URBACT

Co-funded by the European Union
Interreg

UNIDAS4EU
IMPROVING PREVENTION AND SUPPORT RESPONSES TO DOMESTIC VIOLENCE IN EUROPE

URBACT IV TRANSFER NETWORK

UNIDAS4EU GOOD PRACTICE

TRANSFERABILITY STUDY

Linda Ainouche, Lead Expert

May 2026

Executive Summary

This transferability study explores the UNIDAS Good Practice as a territorial response to gender-based violence (GBV), domestic violence (DV), and intimate partner violence (IPV).

Challenges: DV and GBV create fragmented institutional responses services. Survivors repeat stories across police, social care, health and courts, face delays, gaps in follow-up, and unequal access to protection, especially acute in rural areas.

UNIDAS Solution: A territorial coordination system linking services into one coordinated pathway, without creating new services, but by better connecting existing ones: one case manager (focal point) per survivor, 48-hour response (faster in high-risk situations), shared data, and clearly assigned institutional responsibility. The model combines operational coordination with formal political ownership, strengthening prevention, and recovery mechanisms while affirms improved access to legal, psychological, health services, in addressing DV as a barrier to inclusion, social cohesion, and sustainable development.

** All information, data and visual material used in this Transferability Study was provided by UNIDAS4EuProject Partners or developed by the UNIDAS4EU Lead Expert.*

Benefits/Gain for cities:

- Faster protection: help without delays, repetition, and loss of cases
- Territory equality: survivors can access the same quality of support service across a territory
- Cost-effective: no new services are created; existing services are used more efficiently
- Data-driven action: monitoring and evaluation improve prevention, coordination, and local policy
- Political commitment: decisions are translated into action
- Continuity of protection: survivors are less likely to lose continuity between services
- Inclusive support: the GP model strengthens gender equality and social inclusion (GESI) approaches through improved response capacity for children, persons with disabilities, older persons, and LGBTQ+ survivors
- Perpetrator accountability: the model reinforces perpetrator accountability through coordination between legal and protection structures.

Abbreviations

AULSS 8 — Azienda ULSS 8 Berica (Italy)
CCAS — Centre Communal d'Action Sociale (France)
CEDAW — Convention on the Elimination of All Forms of Discrimination Against Women
CEAV — Centro Antiviolenza (Italy)
CIG — Commission for Citizenship and Gender Equality (Portugal)
CLSPD — Conseil Local de Sécurité et de Prévention de la Délinquance (France)
CPCJ — Child Protection Commission (Portugal)
DV — Domestic Violence
EIGE — European Institute for Gender Equality
GBV — Gender-Based Violence
GESI — Gender Equality and Social Inclusion
GP — Good Practice
IDP — Internally Displaced People
IPV — Intimate Partner Violence
SDG — Sustainable Development Goal
TNM — Transnational Network Meeting
ULG — URBACT Local Group
VAW — Violence Against Women

Table of Contents

Section 1 – The URBACT Good Practice

1.1 Framing the Good Practice within the EU policy context

Gender-based violence (GBV), and in particular violence against women (VAW), including domestic violence (DV), are internationally acknowledged as human rights violations and structural policy issues.

1. The United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979) establishes the main international point of reference for women's rights.
2. The Council of Europe Convention on preventing and combating VAW and DV reinforces Article 3 of the European Convention on Human Rights (ECHR, 1950) which prohibits inhuman, degrading treatment and torture.

Within the European context, the UNIDAS Good Practice (GP) addresses a structural gap widely observed across continental cities: fragmented institutional responses to DV and intimate partner violence (IPV). UNIDAS does not introduce new services. It restructures how existing institutions interact.

The GP operates within European and international frameworks supporting coordinated protection systems:

- The Istanbul Convention (2011) reinforces prevention, protection, prosecution, and integrated policies, as well as the capacity of systems to monitor perpetrator-related risks, coordinate judicial processes, and reduce recurrence of violence over time.
- EU Urban Agenda (new framework 2021-2034), particularly in the fields of safety in public spaces, equality, and inclusive cities.
- EU Cohesion Policy 2021-2027, notably Policy Objective 4 (Social Europe), by improving access to integrated social services, and Policy Objective 5 (A Europe closer to citizens), by supporting locally driven approaches.
- European Pillar of Social Rights, especially 2 (Gender equality), 11 (Childcare and support to children), and 16 (Survivors support).
- EU Gender Equality Strategy (2020-2025).
- UN Agenda 2030 for Sustainable Development Goals, particularly SDG 5 (Gender Equality), SDG 10 (Reduced Inequalities), and SDG 16 (Peace, Justice, and Strong Institutions).

