses support, returns to the abusive relationship or situation of exploitation, withdraws their complaint or interrupts proceedings, the institutional response should not be reproach. Leaving violence or exploitation is often a process with pauses, returns and successive attempts. An institution that receives the person with shame or judgement after a return may close precisely the possibility of that person seeking help again.

Keeping the door open does not mean minimising the risk or abandoning professional assessment. It means communicating clearly that support remains available, that the person does not have to demonstrate moral perfection in order to deserve protection, and that their decisions must be understood in the context of trauma, fear, economic dependency, control, children, family pressure or lack of alternatives. This approach protects the relationship with the system, not only the person at the moment of crisis.

In the case of human trafficking, continuity is equally important. Psycho-social stabilisation, psychological recovery, access to documents, legal support and socio-professional integration require time. A brief intervention may be insufficient if the person does not have the material and relational conditions to remain outside exploitation.

Continuity is also relevant for the prevention of re-victimisation. If support stops immediately after leaving exploitation or after a procedural stage, the person may remain in the same conditions of vulnerability that made exploitation possible: lack of income, lack of housing, lack of documents, isolation, shame or fear. In these situations, a return to risk contexts must not be interpreted as an irrational choice, but as the effect of the absence of sufficiently stable alternatives.

Continuity also has effects on professionals. For them, signs that a person has stabilised their life are a source of meaning: 'the greatest satisfaction is when you receive their feedback', says a psychologist from social assistance, and a specialist from child protection describes the satisfaction of receiving 'a message saying they are well and that things are somehow working'.

6.10. What good help means and what a trustworthy institution looks like

From the meeting of survivors' accounts with the perspective of professionals, a practical definition of good help can be outlined. Good help is that which transforms contact with the system into an experience of protection, not into a new struggle for credibility.

Good help means that the person is received without judgement, is believed without institutions abandoning responsible verification, is questioned in a way that clarifies without inducing guilt, is concretely protected, receives explanations about next steps, is not needlessly obliged to repeat their story, has access to psychological, legal, social and material support, and there is someone who can follow the pathway and to whom they can return.

This definition of good help is useful because it unites dimensions that often appear separately in the system: the relationship with the professional, protection measures, legal support, social services, therapy, communication and continuity. From the perspective of the person affected, these are not separate services, but parts of the same experience of safety or insecurity. If one dimension is missing, the entire pathway may become fragile.

A trustworthy institution is therefore not simply an institution that applies procedure. It is an institution that reduces the burden on the person affected: does not oblige them to repeat things needlessly, does not leave them to seek information alone, does not transfer to them the responsibility for protection and does not treat a return as moral failure. In a victim-centred system, procedure must become support for protection, not an obstacle or a source of additional exposure.

Box 6. Critical moments of the pathway through the system

First contact — Risk: the person feels judged, rushed or not believed. What helps: private space, calm tone, listening, clear explanations, safety assessment.

Hearing — Risk: repetition of the story, guilt-inducing questions, unsafe space, re-traumatisation. What helps: trauma-sensitive hearing, reduction of repetitions, accompanying person, adapted pace.

Immediate protection — Risk: the person remains exposed after the complaint and feels they must manage their own safety alone. What helps: clear measures, information about what happens if the perpetrator returns, available institutional contact.

Pathway between institutions — Risk: repeated journeys, contradictory information, absence of a point of contact. What helps: inter-institutional case management, communication between institutions, assisted referral, use of information already collected.

Long-term support — Risk: help stops after the crisis, and the person has no resources for autonomy. What helps: psychotherapy, legal support, shelter, housing, socio-professional integration, support groups.

Box 7. Principles for a trustworthy institution

A trustworthy institution receives the person without judgement; takes the account and the risk seriously; explains next steps and rights; verifies information without inducing guilt; protects confidentiality; reduces unnecessary repetition of the story; communicates throughout the case; collaborates with other institutions without transferring the burden of coordination onto the victim; offers or facilitates access to support; and allows the person to return for help without shame or reproach.

Trust is not produced through institutional declarations, but through repeated practices. An institution becomes trustworthy when the person affected feels they are not being judged, that the risk is taken seriously, that they receive clear information, that they are not left alone and that the promised support can be accessed.

Chapter conclusion

Trust and the pathway through the system are two dimensions of the same problem. Without trust, the person affected may hesitate to seek help, may provide incomplete information, may avoid institutions, may abandon proceedings or may return to risk situations without seeking support again. Without a coherent pathway, trust is lost: the person must repeat the story, seek information alone, coordinate institutions, manage fear and bear the emotional costs of fragmentation.

The data show that trust is not built abstractly, but through institutional interactions: first contact, the hearing, communication, protection, continuity and collaboration between institutions. The training of professionals must therefore include non-re-victimising communication, trauma, verification without invalidation, risk assessment and working with ambivalence. But training is not sufficient if institutions do not provide time, adequate spaces, coordination mechanisms and real services to which the person affected can be directed.

A victim-centred intervention is not limited to the correct application of procedure. It is an intervention that means the person is no longer alone in the face of violence, fear and the system. Good help is institutional response, a relationship of trust, protection, continuity and concrete access to resources.

This conclusion is also important for training. Professionals do not only need to know the law or the sequence of administrative steps. They need to understand how the system is experienced by the person going through it: what it means to speak while afraid, to be questioned while feeling guilty, to repeat a traumatic account, not to receive information or not to know whether the perpetrator is still nearby. Only in this way can training become truly victim-centred.

Responsibility cannot be placed solely on the shoulders of the individual professional. For first contact to be adequate, the hearing to be trauma-sensitive, communication to be constant and support to be integrated, institutions must provide time, spaces, clear procedures, points of contact, partnerships with NGOs and real services to which the person can be directed. Trust is relational, but is produced institutionally.

7. Inter-institutional collaboration: between network, fragmentation and integrated intervention

Chapter summary

Intervention in cases of gender-based violence and human trafficking is, by its nature, multidisciplinary. No single institution can cover alone the legal, social, psychological, medical, economic and protection dimensions of a case. The person affected may need, simultaneously, immediate protection, a protection order, risk assessment, psychological counselling, legal support, shelter, medical services, documents, support for children, access to income, accompaniment and clear information about the progress of the case file.

The quantitative data show that professionals recognise the importance of collaboration, but assess it unevenly. Approximately 43% of respondents describe inter-institutional collaboration as good or very good, 35% as moderate, and 23% as poor or very poor. The most frequently mentioned obstacles are lack of resources, insufficient communication, lack of joint training, unclear procedures and staff turnover. These data do not indicate the total absence of collaboration, but a partially functional, fragile and context-dependent collaboration.

The interviews add an important dimension to this picture. They show that fragmentation does not necessarily mean the absence of any collaboration. On the contrary, there are complaints, referrals, telephone contacts, information exchanges and functional professional relationships. The problem is that these forms of collaboration often remain one-off, dependent on individuals, on the local history of institutional relationships and on available resources. Institutions may each act within the limits of their own mandate, without this succession of interventions automatically producing a coherent pathway for the person affected.

For professionals, fragmentation translates into additional coordination effort. For survivors, it translates into repeated journeys, lack of information, retelling the story, confusion about responsibilities and the feeling of having to manage the relationship with the system alone. Inter-institutional collaboration should therefore be assessed not only by the existence of contacts between institutions, but by the extent to which it reduces the burden on the person affected and makes protection more accessible, coherent and safe.

7.1. Collaboration is necessary, but assessed unevenly

At the questionnaire level, fewer than half of respondents assess inter-institutional collaboration as good or very good. This distribution shows that collaboration exists, but is not perceived as clearly functional by the majority of respondents. A significant proportion of responses fall in the moderate range, suggesting collaboration that is present but unstable: sufficient for certain situations, insufficient for complex, urgent cases or cases requiring multiple types of support.

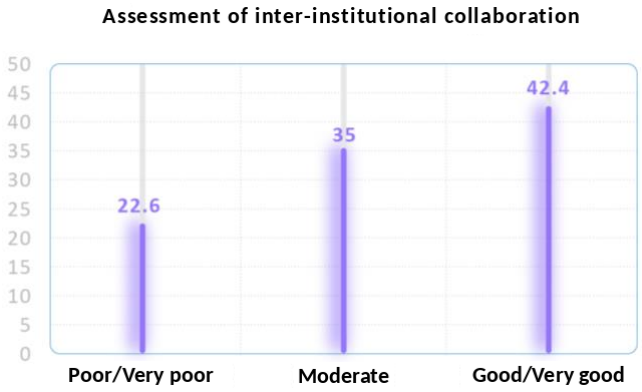
This finding is important for a public report because it avoids a simplistic picture in which institutions would not collaborate at all. The data indicate rather unequal collaboration. In some contexts, professionals have good relationships with other institutions, know whom to contact and manage to mobilise support rapidly. In other contexts, collaboration may be slowed by staff shortages, lack of updated information, unclear procedures, differences in the interpretation of roles or insufficient communication.

Perceptions of collaboration also differ by institutional position. Respondents from social assistance assess it more favourably: approximately 58% consider it good or very good. In the Police, approximately 40% of respondents assess it as good or very good. NGOs assess it more critically: approximately 24% consider it good or very good, and approximately 43% poor or very poor. These differences must be read with caution, particularly in the case of NGOs where the

sub-sample is small. However, they indicate a possible difference of perspective between actors in different positions within the system.

The more critical assessment from NGOs may reflect contact with situations in which the institutional pathway has been fragmented, delayed or insufficient. Specialised organisations often end up providing support in situations where the person affected has already passed through public institutions, encountered difficulties or needs accompaniment to continue proceedings. Even if the data do not allow firm generalisations across the entire NGO sector, they signal an important tension: actors who are closer to the pathway experienced by victims may see more acutely the limits of collaboration.

Figure 14. *Assessment of inter-institutional collaboration*



7.2. The network of actors: necessary complementarity, but not automatically integrated

The interviews describe inter-institutional collaboration as a broad network of actors with different responsibilities: the police, child protection services, public social assistance services, local authorities, specialised NGOs, medical units, forensic medicine, courts, the prosecutor's office, schools, churches and institutions responsible for employment. This network is necessary precisely because the situations encountered in practice are complex and combine needs that cannot be separated in the life of the person affected: safety, housing, health, legal documentation, protection of children, psychological recovery, income and socio-professional reintegration.

The police appear in interviews as a central actor of intervention, particularly in cases of domestic violence. Their role is associated with emergency intervention, notification and documentation of facts, risk assessment and the issuance of provisional protection orders. An officer observes that legislative changes and increased visibility of the phenomenon have meant that 'victims of domestic violence are reporting or opening up much more, more easily, which is why we are noting these forms of violence much more, much faster'. This quotation indicates an important change: domestic violence is becoming more institutionally visible, and first contact with the police can activate an intervention pathway more rapidly.

At the same time, interviews show that the police response is not perceived as uniform. Other participants signal difficulties related to staff shortages, particularly in rural areas, professional workloads or differences in the application of procedures. Some accounts describe situations in which intervention is perceived as delayed or insufficient: one participant describes a case in which 'the police officer did nothing, did not send a team, did not record anything'. This excerpt should not be read as a general characterisation of the institution, but as an indication that the existence of procedures does not automatically guarantee their consistent application in all communities.

Protection and specialised social assistance services are described as vital actors particularly when children are involved, persons at major risk or situations requiring social, psychological and residential support. In trafficking cases, these services appear as institutions that monitor and support the person across multiple stages of intervention. A specialist explains: 'cases are re-referred to us directly by a colleague who accompanies the child in the hearing process'. Accompaniment at the hearing is not a simple procedural detail; it can reduce the isolation of the person, facilitate communication with institutions and limit the risk of re-traumatisation.

Several participants emphasised the material dimension of the support offered by specialised services: 'we provide social services [...] we offer accommodation, meals, food, everything is free for victims'. This type of support is essential because leaving violence or exploitation is not possible merely through the recording of a complaint. For many affected persons, access to accommodation, food and immediate protection is a basic condition for any other steps.

The relational dimension is also central. One participant stresses that 'very often listening seems to me [...] to somehow have an impact on them', and that effective support must be 'non-judgemental, without labelling, without [...] looking for someone to blame'. These quotations show that specialised services do not provide only material or administrative interventions. They can build a space in which the person affected feels welcomed, listened to and treated without blame. However, this relational capacity is affected by high caseloads, staff shortages and bureaucracy.

Local actors — public social assistance services, local councils, schools or other community structures — play an important role in early detection. In small communities, cases may be signalled by neighbours, the school, family or persons who witness episodes of violence. One participant describes situations in which people in the community ask: 'I have a neighbour I can hear [...] what can I do?'. Another participant explains that 'at the level of local councils there are social workers or persons with social assistance duties who, when they come across situations of violence, report them to us as well'. These excerpts show that access to support often begins at the local level, not directly through a specialised service.

Community proximity is, however, ambivalent. On the one hand, the fact that people know each other can facilitate the identification of risks. On the other, it can reduce the confidentiality and authority of the intervention. One participant observes that in small communities 'everyone in the community knows each other', and that local staff 'have no authority' precisely because they belong to the same social network. In such contexts, the person affected may fear exposure, stigmatisation or community pressure. Local collaboration must therefore include not only reporting cases, but also protecting confidentiality and ensuring rapid access to specialised services.

Specialised non-governmental organisations are described as important actors in the support network, through complementary services, expertise and flexibility. They can provide prevention, information, counselling, shelter, direct support, accompaniment and training for professionals. In some contexts, specialised NGOs cover needs that public institutions cannot fully cover, either due to staff limitations or administrative constraints. At the same time, collaboration with specialised NGOs is not uniform: sometimes public institutions know and mobilise the available services; at other times, they are not sufficiently familiar with active organisations or the types of support they can offer.

