



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

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

# TACTICS

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

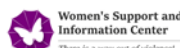
101096908 – TACTICS - CERV-2022-DAPHNE

“Updated Regional Roadmaps to Improve DV Response System”

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# 1. Introduction

The sustainable change needed to protect victims and hold accountable perpetrators of domestic violence is reflected in how effective institutions respond to cases, not as stand-alone organizations but together, as a collective. Thus, one of the aims of the TACTICS project – *Improving police authorities' responses and follow-up procedures regarding victims and perpetrators of domestic violence*, was to explore how multi-agency collaboration takes place in 7 European regions: Estonia, France, Belgium, Germany, Greece, Spain and Romania.

The current roadmap aims to capture the extent and improvement of multi-agency response to domestic violence based on the analysis of legislation, policies, and the insights of service providers from Cluj-Napoca, Romania, by tapping into their needs, challenges, achievements and recommendations. From June 2024 to December 2025, several working groups were established to gather data aimed at improving the local level response of service providers to domestic violence. Namely, 6 local-level working groups – (1) 1 cross-professional, (2) 1 inter-professional and (3) 4 managerial ones – contributed to the UBB-facilitated discussions by bringing their own perspectives in this field, sharing experiences and identifying solutions that can improve the multi-agency response. Each of these 3 types of groups had a particular role:

- (1) The cross-professional group**, which has been established in Cluj-Napoca in 2015. The group brought together the perspectives of different categories of service providers to facilitate a joint analysis of the barriers already identified in the previous stages of the project (interviews with professionals working with cases of domestic violence). The purpose of establishing this group was to foster a structured dialogue around these barriers, clarify how they affect multi-agency collaboration, and generate concrete solutions that can be pursued and implemented in the next stages of the project. The cross-professional group consisted of a range of service providers, including representatives of the police, representatives of the probation service, professionals from public social work institutions, psychotherapists trained to provide support in cases of domestic violence, as well as representatives of non-governmental organizations that provide support services to victims of domestic violence.
- (2) The inter-professional group** – which included community healthcare nurses - had the role of highlighting recurring difficulties and challenges for them in addressing domestic violence and their collaboration with other categories of professionals. This group represented a part of the health sector and was consulted to bring new perspectives and information complementary to those obtained within the cross-professional group.
- (3) The management groups** were assigned with expressing the commitment at management level of their respective institutions, for the implementation of the proposed solutions discussed in the meetings with the other groups. The management group included four participants, who were consulted separately: representatives from the management of the Cluj County Police Inspectorate, the director of the “Septimiu Mureșan” Police Academy, the coordinator of community healthcare nurses within the Directorate of Public Health, and the director of the Child and Family Protection Service within the Directorate for Social and Medical Assistance, Cluj-Napoca municipality.

One or two meetings were organized with each group, either in person or online, as follows: two meetings were held with the cross-professional group and respective the inter-professional group, two meetings were held with the management group from the Directorate of Public Health, and in the case of the other three management groups – the Police Academy, the Police Inspectorate, and the Directorate for Social and Medical Assistance - a single separate meeting was held with each of the institutions' leadership.

Although each meeting had a clear agenda, the discussions led to additional insights, which were centralized and subsequently integrated into the roadmap. The topics were interconnected, being reviewed and expanded as the meetings progressed. The participation of a diverse range of professionals – in terms of institutional background, areas of specialization, years of experience, seniority, and gender – involved in addressing domestic violence, was also ensured.

In addition to these structured meetings, further efforts were made to strengthen multi-agency collaboration at the local level through active participation of project members in the informal online platform of professionals who were part of the cross-professional working group. Furthermore, as a result of the project team's participation on the platform and of the needs identified during the discussions, three professional tools were validated and disseminated, for use as local resources: (1) **an eco-map** designed to help visualize the links between the police and other local service providers, (2) **a diagram of police intervention in cases of domestic violence**, and (3) **an interactive list of support services** in Cluj County and Cluj-Napoca municipality, which includes information about the location of these services, contact details, types of services offered, and categories of beneficiaries (adult and minor victims, as well as perpetrators).

The structured meetings and additional activities listed above contributed to the development of this roadmap, which describes the **existing model of local collaboration in addressing gender-based violence**, with the aim of improving the multi-agency response to domestic violence through joint efforts, and laying the foundations for sustainable collaboration between institutions.

