Improving the response and follow-up of victims and perpetrators of gender-based violence by police authorities in Belgium

101096908 – TACTICS - CERV-2022-DAPHNE
"Updated Regional Roadmaps to Improve DV Response System"

Co-funded by
the European Union

TACTICS

TACTICS – Improving the response and follow-up of victims and perpetrators of gender-based violence by police authorities in Belgium

101096908 – TACTICS - CERV-2022-DAPHNE

“Updated Regional Roadmaps to Improve DV Response System”

Contributors: Babeş-Bolyai University, Comisión para la investigación de malos tratos a mujeres, gesine intervention, MEFH, Psytel France, Union of Women Associations of Heraklion, University of Tartu, Women’s Support and Information Center, WWP EN – European Network for the Work with Perpetrators

January 2026

The contents of this publication are the sole responsibility of the TACTICS project and do not necessarily reflect the opinion of the European Union. Neither the European Union institutions and bodies nor any person acting on their behalf may be held responsible for the use which may be made of the information contained therein.

Co-funded by the European Union

Table of Contents

1. Introduction 4

2. Description of the ecosystem in Belgium 6
   2.1 Existing system response mechanism for DV/IPV cases in Belgium 6
   2.2 System response mechanisms and multi-agency collaboration in Belgium... 7

3. Structural barriers in achieving multi-agency collaboration on the management of DV cases in Belgium 10

4. Suggestions/solutions for upgrading multi-agency collaboration in the management of DV/IPV cases in Belgium 13

5. Key recommendations for mechanism improvement 17

1. Introduction

The TACTICS Roadmap serves as a tool for setting priorities with a view to changing the practices and policies of the police/justice system and the social and medical services involved in specific issues relating to domestic violence. The roadmap also identifies ways to improve collaboration between different frontline professionals in order to better serve groups with specific needs and to increase the sharing of knowledge and data. The first version of the roadmap was completed in September 2024 following the organisation of the following experience-sharing groups:

- Six focus groups with different police zones and their victim support services in Ottignies-Louvain-la-Neuve, Herve, Ans, La Louvière and Brussels;
- Two experience-sharing groups with victim support associations in Brussels and Charleroi, in order to gather their perspectives;
- A meeting with a support service for prisoners and defendants in Charleroi, to better understand the specific issues related to this population; and
- Three individual interviews with victims.

This roadmap was updated in December 2025 following intra- and inter-professional working groups held in Saint-Josse (one of the 19 municipalities of Brussels) as part of the TACTICS project. All of the new data collected in 2025 was summarised and integrated with the previous data in order to create a new, updated version of the roadmap. Three meetings were held for the police-justice group, two with social services, and one with the health group. Finally, two intersectoral groups were held, the second of which included managers. Each meeting was prepared and conducted using a guide and slides for leading the working group. Although medical services are an essential stakeholder, they are rarely involved in platforms to combat domestic violence and work together in this area on an ad hoc basis or through service-to-service collaboration protocols. In fact, there is such a shortage of healthcare professionals in Belgium that even routine healthcare activities are subject to significant delays. Discussions with healthcare stakeholders took place mainly in larger groups during the nine platform meetings at which the TACTICS project was presented, or by telephone, and were then summarised and incorporated into the results of the Saint-Josse working group. The police/justice working group brought together officers and supervisors from the local police service and the Police Assistance Service for Victims (SAPV), as well as a magistrate (first deputy) from the Brussels public prosecutor's office. The social services working group brought together psychologists and a lawyer from a victim support association and a refuge, as well as coordinators and social workers from the Public Social Welfare Centre (CPAS) and the social cohesion service of the municipality of Saint-Josse. The main topic of discussion was the follow-up of domestic violence situations, particularly in the context of intra-professional and inter-professional collaboration. Initially, we focused on how to collaborate between different services within the same sector. Subsequently, we discussed how to collaborate between different sectors.

In order to reinforce the decisions taken and their practical implementation, a meeting with the alderwoman for equal opportunities in the municipality of Saint-Josse is planned. In addition, in order to propose the resulting recommendations, a meeting is planned with the Minister of the Interior.