The medical system and forensic medicine appear as important parts of the protection and documentation pathway. They contribute to the assessment of the physical consequences of violence, provision of medical care and provision of evidence needed in the legal process. However, access to medical services can be affected by lack of health insurance or dependence on local protocols. One participant describes difficulties encountered 'at the hospital', where 'many have no health insurance', and asks: 'Why do we have to depend on protocols, we as a centre, as a shelter [...] to make a protocol with the police, then with the school, then with the

hospital? When we have a law [...] that tells us that victims of violence must, first of all, benefit...' This quotation expresses very well the distance between legal right and fluid access to services.

The justice system — the prosecutor's office and the courts — is associated with the criminal dimension, sanctioning and legal protection. A participant formulates the distribution of roles through the opposition between 'the police, the prosecutor's office' which focus on 'the criminal aspect, on sanctioning' and the other institutions which contribute through social services, medical assessments, counselling or socio-professional reintegration. This separation of roles is necessary, but for the person affected the legal pathway can be long, difficult to understand and emotionally demanding. The protection order, the criminal complaint or the case file do not automatically resolve issues related to housing, income, children, mental health, emotional dependency or long-term safety.

7.3. Obstacles to collaboration: resources, communication, joint training, procedures and personnel

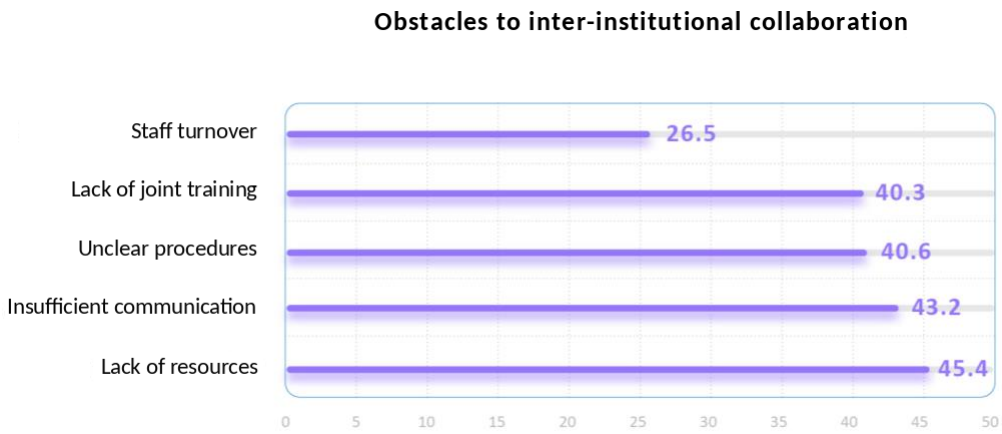
Respondents indicate several recurring obstacles in inter-institutional collaboration. The most frequent are lack of resources, insufficient communication, lack of joint training, unclear procedures and staff turnover. These obstacles do not function separately, but amplify one another.

Lack of resources limits institutions' capacity to respond rapidly and fully. Insufficient communication produces delays, misunderstandings and incomplete transfers of information. Lack of joint training means that professionals from different institutions do not always share the same language, reference points or understanding of risk. Unclear procedures may leave professionals to decide ad hoc what must be done, particularly in complex situations. Staff turnover weakens the relationships built between institutions and produces loss of professional memory.

The fact that lack of joint training is mentioned by approximately four in ten respondents is particularly important. Joint training is not reducible to an individual professional development need. It can function as a coordination mechanism. When professionals from the police, social services, child protection, health, justice and NGOs work together on cases, clarify their roles and understand the limits of other actors, collaboration becomes less dependent on improvisation. This finding directly links the chapter on collaboration to the chapter on training.

This finding directly links the chapter on collaboration with the chapter on training. In a field where intervention involves multiple pathways, joint training can become one of the most important forms of institutional infrastructure. It can create a common language, professional trust between institutions and the capacity to anticipate the points at which the pathway of the person affected may become blocked.

Figure 15. *Obstacles to inter-institutional collaboration*



7.4. From formal collaboration to integrated intervention

One of the most important ideas of the chapter is the difference between formal collaboration and integrated intervention. Institutions may collaborate formally: they send letters, make notifications, transmit information, direct the case further. However, these actions do not automatically produce a coherent pathway for the person affected.

A legal counsellor formulates this tension very directly: 'we have laws in this country, but they function in a fragmented way'. In her explanation, the police, the prosecutor's office, the courts, social services, the medical system and the school each intervene in their own area of competence, without this succession always producing a shared pathway.

Fragmentation does not mean the absence of collaboration. On the contrary, many accounts show that information exchanges, notifications, referrals, telephone contacts and functional professional relationships exist. The problem is that these forms of collaboration often remain one-off and dependent on individuals. A participant describes work on trafficking cases as requiring collaboration with 'many structures and many institutions', but adds that it is 'fantastic work'. The formulation shows the additional effort professionals must make to connect needs that are inseparable in the life of the person affected but institutionally distributed among different actors.

In other situations, fragmentation appears as the difference between the formal framework and effective practice. One participant observes that the mobile team exists 'to some extent', but 'in practice does not function as written in the methodology'. In these cases, collaboration is achieved through field adjustments: someone calls, someone intervenes, someone else tries to take over part of the responsibility, and the case is resolved 'somehow'. This 'somehow' is analytically relevant: it shows that intervention frequently depends on responsible improvisation and the availability of certain individuals, and far less on stable institutional mechanisms.

Dependence on informal networks also appears in the way some professionals describe the support provided to victims. In the absence of sufficient local services, one participant says they prefer to use their personal 'networks', including lawyers, community members or other contacts who can respond more rapidly than formal procedures. These networks can be valuable in urgent situations, but also show a vulnerability of the system: access to support may depend on who knows whom, on a professional's capacity to mobilise informal resources and on the availability of external actors to help.

7.5. Fragmentation as a problem of real access to protection

Fragmentation is not reducible to an administrative problem. It can become a problem of real access to protection. In cases of gender-based violence and human trafficking, the needs of the person affected are often simultaneous: safety, housing, documents, income, health, psychological support, legal support, protection of children and criminal or civil proceedings. Institutionally, these needs are divided among different actors.

This separation is particularly visible in cases where social needs block access to other forms of support. One participant shows that, in many trafficking cases, 'the social part' must be stabilised before intervention can continue on the psychological, legal or criminal dimension: 'we need to work on the traumas she came from trafficking with [...]. But the social part is a priority, because I automatically cannot do anything in trafficking cases until the social part is in order'. This quotation shows that psychological, legal or procedural support often depends on preliminary material conditions: documents, housing, food, safety, income, access to services.

This finding is important because it shifts the discussion about collaboration from communication between institutions towards the effective conditions of protection. A person who has nowhere to live, has no money, has no identity documents, does not feel safe or depends on the perpetrator or exploiter cannot be treated as though they have full freedom to cooperate procedurally. Cooperation with institutions depends on the stabilisation of living conditions.

In this sense, inter-institutional collaboration must include the coordination of material and psycho-social support, not only the referral of the case to the police, the prosecutor's office, the court or a specialised social service. Legal, psychological and criminal justice services are necessary, but cannot function effectively if basic social needs remain unresolved. For the persons affected, access to protection means more than access to institutions — it means access to the conditions that make it possible to leave violence or exploitation.

Fragmentation also manifests through differences in capacity between the local level and the county or specialised level. Local public services are the closest to the community and can rapidly identify risk situations, but do not always have specialised services, emergency housing, sufficient staff or material resources. One participant states that at the local level 'we don't have this specialised services part'. This quotation shows the limit of proximity: the fact that a service is close to the community does not mean that it also has the capacity to remove the person from the violent environment/situation of exploitation or to sustain intervention over the long term.

For professionals, this fragmentation translates into coordination effort, bureaucracy and the feeling that procedures exist but do not always produce change. One participant sums up this tension in a powerful formulation: 'everyone intervenes by the book', but 'theory is just theory' and, in practice, 'nothing happens'. This formulation should not be read as a denial of institutional work, but as an expression of the frustration produced by the gap between procedural intervention and effective support.

7.6. The pathway through the system: how fragmentation is experienced by survivors

From the perspective of institutions, collaboration may be described through protocols, referrals, letters, notifications or responsibilities. From the perspective of survivors, it is experienced as a pathway through the system: a call to emergency services, a discussion with the police, a trip to the Institute of Forensic Medicine, medical services, a lawyer, a hearing before the prosecutor, the court, the tribunal, psychological support, an NGO, a support group, returns to institutions and waiting for responses.

One survivor describes a journey through multiple institutions and services — police, forensic medicine, medical care, psychological and psychiatric support, a lawyer and the court. At the same time, the pathway becomes confusing and exhausting when institutions do not communicate sufficiently with one another: she is sent from the police to forensic medicine, but at forensic medicine is told that an official document would have been necessary; then she returns to the police for clarification, without receiving a response that offers her safety or continuity. This example shows how a problem of inter-institutional coordination becomes a personal experience of insecurity.

Another important aspect is the repetition of the story. When institutions do not communicate sufficiently or when each actor starts the discussion from the beginning, the survivor is obliged to retell painful experiences. One participant says she no longer wants to restart 'the same story again'. The quotation is short but very powerful: it shows that institutional fragmentation does not only produce administrative delays, but also emotional costs.

At the same time, survivors' accounts show that the pathway can become bearable when there is accompaniment. One participant describes a support group as 'a lifebuoy', and the support received there as an experience in which she felt 'extremely supported'. Another participant speaks of a female lawyer who 'decided to represent me, to take my case in hand, to help me'. These quotations show that support does not consist merely in the existence of a service, but in the fact that someone takes over part of the burden of navigating the system. Accompaniment reduces the institutional loneliness of the person affected.

Good collaboration therefore does not mean only that institutions communicate with each other, but that this communication reduces the burden on the person affected. An integrated system would presuppose more than notifications and referrals: a shared understanding of the case, clarification of responsibilities, a recognisable single point of contact, avoidance of unnecessary repetition of accounts and continuity of support.

7.7. Protocols are necessary but not sufficient

The data and interviews indicate the need for common protocols, but also the limits of a strictly procedural understanding of the protocol. Protocols are necessary for clarifying responsibilities, establishing referral pathways and setting out collaboration steps. However, they are not sufficient if they remain formal documents, without real mechanisms for application, communication and case monitoring.

One participant from a centre/shelter problematises dependence on one-off institutional agreements: 'Why do we have to depend on protocols, we as a centre, as a shelter [...] to make a protocol now with the police, now with the school, now with the hospital?' This question expresses the frustration produced by the fact that rights and services may exist formally, but effective access depends on local agreements, the availability of institutions and professionals' capacity to negotiate support pathways.

An integrated system would presuppose more than protocols. It would presuppose periodic multidisciplinary team meetings between the institutions involved, clear referral pathways, assumed responsibilities, updating of available services in each community, the possibility of rapid consultation between professionals and a recognisable single point of contact for the person affected. Moreover, protocols must be known to those working in the field, not only to management levels.

If a first-contact professional does not know to whom to refer the case, what document is needed, who can provide shelter, how psychological support is activated or who will subsequently communicate with the victim, the protocol remains incomplete from the perspective of real

intervention. Protocols must therefore be backed by joint training, case simulations, updated service lists and follow-up mechanisms.

7.8. From person-dependent collaboration to stable mechanisms

One of the risks signalled by the data is dependence on informal relationships. In many places, intervention functions because professionals know each other, have worked together, answer each other's calls or know whom to contact. These relationships are valuable and can make a difference in urgent cases.

However, a public protection system cannot depend only on personal networks. If a key person leaves, if staff change or if relationships between institutions are not formalised, collaboration can become fragile. Stable mechanisms may include: institutionally designated single points of contact; clear referral procedures; periodic multidisciplinary team meetings; updated lists of rights and services; protocols known to frontline professionals; joint training; case monitoring mechanisms; clear rules on communication with the victim; and integration of NGOs in local support networks.

Stable mechanisms may include: institutionally designated single contact persons; clear referral procedures; periodic multidisciplinary team meetings; updated lists of rights and services; protocols known to first-contact professionals; joint training; case follow-up mechanisms; clear rules on communication with the victim; and the integration of NGOs into local support networks.

The aim is not additional bureaucratisation of collaboration, but the reduction of dependence on improvisation. Informal relationships may remain useful, but must be supported by institutional mechanisms that ensure continuity. In a field marked by risk, trauma and vulnerability, collaboration cannot be left at the level of individual availability.

7.9. What good collaboration means from the perspective of the person affected

From the perspective of an institution, good collaboration may mean exchange of information, responses to letters, participation in meetings or forwarding the case. From the perspective of the person affected, good collaboration means something else: not being sent from one place to another without explanation, not needlessly repeating the story, knowing who is handling the case, receiving clear information, being helped to access services and feeling that institutions are working together for their safety.

This difference of perspective deserves our attention. Collaboration must be assessed not only through the activities of institutions, but also through its effect on the pathway of the person affected. Collaboration is good if it reduces the victim's burden, not if it merely moves responsibility from one institution to another. From this perspective, collaboration indicators may include questions such as: does the person affected know whom they can contact throughout the case? Was unnecessary repetition of the account avoided? Did institutions communicate with each other before asking the victim to repeat information? Is there a clear support pathway? Did the person receive information about next steps? Are legal, psychological, social and medical support connected? Is there follow-up after first contact or after notification?

From this perspective, collaboration indicators could include questions such as: Does the person affected know whom to turn to throughout the case? Was unnecessary repetition of the account avoided? Did the institutions communicate with each other before asking the victim to provide information again? Is there a clear support pathway? Did the person receive information about the next steps? Are legal, psychological, social and medical support connected? Is there follow-up after the first contact or after the report?

These questions shift the assessment of collaboration from procedure towards the actual experience of support and protection. They allow the report to formulate a stronger claim: inter-institutional collaboration is not merely a matter of administrative efficiency; it is a condition of real protection.

