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

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

Co-funded by
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TACTICS

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“Updated Regional Roadmaps to Improve DV Response System”

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January 2026

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1. Introduction

To develop the updated roadmap, we compared the initial version with the conclusions drawn from intra- and inter-institutional meetings.

Regarding the planning of the WP4 meetings, the plan following the mapping carried out in the context of WP2 was to identify a police team with good multi-agency collaboration practices, analyse them, systematise the findings and propose them as a model of good practices. This would involve working with social and health services in their area of action. However, administrative obstacles to obtaining permits have made it difficult to undertake this task as planned. Finally, the professionals participating in the meetings come from various areas of Madrid. This has highlighted the diversity of protocols, both by professional area and by geographical area. This has been one of the topics on which the meetings have focused, as it clearly poses a challenge to multi-sector collaboration.

Intra-professional meeting with State Security Forces and Corps

- Chief Inspector, UFAM (GBV unit) of Aragon – National Police
- Lieutenant of the Civil Guard. EMUME Judicial Police Unit (GBV)
- President of the CIMTM
- CIMTM employee

Intra-professional meeting with Social Services

- Coordinator GBV Municipal Point of the Regional Observatory on GBV
- 4 Social Workers from Municipal Point of the Regional Observatory on GBV
- 3 Psychologist from Municipal Point of the Regional Observatory on GBV
- Coordinator of Service for Women Victims of GBV (S.A.V.G. 24 hours)
- Coordinator of the Municipal Point of the Regional Observatory on GBV in Fuenlabrada
- General coordinator of CIMTM
- CIMTM employee

Intra-professional meeting with Health Services

- GBV Social Worker at the Móstoles' Hospital
- GBV Coordinator and Social Worker at the Móstoles' Hospital
- GBV Coordinator and Social Worker at the Hospital 12 de Octubre
- Doctor and President of the Commission against GBV at the Hospital 12 de Octubre
- President of the CIMTM
- CIMTM employee

Inter-professional meeting with State Security Forces and Corps and other first line GBV workers

- Chief Inspector, UFAM (GBV unit) of Aragon – National Police
- Lieutenant of the Civil Guard. EMUME Judicial Police Unit (GBV)
- General coordinator of CIMTM
- President of the CIMTM

- CIMTM employee
- Doctor and President of the Commission against GBV at the Hospital 12 de Octubre
- GBV Coordinator and Social Worker at the Hospital 12 de Octubre
- 2 Social Worker from Municipal Point of the Regional Observatory on GBV
- Coordinator of Service for Women Victims of GBV (S.A.V.G. 24 hours)
- GBV Social Worker at the Hospital Gregorio Marañón

Institutional meetings

- State Observatory on Violence against Women (interministerial collegiate body responsible for providing advice, evaluation, institutional collaboration, preparing reports and studies, and proposals for action on gender-based violence. It is attached to the State Secretariat for Equality and the Eradication of Violence against Women, through the Government Delegation against Gender Violence).
  - Minister for Equality
  - Government Delegate against Gender Violence
  - General coordinator of CIMTM
  - President of the CIMTM
  - Other organisations representing civil society

- Women's Institute (an autonomous body attached to the Ministry of Equality, whose functions are to promote and develop the cross-cutting application of the principle of equal treatment and opportunities between women and men, as well as to prepare, in cooperation with other departments, reports on the implementation of European Union directives, in which the Institute is the body responsible for promoting equality).
  - Director of the Women's Institute
  - Secretary of State for Equality and for the Eradication of Violence against Women
  - Ambassador on Special Mission for Feminist Foreign Policy
  - Coordinator of the Commission for the Investigation of Abuse against Women
  - President of the CIMTM
  - Other civil society organisations

In addition to the inter-institutional work undertaken in the context of WP4, the CIMTM, as organisation with consultative status with the UN Economic and Social Council (ECOSOC), has submitted an official statement within the framework of the 70th session of the Commission on the Status of Women (CSW70), to be held in March 2026.