Furthermore, specific instruments for Brussels are to be developed on the basis of tools developed by MEFH, including guidelines for approaching and guiding victims of intimate partner violence, and more specifically for supporting migrant women in this situation.

2. Description of the ecosystem in Belgium

2.1 Existing system response mechanism for DV/IPV cases in Belgium

Domestic violence, or intimate partner violence (IPV), remains a serious and persistent problem in Belgium. Although progress has been made in combating this scourge, significant challenges remain in ensuring effective protection for victims and appropriate management of perpetrators. The police play a crucial role in the prevention, immediate response and follow-up of cases of domestic violence. In accordance with the Istanbul Convention on preventing and combating violence against women, Belgium is working to strengthen coordination and cooperation at national and European level by adopting a multi-partner approach and improving the consistent collection of data on violence against women[1]. Firstly, Belgium seeks to prevent violence by implementing measures to raise awareness of gender-based violence and promote equality[2]. It also protects victims by developing appropriate support services, such as shelters, helplines and legal assistance services. Furthermore, Belgium is committed to prosecuting perpetrators of violence by introducing legal provisions that criminalise acts of violence against women and domestic violence, while ensuring that these laws are strictly enforced[3].

A front-line risk assessment tool for police and public prosecutors has been developed. This assessment grid is included in Annex 1 of Circular COL 15/2020 of the College of Public Prosecutors. An assessment must be carried out by the police for each complaint and forwarded to the public prosecutor's office together with the complaint. A form listing the aspects to be mentioned must be used when taking the complaint. The complaint must be classified as domestic violence (DV) and, within this category, as intimate partner violence (IPV). The existence of this well-defined procedure does not guarantee its proper implementation if there is no verification by a person trained in intimate partner violence.

Referral procedures (addiction treatment, specialised associations, etc.) are not provided for in all police areas and, when they are, they are not always applied, especially if there is no verification.

Services for perpetrators of violence are not sufficiently widespread or well known. A helpline is also available for perpetrators of violence (relatives, witnesses and support persons), but these programmes are not well known and therefore little used.

A reform of the Penal Code has been adopted and will come into force in April 2026, but without a full analysis of the text and before its implementation, we can still say that it does not take into account the gendered and structural nature of domestic violence. Psychological violence could be taken into consideration if there is damage to health.

---

1 National Action Plan to Combat Gender-Based Violence 2021–2025 — Strategic Priorities and Key Measures: https://sarahschlitz.be/wp-content/uploads/sites/300/2021/11/20211125-PAN-2021-2025-clean-FR.pdf

2 https://bdf.belgium.be/resource/static/files/international-conventions/Istanbul/2020-06-26-rapportfinal-du-grevio-sur-la-belgique-convention-d-istanbul.pdf

3 European Court of Human Rights, "Belgium condemned for failing to protect a woman from domestic violence" (2021).

2.2 System response mechanisms and multi-agency collaboration in Belgium

Belgium has put in place a series of integrated national policies, involving government institutions and other stakeholders, to combat violence against women in a coordinated manner, such as the Stop Femicide Act. In Wallonia, there is a helpline with a website where you can enter a postcode to access a list of associations available in that area, including Brussels. Equal. brussels is currently working on setting up a specific map of services in Brussels.

The Evivico tool (Intersectoral Evaluation of Violence in Couples) was designed by the Resource Centre specialising in domestic and intra-family violence to support professionals in the psycho-medical-social sector in assessing the criticality of situations of domestic violence.

Inspired by COL 15/2020, the tool has been developed and adapted to respond to the realities of the psycho-medical-social sector. It was developed in partnership with the Public Prosecutor's Office to ensure complementarity between COL 15/2020 and the Evivico tool.

This tool is not yet in widespread use and requires specific training before it can be used. In many areas, stakeholders still use their own procedures or assessment methods.