Table 15. *From formal collaboration to integrated intervention*

Formal collaboration	Integrated intervention
Institutions exchange letters and notifications.	Institutions have a shared understanding of the case.
The case is forwarded, sometimes without accompaniment.	The referral pathway is clear and known to the person affected.
Each institution acts within the limits of its own mandate.	There is a recognisable single point of contact and continuity.
The victim may be required to explain the situation again.	Information is used responsibly to avoid unnecessary repetition.
Continuity depends on individuals and informal relationships.	Collaboration is supported by stable mechanisms, not random personal relationships.

Table 16. *Obstacles and directions for improving inter-institutional collaboration*

Obstacle	Direction for improvement
Lack of resources	Funding of specialised services, strengthening of local capacity, access to shelter, psychological, legal and social support.
Insufficient communication	Clear communication channels, designated contact persons, periodic updating of information and multidisciplinary team meetings.
Lack of joint training	Inter-institutional training on case studies, simulations, clarification of roles and referral pathways.
Unclear procedures	Operational protocols known to frontline professionals, not merely formal documents.
Staff turnover	Case handover procedures, updated databases of available services, mentoring and induction for new employees.

Chapter conclusion

Inter-institutional collaboration is one of the central conditions of intervention in cases of gender-based violence and human trafficking. The data show that this collaboration exists, but functions unevenly. Fewer than half of respondents assess it as good or very good, and the main obstacles relate to resources, communication, joint training, procedures and staff turnover.

The interviews show that the problem is not only the absence of collaboration, but the distance between formal collaboration and integrated intervention. Institutions may each act within the limits of their own mandate, but without the person affected receiving a coherent pathway. For survivors, this is fragmentation experienced as fatigue, confusion, repetition of the story and loss of trust.

Strengthening collaboration therefore does not mean only 'more communication'. It means clear coordination mechanisms, joint training, single points of contact, referral pathways, updating of rights and available services, stable collaboration with NGOs and reduction of the administrative and emotional burden on the person affected.

An integrated intervention is one in which the victim does not have to manage the relationship with the system alone. That is what is at stake in inter-institutional collaboration: not institutional efficiency for its own sake, but real, accessible and coherent protection.

8. The specifics of human trafficking: identification, stabilisation and reintegration

Chapter summary

Human trafficking appears in the report as a field requiring separate attention, not because it is disconnected from gender-based violence, but because it introduces specific forms of vulnerability, exploitation, control and intervention. The quantitative data show a greater training deficit in the area of trafficking than in that of gender-based violence, and the qualitative data indicate particular difficulties related to victim identification, reluctance to self-identify, psycho-social stabilisation, socio-professional integration and the protection of confidentiality.

In trafficking cases, intervention does not always begin with a person who presents explicitly as a victim and asks for help in a clear form. The person may not self-identify as a victim, may minimise the situation, may be frightened, ashamed, dependent on the exploiter, threatened or lacking the resources needed to cooperate immediately with institutions. Identification of victims therefore cannot depend exclusively on the person's capacity to say, from the outset, what happened to them in the legal or institutional terms of trafficking.

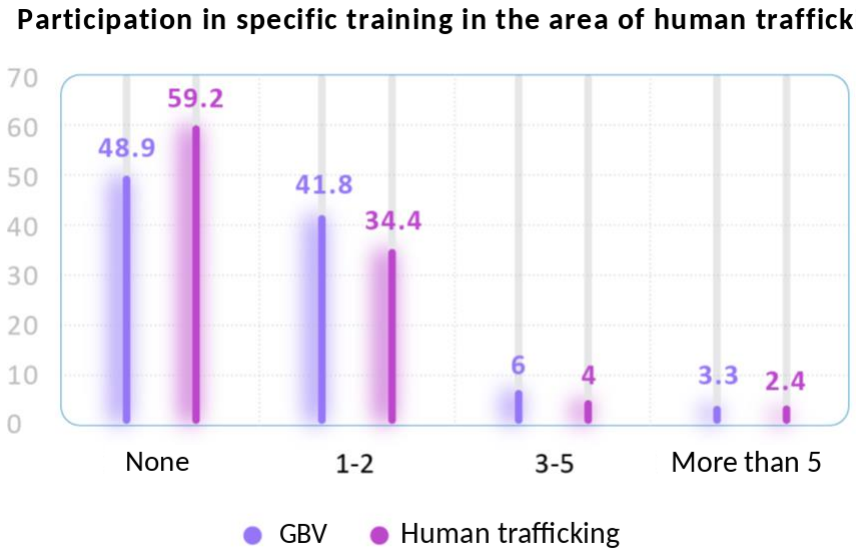
This chapter shows that intervention in trafficking must be conceived as a process: identification, protection, social stabilisation, psychological and legal support, accompaniment and socio-professional reintegration. If these stages are treated separately or if material stabilisation is absent, the person affected may remain vulnerable to re-victimisation or return to contexts of exploitation.

8.1. A greater training deficit in the area of trafficking

The quantitative data show that participation in specific training programmes in the area of human trafficking is lower than in the area of gender-based violence. Of the respondents working with human trafficking, almost six in ten have not undergone any specific training in the past three years. This is a higher proportion than in the case of gender-based violence and indicates an important vulnerability of the system.

Trafficking requires specialised competences: recognition of exploitation indicators, understanding of coercion mechanisms, working with reluctance to self-identify, risk assessment for the person and their family, collaboration with specialised structures and referral of the person to appropriate services. It is not sufficient for human trafficking to be included marginally in general training programmes on violence or victim protection; specific, applied and recurrent training is needed.

Figure 16. *Participation in specific training in the area of human trafficking*



8.2. Detecting victims: a core competence

Detection of victims of human trafficking appears as one of the most important training and intervention needs. In trafficking cases, the person affected may not come before institutions saying they are a victim of trafficking. They may speak about a work problem, about violence, about lack of documents, about threats, about an abusive relationship, about debts or about the impossibility of leaving a situation. Sometimes, only through appropriate questions and an understanding of context can the exploitation dimension become visible.

This is a difficulty that makes detection not simply the application of a legal definition. It requires the capacity to observe signs, to work with silence, shame and fear, to understand psychological and material coercion and not to interpret the absence of an explicit request for help as the absence of exploitation. Training of professionals must include trafficking indicators, but also the relational and psychological dynamics of exploitation. Control may be exercised without permanently visible physical violence: through economic dependency, threats, isolation, control of documents, debts, emotional pressure, shame or promises of protection. The professional question is therefore not only whether the person calls themselves a victim, but whether there are indications of exploitation, control and a real absence of freedom of action.

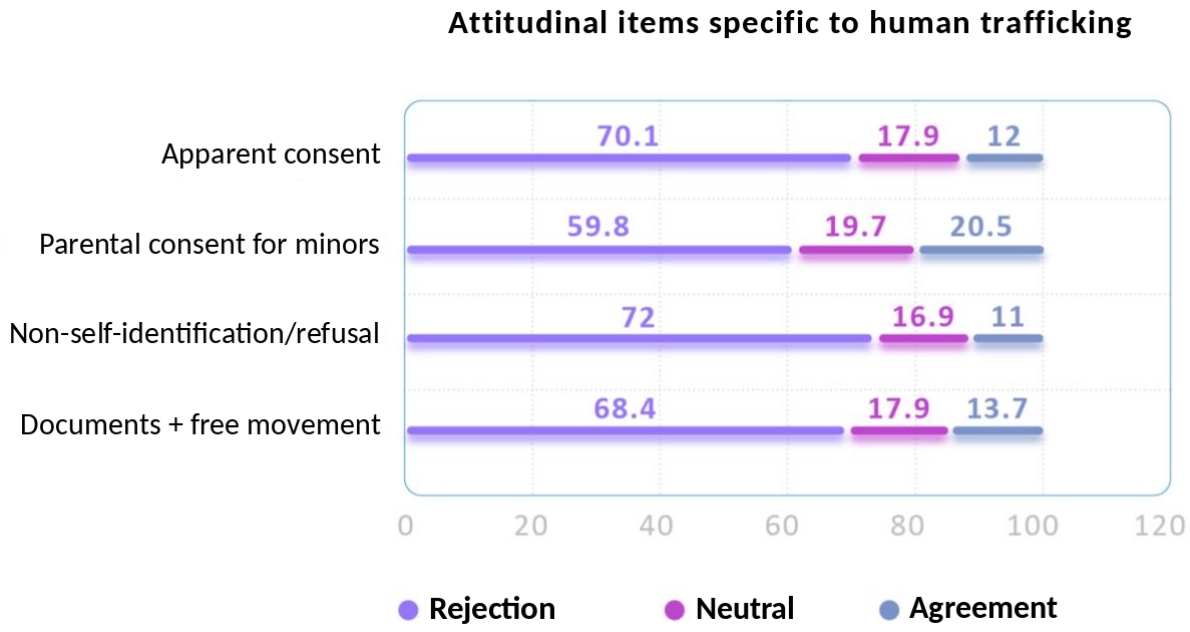
The training of professionals must include trafficking indicators, but also the relational and psychological dynamics of exploitation. Control can be exercised without permanently visible physical violence: through economic dependency, threats, isolation, control of documents, debts, emotional pressure, shame or promises of protection. The professional question is therefore not only whether the person identifies as a victim, but whether there are indications of exploitation, control and a real lack of freedom of action.

The proportion of respondents who reject, remain neutral on or accept problematic statements regarding victim status in human trafficking cases. The statements examined are:

- If the person has their documents and freedom of movement, they cannot be a victim of human trafficking.
- If a potential trafficking victim does not acknowledge that they are a victim and/or refuses intervention or cooperation with the authorities, the professional is not obliged to report the potential case to the judicial authorities.

- In a potential case of trafficking of minors, the consent of the parents/legal representative is mandatory for any type of intervention.
- If the person has consented to the situation in which they find themselves, it cannot be a case of human trafficking.

Figure 17. *Attitudinal items specific to human trafficking*



The majority of respondents reject formulations that reduce the status of victim to apparent consent, possession of documents, freedom of movement or initial refusal of help. However, the proportion of neutral and agreeing responses indicates the persistence of areas of professional ambivalence. These results support the need for reflective training specific to human trafficking, focused on intervention in cases of victim reluctance to self-identify, psychological and material coercion, apparent consent and professional obligations to notify/intervene.

8.3. Trafficking and multiple vulnerabilities

The qualitative data show that human trafficking frequently intersects with multiple social and personal vulnerabilities. Professionals' accounts include situations in which exploitation is linked to poverty, lack of safe housing, lack of documents, school dropout, precarious economic situation, history of violence, neglect, family problems or lack of a support network.

These data are important because they show that anti-trafficking intervention cannot be reduced to identifying the exploiter or to the criminal dimension of the case. The person affected may need, above all else, stabilisation: identity documents, safe shelter, food, medical care, psychological support, legal counselling, access to education or employment and a trust-based relationship with professionals. In the absence of this stabilisation, the person may not participate in institutional proceedings. They may miss appointments, may avoid institutions, may return to the risk/exploitation context or may appear not to be cooperating. These reactions must not be automatically interpreted as lack of will, but in the context of the material and relational constraints in which the person finds themselves.

Without this stabilisation, the person may not take part in institutional proceedings. They may miss meetings, avoid institutions, return to the risk/exploitation context or appear not to cooperate. These reactions should not automatically be interpreted as a lack of will, but in the context of the material and relational constraints the person is facing. Human trafficking obliges

the system to think of autonomy not as a simple individual decision, but as the outcome of real conditions.

8.4. Social stabilisation as a prerequisite for intervention

A very important element from the interviews is the idea that, in some trafficking cases, psychological, legal or criminal intervention cannot advance until basic social needs have been resolved. Professionals describe situations in which lack of documents, lack of a fixed address, lack of shelter, absence of educational qualifications or vocational training and impossibility of access to employment block work on the other dimensions of the case.

> *"we need to work on the traumas she came from trafficking with [...]. But the social part is a priority, because I automatically cannot do anything in trafficking cases until the social part is in order (professional, specialised services)"*

This quotation shows that social support is not a secondary or auxiliary stage, but a condition of possibility for intervention. Without social stabilisation, the person cannot participate stably in counselling, cannot sustain legal proceedings, cannot build autonomy and cannot remain outside risk networks. In many cases, progress may mean first obtaining identity documents, access to shelter, emotional stabilisation or connection with a support network.

Box 10. *Social stabilisation as a prerequisite for intervention*

Social stabilisation as a prerequisite for intervention



8.5. Intra-family exploitation: when family space becomes a space of risk

The qualitative material includes narratives concerning exploitation produced within the family or by very close persons. These cases are particularly difficult because the space that should have offered protection becomes a space of risk. When exploitation is linked to a family relationship or a relationship of trust, trauma does not remain only physical, economic or legal; it is profoundly relational.

A case recounted by a professional from a residential service for victims illustrates the collapse of the family's protective function. The participant describes the situation of a young woman who came to the service after an experience of intra-family exploitation and abuse, in which the perpetrator was the very person who should have provided protection.

> *"the father was the first one who abused her [...] the father [...] sent her out on the street [...] this is where the greatest pain lies (professional, residential service)"*

The value of this quotation lies not in the particularity of the case, but in what it shows about the difficulty of intervention: the person affected is hurt not only by the acts of exploitation, but also by the collapse of a fundamental relationship of trust. Separation is not only legal or material — it is also affective, symbolic and identity-related. The person must be supported in separating from an environment which, although abusive, may be the only reference point of belonging they have known.

This complexity is also reflected in the rhythm of the account. The professional describes how the young woman answered 'with yes and no', 'very monosyllabically', and how the story of her experience emerged with difficulty, with moments of crying and blockage. Such reactions should not be interpreted as a lack of cooperation. In cases of intra-family exploitation, silence, hesitation, fragmented accounts or emotional withdrawal can be forms of psychological self-protection in the face of a traumatic experience.