1.2 Short description of the Good Practice (Tâmega e Sousa)

The GP is implemented in the Inter-municipal Community of Tâmega e Sousa (CIM-TS) in Northern Portugal, covering 11 municipalities across a territorially diverse area of 1,830 km² with approximately 410,000 inhabitants. The territory combines urban centres and isolated rural areas, with unequal access to services. The inter-municipal scale allows coordinated DV response across dispersed municipalities. CIM-TS coordination would not have emerged without this territorial configuration that creates barriers: distance to services, fragmentation, and isolation of vulnerable populations.

1.3 Detailed description of the Good Practice (UNIDAS)

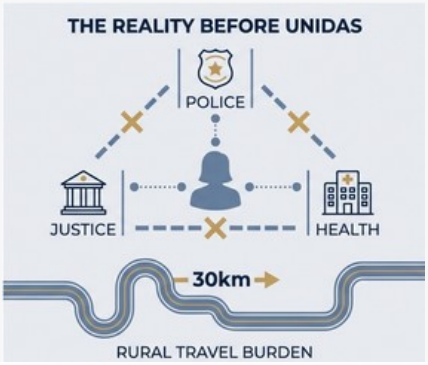
In Portugal, GBV, and in particular VAW, is a significant and persistent issue. Survivors are predominantly women (over 80%), most often aged between 26 and 55, and violence occurs mainly within intimate relationships. Children are also directly affected, representing a substantial proportion of individuals in shelters.

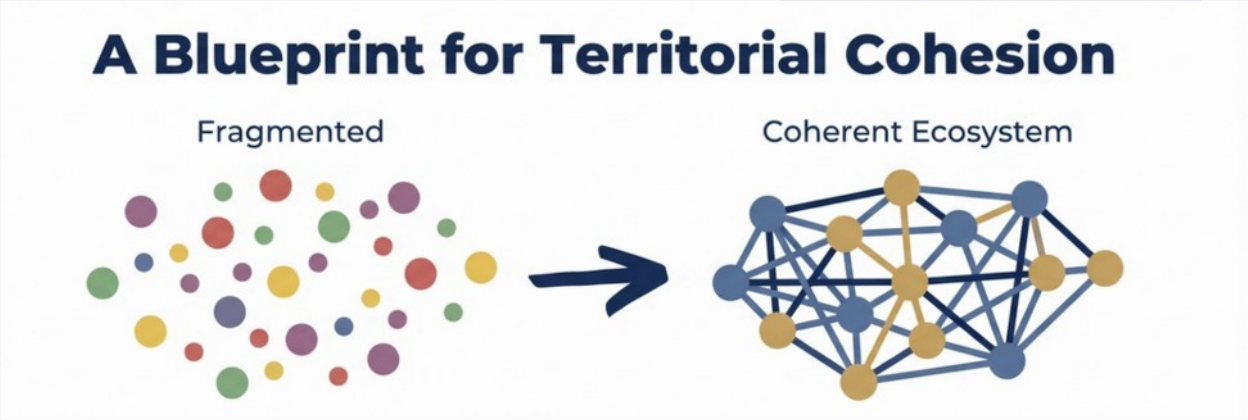
1.3.1 Nature of the Good Practice

As the first Portuguese inter-municipal network for survivors' support developed within the CIM-TS territory, UNIDAS is a governance system, not a service. It connects and coordinates existing institutions responding to DV into a single coordinated chain across the territory.

Back in 2018, the eleven municipalities of Douro, Tâmega and Sousa were registering close to 10% of all DV crimes reported in Northern Portugal. Survivors were forced to repeat their stories across institutions and experienced no continuity of protection within a system where data were siloed, and no territory-wide dataset existed to guide public policy. Fragmentation delayed protection, increased risk for survivors and weakened continuity of care. The core challenge situation was to build a coherent, equal-quality safety net across eleven diverse administrations with limited specialised staff and constrained resources.

UNIDAS was founded with the vision to create a shared inter-municipal coordination system, standardise procedures and intervention practices in which each survivor is assigned a case manager (focal point) and institutions operate within a common pathway.