## 2. Description of the ecosystem in Cluj-Napoca, Romania

### 2.1 Existing system response mechanisms for DV/IPV cases in Romania

At the local and county levels, professionals' response to domestic violence cases is grounded in current national legislation, Law no. 217 of 22 May 2003 (republished). This was the first legislative act to address the prevention and combating of domestic violence. Under this law, a comprehensive definition is given to domestic violence, disaggregated by its multiple forms: verbal, psychological, physical, sexual, economic, social, spiritual and cybernetic. It mentions each institution responsible for preventing and combating domestic violence and establishes the role each should play. The law also includes provisions on the support offered by social services and their operational requirements, tackles the rules of the provisional protection order and protection order, intervention in emergency cases, etc. (1).

In 2025, Law No. 1 of January 10, that supplements Law No. 217/2003, introduced additional commitments for public authorities, responsible ministries, schools, and hospital. Institutions must publicly display details about support services, with an emphasis put on distributing information about the national emergency hotline, ensuring their visibility to those in need. Moreso, these activities should be centralized and used to develop annual reports (2).

Order No. 146/2578/2018 regulates the management of domestic violence cases by police authorities (3). This order contains a risk assessment form that police complete at the place of a violent incident. It also provides guidelines and procedures for handling domestic violence cases, including step by step instructions on the intervention protocol of police and collaboration with other institutions responsible for domestic violence case management, the methodology for using the risk assessment form, as well as the procedures for issuing and executing the provisional protection order. The use of this standardized protocol for risk assessment by the police officers at each incident report is compulsory.

In 2024, a new law was adopted - Law No. 26 of February 28, 2024, on the protection order with the intention of enhancing protection against acts of violence by giving authorities a more current, up to date framework for intervention (4). Order No. 138 of August 22, 2024, which specifies how the police handle cases involving violent acts and evaluates risk in this case, supports this law (5). This legal framework clarifies the meaning of "family member" and broadens the definition of violence to encompass not only physical and sexual abuse but other forms such as cyber and psychological violence. A new element on the provisional protection order was added: if it is submitted to the court, its duration does not expire after the initial few days but is automatically extended until the judge rules the final protection order. Thus, the victim remains continuously protected, with no gaps in protection between the issuance of the provisional order and the court's decision. The prosecutor and the police are required to immediately communicate this extension to the victim and the perpetrator.

The December 7, 2018 procedure, for emergency intervention in cases of domestic violence, approved by Order No. 2.525/2018, regulates how local public authorities must organize and coordinate mobile teams for rapid intervention in such cases (6). These teams are made up of representatives of public social assistance services or General Directorates of Social Work and Child Protection, along with police officers. The composition of the mobile team may be expanded to include representatives such as community healthcare workers, psychologists, or other similar specialists. Mobile teams should respond quickly to cases of domestic violence, protecting victims by implementing emergency measures, providing counseling and access to social, medical, and psychological services, while collaborating with the police and other authorities, to ensure long-term support.

The laws that stipulate clear attributions related to multi-agency collaboration are supplemented by case management legislation, such as Order No. 20.840/2022 which approves the minimum mandatory case management standards for social services addressed to victims of domestic violence (7). Following the legal guidelines, the process includes risk and needs assessment, a customized intervention plan, service coordination, monitoring, and case closure. To decrease the risk of recidivism and to facilitate the social reintegration of perpetrators, the order mandates that support and rehabilitation measures be included for perpetrators in addition to special procedures for child victims or witnesses. Additionally, it outlines the case manager's duties, quality metrics, reporting requirements, and alignment with the 2019 accreditation standards.

Starting from January 1, 2024, at 00:00, the Electronic Monitoring Information System (E.M.I.S.) became operational at the administrative-territorial units of Cluj County. This follows the guidelines set by the Decision of the Romanian Government No. 1025, from 10 August 2022, which outlines the establishment of the technical and organisational aspects for running the pilot system, and implementing E.M.I.S. In this regard, at the Cluj County Police Inspectorate (I.P.J. Cluj), the E.M.I.S. Dispatch Center has been operational, operating 24/7, with responsibilities for managing cases of domestic violence (8).