Such cases show why intervention in trafficking and intra-family exploitation cannot be limited to identifying the perpetrator or removing the person from the abusive environment. Protection, psychological support, accompaniment, continuity, educational intervention and the gradual rebuilding of a trust-based relationship with adults and institutions are needed.

8.6. Long-term support and the possibility of reconstruction

The interviews with professionals contain not only accounts of blockages, returns or limits of intervention, but also examples in which sustained support has produced significant changes in the lives of those affected. These narratives are important because they show that effective intervention cannot be reduced to the moment of crisis. Immediate protection cannot be absent, but is not sufficient. Rebuilding a life after violence or exploitation requires time, stability, trust-based relationships and support services, access to education and employment, counselling, safety and accompaniment.

A representative of a specialised non-governmental organisation describes the journey of a young woman taken into service at the age of 16, when she was still in lower secondary school. Intervention was not limited to accommodation and protection, but pursued the stabilisation and gradual rebuilding of autonomy.

> *"we always started with education [...] the person only leaves when they are socio-professionally integrated (professional, specialised NGO)"*

This excerpt shows that long-term support does not mean keeping the person in a relationship of dependency on services, but creating the conditions in which autonomy can become possible. Time is here a resource of intervention. The person cannot move immediately from the

experience of exploitation to economic independence and emotional stability. They need a sufficiently safe framework in which to learn, to reorient themselves, to build a qualification and to be able to imagine a life that no longer depends on the exploiter or on risk networks.

Survivors' accounts confirm this dimension of support as a process of reconstruction. A trafficking survivor describes the NGO she came into contact with as the central reference point in her way out of vulnerability:

> *"the NGO [...] was my pillar [...] it supported me and offered me services, counselling, then medical, everything I needed [...] to integrate into society (survivor)"*

In another formulation, the same logic appears as a recovery of identity: the support received made it possible for the person to 'regain her identity' and to begin to trust again. For the report, these quotations are important because they show that reintegration is not merely a matter of access to services — it is an experience of rebuilding the self after a period in which the person was controlled, exploited or reduced to an object of other people's intervention.

8.7. Socio-professional integration: more than finding a job

Socio-professional integration appears in the document as one of the most difficult and important stages of intervention. For persons who have gone through trafficking or exploitation, access to legal employment is important, but is not sufficient if the job is precarious, poorly paid or impossible to sustain in relation to the person's real needs.

Some accounts highlight the limits of support when the alternatives available after leaving exploitation are not perceived as viable. A representative of a specialised NGO describes a situation in which the person was employed in a food service unit, but the reaction to the first salary showed the gap between income available through legal employment and the earnings previously associated with exploitation contexts:

> *"but I make that money in an hour (person supported, recounted by professional)"*

This quotation must be interpreted with great caution. It must not be read as evidence of a 'wrong choice' or lack of will, but as an indication of a structural tension: support for leaving exploitation becomes fragile when it is not accompanied by dignified, stable and sustainable economic alternatives. If the alternative to exploitation is poverty, instability or the impossibility of covering basic needs, the risk of returning to risk/exploitation contexts remains high.

The same problem appears in an account about a minor who had dropped out of school and was recovering from a severe experience of exploitation. The professional explicitly formulates the risk of returning to contexts of exploitation:

> *"at any time, for lack of financial resources, she could fall back into the same practices" (professional, specialised NGO)*

Reintegration therefore cannot mean simply rapid placement in a job. It must include education, vocational training, support for obtaining documents, housing, counselling, accompaniment and access to decent employment. Socio-professional integration must be understood as part of the prevention of re-victimisation.

8.8. Confidentiality in reintegration

An important aspect concerns the protection of confidentiality in the process of socio-professional reintegration. When a person is supported in obtaining employment or housing, the history of victimisation must not become a public label. Protection must be maintained not only in the relationship with institutions, but also in the circle in which the person is to live, work or rebuild their life.

"in the circle in which the victim carries out their socio-professional activity" (professional, NGO)

Given that reintegration can produce new exposure, this observation is very important. If the employer, the housing landlord, colleagues or other persons in the community learn details about the trafficking experience, the person may be stigmatised, judged or made more vulnerable. Confidentiality is therefore part of protection and autonomy. At the same time, confidentiality must be balanced with the need for support: professionals must be able to facilitate access to housing and employment without disclosing unnecessary information.

8.9. Psychological and legal support in trafficking cases

Psychological and legal support must not be absent in trafficking cases, but the data show that they cannot function in isolation from social support. The person needs to be able to process trauma, fear, shame, control and the loss of trust. They need to understand procedures, rights and risks. But in order to benefit from these forms of support, they must have minimum conditions of stability.

Psychological support must be trauma-sensitive and available over the medium and long term. Trafficking can produce long-lasting effects on identity, trust, relationships and decision-making capacity. A survivor of trafficking speaks of 'very intensive therapy' and states that, without that psychological support, 'I would no longer be who I am today'. This quotation shows that recovery cannot be understood merely as physical exit from the risk situation. The person needs to be able to process trauma, fear, shame, the loss of trust and the ruptures produced by exploitation.

Legal support is equally important. The legal pathway can be difficult, long and intimidating. The person may need a lawyer, advice on rights, explanations of criminal procedures and accompaniment in the relationship with institutions. Without this support, access to rights may remain formal. In trafficking cases, psychological, legal and social support must be conceived together. A fragmented intervention risks treating the person as a beneficiary of several separate services, rather than as a person engaged in a complex process of leaving exploitation.

8.10. Inter-institutional collaboration in trafficking cases

Human trafficking requires the collaboration of multiple actors: specialised structures, social services, the police, the justice system, medical services, specialised NGOs, local institutions, vocational reintegration services, education and, in some cases, structures involved in repatriation or transnational protection. The need for collaboration is of paramount importance, but collaboration can be fragile when there is no clear pathway for identification, referral, protection and monitoring.

In trafficking cases specifically, the issues are: psycho-social stabilisation, documents, housing, protection of confidentiality, socio-professional integration and the connection of specialised services. If the person has no identity documents, housing, income, access to healthcare or psychological support, criminal or legal intervention can advance with difficulty. If specialised NGOs are not integrated into the pathway or if local institutions do not know how to notify cases, identification and protection may be delayed.

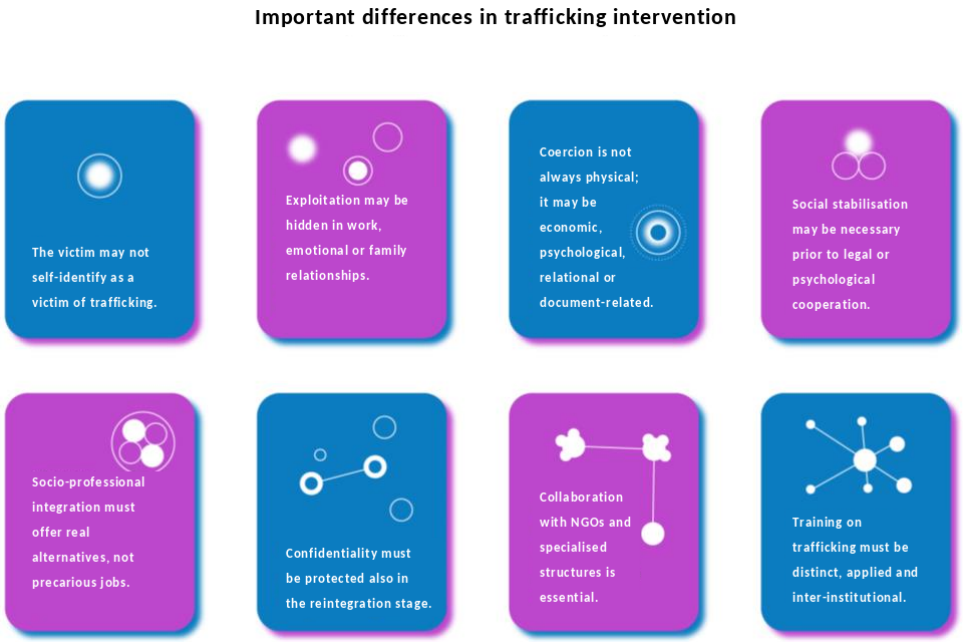
Collaboration must include not only the moment of identification, but the entire pathway: protection, stabilisation, documents, counselling, legal support, vocational integration, education and monitoring. For the improvement of intervention, joint training remains crucial: professionals from different institutions must work on common case studies, understand the roles of others and know the referral pathways.

8.11. What training is needed for human trafficking

On the basis of the report's data, training in the area of human trafficking should include a specialised core, distinct from general training on violence. This core must cover: trafficking indicators, forms of exploitation, victims' reluctance to self-identify and their reluctance to cooperate in criminal proceedings, psychological and material coercion, control of documents, debts, threats and isolation, shame and fear in the relationship with institutions, trafficking in family or close relational contexts, risk assessment for the victim and their family, social stabilisation, collaboration with specialised structures and NGOs, psychological and legal support, socio-professional integration, confidentiality in reintegration and prevention of re-victimisation.

This is applied training. Professionals need case studies, simulations, analysis of ambiguous situations and inter-institutional discussions. In trafficking cases, the difference between identification and non-identification may depend on the professional's capacity to ask the right questions, to recognise signs and to understand why the person does not present as a victim.

Box 11. *Important differences in trafficking intervention*



Chapter conclusion

Human trafficking requires a specific, integrated and sustained approach. The report's data show that the training deficit is more pronounced in this area, and the interviews indicate difficulties related to identification, reluctance to self-identify, psycho-social stabilisation, intra-family exploitation, socio-professional integration and protection of confidentiality. Effective intervention in trafficking cannot begin and end with the criminal procedure — the victim must be assisted even if they do not cooperate in judicial proceedings. It requires protection, specialised services, psychological and legal support, access to documents, housing, education, decent employment and confidentiality. Without these conditions, the person may remain vulnerable to returning to contexts of exploitation. Training and public policies must therefore treat human trafficking as a complex phenomenon at the intersection of exploitation, social vulnerability, violence, trauma and economic precarity. Real protection requires not only identifying the victim, but also building the conditions through which they can remain safe and reconstruct their autonomy.

9. Integrated synthesis of findings

Chapter summary

Read together, the quantitative data, the interviews with professionals and the survivors' accounts do not describe separate realities, but the same system seen from different positions. The questionnaire shows patterns regarding training, professional support, institutional collaboration and perceptions of intervention. The interviews with professionals show how these problems are managed in practice, in working conditions. Survivors' accounts show how these conditions are experienced by persons seeking protection, support and safety.

The synthesis brings together the report's main findings in five central ideas. The first is that the system relies on the competence and dedication of professionals, but this competence compensates for a still insufficient training infrastructure. The second is that procedural preparation does not automatically produce intervention sensitive to trauma, stereotypes and distrust. The third is that victims' trust in institutions is a condition of effective protection. The fourth is that support for professionals and their working conditions directly influence the quality of intervention. The fifth is that institutional fragmentation is experienced by survivors as burden, confusion and repeated exposure.

Overall, the report shows that effective protection of victims of gender-based violence and human trafficking cannot be produced merely through the existence of legislation, procedures or dedicated professionals. It requires a coherent infrastructure: continuous training, inter-institutional collaboration, specialised services, support for professionals, mechanisms for reducing re-traumatisation and trust-based relationships between victims and institutions.

Summary indicators

A few figures summarise the main tensions identified by the report:

Table 17. *Summary indicators on training and intervention*

Indicator	Percentage	Significance
No specific GBV training	48.9%	Professionals working with GBV who have not undergone specific training in the past three years.
No specific trafficking training	59.2%	Professionals working with trafficking who have not undergone specific training in the past three years.
Prioritisation of protection	72.7%	Respondents who support prioritisation of protection when information is incomplete or contradictory.
Insufficient anti-burnout mechanisms	51.5%	Respondents who consider anti-burnout mechanisms to a small or no extent sufficient.
Inter-institutional collaboration good or very good	42.4%	Respondents who assess collaboration between institutions as good or very good.

These figures must be read together, not in isolation. They show that there are professionals who support the principle of protection and who intervene in complex cases, but also that these professionals work in a system in which training is not sufficiently stable, professional support is unequal, collaboration is only partially functional and professional burnout is a significant problem.

9.1. Competence exists, but compensates for a missing training infrastructure

The first integrated finding is that the system functions, to a large extent, by compensating for a deficit of structured training. The quantitative data show an important gap in preparation: almost half of the professionals working with gender-based violence have not undergone any specific training in the past three years, and the deficit is more pronounced in the area of human trafficking. The interviews show how this gap is covered in practice: through direct experience, self-study, consultations with colleagues, informal mentoring and learning on cases.

This is a situation that produces competence that is real but fragile. Real, because many professionals accumulate over time significant practical knowledge, understand the dynamics of intervention and find solutions in difficult situations. Fragile, because it rests on knowledge that is not equally distributed, is not always updated and depends on the institutional context in which each professional works.

A professional working in an experienced team, where cases are discussed, can learn a great deal from day-to-day practice. An isolated professional, without supervision, specialised colleagues or access to training, may have far fewer resources. Access to competence can thus become dependent on the workplace, the county, the team, the availability of colleagues or one-off projects.

It is not sufficient to say that more courses should be organised. Training must become infrastructure: recurrent, applied, inter-institutional, adapted to professional roles and linked to supervision, case analysis and institutional support.

Individually accumulated competence must be transformed into institutional competence. This means that the system should not depend only on experienced professionals who 'know how it's done', but should create conditions through which knowledge can be transmitted, updated and applied coherently.

9.2. Procedural preparation does not automatically produce trauma- and stereotype-sensitive practice

The second finding concerns the distance between procedural preparation and the quality of interaction with the person affected. The data show that the majority of respondents support the principle of prioritising protection when information is incomplete or contradictory. At the same time, items on the assessment of reports show the existence of areas of professional doubt: suspicion in contexts of separation, custody or conflict over children, the perception that the seriousness of violence is sometimes exaggerated, or the treatment of some cases with distrust even when the person is seeking protection.