Inter-sectoral collaboration is still rarely implemented and, in most cases, without a protocol. However, a new interdisciplinary mechanism using the Evivico tool, DIViCo (Interdisciplinary Mechanism for Combating Violence in Couples), has been operational since September 2023. This mechanism is the result of collaboration between the Resource Centre, the City and the Province of Liège.

The Intervention System (DIViCo) intervenes when there is a high risk of femicide, infanticide or suicide. It is based on:

- A rigorous assessment of the criticality of situations using the Evivico intersectoral tool, developed by the Resource Centre, which enables professionals to assess the risk of irreversible acts (femicide, infanticide, suicide).

- Interdisciplinary consultation involving the justice system, police, social services and health services to jointly develop coordinated action plans to ensure safety

- Monitoring to prevent irreversible acts, acting as an intensive care unit for domestic violence.

Since the first version of the roadmap, the DIVICO system has been rolled out in several provinces: initially in Liège and Namur (under the name Espace VIF) and since then in Walloon Brabant (under the name DIViCo BW). There are plans to launch two DIViCo schemes in Hainaut: one in Mons and the other in Charleroi.

There are also plans to extend the DIVICO scheme to the whole of Wallonia.

Olista, which is being developed in Brussels, is based on the same model.

In addition to these schemes, which are particularly useful in critical situations, there are numerous platforms for combating domestic violence at provincial and municipal level.

In addition, the services also collaborate directly with each other through protocols or informally. In the existing platforms, some sectors are under-represented or not represented at all, such as medical services and, in some cases, the justice system. It is very difficult to bring together all the professionals concerned.

Response mechanisms and the environment have not fundamentally changed since the first version of the roadmap.

Budget cuts since the 2024 elections, with the new federal government and at regional level, are forcing many civil society social and medical services to reduce their staff and scale back their activities, if not go bankrupt altogether. For the Brussels-Capital Region, the situation is even more critical because, with no new government for over a year, only day-to-day business is being managed and funding for associations has been suspended indefinitely.

In Wallonia and Brussels, even though supporting victims of domestic violence is in fact a public service mission, it is mainly civil society associations that have taken on this task through public funding. This explains the difficulty of maintaining this mission and effective interprofessional collaboration in times of budget cuts.

Before the working groups were set up in Saint-Josse, the initial roadmap was presented and discussed with participants from the socio-medical-legal sectors of nine platforms combating domestic violence in the Walloon Region and Brussels, seven of which are provincial and two municipal. The reactions were very positive regarding the identification of structural obstacles and key areas for improving multi-partner collaboration in the management of domestic violence cases in Belgium. The participants agreed with the findings and were very interested in the recommendations of the various stakeholders (victims, victim and perpetrator support services, police authorities).

With regard more specifically to the work undertaken in Saint-Josse, there has been a growing awareness of the importance of early detection of domestic violence situations, as it appears that two-thirds of femicides can be estimated to have occurred without any police report (complaint or family dispute) having been filed. As a result, professionals involved in this potential detection who are not always part of platforms for combating domestic violence, such as social cohesion services that organise French courses for migrant women, have understood the importance of understanding the phenomenon and their involvement. It is in this context that we were able to offer our tools (developed as part of other European projects), which include guidelines for approaching and referring victims of intimate partner violence, as well as more specific guidance for supporting migrant women in this situation.

Among the other unofficial channels of collaboration that have developed, the CPAS has decided to collaborate with the police services on the training courses to be set up. The municipality of Saint-Josse, including the CPAS and the social cohesion service, as well as the police authorities, have decided to collaborate with us on:

- the training to be implemented,
- use of the checklist and videos developed as part of the TACTICS project,
- adapting our tools (developed as part of other European projects) to the local context, including guidelines for approaching and referring victims of intimate partner violence, as well as, more specifically, supporting migrant women in this situation,
- taking into account the requests and needs of local associations in the municipality when organising the activities of the VIF platform, such as the desire to discuss specific cases or to increase meetings with the various services and exchanges on the activities of each member.