Romania is also improving the interinstitutional response to domestic violence in disadvantaged areas through the work of its future local institutions known as integrated community centers. Established through ministerial decision - Order No. 2931 of December 27, 2021, approving the Manual for Integrated Community Centers and Emergency Ordinance No. 18 of February 27, 2017, on community healthcare, these centers will bring together a wide range of professionals (9,10). The centers integrate health and social resources, with the aim of increasing access to quality services, especially for vulnerable groups. In the integrated community center, it is mandatory that the minimum staff consists of a community healthcare nurse and a social worker. Additional professionals, such as midwives, health mediators, school counsellors, family doctors, psychologists, and others, will complement the team. This multidisciplinary structure enables a more effective response to complex social and health cases, including those related to domestic violence.

Romania is slowly progressing towards a more clearly defined legal framework that captures multi-agency response to domestic violence. Despite this gradual progress, cases of domestic violence are on the rise and are still not addressed adequately in all cases.

## **2.2 System response mechanisms and multi-agency collaboration in Romania**

### **2.2.1 Risk assessment mechanisms used by the police – individually and in collaboration with social services**

Even though multiple mechanisms are in place, from a multi-agency perspective of the established groups, there are certain discrepancies when it comes to the application of the aforementioned laws.

Following the taking effect of the new order (Order No. 138 of 22 August 2024), which governs how police officers respond to acts of violence, including risk assessment, law enforcement professionals raised several questions. Although the use of both risk assessment forms (the 2018 and 2024 forms) is commonly understood, their concurrent application in the same instance/case has shown discrepancies. For example, the 2024 form recognized a risk, but the 2018 form did not. In fact, the 2018 form is used for situations involving domestic violence between current or past spouses or intimate partners, and the 2024 form is used when the perpetrator is someone other than the current or former spouse/partner. This highlighted the need to investigate the differences between the two forms and enhance both tools to ensure that they accurately assess the level of risk for which they were designed.

Currently, in Cluj-Napoca, two categories of professionals are involved in risk assessment, each using a different tool:

- Police – a risk assessment form in accordance with Order no. 146/2.578/2018 (3).
- Social workers from the Department of Social and Medical Assistance (DASM) – a risk assessment form in accordance with the Minimum Mandatory Standard of 21 September 2022 (7).

### **2.2.2 Multi-agency collaboration and professional support tools developed within the TACTICS project**

In terms of multi-agency collaboration, gaps between certain institutions continue to hamper the successful outcome of responding to domestic abuse. For example, in the Cluj County Emergency Hospital's emergency department, social workers who engage with victims in critical situations describe a need for an up-to-date list of public and non-governmental victim support services. One of their primary responsibilities is to refer victims to support services; however, feedback suggests that they are not always aware of all available local resources, as certain organizations do not function consistently. Many of the services known within the emergency department were provided by specialized NGOs that depend on external funding to keep their programs running. Funding cuts have resulted in the permanent shutdown of several facilities, requiring a service restructuring. These changes were not routinely communicated to frontline institutions such as hospitals. All of the members of the interprofessional working group (around 24 experts) confirmed these observations.

At Cluj County level, about a decade ago, the Directorate for Social and Medical Assistance of Cluj-Napoca municipality (DASM) initiated a multi-agency working group. Police authorities, representatives of the main public institutions for social work and welfare (DASM and

DGASPC – General Directorate of Social Work and Child Protection of Cluj County) and NGOs who offered support services for victims and perpetrators are collaborating through a formalized protocol. The group was created as part of the international project “The Other Side of the Story: Perpetrators in Change” (OSSPC), which unfolded between 2014-2020. The working group included 11 institutions and organizations from Cluj County, all working in the field of gender-based violence intervention and prevention at that time. After the project ended, the inter-institutional group continued to collaborate, and during the pandemic they moved their communication online. Since then, they have not convened in-person meetings, and their level of communication has shifted more from discussing complex cases to mostly informing the group about existing training opportunities and other resources.

Considering all these challenges, the Romanian team of the TACTICS project used an iterative process to build activities that can inform and update the local-level roadmap on multi-agency collaboration. This approach allowed for the spontaneous occurrence of many positive changes. The meetings were linked to other project activities as well. For example, some sessions were linked to trainings on subjects like identifying the warning signs of coercive control or enhancing understanding of how different institutions operate. At one point, the group even asked us to facilitate a discussion about mental health and suicide in the case of adolescents from the protection system who have been subjected to abuse and domestic violence.