Entitled 'Police and access to justice for victims of gender-based violence' (1), the document highlights the key role played by law enforcement agencies as a gateway to the justice system for women victims of gender-based violence, as well as the importance of inter-institutional collaboration.

2. Description of the ecosystem in Spain

The Spanish system for intervening in cases of gender-based violence (GBV) is designed to address violence against women through prevention, victim protection and the punishment of perpetrators. The fight against GBV is approached from a multidisciplinary perspective involving different institutions and professionals. Some key aspects of the intervention system are:

- Specific laws and other regulations on GBV.
- Courts specialising in GBV.
- Specific police units responsible for these cases.
- Immediate protection measures for victims, such as restraining orders.
- Coordination Units against Violence against Women and Violence against Women Units that perform support functions to ensure the full protection of victims, as well as coordination and monitoring of situations of violence that occur in each region through, among other means, inter-institutional collaboration.
- Emergency telephone number: 016, which offers free and confidential legal and psychological advice, available 24 hours a day, to victims of GBV.
- Police and Civil Guard: Local police in each municipality. At the national level: National Police, which mainly operates in urban areas, with the specialised 'Family and Women's Unit (UFAM)' and the Civil Guard, which focuses on rural areas with the specialised 'Women and Minors Team (EMUME)'. The 'Protocol for Collaboration and Coordination between State Security Forces and Local Police Forces for the Protection of Victims of Domestic and Gender Violence' regulates collaboration between the different police forces in this area.
- The VioGén System: a web application accessed by the various security forces and bodies, prison institutions, the justice administration (including the Institutes of Legal Medicine and Forensic Sciences and the Victim Assistance Offices), the Government Delegations and Sub-delegations, as well as the Social Services and Equality Bodies of the various Autonomous Communities. In addition to assessing risks in GBV, one of its main objectives is to bring together the various public institutions with responsibilities in the area of GBV. In 2025, VioGén2 (2) was launched, which is an update of the system and is explained below.

2.1 Existing system response mechanisms for GBV cases in Spain

A. Receipt of the complaint

- **Channels for reporting:** police stations, Civil Guard, Court for Violence against Women or Duty Court.

- **Immediate attention:** the police must respond to the report immediately, travelling to the scene of the assault if necessary or attending to the victim at the police station, showing sensitivity and respect towards the victim, and conducting a thorough investigation. The latter is essential as it is the main source of information for the judge who will determine the prevention and protection measures for the woman at the first hearing until the case is resolved.

B. Assessment of the situation and risk

- **Risk assessment:** Officers carry out an initial assessment of the risk to the victim, considering factors such as the severity of the assaults, the relationship with the perpetrator and any history of violence. Whenever there are signs of violence or a woman reports having suffered GBV, a risk assessment must be carried out. This assessment is carried out by officers using the VioGén2 system (except for the Mossos d'Esquadra in Catalonia and the Ertzaintza in the Basque Country). This is a very comprehensive tool which, after completing the standardised questions for measurement, dictates the level of risk and the procedure to be followed by officers.

- **Gathering information:** Relevant data on the case is collected, including testimonies, physical evidence and any additional information that may assist in the investigation.

C. Immediate intervention

- **Protection of the victim:** If it is determined that the victim is in danger, immediate measures are taken to ensure their safety, which may include temporary relocation to a safe place. Protective measures are determined based on the level of risk resulting from the assessment using the VioGén2 tool, initially, and in conjunction with the decision of a judge after the initial summary hearing.

- **Arrest of the aggressor:** If there is sufficient evidence, the police may proceed to arrest the aggressor on the spot or at a later time as a preventive measure, at least until the first summary hearing is held in court, which is usually within a maximum of 72 hours.

D. Preparation of the police report

- **Police report:** A detailed report is prepared that includes all the information gathered during the statement, testimonies, and actions taken. This report is essential for the subsequent judicial process as it is, in addition to the statements of the victim and the perpetrator, the basic source of information.