This is a tension that cannot be simplified. It does not show an opposition between 'good' and 'problematic' professionals. Intervention frequently takes place in ambiguous situations, with incomplete information, fragmented accounts, family pressures, returns to the perpetrator, withdrawal of complaints or conflict contexts. Professionals have an obligation to verify, document and assess risk.

However, survivors' accounts show what effect doubt can produce when experienced in interaction. The person may feel judged, suspected, held responsible for the violence or obliged to demonstrate that they deserve protection.

This is one of the central convergences of the report: professionals frequently discuss the credibility, intentions and complexity of reports, while the strongest need of survivors is to be believed, listened to and taken seriously. Training must work on exactly this area of tension: how

to verify without invalidating, how to clarify without inducing guilt, how to assess risk without reducing violence to conflict, how to understand trauma without abandoning the professional responsibility of documentation.

This requires reflective training, not purely informative training. Professionals need to work explicitly with gender stereotypes, myths about violence and trafficking, coercive control, post-separation violence, the effects of trauma on memory and communication, non-self-identification of trafficking victims and the dynamics of ambivalence.

9.3. Trust is the infrastructure of protection

The third finding is that victims' trust in institutions must be treated as a condition of protection, not as a secondary element of intervention. The data show that professionals frequently encounter situations in which victims do not trust the institutions that should support them. Survivors' accounts show why this distrust is intelligible: fear, shame, prior negative experiences, the feeling of not having been believed, lack of information, repetition of the story, protection perceived as insufficient or confusing institutional pathways.

Trust is not produced through the mere existence of an institution. It is built in well-defined moments: first contact, the hearing, the formulation of questions, the space in which the discussion takes place, the information received, protection measures, subsequent communication and the possibility of returning for help without shame or reproach.

For survivors, trust means feeling that the institution does not treat them as suspects, that the risk is taken seriously and that they are not left alone to manage the consequences of violence. It means receiving clear responses, not being sent from one place to another without explanation and not being obliged to repeat the traumatic experience unnecessarily. It means that protection is tangible, not merely procedural.

This finding has a strong implication for public policy: institutions should not ask victims to have trust, but should build trustworthy practices. An institution becomes trustworthy when it receives the person without judgement, explains rights and steps, protects confidentiality, reduces re-traumatisation, communicates throughout the case and facilitates access to tangible support.

Trust is, thus, an invisible infrastructure. It does not always appear in administrative indicators, but directly influences reporting, cooperation, acceptance of support, return to institutions and the possibility of reconstruction.

9.4. Working conditions erode intervention

The fourth finding is that intervention is affected by the conditions in which professionals work. The data show insufficient mechanisms for preventing professional burnout, unequal professional support, administrative pressure, staff turnover, insufficient time and only partially functional collaboration. These conditions do not remain internal problems of institutions. They directly influence the experience of those affected.

Lack of time can become a rushed interaction. Bureaucracy can become delay, repetition of information and focus on documents rather than support. Lack of supervision can lead to decisions taken in isolation. Staff turnover can interrupt the trust-based relationship and oblige the person to repeat the story. Burnout can reduce availability for listening, patience and accompaniment.

The report does not interpret these problems as lack of dedication on the part of professionals. On the contrary, the qualitative data show that many interventions function precisely due to professionals' commitment, their experience and their capacity to find solutions in difficult

conditions. The problem is that the system comes to rely too much on this individual dedication, without always providing the necessary infrastructure for sustaining it.

Support for professionals must therefore be understood as part of the quality of services. Supervision, peer supervision, mentoring, psychological support, case analysis meetings and reasonable distribution of workload are not secondary benefits. They are conditions for professionals to be able to work competently, ethically and sustainably with trauma, risk and vulnerability.

This finding is also important for training. A course on trauma-sensitive communication cannot produce sufficient effects if the professional does not have an appropriate space for discussion, time for listening or services to which to refer the person affected. Training must be accompanied by institutional changes that make its application possible.

9.5. Fragmentation is experienced as a burden

The fifth finding concerns inter-institutional collaboration. The data show that fewer than half of respondents assess collaboration as good or very good. Obstacles mentioned include lack of resources, insufficient communication, lack of joint training, unclear procedures and staff turnover.

The interviews show that the problem is not the complete absence of collaboration. Institutions communicate, make referrals, transmit information, contact each other and intervene within the limits of their own mandates. The problem is that this collaboration often remains one-off and does not automatically produce an integrated pathway for the person affected.

For professionals, fragmentation means additional coordination work, dependence on informal contacts and difficulty in connecting different services. For survivors, fragmentation means repeated journeys, repeated explanations, contradictory information, absence of a point of contact and the feeling of having to manage the relationship with the system alone.

An institution may consider that it has fulfilled its role by forwarding the case. But for the person affected, the referral may mean yet another journey, yet another account, yet another wait and yet another uncertainty. Collaboration must therefore be assessed not only through the existence of communication between institutions, but through its effect on the burden borne by the victim.

Integrated intervention does not mean all institutions doing the same thing. It means different roles being connected in a coherent pathway.

9.6. What the two perspectives together reveal: professionals and survivors

An important contribution of the report is that it brings together the perspective of professionals and that of survivors. These two perspectives are not mutually exclusive. They show the same system from different places. Professionals describe the complexity of the work: ambiguous cases, lack of resources, bureaucratic pressure, collaboration difficulties, dilemmas between autonomy and protection, the need for verification, lack of training, burnout and limits of available services. Survivors describe the effects of these conditions: first contact that can discourage or encourage, questions that can be experienced as blame, re-traumatising hearings, lack of information, protection that is not always experienced as effective, the need for continuity and the central role of concrete support.

This meeting of perspectives allows an important conclusion: intervention cannot be improved only by asking professionals to be more empathetic, any more than it can be improved only through procedural changes. Both are needed: safer relational practices and institutional

conditions to support them. If professionals lack training, time, supervision, specialised services to refer to and clear collaboration mechanisms, their capacity to offer victim-centred support remains limited. If institutions have procedures but the person affected feels not believed, exposed or left alone, protection remains incomplete.

9.7. From findings to recommendations

The report's findings converge towards a general recommendation: intervention in gender-based violence and human trafficking must be conceived as an ecosystem, not as a sum of separate institutions and procedures.

This ecosystem must include:

- continuous, applied and inter-institutional training;
- reflective training on trauma, stereotypes, coercive control, credibility and non-re-victimising communication;
- specific training in the area of human trafficking;
- standards for first contact and trauma-sensitive hearings;
- mechanisms for reducing unnecessary repetition of the account;
- a single point of contact or inter-institutional case management;
- constant communication with the person affected;
- access to psychological, legal, social and material support and protection;
- stabilisation and reintegration services for victims of human trafficking;
- institutional support for professionals;
- stable collaboration between public institutions and specialised NGOs;
- monitoring mechanisms that follow not only institutional activities but also the experience of the person affected.

These directions are not separate. They support one another. Training helps professionals work better, but needs institutional support. Collaboration reduces fragmentation, but needs clear procedures and joint training. Trust increases when the person is listened to and protected, but also when they receive concrete support. Support for professionals contributes to the quality of the relationship with victims. Specialised NGOs provide important services, but need stable partnerships with public institutions.

In conclusion, the report shows that the problem does not reduce to a lack of training, although this is significant. The problem is the absence of an integrated infrastructure that transforms legislation, procedures, professional competence and existing services into effective protection for those affected.

Table 18. *The five integrated findings of the report*

Finding	Implication
Competence exists, but compensates for an insufficient training infrastructure.	Professionals accumulate practical knowledge, but this remains unevenly distributed and insufficiently supported institutionally.
Procedural preparation does not automatically produce trauma-sensitive intervention.	Training must include information on communication, trauma, coercive control, stereotypes, credibility and verification without invalidation.
Trust is a condition of protection.	Victims need to be believed, informed, protected, listened to without judgement and accompanied on the pathway through the system.

Professionals' working conditions affect the quality of support.	Burnout, lack of time, bureaucracy, staff turnover and lack of supervision translate into experiences for those affected.
Institutional fragmentation is experienced as a burden.	Formal collaboration is not sufficient if the person affected must manage the relationship with the system alone.

Table 19. *From problem to direction of action*

Problem	Direction of action
Insufficient and unequal training.	Infrastructure of continuous, applied and inter-institutional training.
Verification may be experienced as distrust or blame.	Training on trauma, stereotypes, coercive control and verification without invalidation.
First contact may discourage continuation of proceedings.	Standards for non-re-victimising communication and professionals prepared for crisis communication.
Hearings may reactivate trauma.	Reduction of repeated hearings, safe spaces, a support person and responsible use of information already collected.
Protection is not always experienced as effective.	Risk assessment, clear communication, monitoring and specific safety measures.
Support is fragmented.	Single point of contact, case management and stable inter-institutional collaboration.
Professionals work under pressure.	Supervision, mentoring, psychological support and anti-burnout mechanisms.
Trafficking requires specific intervention.	Specialised training on identification, non-self-identification, exploitation, social stabilisation and reintegration.

Conclusion of the integrated synthesis

This report shows that intervention in cases of gender-based violence and human trafficking lies in an area of tension. On the one hand, there are professionals who intervene, accumulate experience, develop solutions and uphold the principle of protection. On the other hand, they work in a system in which training is unequal, collaboration is fragile, professional support is insufficient, and those affected may experience the institutional pathway as difficult, confusing and sometimes re-traumatising.

The necessary change is not a one-off one. A course, a protocol or a campaign is not sufficient. An infrastructure of protection is needed that links training, services, collaboration, support for professionals and the experience of survivors. Effective protection is produced when these elements function together.

The report therefore proposes a shift of perspective: from intervention as the application of procedures to intervention as an ecosystem of safety, trust and recovery. Victims and survivors do not only need institutions to exist. They need them to be accessible, coordinated, competent, trustworthy and capable of offering concrete support.

10. Recommendations

Chapter summary

The recommendations below derive from the research findings and from the integrated analysis of the three data sources: the questionnaire addressed to professionals, the interviews with professionals and the interviews with survivors. They start from a central idea: effective protection of victims of gender-based violence and human trafficking cannot be ensured merely through the existence of legislation or through the individual responsibility of professionals. A coherent infrastructure of training, collaboration, professional support and accessible specialised services is needed.

Effective protection does not depend on a single intervention, but on connecting training, collaboration, support for professionals and accessible specialised services into a coherent infrastructure.

Table 20. *Directions of the report's recommendations*

Dir.	Theme	Main objective
A	Training of professionals	Continuous, applied, reflective and joint training
B	First contact, hearing and the relationship with the person affected	Non-re-victimising communication, trauma-sensitive hearing, return without shame
C	Inter-institutional collaboration and case management	Single point of contact, referral pathways, case meetings, state–NGO partnership
D	Support for professionals and working conditions	Supervision, anti-burnout, reduction of administrative burden, team stabilisation
E	Specific intervention in trafficking cases	Identification, social stabilisation, reintegration, confidentiality
F	Data, monitoring and institutional learning	Indicators on the experience of intervention and assessment of collaboration through its effect on the victim

For each recommendation, the problem it addresses, the direction of action, the target actors and a possible implementation timeline are indicated. The timeline is indicative: some measures can begin quickly, but require consolidation over the medium and long term.

A. Training of professionals

R1. Building an infrastructure of continuous training

Problem identified: A significant proportion of professionals working with victims of gender-based violence and human trafficking have not undergone specific training in the past three years. The deficit is more pronounced in the area of human trafficking. In the absence of a stable training infrastructure, competences are frequently acquired informally, through practical experience, exchanges with colleagues and self-study.

Recommendation: Training must be organised as a continuous infrastructure, not as a one-off activity. This should include induction training for professionals newly entering the field, periodic updating for experienced professionals and specialised modules for different institutional roles.

Target actors: Public institutions involved in intervention, training providers, public order structures, social services, child protection, specialised services, specialised non-governmental organisations.

Implementation timeline: Short term: mapping of training needs and existing training programmes. Medium term: development of a recurrent training programme. Long term: integration of continuous training into the professional career path of the institutions involved.

R2. Prioritising applied formats: case studies and simulations

Problem identified: Professionals value applied formats: simulations, role play, case study workshops, case analysis meetings and inter-institutional experience sharing. Exclusively online courses are assessed as less useful.

Recommendation: Training programmes should prioritise applied methods: case studies, simulations, role play, case analysis, communication exercises and inter-institutional sessions. Online modules may be used for introductory information or updates, but should not replace practical training.

Target actors: Training providers, employing institutions, specialised NGOs, local inter-institutional teams.

Implementation timeline: Short term: adaptation of existing content towards applied methods. Medium term: organisation of inter-institutional training on common case studies.

R3. Introduction of a mandatory reflective component in training

Problem identified: The data indicates a tension between support for the principle of protection and the existence of areas of doubt regarding the seriousness, intent or credibility of reports. Survivors' accounts show that this doubt may be experienced as blame, invalidation or distrust.

Recommendation: Training must include a mandatory reflective component on gender stereotypes, myths about violence and trafficking, coercive control, the victim's ambivalence, trauma, shame, non-self-identification and the boundary between legitimate professional verification and prejudicial distrust.

Target actors: Training providers, public institutions, specialised NGOs, professionals from the police, social services, child protection, health, justice and education.

Implementation timeline: Short term: inclusion of reflective modules in existing training programmes. Medium term: development of working guides on stereotypes, trauma and non-re-victimising communication.

R4. Training on trauma and its effects on communication

Problem identified: Trauma can affect memory, coherence of the account, capacity to provide details, willingness to speak and the relationship with institutions. Without an understanding of trauma, fragmented or hesitant accounts may be misinterpreted as unreliability or lack of cooperation.

Recommendation: Training should include modules on the effects of trauma on memory, communication, behaviour and the relationship with institutions. Professionals must be supported in recognising reactions such as blockage, silence, fragmented accounts, ambivalence or avoidance, without automatically interpreting them as lack of veracity or bad faith.