A comprehensive list of services available at the municipal level was developed and validated as a response to the barriers discussed during the meetings with the working groups. This list was distributed to the entire group of professionals and made available online, providing a clear and up-to-date overview of community resources. To facilitate practical use, the list includes institutional addresses as hyperlinks that open directly in Google Maps, as well as clickable phone numbers that allow users to initiate calls with a single tap. Although the list was designed as a resource for professionals working in gender-based violence, it is accessible to anyone interested.

Additionally, to engage in discussions and improve the multi-agency response, the TACTICS project team became the central point for disseminating information among professionals via the informal communication channel previously created on WhatsApp. The team also expanded within this group the representation of professionals and their institutions by adding new members: (1) professionals working in NGOs supporting victims, and (2) healthcare professionals, more specifically, community healthcare nurses from different administrative-territorial units in Cluj County.

Moreso, in order to better visualize the inter-relations between police and other service providers, an ecomap was developed. The ecomap is an instrument that centralizes all service providers to cases of domestic violence and pinpoints the police as the center of multi-agency collaboration. This captured the diversity of systems with which police interact in the management of domestic violence cases and the quality of relationships among them, ranging from stable and ongoing interactions to less frequent exchanges and even weaker, strained, or interrupted connections (e.g., with the mobile team). The ecomap was validated during one of the cross-professional meetings and represents solely the situation at Cluj level. In parallel, the same group worked together to validate a police response diagram to cases of domestic violence. The diagram mapped out the responsibilities and role of police in cases of domestic violence.

Overall, the process of elaborating a local roadmap extended beyond analyzing laws and policies, and organizing meetings to highlight multi-agency challenges, solutions and successes. The co-creation process that stood at the center for the roadmap became the mechanism that was needed to foster connections among service providers, facilitating cross-professional learning and collaboration.

### 3. Structural barriers in achieving multi-agency collaboration on the management of DV cases in Cluj-Napoca, Romania

Current structural barriers highlight not only the systemic nature of the challenges faced by professionals, but also the shared responsibility of organizations to address them. The following represent common challenges that hinder effective multi-agency response, as identified during the meetings with all working groups:

- **Limited shelter options for victims of domestic violence:** In addition to the fact that existing services are limited, they are not evenly spread out geographically. This implies that victims may not have access to a nearby shelter when they require immediate protection, particularly those that live in rural or isolated areas. Moreover, this gap can significantly impact professionals' ability to provide continuous support, as some victims often choose to soon return home, thereby risking further exposure to violence.
- **Lack of perpetrator programs:** It is more difficult for professionals to stop recurrent acts of violence or deal with the underlying causes of abusive behavior when there are no facilities dedicated to perpetrators for targeted assistance or interventions. This leads to challenges for police when they remove the perpetrator from the home shared with the victim, and impedes referrals to perpetrator dedicated services, causing the lack of possibility for professionals to address the cause of violence, all the while intensifying their workload.
- **Delayed legal assistance from specialized professionals for both victims and perpetrators:** The response of legal services frequently takes too long, leaving service providers without sufficient support when they need it most. As a result, case resolution is delayed or even hindered. This has a direct impact on the timely protection of victims and can lead to trust undermining between victims and service providers.
- **Data sharing:** Service providers and the police continue to encounter communication and data exchange challenges in both rural and urban areas. One significant issue is the frequent lack of familiarity between police and service providers from different parts of the county, which makes it difficult to coordinate and share information in a timely manner. Moreover, in rural areas, professionals from different sectors know one another, and while this might aid data sharing and collaboration, mechanisms are usually informal.
- **Lack of a unified database for domestic violence cases:** Information is fragmented because data is gathered by several institutions, and is not centralized by a single accountable body. As a result, the police are unable to follow the movements of victims who regularly report acts of violence. In this context, several police representatives suggested that social workers should oversee case monitoring.
- **Certain geographic areas lack point-of-contact professionals:** Especially in rural areas, identifying a responsible person for case coordination is often difficult. Many professionals may not operate in the same regions on a regular basis, and when they intervene in an area they are unfamiliar with, they may lack access to the contextual knowledge required to

effectively appraise the issue. The lack of a local contact expert hinders case monitoring and information exchange during interventions, potentially leading to delays and misunderstandings across institutions. Without a defined point of contact, victims risk not obtaining enough care at the appropriate time, and experts must deal with circumstances that have inadequate or fragmented information.