E. Coordination with social and judicial services

- **Referral to resources:** The police can refer the victim and their children to support services, such as women's shelters, social services, psychological assistance, etc.

- **Collaboration with the court:** The relevant court is informed of the situation, especially if an arrest has been made.

F. Follow-up of the case

- **Ongoing protection:** The police may establish additional protection measures to those ordered by the judge and provide regular accompaniment and follow-up to ensure the victim's safety. This protection will be in line with the level of risk to which the woman is exposed, as determined by the risk assessment carried out through VioGén2 and by the judge and officers following the case. In accordance with the updated VioGén2 system, risk reviews are more frequent, encouraging proactive and preventive action in response to any indication of risk.

There have recently been substantial regulatory/legislative changes affecting the response system to cases of gender-based violence in Spain. These are as follows:

New State Pact against Gender-Based Violence (February 2025) (3)

Congress approved a new State Pact with 461 measures, compared to 290 in the previous pact (2017), which recognises other forms of GBV: economic, digital and vicarious.

Most relevant measures relating to the security forces and law enforcement agencies:

97: Update internal protocols in the FCSE and the Army to ensure safe reporting, without dependence on involved superiors or the work environment itself.

137: Block access to VioGén for officers under investigation or convicted of GBV.

141: Extend UFAM (National Police) and EMUME (Civil Guard) to the entire territory, especially in rural areas.

142: Increase police surveillance and security measures in areas identified as risk points for women.

229: Improve communication and coordination between police and courts to optimise the use of the VioGén system and risk management.

Measures affecting multisectoral collaboration:

80–108: Several measures within this block call for the creation/strengthening of protocols and coordination mechanisms between ministries, autonomous communities, local councils, social services, police forces and courts.

109–115: Promote interministerial agreements and cooperation with diplomatic missions and establish an interministerial cooperation agreement for the care, transfer and return of Spanish victims abroad.

158–207: Within this block, there are measures to coordinate actions between the judiciary, the Public Prosecutor's Office, law enforcement agencies and social services, promoting common protocols and specialisation.

232–240: Measures to coordinate common administrative procedures and collaboration between administrations.

375: Establish and maintain comprehensive care structures at the municipal or regional level (involving coordination between administrations and agencies).

376: Design specific cooperation mechanisms with local entities and other institutions to ensure the implementation of the Pact's measures in coordination with regional programmes.

377: Promote the signing of an agreement with the Federation of Municipalities and Provinces to create a local technical support office (technical support/management and coordination between the State and municipalities).

378: Review/renew protocols and regulations of the autonomous communities (inter-territorial coordination).

380–383: Exchange workshops, training for local police and dissemination/implementation by all administrations (focusing on operational and training coordination).

276: Statistical coordination between administrations.

442–447: Obligation to identify resources dedicated to combating GBV in all ministerial portfolios and to report results to the Monitoring Committee.

454: Create a working group with the autonomous communities (within the framework of the Sectoral Conference on Equality) to monitor and evaluate the impact of funds, a space for the exchange of good practices.

Various measures between 158–207 and 346–368: Interoperability measures/IT systems (judicial and administrative): several provisions in the chapter on justice and the monitoring section call for improved interoperability between judicial bodies, law enforcement agencies and social services for the exchange of data.

331–345: Coordinated training for operators: promoting joint training programmes between administrations to standardise criteria and inter-institutional action.

Changes to the VioGén system through Instruction 1/2025, issued by the Secretary of State for Security, establishing a new protocol for police assessment and management of the level of risk of GBV and monitoring of cases through the VIOGÉN-2 system (January 2025)

The Ministry of the Interior has strengthened and updated this system, giving it a more comprehensive approach. Main changes:

1. New police response model that aims to

- Strengthen risk assessment by introducing more detailed indicators, including psychological, relational and social factors.
- Improve coordination with other women's services and with the judicial sphere.
- Promoting continuous training for officers specialising in GBV.
- Promoting technological updates and database interoperability.

This reformulation of the response model takes a more proactive and preventive approach, designed to detect signs of risk in advance and thus prevent further attacks.