Target actors: Frontline professionals, police, social services, child protection, health, justice, NGOs, training providers.

Implementation timeline: Short term: introductory modules on trauma. Medium term: applied training on trauma-sensitive hearing and communication.

R5. Joint inter-institutional training

Problem identified: Lack of joint training is mentioned as an important obstacle to inter-institutional collaboration. Professionals from different institutions may have different languages, priorities and understandings of risk.

Recommendation: Institutions involved in intervention should organise joint training on case studies. These should include the police, social services, child protection, health, justice, education and non-governmental organisations. The aim is not only the development of individual competences, but also the building of a shared language and the clarification of referral pathways.

Target actors: Local and county institutions involved in intervention, specialised NGOs, training providers.

Implementation timeline: Medium term: regular inter-institutional sessions. Long term: integration of joint training into local coordination mechanisms.

B. First contact, hearing and the relationship with the person affected

R6. Treating first contact as a critical moment of intervention

Problem identified: Survivors' accounts show that first contact with institutions can encourage or discourage the continuation of proceedings. Guilt-inducing questions, a rushed tone or lack of information can produce withdrawal and distrust.

Recommendation: Institutions should develop clear standards for first contact with victims of gender-based violence and human trafficking. These standards should include calm communication, non-judgmental listening, private space, validation of the fact that the person has sought help, assessment of immediate safety and explanation of rights and next steps.

Target actors: Police, social services, child protection, medical services, NGOs, frontline staff.

Implementation timeline: Short term: development of a minimal guide for first contact. Medium term: applied training for frontline professionals.

R7. Development of guides for non-re-victimising language

Problem identified: Some questions may be experienced by survivors as blame or suspicion: 'why didn't you leave?', 'did you provoke him?', 'why did you go back?' These formulations can reactivate shame and reduce the person's willingness to continue proceedings.

Recommendation: Institutions should develop language guides for communication with victims. These must not eliminate necessary questions, but help professionals formulate them without inducing guilt. Guides should be integrated in training, supervision and assessment of first contact and hearing practices.

Target actors: Public institutions, training providers, specialised NGOs, frontline professionals.

Implementation timeline: Short term: development of the guide of recommended formulations and formulations to be avoided. Medium term: use of the guide in training and case analysis.

R8. Reducing re-traumatisation in hearings

Problem identified: Survivors describe repetition of the story and hearings in inappropriate conditions as exhausting experiences that are potentially re-traumatising. Institutional fragmentation may oblige the person to repeat the same information in multiple places.

Recommendation: Institutions should reduce repeated hearings where possible, use responsibly information already collected, ensure adequate spaces for hearings and allow the presence of a support person where the situation permits. The hearing must pursue both the documentation of the case and the protection of the person.

Target actors: Police, the justice system, social services, child protection, NGOs, specialised structures.

Implementation timeline: Medium term: common procedures for reducing repetition of the account. Long term: integrated mechanisms for managing information between institutions, with respect for confidentiality.

R9. Clear communication with the person affected throughout the case

Problem identified: Lack of information about the status of the case file, next steps or institutional responsibilities sustains fear and distrust. For the person affected, institutional silence may be experienced as abandonment.

Recommendation: Institutions should ensure clear, accessible and periodic communication with the person affected. This should include explanations of procedural steps, the limits of intervention, available measures, contact persons and what should be done in risk situations.

Target actors: Institutions managing cases, case professionals, social services, police, NGOs.

Implementation timeline: Short term: clear materials on rights and steps. Medium term: designation of persons responsible for communication with the victim.

R10. The possibility of returning without shame or reproach

Problem identified: Leaving violence or exploitation is rarely linear. The person may refuse help, may return to the abusive/exploitative environment or may interrupt proceedings. If these returns are met with reproach, shame or judgement, subsequent access to support may be blocked.

Recommendation: Services should explicitly adopt the principle of the 'open door': persons affected may return for support even if they have previously refused help, interrupted proceedings or returned to the abusive environment. This approach must be included in training, procedures and communication with victims.

Target actors: Social services, NGOs, police, child protection, specialised services.

Implementation timeline: Short term: inclusion of the principle in working guides. Medium term: training on ambivalence, return to the perpetrator and traumatic dependency.

C. Inter-institutional collaboration and case management

R11. Creation of a single point of contact or an inter-institutional case management mechanism

Problem identified: Institutional fragmentation means that the person affected must manage the relationship with the system alone. Survivors may be sent from one institution to another, may receive incomplete information and may be obliged to repeat the story.

Recommendation: For complex cases, a single point of contact or a clear inter-institutional case management mechanism should be designated. The person affected should know whom they can contact, who is following the case and how the services they need are connected.

Target actors: Social services, child protection, police, NGOs, specialised structures, local authorities.

Implementation timeline: Medium term: piloting of case management mechanisms in communities or counties. Long term: their integration into current procedures.

R12. Clarification of referral pathways between institutions

Problem identified: Collaboration is affected by unclear procedures, insufficient communication and lack of up-to-date knowledge of available services. The victim may be referred onwards without accompaniment or without assurance that the service is accessible.

Recommendation: Institutions should develop clear referral pathways, known to frontline professionals. These must include available services, access criteria, contact persons, required documents and ways of monitoring the case after referral.

Target actors: Local and county institutions, NGOs, specialised services, local public authorities.

Implementation timeline: Short term: mapping of available services. Medium term: development of local operational protocols.

R13. Periodic inter-institutional case analysis meetings

Problem identified: Collaboration frequently depends on informal relationships and key individuals. Staff turnover can weaken these relationships. Lack of joint training and analysis spaces reduces coordination.

Recommendation: The institutions involved should organise periodic case analysis meetings within the multidisciplinary team, with respect for confidentiality. These meetings can function simultaneously as a coordination mechanism, applied training and professional support.

Target actors: Police, social services, child protection, NGOs, health, justice, education, specialised structures.

Implementation timeline: Medium term: quarterly or regular meetings at local/county level. Long term: their integration into stable collaboration mechanisms.

R14. Strengthening the state–NGO partnership

Problem identified: Specialised NGOs appear in survivors' accounts as important spaces of effective support, continuity and reconstruction. At the same time, collaboration with NGOs is unequal and may depend on temporary projects or informal relationships.

Recommendation: The state–NGO partnership must be strengthened through clear referral mechanisms, predictable funding, recognition of the expertise of specialised NGOs and their involvement in training professionals and the development of services. Specialised NGOs must not be treated as a substitute for public responsibility, but as specialised partners in the protection ecosystem.

Target actors: Public institutions, specialised NGOs, local and county authorities, training providers.

Implementation timeline: Medium term: collaboration agreements and state–NGO referral pathways. Long term: stable mechanisms for funding and co-design of services.

D. Support for professionals and working conditions

R15. Institutionalisation of professional supervision

Problem identified: Professionals work with complex situations, trauma, risk and difficult decisions. The data indicate unequal access to professional support and supervision.

Recommendation: Professional supervision should become a regular practice in institutions working with victims of gender-based violence and human trafficking. It should provide space for discussing cases, clarifying dilemmas, managing the emotional impact and improving practices.

Target actors: Employing institutions, social services, child protection, public order structures, NGOs, specialised services.

Implementation timeline: Medium term: pilot programme of regular supervision. Long term: inclusion of supervision in institutional standards.

R16. Mechanisms for preventing burnout and secondary trauma

Problem identified: A significant proportion of respondents consider anti-burnout mechanisms to have little effect or to be completely inefficient. Work in this field involves repeated exposure to suffering, risk and situations with high emotional impact.

Recommendation: Institutions should develop mechanisms for preventing burnout and secondary trauma: psychological support for staff, debriefing after difficult cases, professional reflection groups, mentoring, reasonable distribution of cases and policies for protecting professional health.

Target actors: Employing institutions, social services, police, child protection, NGOs, specialised structures.

Implementation timeline: Short term: recognition of burnout as a professional risk. Medium term: development of support mechanisms. Long term: their integration into organisational culture.

R17. Reduction of unnecessary administrative burden

Problem identified: Administrative pressure limits the time available for direct work with those affected. Documentation is necessary, but can become excessive or repetitive.

Recommendation: Institutions should review administrative procedures to reduce duplications, unnecessary forms and repetitive requests for information. The aim is not the elimination of documentation, but its transformation into a tool that supports intervention rather than needlessly slowing it down.

Target actors: Public institutions, social services, child protection, local authorities, coordinating structures.

Implementation timeline: Medium term: internal audit of administrative procedures. Long term: simplification and harmonisation of documentation between institutions.

R18. Stabilisation of teams and management of staff turnover

Problem identified: Staff turnover affects the continuity of support, inter-institutional relationships and the professional memory of cases.

Recommendation: Institutions should develop clear case handover procedures, mentoring for new employees, induction training and mechanisms for preserving institutional knowledge. Team stability must be treated as part of the quality of intervention.

Target actors: Employing institutions, social services, child protection, police, NGOs.

Implementation timeline: Short term: case handover procedures. Medium term: mentoring and induction for new staff. Long term: retention and stabilisation policies.

E. Specific intervention in trafficking cases

R19. Specialised training on identification of trafficking victims

Problem identified: The training deficit is more pronounced in the area of human trafficking. Victims of trafficking may be reluctant to self-identify, may conceal details out of fear or shame and may present the situation in a form not immediately recognised as exploitation.

Recommendation: Professionals must receive specific training for the identification of victims of human trafficking. Training should include trafficking indicators, sexual and labour exploitation, psychological coercion, threats, control of documents, shame, reluctance to self-identify and multiple vulnerabilities.

Target actors: Specialised structures, police, social services, child protection, health, education, NGOs.

Implementation timeline: Short term: specialised introductory modules. Medium term: applied training on trafficking cases.

R20. Social stabilisation as a central stage of anti-trafficking intervention

Problem identified: In cases of human trafficking, psychological, legal or criminal intervention may be blocked if basic social needs are not resolved: identity documents, housing, food, safety, access to medical services, material support.

Recommendation: Anti-trafficking intervention must explicitly include social stabilisation as a central stage. Without documents, housing, food, safety and basic resources, the person affected cannot participate stably in the rest of the institutional pathway.

Target actors: Social services, child protection, NGOs, specialised structures, local authorities.

Implementation timeline: Medium term: integrated social stabilisation packages. Long term: inclusion of social stabilisation in intervention standards.

R21. Realistic socio-professional integration and prevention of re-victimisation

Problem identified: Reintegration cannot be reduced to rapidly finding a job. If the alternative to exploitation is precarity, instability or insufficient income, the risk of returning to risk contexts remains high.

Recommendation: Reintegration programmes must include education, vocational training, support for obtaining documents, housing, counselling, accompaniment and access to decent employment. Socio-professional integration must be treated as part of the prevention of re-victimisation.

Target actors: Social services, employment services, NGOs, local authorities, vocational training providers.

Implementation timeline: Medium term: individualised reintegration pathways. Long term: integrated programmes of housing, education and employment.

R22. Protection of confidentiality in reintegration

Problem identified: In the reintegration process, the history of victimisation may become a source of stigmatisation if disclosed to employers, landlords, colleagues or the community.

Recommendation: Reintegration services must protect the confidentiality of the person affected. Support for access to employment, housing or education must be provided without unnecessary exposure of the trafficking or violence experience.

Target actors: NGOs, social services, employment services, local authorities, professionals accompanying reintegration.

Implementation timeline: Short term: clear rules on confidentiality in reintegration. Medium term: training for professionals on confidentiality and stigmatisation.

F. Data, monitoring and institutional learning

R23. Supplementing administrative data with data on the experience of intervention

Problem identified: Administrative data can show the scale of the phenomenon or the number of interventions, but does not sufficiently capture the quality of the pathway through the system, the experience of victims, the conditions of professionals or collaboration blockages.

Recommendation: Monitoring should include more than quantitative indicators on cases and interventions — also data on the experience of those affected, continuity of support, repetition of the account, communication throughout the case, access to services and the conditions of professionals.

Target actors: Public institutions, monitoring structures, NGOs, researchers, relevant authorities.

Implementation timeline: Medium term: development of qualitative and experience-based indicators. Long term: their integration into periodic reports.

R24. Assessment of collaboration through its effect on the affected person

Problem identified: Inter-institutional collaboration is often assessed through the existence of communication between institutions, not through its effect on the victim. A formal referral does not automatically mean integrated support.

Recommendation: Assessment of collaboration should include questions about the pathway of the person affected: how many institutions they passed through, how many times they had to repeat the story, whether they had a single point of contact, whether they received clear information and whether services were connected.

Target actors: Public institutions, local/county authorities, NGOs, coordinating structures.

Implementation timeline: Medium term: quality indicators for collaboration. Long term: use of these indicators in service planning.

R25. Involvement of survivors in the design of training and services, with ethical precautions

Problem identified: Survivors' accounts show what works and what produces discouragement or re-traumatisation. These are crucial perspectives for the design of training and services, but their involvement must be done with care to avoid exposure or instrumentalisation.

Recommendation: Survivors' experiences should be integrated into the design of training and services, through ethical and safe methods: anonymised consultations, synthetic materials, collaboration with specialised NGOs, use of generalised quotations or scenarios, without pressure to recount traumatic experiences publicly.

Target actors: NGOs, training providers, public institutions, researchers.

Implementation timeline: Medium term: ethical consultations and training materials based on anonymised experiences. Long term: safe participatory mechanisms for service evaluation.

Recommendations by implementation timeline

Short term (first year)

The report recommends prioritising the following measures:

- Development of a minimal guide for first contact with victims of gender-based violence and human trafficking.
- Development of applied training modules on trauma, non-re-victimising communication and verification without inducing guilt.
- Mapping of existing services and referral pathways in the communities targeted.
- Organisation of inter-institutional case analysis meetings.
- Introduction of support mechanisms for professionals: supervision, debriefing, mentoring.
- Development of specialised training on identification of victims of human trafficking.
- Creation of clear materials for victims on their rights, procedural steps and available services.
- Strengthening of collaboration with specialised NGOs.