- **The “mobile team”** is an intervening structure developed for on-site coordination between police and social service representatives (per the procedure of December 7, 2018) (6). Although legislation stipulates this type of action, the mobile team does not function in Cluj-Napoca due to a number of obstacles. This reduces the overall impact of services, as the team is intended to respond quickly to persons in most need of such assistance. Furthermore, the lack of the mobile team exposes victims to re-victimization since they have to provide identical information to many institutions, particularly during the risk assessment process. Currently, the police officer arrives to the scene of the event to carry out risk assessment, followed by a DASM representative who goes on the site to conduct a second assessment using a standardized form. This procedure exposes victims to re-victimization while also contributing to fragmented data gathering in case documentation. In this scenario, the mobile team should do a single risk assessment to prevent revictimization.
  
- **Insufficient coordinated response despite the collaboration protocols in place:** Professionals acknowledged that the coordinated response is insufficient despite the existence of agreed upon and signed collaboration protocols. Frequently, they feel frustrated that cases are not handled properly and run for too long, leaving beneficiaries in a state of uncertainty. Although referrals are made, the cases are not finalized.
  
- **Healthcare professionals are underrepresented in multi-agency collaboration mechanisms,** which greatly undermines the overall response to domestic violence cases. Community healthcare nurses, for example, were not part of the informal WhatsApp contact group set up to facilitate quick exchange of knowledge between local institutions. This absence disrupts the flow of essential information and restricts the ability to quickly assess victims’ medical and psychological needs.

## 4. Suggestions/solutions for upgrading multi-agency collaboration in the management of DV/IPV cases in Cluj-Napoca, Romania

Several recommendations emerged as priorities during the meetings with the working groups. These were identified as important further steps for strengthening the overall multi-agency response:

- **Access to support services for victims and programs dedicated to perpetrators of domestic violence:** The number of services offered to victims should be expanded to meet the needs of communities, taking into account both rural and urban areas. The recommendation also includes the development of shelters for victims of domestic violence so that they have access to protection and specialized intervention. Services should be expanded and strategically located to ensure equitable distribution across large geographical areas. Furthermore, programs dedicated to perpetrators should be established in the county.
- **Updating the victim support services database:** First, professionals expressed the need for an up-to-date and easily accessible list of support services that would allow them to quickly identify available resources, contact persons, and types of services offered. In response to this need, the TACTICS project team has developed a list of currently available services at county level, which will be updated every 6 months until the end of the project. Although this list was welcomed by professionals, they underlined that in order for the referral process to work effectively, such a list must be continuously updated. At the same time, they mentioned the interactive map of victim support services created by the National Agency for Equal Opportunities between Women and Men (ANES), which allows navigation by county. Currently, however, this resource does not include services for perpetrators, and much of the existing information is out of date: some services no longer operate, and new ones are not included. Therefore, for an effective referral system, it is essential that this list exists and is constantly updated.
- **Continuous and secure access to online psychological counseling services for victims of domestic violence:** Through repeated interventions by professionals, victims may suffer revictimization. As a result of the trauma suffered due to acts of violence, victims need continuous and secure access to psychological counseling services. The support provided to victims can be improved by giving victims access to online sessions with a psychotherapist. This type of support can empower them to continue their healing process in the long term.
- **Local professionals designated as point-of-contact in rural/remote areas for case coordination:** In rural and remote areas, designated professionals should be appointed to handle cases of domestic violence. They can act as the first point of contact for other professionals, such as the police and social services, facilitating the exchange of information and case follow-up.