2. Specific updates to the VioGén System

- **New data collection protocols:** more comprehensive questionnaires and forms are being implemented that assess not only physical violence, but also psychological, economic and sexual violence, as well as the influence of factors such as the presence of minors, history of harassment, use of social media, etc.
- **Greater personalisation in the assessment:** the "No risk detected" risk level has been removed. Each risk level incorporates more nuanced gradations and an early warning system so that officers can anticipate more serious situations.
- **Continuous and dynamic monitoring of cases.**
- **Greater interconnection with other resources.**

3. Assessment of risk level and protective measures

Previously, objective parameters such as previous complaints, restraining orders, the aggressor's police record, etc. were mainly taken into account. Now, psychological factors, social and family context, history of control and threats are also considered.

4. Institutional coordination is strengthened, as the updated system

- Shares information in real time between the police, the justice system, health services and social services.
- Unifies risk assessment criteria.
- Facilitates dynamic and coordinated monitoring.
- Strengthens coordination with courts and prosecutors.
- Integrates social services, health services and specialised entities.
- Prevents 'unmonitored' cases thanks to the end of the ''No risk detected" level.
- Facilitates consistent and rapid judicial and police decisions

5. The following regulatory instruments of the Secretary of State for Security are hereby repealed

- Instruction 4/2019, of the Secretary of State for Security, establishing a new protocol for the Police Assessment of the Risk Level of Gender Violence (Organic Law 1/2004), the management of victim safety and the monitoring of cases through the Comprehensive Monitoring System for Cases of Gender-Based Violence (VioGén System).
- Instruction 7/2019, of the Secretary of State for Security, on the inclusion in reports of gender-based violence of the administrative status of foreign victims in an irregular situation.
- Instruction 8/2021 of the Secretary of State for Security, establishing measures to prevent gender-based violence caused by persistent aggressors.
- Instruction 11/2022, of the Secretary of State for Security, updating the procedures for action in the risk management of so-called 'resistant cases' of gender-based violence.
- Instruction 1/2023, from the Secretary of State for Security, which develops the obligation to inform the victim of the aggressor's background in so-called 'persistent aggressor' cases and other protection and security measures in cases of gender-based

violence.

- Instruction 2/2024, from the Secretary of State for Security, updating the criteria and procedures for the deactivation of cases in the System.

Approval of a draft Organic Law on measures relating to vicarious violence (September 2025)

- Vicarious violence is legally defined as a form of GBV. It is proposed to classify it in the Criminal Code with a new article ('173 bis'), with penalties of 6 months to 3 years in the general category, and 1.5 to 3 years if considered aggravated within the context of GBV.
- Additional measures are introduced: for example, a ban on carrying weapons (3-5 years) for perpetrators of vicarious violence.
- The rights of minors are reinforced: the obligation to hear the minor before deciding on custody is established, except in justified cases.
- There are also plans to limit the dissemination of content that could morally harm the victim (e.g. by publishing texts, books, etc.) in order to protect their integrity.
- Specific training: the law provides for training for judges, prosecutors and other agents in gender perspective, childhood and intersectionality.
- Statistics: it is proposed to create a specific register of fatalities due to vicarious violence in order to make these cases visible.

The CIMTM, in the context of the TACTICS project, has submitted its contributions to the public consultation on the Draft Organic Law on Measures against Vicarious Violence (4), with the aim of improving its effectiveness and guaranteeing comprehensive protection for the women and minors affected.

The document acknowledges the progress made in the legislative proposal, but stresses the need to strengthen its comprehensive approach, inter-institutional coordination and ongoing support for child victims. The main recommendations include:

- The creation of a comprehensive and sustained support system for minors, with psychological, educational and social care.
- The extension of the scope of protection to all children in the victim's emotional environment.
- The creation of a National Mechanism for the Supervision of Vicarious Violence to evaluate the application of the law and ensure accountability.
- Improving training on vicarious and GBV for legal practitioners and law enforcement agencies.
- Specific reforms to the Civil Code, Criminal Code and Organic Law on the Judiciary, aimed at prioritising the best interests of the child and preventing revictimisation.