Medium term

The report recommends:

- Institutionalisation of continuous and inter-institutional training.
- Piloting of inter-institutional case management mechanisms or a single point of contact.
- Development of operational protocols for referral and communication between institutions.
- Implementation of mechanisms for preventing burnout and secondary trauma.
- Development of integrated social stabilisation packages for victims of trafficking.
- Construction of realistic socio-professional reintegration pathways.
- Integration of indicators on victims' experience into service monitoring.

Long term

The report recommends:

- Construction of a national or inter-institutional infrastructure of continuous training.
- Integration of reflective and trauma-sensitive training into professional standards.
- Stabilisation of state–specialised NGO collaboration mechanisms.
- Development of integrated protection, support and reintegration services.
- Predictable funding of specialised services.
- Monitoring of the quality of intervention not only through administrative data, but also through the experience of those affected.

- Consolidation of an institutional culture centred on safety, trust and reduction of re-traumatisation.

Conclusion of the recommendations

The report's recommendations are not reducible to the idea that professionals need more training, although training is essential. The data shows that training must be connected with institutional changes: supervision, time, collaboration, clear procedures, accessible services, partnerships with NGOs and continuity mechanisms for those affected.

Effective protection appears when these elements function together. A victim does not only need an institution to turn to, but a safe, intelligible and coherent pathway. A professional does not only need procedural obligations, but training, support and conditions to intervene well. And the system does not only need formal collaboration, but mechanisms that reduce the burden on the affected person.

The aim of these recommendations is to transform intervention from a succession of institutional responses into an ecosystem of protection, trust and recovery.

11. Final conclusion

This report shows that intervention in cases of gender-based violence and human trafficking cannot be adequately understood from a single perspective. The quantitative data, the interviews with professionals and the survivors' accounts describe the same system seen from different perspectives. Professionals describe a system that attempts to intervene in conditions of fragmentation, unequal resources, administrative pressure and high emotional consumption. Survivors show how these conditions are experienced as the difficulty of being believed, fatigue from repeating the story, lack of information, need for effective protection and need for continuous support.

The report's findings must not be read as a culpabilisation of professionals. Many work in difficult conditions, with great responsibilities, constant exposure to trauma and limited institutional resources. At the same time, survivors' accounts show that individual good intention is not sufficient if the system does not provide the conditions, training, coordination and services necessary for support to be experienced as real.

One of the central conclusions of the report is that professional training must be understood as part of the protection infrastructure. The data shows an important deficit of specific training, particularly in the area of human trafficking. In the absence of a stable infrastructure, competence is frequently built through practical experience, exchanges with colleagues, self-study and learning from cases. These forms of learning are valuable, but cannot guarantee the equitable distribution of knowledge, the updating of practices and coherent intervention across all institutions and communities.

The report also shows the limits of a predominantly procedural intervention. Knowledge of legislation and administrative steps is necessary, but not sufficient. Intervention in cases of violence and trafficking requires working with trauma, fear, shame, ambivalence, coercive control, economic dependency, reluctance to self-identify, distrust of institutions and the risk of re-traumatisation. Training must therefore include relational, reflective and applied dimensions: non-re-victimising communication, verification without invalidation, risk assessment, trauma-sensitive hearing, inter-institutional collaboration and support for professionals.

Trust appears as one of the main conditions of protection. Survivors do not only need institutions to exist, but for them to be trustworthy. This trust is built in specific moments: first contact, the tone of questions, the hearing space, the feeling that the person is believed, explanations about next steps, the protection offered, communication throughout the case and continuity of support. Trust cannot be demanded of victims; it must be built through clear, predictable, respectful and safe institutional practices.

Another important conclusion is that support for professionals and their working conditions directly influence the quality of intervention. Lack of time, bureaucracy, staff turnover, insufficient mechanisms for preventing burnout, lack of supervision and difficult collaboration do not remain internal problems of institutions. They translate into concrete experiences for those affected: rushed interactions, repetition of the story, delays, absence of a point of contact, discontinuity and the feeling that the system cannot sufficiently accompany the person.

Inter-institutional collaboration is another critical area. The data shows that this collaboration exists, but functions unevenly. The problem is not only the absence of communication between institutions, but the distance between formal collaboration and integrated intervention. An institution may forward a case, write a letter or direct the person to another service, but these actions do not automatically produce a coherent pathway for the victim. From survivors' perspective, fragmentation is experienced as fatigue, confusion, repeated exposure and the obligation to manage the relationship with the system alone.

In the case of human trafficking, the report shows the need for specific attention. The training deficit is more pronounced, and intervention requires particular competences: identification of victims, working with reluctance to self-identify, understanding psychological and material coercion, psycho-social stabilisation, protection of confidentiality and support for socio-professional reintegration. Anti-trafficking intervention cannot be reduced to the criminal or procedural dimension. It must include shelter, documents, food, psychological support, legal support, education, decent employment and medium toterm accompaniment.

Overall, the report indicates the need for a shift of perspective:

- **a.** from intervention as a one-off response to a case, to intervention as a pathway of protection and recovery;
- **b.** from institutions acting successively, to institutions building together a coherent journey;
- **c.** from training as an occasional event, to training as a continuous infrastructure;
- **d.** from procedure-centred support, to support centred on safety, trust and reconstruction.

The aim of these recommendations is not limited to the improvement of certain courses or procedures. The aim is the construction of a protection ecosystem in which professionals can work competently and sustainably, and those affected are not required to navigate the system alone.

Effective protection appears when legislation, training, assistance and protection services, collaboration and the relationship with the person affected function together. Without this infrastructure, the responsibility of intervention falls too much on individual professionals and too much on victims who must transform their own vulnerability into the capacity to navigate the system.

This report therefore proposes a clear direction: intervention in gender-based violence and human trafficking must be treated as a public infrastructure of safety, trust and recovery.

A victim does not only need an institution to turn to. They need an intelligible pathway, trained professionals, concrete protection, connected services, continuity and the possibility of being believed, listened to and accompanied without judgement.

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Annexes

Annex 1. Questionnaire

Introduction and informed consent

You are invited to participate in a study on training needs and conditions of intervention in the field of gender-based violence and human trafficking. The study is being conducted within a project coordinated by eLiberare Association, in partnership with Centrul FILIA and ACT212.

The aim of the research is to understand the experiences of professionals working in this field, the challenges encountered in day-to-day work, and the types of support and training that could contribute to improving interventions. Throughout the questionnaire, we use the term 'victim' as a generic term, including with reference to persons who identify as survivors of gender-based violence or human trafficking.

The questionnaire is anonymous and takes approximately 20 minutes to complete. Participation is voluntary. You may choose not to answer certain questions or stop completing it at any time.

The data collected will be used exclusively for research, analysis and the formulation of recommendations, and, where applicable, for reports and academic publications. Responses will be analysed in aggregate form, without allowing identification of individual participants or institutions.

Data processing is carried out in accordance with Regulation (EU) 2016/679 on the protection of personal data (GDPR). Data will be stored securely and will be accessible only to members of the research team involved in this project.

As part of the study, we also conduct individual interviews to explore in greater depth some of the aspects investigated through the questionnaire. If you wish to participate in an interview, you may leave an email address at the end of the questionnaire at which we can contact you. Providing an email address is optional and will be used exclusively for organising the interview.

By continuing and completing the questionnaire, you confirm that you have read the above information, understood the purpose of the study and agree to participate voluntarily in this research.

> *Note on scales: The scales used have been standardised as follows: frequency — never / rarely / sometimes / frequently / very frequently; extent — not at all / to a small extent / to some extent / to a large extent / to a very large extent; agreement — strongly disagree / disagree / neither agree nor disagree / agree / strongly agree; relevance — not at all relevant / slightly relevant / moderately relevant / relevant / very relevant; usefulness — not at all useful / slightly useful / moderately useful / useful / very useful.*
>
> *Note on branching: after the filter question on the type of victims encountered in the course of work, respondents are directed to the questions relevant to gender-based violence, human trafficking or both domains.*

Section 1. Professional profile

1. What type of institution do you work in?

- Directorate of Social Assistance
- Police
- Justice system

- Health system
- Local public institution
- NGO
- Another type of organisation: _____

2. What is your professional role?

- Social worker
- Psychologist
- Counsellor
- Police officer
- Jurist / lawyer
- Project manager
- Another role: _____

3. How many years have you been working in the field of gender-based violence or human trafficking?

- Less than 1 year
- 1–3 years
- 4–7 years
- 8–15 years
- Over 15 years

4. In which county do you work?

- Dolj
- Bacău
- Argeș
- Another county: _____

5. Your gender:

- Male
- Female
- Another gender
- Prefer not to answer

6. What is the highest level of education you have completed?

- Post-secondary education
- Bachelor's degree
- Master's degree
- Doctoral degree
- Other, please specify: _____
- Prefer not to answer

7. Your age in completed years:

- Under 25
- 25–34

- 35–44
- 45–54
- 55–64
- 65 and over
- Prefer not to answer

8. In your work, which of the following do you encounter most frequently?

- Victims of gender-based violence
- Victims of human trafficking
- Both types of victims
- Neither of the above categories

Section 2. Professional experience in the field

9. What types of cases do you encounter most often? (Multiple options may be selected.)

- Domestic violence
- Sexual violence
- Child pornography
- Forced marriage / child marriage
- Human trafficking: sexual exploitation
- Human trafficking: labour exploitation
- Human trafficking: exploitation through begging
- Trafficking of minors: sexual exploitation
- Trafficking of minors: labour exploitation
- Trafficking of minors: exploitation through begging
- Other forms: _____

10. How many gender-based violence training programmes have you participated in over the past 3 years?

- None
- 1–2
- 3–5
- More than 5

11. How many human trafficking training programmes have you participated in over the past 3 years?

- None
- 1–2
- 3–5
- More than 5

12. To what extent do you consider that the training programmes you have attended were relevant to your daily work?

- Not at all relevant
- Slightly relevant
- Moderately relevant

- Relevant
- Very relevant
- Not applicable

13. To what extent do you feel prepared to deal with the complexity of the cases you encounter in your work?

- Not at all
- To a small extent
- To some extent
- To a large extent
- To a very large extent
- I do not work directly with cases

14. Which of the following topics do you consider to be insufficiently covered in existing training programmes? (Select all relevant options.)

- Forms of gender-based violence
- Dynamics of abusive relationships and coercive control
- Trauma and its effects on victims/survivors
- Risk of repetition and escalation of violence
- Ethical aspects of intervention
- Legal framework and procedures relevant to intervention
- Multidisciplinary intervention and inter-institutional collaboration
- Specificities of intervention for different categories of victims in situations of vulnerability
- Prevention of secondary trauma / professional burnout
- Forms and mechanisms of human trafficking
- Dynamics of recruitment, control and exploitation in human trafficking
- National Identification and Referral Mechanism for victims of human trafficking
- Indicators of human trafficking, exploitation and sexual abuse, including online
- Rights and protection of victims of human trafficking
- Data protection and confidentiality
- Other, please specify: _____
- I don't know / cannot assess

15. To what extent have you acquired the professional competences needed through the following sources?

Item / category	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Have not participated
Training courses offered or organised by the employing institution						
Training courses identified and attended on own initiative						
Courses provided by NGOs						
Practical experience						

Discussions with colleagues						
Professional supervision						
Conferences / workshops						

16. For which of the following categories of victims do you consider that you do not have sufficient resources to respond to their needs? (Select all relevant options.)

- Persons with disabilities
- Roma persons
- LGBTQ+ persons
- Migrants or refugees
- Homeless persons
- Persons who are in or have left the child protection system
- Other vulnerable categories: _____
- Not relevant to my professional role

17. Which of the following situations are most difficult to manage in interaction with victims/survivors of violence or human trafficking?

- Victims in a state of shock or severe trauma
- Victims who do not wish to file a complaint
- Victims who do not trust that authorities can protect them
- Victims under family or community pressure
- Cases involving children as collateral victims
- Other situations: _____
- I do not work directly with such situations

18. Which learning formats do you consider to be useful?

Item / category	Not at all useful	Slightly useful	Moderately useful	Useful	Very useful
Online courses					
Face-to-face courses					
Practical workshops based on case studies					
Intervention simulations					
Case analysis meetings					
Professional supervision					
Professional mentoring					
Inter-institutional experience sharing					
Longer-term continuous training programmes					

19. Which of the following characteristics do you consider useful for organising training programmes in this field?

Item / category	Not at all useful	Slightly useful	Moderately useful	Useful	Very useful

To be organised by the employing institution					
To be accessible on own initiative					
To have an interdisciplinary character					
To be offered periodically					
To be accredited					
To be publicly funded					

20. In your work, what types of interventions do you carry out most frequently? (Select all relevant options.)

- Assessment of the victim's situation
- Psychological counselling
- Social assistance
- Emergency intervention
- Investigation / law enforcement
- Legal assistance
- Coordination of services
- Case monitoring
- Prevention / community information
- Full case management
- Other: _____
- I do not carry out direct interventions

21. In your community, do the cases you manage involve victims in the following categories?

Item / category	Never	Rarely	Sometimes	Frequently	Very frequently
Persons with disabilities					
Roma persons					
LGBTQ+ persons					
Persons with migrant, refugee or asylum-seeker status					
Minors / girls under 18					
Persons from rural or isolated areas					
Persons economically dependent on the perpetrator					
Persons with childcare responsibilities					
Persons without housing or with unstable housing					
Persons with low levels of education					
Persons with mental health problems					
Persons with substance use issues					
Persons in long-term abusive relationships					

Persons without identity documents					
Pregnant or post-natal women					

Section 3. Case assessment, credibility and risk

22. In your practice, how often do discussions arise among professionals about the credibility or intentions of persons reporting violence?