3. Structural barriers in achieving multi-agency collaboration on the management of DV cases in Belgium

Recent statistics show that domestic violence affects a significant number of households in Belgium, with devastating consequences for victims, including physical and psychological trauma and sometimes death. According to the IEFH (2019), approximately one in three women has experienced some form of physical or sexual violence since the age of 15, and data from recent years (2020–2023) has shown an increase in reports of domestic violence according to figures from the Belgian federal police. According to the same figures, approximately 39,000 cases were reported in 2020, with a slight upward trend in 2021 and 2022. The World Health Organisation reveals that 17% of Belgian women have experienced violence from an intimate partner between the ages of 15 and 19[4]. This increase may be attributable to an increase in the number of incidents of violence, or to better identification of cases of violence by the victims themselves and better handling by the authorities.

Nevertheless, law enforcement agencies are often the first to respond to incidents of domestic violence, and their intervention, together with multi-agency collaboration with other social and health services, is crucial to protecting victims and initiating the necessary legal proceedings. However, for this response to be effective, collaboration still faces several structural obstacles:

Lack of specialised training: Professionals (police officers, social workers, medical staff, etc.) involved in managing domestic violence may lack specific training on the dynamics of domestic violence and how to collaborate effectively with other partners. This can undermine the quality of the intervention and the support provided to victims.

Insufficient information sharing: Confidentiality issues and the lack of clear protocols for sharing information between different partners can prevent a rapid and coordinated response to cases of domestic violence. Reluctance to share sensitive information can limit the ability of partners to work together effectively. For example, information is not always shared between the police and the justice system. Sometimes the perpetrator is released from pre-trial detention without the police knowing, and they are therefore unable to warn the victim.

Insufficient resources: The lack of funding and resources allocated to the police, victim support services and multi-partner coordination can limit the effectiveness of interventions. Without adequate financial and logistical support, it is difficult for partners to collaborate and implement comprehensive responses.

Unequal access to services: Geographical and socio-economic inequalities can limit access to services for victims of domestic violence (filing a complaint, accessing psychological support, etc.). In addition, rural or less affluent areas may not have the necessary infrastructure to support effective multi-agency collaboration.

4 European Commission report on gender-based violence, on Member States' efforts to improve coordination and data collection systems on gender-based violence (2021).

Insufficient awareness and social stigma: Underestimation of the problem of domestic violence and the associated social stigma can hinder the recognition and reporting of cases. Insufficient awareness can also limit the commitment of different actors to collaborate proactively.

Prejudices about the police: Contact with certain associations is also sometimes complicated by preconceived notions about the police. Some have had problematic experiences with the police: disrespectful treatment, serious errors (officers calling the perpetrator of the violence), lack of training, and significant variability depending on the officer and police station. The idea of systemic ill will is nuanced: lack of resources and overload play a major role. The great strength of the SAPV is that it is not labelled "police".

Institutional fragmentation: In Belgium, the complexity of the political and administrative structure, with its federal, regional and community levels of competence, makes coordination between the different entities difficult. Each level of power may have its own priorities and approaches, which complicates the development of a common strategy.

Lack of figures and data: There is a significant lack of figures on the issue of intimate partner violence. In addition, the national action plans (NAPs) that have been established consecutively since 2006 seem promising, but their concrete implementation has been slowed down and is behind schedule in terms of the initial objectives.

The timing of the various services is not always conducive to easy collaboration. Finally, collaboration works best when people know each other. Staff turnover weakens these ties.

These shortcomings further compromise the quality of the coordinated response, thereby affecting the safety and well-being of survivors.

Implementation of new provisions on the prevention and combating of domestic violence

In Belgium, intra-Francophone plans to combat violence against women seek to ensure consistency in the respective policies of the entities and to strengthen synergies between the actors. The "Intra-French-speaking Plan to Combat Gender-Based and Domestic Violence 2015-2019" – jointly agreed by the Wallonia-Brussels Federation, the Walloon Region and the French Community Commission, and in line with the structure of the Istanbul Convention – had made several important advances in secondary and tertiary prevention. However, significant shortcomings were noted in the most effective forms of prevention. Ultimately, the six police zones in the Brussels Region will have to have at least one EVA unit, with possibly other units in different police stations within the same zone.