2.2 System response mechanisms and multi-agency collaboration in Spain

As we explain below, there is a whole series of regulations and protocols governing multi-institutional collaboration mechanisms in Spain, involving the different stages of intervention in cases of GBV. As will be seen in the conclusions reached at the meetings held in this line of work, the impact of these regulations on day-to-day life is insufficient.

- **The Agreement of the Sectoral Conference on Equality (5) of 3 March 2023**, approving the joint multi-year plan on violence against women (2023-2027), among other issues, establishes 'a framework for collaboration, cooperation and coordination between the Ministry of Equality and the autonomous communities and cities of Ceuta and Melilla to achieve a comprehensive, effective and coordinated response from all institutions with powers in the area of preventing and combating violence against women, and protecting and assisting its victims.'

- **The risk assessment system, VioGén2, since its 2025** update, reinforces institutional coordination, as the updated system aims to: share information in real time between the police, the justice system, health services and social services; unify risk assessment criteria; facilitate dynamic and coordinated monitoring; strengthen coordination with courts and prosecutors; integrate social services, health services and specialised entities; avoid cases 'without follow-up' thanks to the end of the "No risk detected" level; and enable consistent and rapid judicial and police decisions.

- **New State Pact against Gender Violence (6) (February 2025).** As explained in detail, the new State Pact promotes broad and continuous inter-institutional collaboration, based on the periodic review of state strategies and the creation or reinforcement of common protocols between ministries, autonomous communities, local entities, social services, police forces, judicial bodies and public prosecutors. It promotes interministerial agreements—including those relating to victims abroad—stable mechanisms for territorial and municipal coordination, technical support offices, interoperability of IT systems, common administrative procedures, and the joint identification and monitoring of resources and funds. In addition, it provides for comprehensive local care structures, spaces for the exchange of good practices, coordinated training between administrations and uniform statistical coordination, all aimed at ensuring consistent, specialised and aligned responses throughout the territory.

- **The State Strategy to Combat GBV 2022–2025** consists of a comprehensive plan that organises public policies in Spain to prevent, detect, eradicate and remedy all forms of GBV, with a broad approach—not only intimate partner violence, but also sexual, vicarious, digital and institutional violence, etc. It includes 267 measures structured around four areas: (1) updating and consolidating the framework of responsibilities and obligations of public authorities in relation to GBV; (2) awareness-raising, prevention and detection; (3) protection, safety, care and comprehensive redress for victims; and (4) a coordinated, multi-agency response to guarantee rights. Promoted by the Ministry of Equality through the Government Delegation against GBV and approved by the Council of Ministers.

- **The Public Prosecutor's Office Action Guide on Gender-Based Violence (7) (2021)** offers criteria and best practices for prosecutors to investigate and prosecute crimes related to GBV, incorporating an appropriate 'gender perspective': it seeks to prevent prejudice or bias, ensure the protection and redress of victims and their children, and guarantee a consistent response throughout the country. This guide was prepared by the Prosecutor's Office's Coordination Unit on Violence against Women.

- **Joint Instruction on the functioning of the coordination and violence against women units of the Government Delegations and Sub-delegations and Island Directorates, which constitute the National Network of Violence against Women Units (8) (2019).** It establishes the organisation and functioning of the National Network of Violence against Women Units, defining their basic functions: to coordinate the actions of the General State Administration's resources against violence against women in each territory, to improve data collection and analysis, to strengthen collaboration with other administrations and entities, to supervise cases and care for victims, to promote prevention and awareness-raising actions, and preparing reports and memoirs that enable the evaluation and improvement of public policies in this area.