- **Development and enforcement of the mobile intervention team in cases of domestic violence:** The “mobile team” is not currently operational at the county level, which severely limits the ability of professionals to protect victims and increases the possibility of their revictimization. To remedy this situation, a detailed analysis of the reasons why the structure is not operational is needed, as well as the identification of existing obstacles to its proper functioning. An important step that can follow the identification of these barriers is the adoption and adaptation of good practices from counties where the mobile team operates effectively, in accordance with the legislation in place.
- **Enhancing human resources to address cases of domestic violence:** Professionals also expressed the need to increase the workforce across all professions handling cases of domestic violence. Currently, many institutions involved in such cases work with limited personnel and are overburdened by the high caseload.
- **Involvement of medical professionals in cases of domestic violence:** Doctors, community healthcare workers, nurses, and other medical personnel act often as first responders to cases of domestic violence, having the possibility to document the abuse. For example, family physicians ought to be more involved in the multi-agency response to cases of domestic violence. These professionals are in a good position to spot the abuse early and help with prompt referrals to appropriate services. For this reason, it is important to actively involve and encourage as many healthcare professionals as possible to take part in the multi-agency response.

Together, these steps would help create a more dependable and well-coordinated system of support for victims and a mechanism of accountability for perpetrators. They would also guarantee that professionals and institutions collaborate more closely.

## 5. Key recommendations for mechanism improvement

Legislative progress is currently being made at national level in Romania and is further transposed at local level. However, to ensure appropriate adherence to guidelines by professionals, holding training sessions is a key point. Retention of information and standardization of response to cases of domestic violence start with training. Each change in legislation should be followed by training, to help professionals move from theory to practice. For example, when it comes to the recent legislation regarding the issuance of the protection order, police authorities must extend beyond an awareness about this law and become more knowledgeable by undergoing training to put the issued guidelines into practice for an effective result – victim protection. Furthermore, providing background for the emergence of the new law governing risk assessment may improve comprehension of how it fits into the greater context by learning about the connections that already exist with other pieces of legislation. This will lead to the establishment of clear protocols, and uniformity in service delivery. Additionally, risk assessment forms should be evaluated and improved based on inputs from experts who use them.

Beginning with individual police risk evaluation, professionals would recommend a stronger focus on the notion of “mobile teams”. The “mobile team” might impede re-victimization as the procedures of this team highlight that risk assessment will be performed by police together with a representative of the social services. Unfortunately, this intervention model is not functional currently. A first step towards making the “mobile team” operative is the rigorous interpretation of existing legal provisions, together with the identification of examples of good practice in counties where this model is functioning effectively. These efforts can lead to opportunities for collaboration and greater consistency between different counties.

The referral system plays a crucial role in multi-agency coordination. At national level, there are public institutions such as the National Agency for Equal Opportunities between Women and Men (ANES) that provide the general public with access to relevant information about services for victims. These services are centralized in each county and are presented in an interactive map, which can also be used by professionals for multi-agency collaboration. This map should be updated regularly to make it more helpful for institutions to make referrals. Currently, many of the services mentioned on the institution’s official website are no longer available, and the recently established ones do not feature on the website yet. At the same time, it is important that official platforms, such as this one, also provide information on programs dedicated to perpetrators, in addition to support services for victims. Focusing exclusively on victim support or only imposing sanctions on perpetrators is not sufficient to combat domestic violence.

Although national legislation stipulates the establishment of programs dedicated to perpetrators, these are very rare. There are very few centers for perpetrators at national level, and none in Cluj County. Furthermore, there is a need to develop local centers that comply with the legal framework and offer support tailored to the needs of the community. At the same time, the establishment of community centers for victims has been identified as an immediate priority. Such centers, strategically located to respond to local needs, can provide integrated social, psychological, and legal support, contributing to increased safety and the recovery process for victims.

Professionals have emphasized the need for communities to appoint a contact person or team responsible for addressing domestic violence in order to improve coordination between urban and rural areas. Such a mechanism would, for example, enable professionals in urban areas to quickly know whom to contact when support or case monitoring is needed in a geographical area where they do not carry out their activities on a regular basis. This would guarantee that when assistance or intervention is required, professionals from urban areas, for example, know who to contact and with whom to follow up the case. Creating rural support teams or local patrols could improve multi-agency response and cooperation.