The 2020–2024 Intra-Francophone Plan to Combat Violence Against Women notes a significant lack of knowledge among actors in the field about each other, as well as a lack of forums for discussion and a lack of intervention protocols or common frameworks for understanding violence against women. This can have an impact on the quality of interventions.

The aim of the 2020–2024 plan is to coordinate its measures with the 2020–2024 Brussels regional plan in order to ensure consistency in the respective policies of the entities and to strengthen synergies between stakeholders. Two measures have been included to specifically strengthen coordination between services, such as the development of 'pharmacy relays' for victims of domestic violence in Wallonia: pharmacists will refer victims who express a need or are in psychological distress to specialised care services or the police.

On 26 November 2021, the Council of Ministers adopted the new National Action Plan to Combat Gender-Based Violence (PAN) 2021–2025. Belgium pays particular attention to combating femicide as the most extreme form of violence against women. In this context, a #StopFéminicide law and several tools for professionals have been developed. And on 29 June 2023, Belgium became one of the first countries to adopt a comprehensive law containing concrete instruments to combat feminicide and gender-based homicides. However, as this law is very recent, we cannot yet say with certainty how effective it will be in the fight against feminicide.

More broadly, the new provisions in Belgium aim to offer better protection to victims of domestic violence, punish perpetrators more appropriately, and promote a culture of zero tolerance towards gender-based violence. Collaboration between public authorities, non-governmental organisations, civil society and political support is crucial to the success of these measures. The fight against domestic violence requires a holistic approach, including prevention, enforcement and support for victims, in order to significantly reduce this scourge.

4. Suggestions/solutions for upgrading multi-agency collaboration in the management of DV/IPV cases in Belgium

Many suggestions for improvement were put forward in the working groups, as follows:

- Improve the reception of victims by the police through:
  - better selection of officers;
  - mandatory and systematic training and regular refresher courses;
  - respect in communication;
  - avoidance of serious errors (calling the author, etc.);
  - harmonisation between police stations.

- Monitoring the victim by the emergency services, so that they do not encounter the perpetrator again at the hospital.

- Systematically refuse to allow a man to remain during a woman's medical consultation.

- Train medical and social workers, such as those from the ONE, who are authorised to visit homes, in domestic violence.

- Arrange for childcare while the mother is being interviewed.

- Make the necessary arrangements to ensure that victims are accompanied by someone specialised in domestic violence when they file a complaint.

- Put the victim in touch with the SAPV (Support and Protection Service for Victims) as soon as possible.

- When taking the complaint, automatically fill in the document for the injured party and explain it to the victim.

- Establish a number of rules to prevent any contact between the victim and the perpetrator as quickly as possible in order to apply the principle of precaution and protection of life, especially when children are involved.

- Make greater use of the anti-harassment button.

- Use temporary residence bans (ITR), which have been abandoned in Brussels for the moment due to the administrative burden.
  - Forcing the perpetrator to live elsewhere works quite well.
  - But be careful with ITRs if there are risks.
  - Justice centres must monitor them but do not have the capacity to do so.
  - ITRs also send a message to the perpetrator and the victim that the request for removal was not made without reason.

- When an arrest warrant is requested because of the risk of reoffending, it has a calming effect, and the risk of reoffending can be curbed by prohibiting the perpetrator from approaching the victim's home.

- With regard to housing, partnerships for free temporary accommodation (on a large scale) need to be developed. Housing and mental health need to be further integrated into the care system.

- Post-complaint follow-up must also be improved so that victims continue to be protected physically and psychologically.

- Better coordination between services. The information hub centralises all reports relating to criminal acts in a specific district, such as robberies. It would be useful to extend this collaboration by sharing information between different areas, such as in the case of couples residing in Antwerp but involved in incidents in Brussels.