- **Common Healthcare Protocol for Action in Cases of GBV (9) (2012)** establishes uniform guidelines for healthcare personnel within the National Health System (SNS) for early detection, assessment, comprehensive care, follow-up, and coordination in cases of GBV. It provides a clear framework for healthcare action with women victims: physical, psychological, and emotional care; personalized follow-up throughout the process; multidisciplinary attention; and coordination with other sectors — law enforcement agencies, the public prosecutor's office, social services, forensic professionals, and local resources — to ensure protection, referral, and an appropriate response. The protocol was approved by the Gender Violence Commission of the Interterritorial Council of the National Health System.

- **Protocol for Collaboration and Coordination between the National Law Enforcement Agencies and Local Police Forces for the Protection of Victims of Domestic and Gender-Based Violence (10), signed between the Spanish Federation of Municipalities and Provinces and the Ministry of the Interior (2006).** It regulates cooperation among the different police bodies to ensure effective intervention and helps officers from different forces coordinate their actions. It should be noted, at the police level, that the algorithms used in regional and national programs are not exactly the same, meaning that the assessed level of risk may vary. For example, it may lead to slightly different protective measures depending on the woman's location. This highlights a lack of harmonization between the system used in Catalonia and the Basque Country and the one used in the rest of Spain.

It should be noted that this list is not exhaustive and that the system also includes a wide range of regional and municipal protocols for coordination among Social Services, Education, and other sectors. We consider, however, that it sufficiently illustrates the scope of regulatory development regarding inter-institutional collaboration.

There are other mechanisms of inter-institutional collaboration in our country. At CIMTM, we routinely work in networks across different local, regional, national, and international platforms related to our priority areas of action (GBV in the context of intimate-partner relationships, and the abolition of prostitution). These networks are generally composed of entities of different natures and are sustained by inter-institutional cooperation.

In Madrid, we coordinate and share information for our daily intervention work with women in situations of prostitution and other forms of GBV through the Technical Roundtable on Prostitution and Trafficking, as well as through the Immigration Roundtable, the working group of the Observatory against GBV, and the Madrid Forum against GBV. These roundtables include professionals from different disciplines and from both public and private sectors. In Seville, this coordination takes place through the Antena Sur group against trafficking and the Women's Council of the City Council.

We also belong to several national platforms with shared goals in promoting equality and combating GBV: the Platform for Equal and Non-Transferable Parental Leave (PPIINA), the State Network against Surrogacy, and the European Women's Lobby – Spain (LEM Spain). Internationally, we are part of multiple organizations and coalitions: the International Coalition Against Trafficking in Women (CATW), the Coalition for the Abolition of Prostitution (CAP), the European Women's Lobby, and the CEDAW Platform.

Within the framework of the TACTICS Project, a Protocol for Collaboration and Referral has been promoted between the Family and Women's Unit (UFAM) of the National Police and the Commission for the Investigation of Mistreatment of Women. Its aim is to establish the most effective mechanisms for coordination, collaboration, and referral between both institutions, in order to ensure comprehensive, effective, and well-coordinated care for victims of GBV.

3. Structural barriers in achieving multi-agency collaboration in the management of GBV cases Spain

The meetings held for the development of this document confirm the key ideas reflected in the previous roadmap. Coordination between law enforcement bodies and other agencies involved in GBV cases depends heavily on each intervention setting—especially the specialized ones—and on their surrounding ecosystem, that is, the different social, healthcare, educational, judicial, and other institutions. We can conclude that inter-institutional collaboration is not consistently standardized in practice, despite the large number of regulations governing it. Professionals participating in the multisector meetings pointed to several structural obstacles that hinder this collaboration:

3.1 Barriers identified by law enforcement agencies

- There are regional protocols for coordination among institutions, but ideally these should be national.
- Digital applications should be synchronized to streamline action across the different institutions involved. For example, between the healthcare and police systems, so that notifications are faster and no intervention time is lost (in Spain this is the case in some regions, such as Aragón, but not nationwide).
- For the Civil Guards (rural areas), distance is a major obstacle. For instance, having a lawyer present when filing a complaint may require waiting several hours.
- Difficulty referring victims with highly specific vulnerability profiles to appropriate services.
- Fatal cases are reviewed with the Ministry every 1.5–2 months. These analyses should be preventive, not retrospective.
- Access to and intervention by forensic scientists (legal medicine), who are highly valuable in risk assessment, is insufficient.