Systemic challenges identified by the working groups were also reflected in the lack of adequate personnel to handle the high volume of activities, especially due to the complexity of solving cases of domestic violence and the time that it is taking to do so. Next to the specialized human resource challenge lies another one – the lack of services, especially for vulnerable populations situated in rural areas. Victims in these areas are often dependent on the finances generated by the perpetrator, and even though they can become financially sufficient, their economic situation might not reflect the best individual conditions in order to secure long-term transportation to and from support services, ensuring continuity of programs that they so much need. However, the newly initiated legislative proposal from November 2025 (11) might address this unmet need, if online access to therapy for victims of domestic violence might be extended in this new potential law. Providing efficient ways to tackle these recommendations can be thought about early on and ensured by aligning them with the establishment of integrated community centers, designed to respond to the socio-economic needs of vulnerable populations, including people affected by domestic violence. Multi-agency collaboration can be timely envisioned, to ensure not only protection of victims, but also personal protection of professionals.

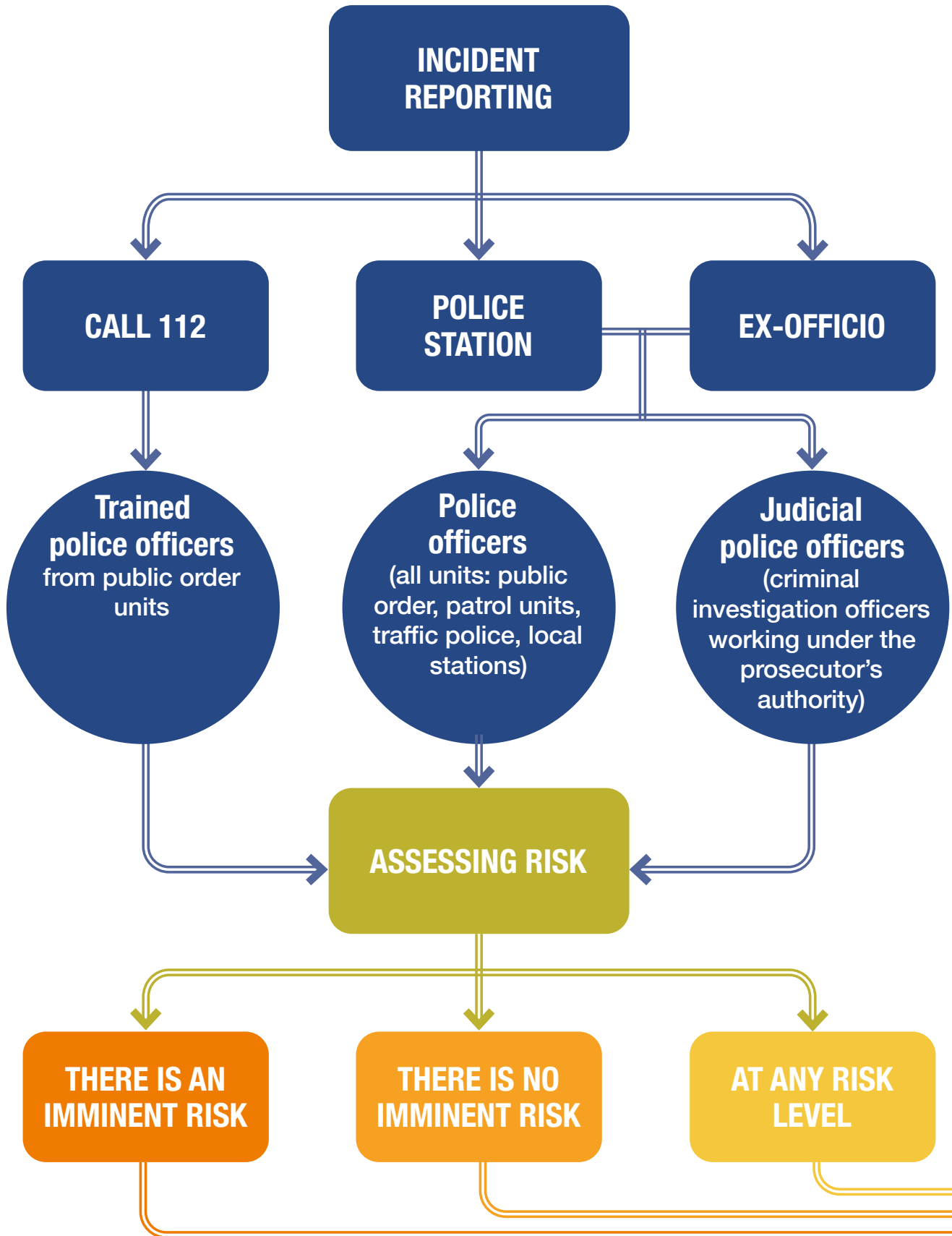
In situations with limited resources, it is important to carefully design and monitor the visual identity and naming of victim support centers. The names and titles displayed on the signage should be chosen thoughtfully, so that victims do not feel ashamed or stigmatized when seeking help. This approach helps ensure that victims feel safe, gain better access to resources, and build trust with specialists working at the center.