- Strengthen specialised resource centres (Divico in Wallonia, Olista in Brussels) and standardise them.

- It would be important to develop partnerships with the Public Social Action Centres (CPAS) for domestic violence (VIF).

- The ideal solution would be to have a social worker within the CPAS who specialises in domestic violence. The coordinator has been campaigning for two years to have this put in place, as there is a significant lack of such a role.

- Ideally, domestic violence should be recognised as a priority for all partners in the Saint-Josse platform and a designated contact person should be appointed for each one.

- Clarify the centralisation of information between the police, the justice system and other sectors (health, social assistance, etc.).

- Provide for the intervention of mixed teams (police, carers, psychologists, social workers).

- Better structure the activities of local municipal platforms against domestic violence by incorporating concrete case studies (to analyse what did not work) for half of the meeting and proposals for action for the other half, without forgetting to introduce the services and key contacts to each other.

- Develop links with the Psycho-Medical-Social Centres (CPMS) (free listening and support service for pupils and families, often unresponsive) and schools.

- Develop links with the medical sector (which is very little represented in VIF platforms) by reaching out to them with campaigns such as "don't keep these questions to yourself" aimed at doctors and pharmacists.

- More resources must be allocated to support services for perpetrators so that they can develop. Sometimes support for perpetrators is requested by the victim themselves.

- Increase opportunities for monitoring mental health issues and systematically investigating domestic violence in this sector.

- Clarifying the situations in which medical professionals are authorised to breach professional confidentiality would improve prevention and responsiveness to risks.

- Improve the workings of the justice system (slowness and lack of resources, mandatory training needs refreshing, variability between judges, poor follow-up on police errors).

- Have more lawyers specialising in domestic violence and provide them with information on resources for victims.

- Zero tolerance for domestic violence and specific courts, as in Spain.

- Develop alternative measures for perpetrators (courses, workshops), not just prison.

- Better links between criminal and family or youth justice, even if procedures normally remain separate to avoid interfering with the investigation.

- Prioritise parallel parenting rather than joint custody.

- Train interpreters in domestic violence cases.

- Provide systematic and compulsory training for front-line workers (police, CPAS, GPs, schools, etc.) and refresh their knowledge regularly.

- Train CPAS and police professionals using role-playing exercises.

- Train police professionals to enable them to find solutions in a matter of minutes and prioritise their actions.

- Training should be included in the standard curriculum of most training programmes (medicine, social work, nursing, etc.) and even at secondary school level; it should be disseminated everywhere and to everyone.

- Make training compulsory and regular for magistrates, police officers and schools.

- Extend the remit of CPVS (Centres for the Treatment of Sexual Violence) to include domestic violence.

- Education from primary school onwards, working with parents as well.

- For police teams: a risk checklist displayed at the counter and reviewed during briefings: 1) Children present/impact? 2) Weapons/threats/alcohol/drugs? 3) Escalation (frequency, intensity)? 4) Isolation of the victim? 5) Stalking/cyberbullying?

- For victims: a flyer entitled “Your journey in 4 steps” systematically handed out: (1) Calm reception; (2) Record (official report of domestic dispute, possible without filing a formal complaint); (3) Care/CPVS (Sexual Violence Care Centres) in cases of sexual violence; (4) Follow-up (SAPV, legal aid, housing). We add useful numbers.

- A “minimal but useful” template for a report of a family dispute in five sections: facts (context, words, actions), children (presence/impact), risk (weapons, threats, history), immediate measures (spontaneous removal, accommodation), referral (EVA/SAPV/CPVS).

- To improve visibility: EVA/SAPV posters in police stations and at our partners’ premises (CPAS, shelters, emergency services, National Children’s Office, ONE, family planning centres) with a QR code for making contact.

- Provide express training for partners: a 45-minute webinar, held every two months, entitled “What to do if someone tells you about violence?” with the diagram and flyer. A replay is available.

- Set up an internal prosecution ↔ police tracking table: family dispute reports received → who reads them? Decision within X days (closed/follow-up/hearing/investigation); complaint reports → hearing + measures (contact, no contact, seizures); regrouping if same household/couple. A legal advisor per section will keep track of situations.