Since the creation of UNIDAS on 29 April 2021, institutions have operated through mutual procedures, coordinated follow-up, and assigned case responsibility. In practice, UNIDAS provides integrated social, psychological, and legal support and specialised services for everyone regardless of their age, residence, and special needs.

Political leaders across 11 municipalities reached a collective agreement to invest in a coodination system instead of maintaining duplicated and fragmented efforts.

Eleven coherent service structures, one for each municipality, have provided coordinated support services at the territorial level. The practice applies common intervention procedures across the territory.

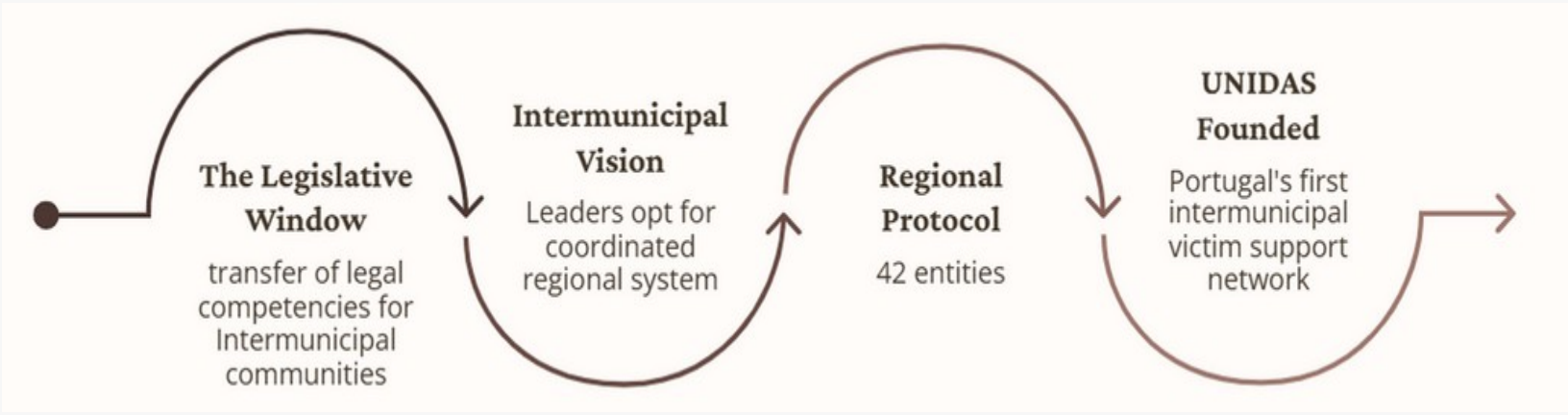
The system functions through:

- All institutions are connected,
- Each case follows a structured pathway,
- Responsibility is clearly assigned,
- Data are shared,
- Coordination mechanisms escalate according to risk level.

UNIDAS operates within the national framework coordinated by the Commission for Citizenship and Gender Equality (CIG) which is responsible for setting the national legal and policy framework for equality and DV response. It is anchored in the Protocol for the Territorialisation of the National Support Network for Victims of Domestic Violence. This protocol aims to enhance prevention and protection, as well as counter DV in the Douro, Tâmega, and Sousa region. It was initially based on the National Strategy for Equality and Non-Discrimination 2018-2020, "Portugal + Igual" (ENIND). Additionally, there is an Internal Operating Regulation, defining each area of intervention, as well as a methodological guide for the standardisation of network procedures.

1.3.2 Governance System architecture

Three levels create the UNIDAS coordination structure with defined roles and accountability. The system connects 42 entities orchestrated by CIM-TS across 11 municipalities, providing coordinated and accessible support. Survivors can be assisted in any of the 11 municipal centres of their choice and live in any one of the territorial cities.



1. Regional level. **Protocol** for the Territorialization of the National Support Network, 2020 (Institutional Framework)	**42 partners** institutions (each one has an identified focal point and regular operational and strategic level meetings to review cases, resolve challenges, and reinforce commitments) Formal cooperation protocol across justice, security forces, health, education, and social sectors. All actors are formally connected through the protocol.
2. Intermunicipal Level. Coordination (System Level), strictly speaking, **CIM-TS**	Coordinating entity of the regional protocol and the 11 service structures led by CIM-TS Enables **shared information flows**, monitoring, data aggregation and analyses, and continuity across municipalities. Report monthly on the number of services provided and the characterisation of the survivors and the perpetrators.
3. Municipal Level. Operational Network (**Frontline**)	11 local support structured units (one per municipality within the territory) Multidisciplinary teams made up of psychologists, social workers, and lawyers Each case is assigned to a dedicated case manager (**focal point)**, coordinating follow-up across institutions.