Nonetheless, having specific guidelines for collecting and analyzing data is just as important as any other recommendation if improvement of multi-agency collaboration is sought. Public authorities need to improve their methods of collecting, analyzing, sharing, documenting, and presenting data. Understanding the magnitude of the phenomenon through data is key in allocating dedicated resources to this cause. Moreover, it is important to evaluate the rules governing data sharing amongst institutions that must collaborate in cases of domestic violence. Clarifying the kind of information that can be shared between institutions and under which circumstances would help to maintain anonymity while also creating a safer, more coordinated response.

The updated Cluj-Napoca roadmap reflects experienced challenges of professionals and recommendations suggested by the working groups to improve the local response to domestic violence. By gathering the points of view of various professionals, such as police, social services, community healthcare nurses, non-governmental organizations, local authorities, the roadmap highlights opportunities, shortcomings, and strengths in the current system. This current document offers a framework for policy makers, service providers, and community stakeholders needed to improve multi-agency collaboration.

# Resources

1. Law 217 22/05/2003 – Legislative Portal [Internet]. [cited 2025 Aug 25]. Available from: <https://legislatie.just.ro/public/detaliiidocument/44014>
2. Law 1 10/01/2025 – Legislative Portal [Internet]. [cited 2025 Aug 25]. Available from: <https://legislatie.just.ro/Public/DetaliiDocumentAfis/293549>
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### THERE IS AN IMMINENT RISK

#### The police officer takes the following measures:

- Observes and asks questions regarding the **physical condition of the persons involved** and, if necessary, requests medical intervention, as stated in Art. 4(b) of Law 217/2003.
- **Issues the Provisional Protection Order** (unless the victim opposes its issuing) and registers the original file in the records of the police unit or sub-unit to which he or she belongs, according to home address. Two statements are prepared by the police officer – one for the perpetrator and one for the victim – detailing their rights and responsibilities.
- **Requests (where available) the mobile team** from the Public Social Assistance Service (SPAS) in the Municipality, operating under the Directorate for Social and Medical Assistance (DASM), and provides the mobile team with all necessary information to facilitate emergency social intervention, especially when vulnerable victims are involved (e.g., minors, persons with disabilities, or individuals with special needs). Once requested, **the mobile team carries out the tasks** established by Law 217/2003 and Ministerial Decision 2525/2018, including:
  - verifying emergency referrals;
  - conducting an initial rapid assessment of the domestic violence situation;
  - taking necessary steps to eliminate immediate danger;
  - arranging transport to the nearest medical unit when the victim requires medical care;
  - notifying criminal investigation bodies when required;
  - notifying the competent authorities for the issuance of a Provisional Protection Order;
  - directing the victim toward DGASPC or SPAS for access to residential services;
  - initiating case management for victims and, where applicable, perpetrators.
- **When the police intervene at home**, there are two types of separation:
  - (1) The police officer can order the **temporary eviction of the perpetrator from the home**. If the perpetrator has no alternative place to stay, the perpetrator will be hosted in the **homeless centers** of the Directorate for Social and Medical Assistance (DASM) of the Municipality of Cluj-Napoca or accommodated at **another person's residence**. The Dispatch Center **monitors the perpetrator** using electronic bracelets.
  - (2) The police officer refers the victim to protected victim's shelters.
- **Hands the Provisional Protection Order** to the Prosecutor's Office for confirmation.

### THERE IS NO IMMINENT RISK

The police officer informs the victim about the possibility of applying for a protection order and provides the victim with the application form.

### AT ANY RISK LEVEL

**After the risk assessment**, the police officer can refer victims to social support services. If accessed, a case manager/social worker continues the risk assessment and offers/refers the victim to existing support services: victims' protected shelters, legal counseling services, psychological counseling and support groups, vocational guidance services, or other existing support services.

# TACTICS