- Never
- Rarely
- Sometimes
- Frequently
- Very frequently

23. To what extent do you agree with the following statements about how cases of gender-based violence / human trafficking are assessed in practice?

Item / category	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
In professional practice, there are situations in which the seriousness of the reported violence or abuse is perceived as exaggerated					
In contexts of separation, custody or conflict over children, reports of violence are sometimes viewed with the suspicion that they may also serve a strategic function					
Some cases of violence are treated with distrust, even when the person affected is seeking protection or support					
In situations where information is incomplete or contradictory, intervention should prioritise the protection of the person at risk					
If the person has their documents and freedom of movement, they cannot be a victim of human trafficking					
Trafficking cases generally involve the movement of the victim to another country or region					
If a potential trafficking victim does not acknowledge they are a victim and/or refuses intervention or cooperation with authorities, the professional is not obliged to report the potential case to the police					
In a potential case of trafficking of minors, the consent of the parents/legal guardian is mandatory for any type of intervention					
If the person has given their consent to the situation in which they find themselves, it cannot be considered trafficking in human beings					

Section 4. Institutional conditions and professional support

24. Does your organisation have the following forms of professional support? (Select all relevant options.)

- Professional supervision
- Psychological support for staff
- Case analysis meetings
- Mentoring
- None of these
- Other: _____

25. To what extent do you consider that these mechanisms are sufficient to prevent professional burnout?

- Not at all sufficient
- Slightly sufficient
- Moderately sufficient
- Sufficient
- Very sufficient

26. To what extent do administrative procedures and requirements (e.g. forms, documentation, reports) limit the possibility of adapting intervention to the specific needs of the person affected?

- Not at all
- To a small extent
- To some extent
- To a large extent
- To a very large extent

27. To what extent do you feel professionally supported in the work you carry out in this field?

- Not at all
- To a small extent
- To some extent
- To a large extent
- To a very large extent

28. How often do you encounter situations in which victims do not trust the institutions that should support them?

- Never
- Rarely
- Sometimes
- Frequently
- Very frequently
- Cannot assess

29. To what extent does staff turnover affect the continuity of services provided to survivors?

- Not at all
- To a small extent
- To some extent
- To a large extent
- To a very large extent
- Cannot assess

30. To what extent does the available time allow you to provide the support necessary in the cases you work with?

- Not at all
- To a small extent
- To some extent
- To a large extent
- To a very large extent
- I do not directly provide this type of support

Section 5. Institutional collaboration

31. How do you assess the collaboration between the institutions involved in managing cases of gender-based violence?

- Very poor
- Poor
- Moderate
- Good
- Very good
- I don't know / cannot assess

32. How do you assess the collaboration between the institutions involved in managing cases of human trafficking?

- Very poor
- Poor
- Moderate
- Good
- Very good
- I don't know / cannot assess

33. What are the main obstacles to inter-institutional collaboration in managing cases of gender-based violence? (Select all relevant options.)

- Lack of resources
- Unclear procedures
- Insufficient communication
- Lack of joint training
- Staff turnover
- Other obstacles: _____

- I don't know / cannot assess

34. What are the main obstacles to inter-institutional collaboration in managing cases of human trafficking? (Select all relevant options.)

- Lack of resources
- Unclear procedures
- Insufficient communication
- Lack of joint training
- Staff turnover
- Other obstacles: _____
- I don't know / cannot assess

Section 6. Public policy and resources

35. To what extent do you consider that current legislation provides an adequate framework for interventions in the field of gender-based violence?

- Not at all
- To a small extent
- To some extent
- To a large extent
- To a very large extent
- I don't know / cannot assess

36. To what extent do you consider that current legislation provides an adequate framework for interventions in the field of human trafficking?

- Not at all
- To a small extent
- To some extent
- To a large extent
- To a very large extent
- I don't know / cannot assess

37. What additional resources would be needed to improve interventions in the field of gender-based violence? (Select all relevant options.)

- Additional staff
- Professional training
- Stable funding
- Monitoring and evaluation tools
- Better inter-institutional collaboration
- Specialised services for vulnerable groups
- Other: _____

38. What additional resources would be needed to improve interventions in the field of human trafficking? (Select all relevant options.)

- Additional staff
- Professional training

- Stable funding
- Monitoring and evaluation tools
- Better inter-institutional collaboration
- Specialised services for vulnerable groups
- Other: _____

39. What role should public institutions play in developing professional training in the area of human trafficking?

- Voluntary training
- Periodically recommended training
- Mandatory training for professionals
- Mandatory publicly funded training

40. What role should public institutions play in developing professional training in the area of gender-based violence?

- Voluntary training
- Periodically recommended training
- Mandatory training for professionals
- Mandatory publicly funded training

41. If you wish, please mention any other needs or recommendations for improving services for survivors of gender-based violence or human trafficking.

Open response:

_____

42. If you would also like to participate in an individual interview, please leave an email address at which we can contact you.

Email (optional): _____

Annex 2. Interview guide for professionals

Introduction for the interview

Thank you for agreeing to participate in this interview. This study aims to better understand the experiences of professionals working in the field of prevention and combating of gender-based violence and human trafficking, as well as the challenges and training needs that arise in day-to-day work.

The interview will last approximately 45–60 minutes and will address topics related to your professional experience, the types of situations encountered in practice, institutional collaboration and training opportunities in this field.

Your participation is voluntary. You may refuse to answer any question or stop the interview at any time, without any consequence.

With your consent, the interview will be audio-recorded, solely to facilitate transcription and data analysis. All information provided will be treated confidentially, and your name or other details that could enable identification will not appear in reports or publications. There are no right or wrong answers; we are interested in your experience and perspective.

Before we begin, do you have any questions or is there anything you would like to clarify about the study?

I. Professional experience and the context of intervention

1. Please describe your professional role and the experience you have in the field of combating gender-based violence and/or human trafficking.

2. How did you come to work in this field and what experiences do you consider have shaped you most as a professional?

3. What types of cases do you encounter most frequently in your work related to gender-based violence or human trafficking? (For example: domestic violence, sexual violence, sexual exploitation, labour exploitation, etc.)

4. In your experience, what are the main factors that increase the risk of violence or human trafficking in the communities you work with?

II. Intervention practice

1. What are the most difficult or complex types of situations in which you have to decide how to intervene?

Probing questions: What makes them difficult or complex?

2. When you think about direct interaction with victims/survivors, what types of situations or conversations most often present difficulties?

Probing questions: What makes these situations particularly difficult?

3. In your experience, what makes an intervention perceived as helpful by the person affected?

Probing questions: What makes it difficult from the perspective of the person affected?

4. Are there situations in which institutional procedures, rules or legal requirements come into tension with what you consider would be the best solution for the person affected? Can you describe such a type of situation?

5. Are there situations in which the distinction between violence and intense relational conflict is difficult in practice? How do you approach such situations?

6. When a person reports violence, what do you take into account in assessing the situation and choosing the mode of intervention?

Probing questions: Are there situations in which uncertainties arise related to the interpretation of what has been recounted? How do you manage them?

7. Are there types of contexts in which cases tend to be viewed with greater suspicion?

Probing questions: What do you think explains this suspicion?

8. How do you interpret situations in which the person affected does not wish to file a complaint or withdraws their initial statements?

Probing questions: What do you believe are the reasons why the person affected hesitates to file a complaint or withdraws it?

9. How do you interpret situations in which the person affected does not want a provisional protection order issued or refuses electronic monitoring for the perpetrator?

Probing questions: What do you believe are the reasons why the person refuses, even when a high risk has been identified?

10. How do you assess the risk of escalation or intensification of violence? What do you usually look at?

11. What ethical problems or dilemmas do you most often encounter when managing a case?

III. Monitoring, evaluation and prevention of re-traumatisation

1. If you have responsibilities in this area, what practices do you use for monitoring and evaluating interventions aimed at preventing or reducing gender-based violence and/or human trafficking?

2. What difficulties do you encounter when trying to assess the effectiveness of these interventions, particularly with regard to victims' safety or the reduction of violence?

3. What measures do you take to ensure that the process of collecting information does not produce stress or re-traumatisation for those affected?

4. What role do local communities play in the prevention of violence and in supporting those affected?

IV. Professional training and learning in practice

1. What training have you received to date in the field of prevention and combating of gender-based violence and/or human trafficking?

2. To what extent has this training prepared you for concrete field situations?

3. What types of knowledge or skills did you learn primarily from practical experience rather than from formal training?

4. How do professionals in your organisation or institution learn from one another? (For example: case discussions, supervision, mentoring.)

V. Institutional collaboration and systemic context

1. Thinking of a recent case, which institutions or organisations did you need to collaborate with to manage it?

> *Probing questions: Which of these collaborations function well? Where do difficulties arise? What are the main obstacles to inter-institutional collaboration?*

2. To what extent do the existing legislative framework and public policies support your work?

3. To what extent do the existing legislative framework and public policies hinder your work?

4. What legislative or public policy changes do you consider would improve the capacity of institutions to prevent and combat gender-based violence and human trafficking?

Annex 3. Interview guide for survivors

Introduction for the interview

Thank you for agreeing to participate in this discussion.

The aim of this study is to better understand the experiences of persons who sought support after going through situations of violence or human trafficking. We wish to learn what type of help was useful, what difficulties may arise in accessing services and what changes could improve the support offered in such situations.

The interview will last approximately 45–60 minutes. There is no need to recount details about experiences that cause you discomfort. You may answer only those questions with which you feel comfortable.

Your participation is entirely voluntary. You may skip any question, take a break or stop the interview at any time.

With your consent, the interview will be audio-recorded, solely so that it can be transcribed. All information will be treated confidentially, and your name or other details that could enable identification will not appear in reports or publications. If at any point during the discussion you wish to stop or change the subject, please let us know.

Before we begin, do you have any questions or is there anything you would like us to clarify?

General context questions

To better understand the context of participants, we ask a few general questions. Any of these may be omitted.

- Can you tell us your age?
- What type of locality do you live in? (city, town, village)
- Do you currently have children in your care?
- What types of services have you come into contact with in connection with your experience? (social services, police, medical services, psychological counselling, NGOs, shelter, etc.)

I. Experience with the support received

1. If you feel comfortable, can you tell us what kind of support or help you sought following the experience you went through?

2. What helped you the most in the support you received?

3. What was difficult when you tried to seek or receive help?

4. Was there anything you needed that you did not receive?

5. Did you feel that you were listened to and taken seriously when you sought help?

6. Did you feel safe and respected when you sought help? Is there anything you would have wanted to be different?

7. Did you feel you had continuous support when you needed it, or rather one-off help?

II. The relationship with professionals and institutions

1. How did the people you came into contact with when seeking help make you feel?

2. What made some people or forms of support more useful than others?

3. What does good help look like to you in such a situation?

III. Safety and access

1. What things make you feel safe?

2. What things make you feel unsafe when seeking help or coming into contact with institutions?

3. What makes it easier and what makes it harder for a woman to seek help in such a situation?

4. How do you think organisations or institutions could more easily reach women who need help?

IV. Needs and recommendations

1. What kind of help do you consider most necessary for women going through such experiences?

2. What would you like professionals (police officers, social workers, etc.) who work with women in such situations to know or do differently?

3. What would you like to change in the way authorities respond to these situations?

4. Is there anything else you consider important that we have not asked you?

Annex 5. Survivor – training needs – institutional directions matrix

What survivors' accounts show	Training need	Institutional direction for improvement
First contact can encourage or discourage continuation of proceedings.	Crisis communication; non-judgmental listening; recognition of trauma; clear information.	Designated professionals for first contact; private spaces; clear materials on rights; rapid referral to specialised services.
Persons sometimes feel judged, blamed or placed under suspicion.	Gender stereotypes; myths about violence and trafficking; coercive control; traumatic dependency; verification without invalidation.	Language guides; standards for non-re-victimising interaction; supervision of first contact and hearing practices.
The hearing can reactivate trauma and destabilise the person.	Trauma-sensitive hearing; effects of trauma on memory; management of blockage, silence and fragmented accounts.	Reduction of repeated hearings; support person; safe spaces; responsible use of information already collected; coordination between institutions.
Protection is not always experienced as effective after reporting to the authorities/ filing a complaint.	Risk assessment; post-separation risk; harassment, threats, stalking, coercive control; trafficking and risk to the family.	Rapid response; monitoring; protection orders applied consistently; clear communication about the status of the case and available measures.
Useful support is integrated: psychological, legal, material and social.	Case management; integrated intervention; accompaniment; inter-institutional collaboration; working with multiple vulnerabilities.	Single point of contact; state–NGO collaboration; follow-up services; access to shelter, legal representation, therapy, housing and material support.
Children complicate the protection pathway and can become part of post-separation control.	Post-separation violence; control through children; the difference between parental conflict and domestic violence; the impact of violence on children.	Protocols between police, DGASPC, DAS, courts and specialised services; risk assessment including children and the context of violence.

Victims of trafficking may not immediately self-identify as victims.	Identification of trafficking victims; sexual and labour exploitation; psychological coercion; threats; trauma and shame.	Clear referral pathways; collaboration DIICOT–ANITP–specialised NGO–social services; protection and stabilisation prior to full procedural cooperation.
Lack of information about the case file and next steps sustains fear and distrust.	Communication throughout the case; explanation of procedures; victims' rights; the limits and possibilities of the institution.	Periodic updates; person responsible for communication with the victim/survivor; accessible materials; mechanism for monitoring the case.
Some forms of support are experienced as useful because they offer continuity and relationship, not merely a one-off service.	Professional relationship, continuity, accompaniment, working with ambivalence and return to the perpetrator.	Long-term services; support groups; individualised plan; possibility of returning without judgement.
Professionals can become burned out, and burnout affects the quality of the relationship with the person affected.	Secondary trauma; self-regulation; professional limits; reflection on difficult cases.	Supervision, mentoring, psychological support for professionals, sufficient teams and reasonable distribution of cases.