- In each neighbourhood, appoint a local EVA (Emergency Victim Assistance) representative to receive reports of family disputes, consult the history and call the person back to offer an EVA appointment. If it turns into a complaint report, we follow up without delay.

- Organise proactive contact on day 2 (if the person agrees): explain the framework, prepare for the hearing (duration, possible support), check housing and income to avoid deadlock afterwards.

- Establish three simple indicators: 1) percentage of police reports from different family members vs. sensitive case files; 2) time between police reports from different family members → EVA/SAPV contact; 3) rate of consolidation of multiple cases/same household. These indicators will enable the system to be managed without multiplying KPIs. An additional justice indicator will measure the proportion of cases involving children where the presence/impact is recorded; if it is low, the instructions will be reiterated to the police teams.

- A “correct wording” code: ban judgements in police reports, remain factual, describe behaviours and signs of control, avoid labels. This protects the case and the person, and avoids backlash.

- Mini-form (maximum ten questions) to be submitted during the D+2 follow-up. Feedback from victims (anonymous): did the flyer and the EVA process reassure them? Did they understand the police reports from different family members? Did they get an appointment quickly?

5. Key recommendations for mechanism improvement

Many suggestions for improvements can be implemented fairly directly by local services without any changes being necessary at the political/legislative level. However, several of these suggestions require additional financial and human resources.

Among those that are easiest to implement without significant additional resources are the following:

- Appoint a **contact person in the police victim support service** who can be called by anyone facing the issue of domestic violence. Their contact details would be included in an information leaflet listing local resources, which would be updated regularly.

- Produce a **leaflet entitled "What to do in the event of domestic violence" (and/or "What to do when confronted by a perpetrator") with local resources** in Saint-Josse and the surrounding area, police stations with SAPVs, EVA units and legal aid services for all front-line actors, to be distributed via the municipality. This leaflet would be developed on the basis of tools developed by the MEFH (as part of other European projects), including guidelines for approaching and referring victims of intimate partner violence, as well as, more specifically, for supporting migrant women in this situation, adapting them to the local context.

- Systematically arrange for childcare while their mothers are being interviewed.

- Make the necessary arrangements to ensure that victims are accompanied by someone specialised in domestic violence when filing a complaint.

- Put the victim in contact with the SAPV as soon as possible.

- When taking the complaint, automatically fill in the document for the injured party and explain it to the victim.

- Appoint a social worker to act as a point of contact for domestic violence cases within the CPAS.

- Propose that domestic violence be recognised as a priority for all partners of the Saint-Josse platform and that a reference person be designated for each one.

- Propose to better structure the activities of the Saint-Josse VIF platform against domestic violence by incorporating concrete case studies (to analyse what did not work) for half of the meeting and proposals for action for the other half, without forgetting to introduce the services and key people to each other.

- Develop links with the Psycho-Medical-Social Centres (CPMS) (free listening and support service for pupils and families, often unresponsive) and schools.

- Develop links with the medical sector (which is very little represented in VIF platforms) by reaching out to them with campaigns such as ‘don’t keep these questions to yourself’ aimed at doctors and pharmacists.

- Train CPAS professionals in supporting VIFs.

- For police teams: a risk checklist displayed at the counter and reiterated during briefings: 1) Children present/impact? 2) Weapons/threats/alcohol/drugs? 3) Escalation (frequency, intensity)? 4) Isolation of the victim? 5) Stalking/cyberbullying?

- For victims: a flyer entitled “Your journey in 4 steps” systematically handed out: (1) Calm reception; (2) Record (official report of family dispute, possible without filing a formal complaint); (3) Care/CPVS (Sexual Violence Care Centres) in cases of sexual violence; (4) Follow-up (SAPV, legal aid, housing). We add useful numbers.

All suggestions will be presented to the Ministry of the Interior in an attempt to organise their implementation throughout the country.

TACTICS

Co-funded by the European Union