3.2 Barriers identified by healthcare professionals

- A common practical protocol does not exist or is not implemented; it varies by region and by hospital.
- Injury reports are drafted separately by each specialty instead of being done holistically, which would allow for better risk assessment.
- Social workers are typically not on call at night or on weekends, when most assaults occur. Once a victim leaves the hospital, it is harder for her to return and receive follow-up care.
- There is a lack of internal communication among hospitals.
- In practice, specialized training depends on the individual professional's willingness.
- Generally, there is no direct line of coordination with other agencies. It depends on the municipality/neighborhood and personal initiative.
- Data protection legislation is perceived as an obstacle to coordination due to professionals' fear of non-compliance.

- It is difficult to communicate directly with the police. Once officers leave the hospital after accompanying a woman, it is hard to re-establish contact with the same officers for proper follow-up.

3.3 Barriers identified by social services professionals

- Challenges in coordinating with the mental health network, general social services, immigration authorities, and employment services.
- Transferring victims between regions is highly complex, as there is no obligation to accept cases. This should be centralized by the Ministry. Each region operates differently.
- Women continue to be served within general social services. There is a lack of cooperation in completing necessary procedures to provide assistance and protection (for example, women are sometimes not registered despite the obligation to do so).
- Shortage of professionals in specialized networks, particularly psychologists.

3.4 Barriers identified in cross-sectorprofessional meetings

- Difficulties in coordinating with the courts, which play a crucial role in GBV cases.
- Women experience a high level of re-victimization, especially in general social services and legal services.
- There is a lack of specialized professionals and material resources.
- t is difficult to find specialized services for women with mental health issues or drug addiction.
- Case coordination committees should be standardized and not dependent on voluntary participation by each service.
- Emergency shelters have a maximum stay of two months, and it is difficult to find places in long-term shelters. It is especially challenging to place women with young children or adolescents, as some shelters only admit women or girls.

Conclusion

The structural barriers identified reveal a system in which inter-institutional coordination—although widely recognized as essential and included in most regulations and official strategies—still depends heavily on individual initiative and is hindered by service overload, lack of resources, and normative and technological fragmentation. Addressing these limitations is essential to ensure effective, consistent, and fully protective care for victims of GBV.

4. Suggestions for upgrading multi-agency collaboration in the management of GBV cases in Spain

4.1 Reduce service overload and ensure coordination time

- Establish protected schedules for regular inter-institutional meetings that do not depend on occasional staff availability.
- Provide temporary or permanent reinforcements in overburdened services to free up hours dedicated to coordination.
- Promote asynchronous coordination systems (secure platforms, case forums, executive summaries) to complement in-person meetings.

4.2 Strengthen human, material, and training resources

- Increase staffing in psychology, social work, and specialized police units, ensuring coverage during peak-demand hours.
- Ensure that training on GBV is mandatory and continuous for key sectors (healthcare, law enforcement, judiciary, and social services), and that this requirement is fulfilled.
- Expand the availability of material resources, especially shelters with sufficient capacity for long stays, women with children, and specialized centers for women in situations of high vulnerability.
- Provide technological and logistical infrastructure that improves care and facilitates coordination.

4.3 Standardize care and create common protocols

- Develop a unified national protocol setting minimum performance standards for all involved sectors.
- Include in medical reports (including injury reports) a comprehensive and systematic risk assessment with clear criteria shared across agencies.
- Ensure the presence and extended availability of designated personnel (e.g., healthcare social workers specialized in GBV) during peak case times (nights and weekends).
- Reduce territorial variability through accreditation systems and monitoring of protocol implementation.

4.4 Improve internal and inter-agency communication

- Create formal, direct, and standardized channels for information exchange among hospitals, social services, police, mental health, immigration services, employment services, and specialized organizations.
- Establish inter-institutional liaison points to ensure continuity of information and reduce dependence on personal relationships.

- Produce clear guidelines on data protection defining when and how information can be shared to ensure safety and prevent risks.
- Implement interoperable digital tools that enable agile and secure information transfer.

4.5 Optimize the VioGén system

- Standardize technological integration criteria and ensure homogeneous use of the system across all autonomous communities.
- Improve the connection between law enforcement agencies and healthcare systems to allow immediate notification after issuing an injury report, particularly in emergency services. This is already implemented in the Autonomous Community of Aragón, where automatic notification to police forces is triggered when an injury report is generated in a healthcare center.
- Provide the Civil Guard in rural areas with additional logistical resources (vehicles, personnel, digital tools) to ensure adequate response times.
- Harmonize regional protocols through national standards guaranteeing equal access and protection.
- Create agile and reliable mechanisms for inter-territorial transfers of victims in situations of extreme risk, including prior coordination between regions.

4.6 Strengthen coordination with the judicial system

- Establish direct and two-way communication mechanisms between courts and police, healthcare, and social services.
- Introduce measures to prevent re-victimization in judicial and social procedures (specialized support, single interviews, friendly environments).
- Expand the involvement of forensic medicine in risk assessment and preventive decision-making.
- Institutionalize preventive case review committees to detect risk patterns before femicides occur.

5. Key recommendations for mechanism improvement

In general terms, we can say that inter-institutional collaboration is already included in a high percentage of the plans, strategies, regulations, and protocols across all relevant sectors, with varying levels of detail.

The main challenges are, ultimately, developing these frameworks into practical tools that professionals can apply, which address the real needs expressed by them, as well as ensuring high-quality and up-to-date training in all sectors involved in managing GBV cases.

Both issues are, at least partially, addressed from different angles in the new State Pact against Gender-Based Violence approved in 2025, and it remains to be seen whether they will lead to tangible improvements:

The Pact refers to strengthening human resources in specialized police units, social services, and healthcare, and it consolidates mandatory and continuous training on GBV for key sectors.

It has promoted improvements to the VioGén system by revising its risk categories and increasing the precision of its assessments, and it explicitly recognizes vicarious violence and the specific needs of women in situations of particular vulnerability.

It also promotes greater inter-institutional cooperation at the national, regional, and local levels, accompanied by a significant budget increase aimed at strengthening services, protection resources, and comprehensive support.

These measures represent significant progress and create a framework that enables better detection, response, and protection for victims. However, their real impact will depend on how they are developed and implemented in the day-to-day practice of the services involved. Only if investment translates into stable structures, useful protocols, and effective coordination between institutions will it be possible to transform the political framework into tangible improvements for women and minors experiencing violence.

Resources

1. Police and Victims' Access to Justice in Gender-Based Violence Cases. CIMTM Contributions to ECOSOC.

2. Instruction 1/2025 of the Secretary of State for Security, establishing a new protocol for police assessment and management of gender-based violence risk levels and case monitoring through the VioGén-2 system.

3. New State Pact against Gender-Based Violence (February 2025).

4. Contributions to the Draft Organic Law on Measures Regarding Vicarious Violence (September 2025).

5. Agreement of the Sectoral Conference on Equality, dated 3 March 2023, approving the multi-annual joint plan on violence against women (2023–2027).

6. National Strategy to Combat GBV Violence (2022–2025).

7. Prosecutor's Office Guidelines for Action in Gender-Based Violence Cases (2021).

8. Joint Instruction on the functioning of the Coordination and Violence against Women Units of Government Delegations, Sub-delegations, and Island Directorates, which constitute the National Network of Units on Violence against Women (2019).

9. Common Healthcare Protocol for Action in Cases of Gender-Based Violence (2012).

10. Collaboration and Coordination Protocol between the State Law Enforcement Agencies and Local Police for the Protection of Victims of Domestic and Gender-Based Violence.

TACTICS

Co-funded by the European Union