1.3.3 Practical logic

UNIDAS is based on a structured case management pathway, connecting interventions into one coordinated pathway. In 2023, UNIDAS developed a shared methodological guide ("Uniformizar para Intervir") to harmonise intervention procedures across the territory, co-developed by survivor support structures, prosecution services, GNR (police), child protection commissions (CPCJ), health services, and social security actors.

When a survivor enters the system, a focal point is assigned, the case is rapidly assessed, and institutions coordinate the response through a shared pathway.

The operational flow process follows these five steps:

1.	**ENTRY POINT** Single entry or referral through multiple access points, survivors, contacts police, health or social services, or directly to support structures without requiring a formal referral.
2.	**CONSENT** Support is provided only with the informed consent of the survivor.
3.	**CASE ASSIGNMENT** Survivor case referred to the municipal support unit. Assignment of a permanent case manager/focal point (case coordination responsibility per case)
4.	**RISK ASSESSEMNT & RAPID RESPONSE** Within 48 hours, the case manager assesses risk and initiates the response.
5.	**COORDINATION SUPPORT PLAN** A coordinated support plan is activated based on risk level (from low to extreme)

1.3.4 Key stakeholders

Stakeholders combine strategic coordination and response.

Coordination level

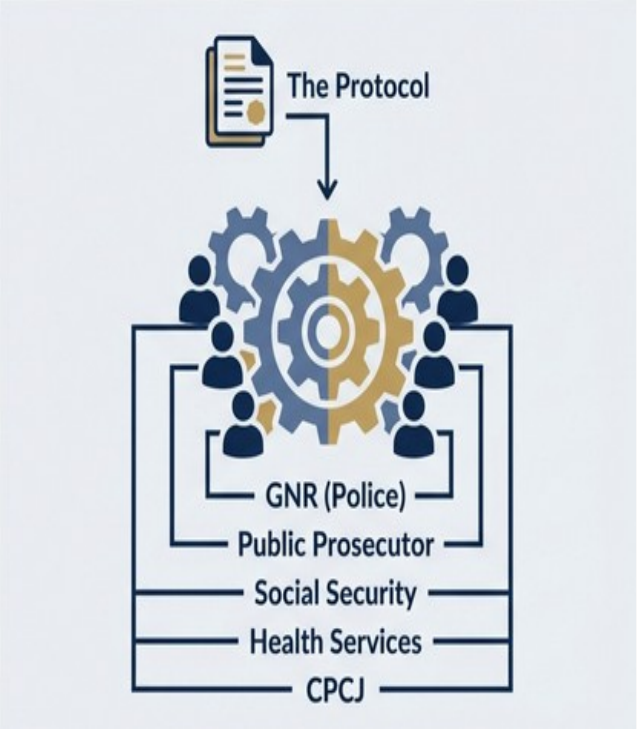
- CIM-TS: central coordinating body, oversees the network, manages data and reporting, chairs coordination mechanisms, provides specialised teams, and enables alignment with national gender-equality policies.

Municipal level

- 11 municipalities host and equip local UNIDAS centres, manage case referral, data contribution, prevention activities, and alignment with local and national strategies.

Core institutional partners

- Partner network operates through a formal Territorialisation Protocol involving municipalities, justice and law enforcement authorities, police, CPCJs, health and education institutions, social security services, and the national equality authority (CIG).



1.3.5 Quantified operation results

From April 2021 to December 2025, the UNIDAS network supported 3,232 adult survivors and 579 children and young people across the 11 municipalities. The number of first-entry adult survivors supported increased from 517 in 2021 to 743 in 2024, before slightly decreasing to 691 in 2025.

The main referral source is the Public Prosecutor's Office and courts (51%), followed by self-referrals (15%), police and criminal investigation bodies (12%), social services (5%), Child Protection Commissions (5%), and other entities, health and education services (11%).

The network involves 34 professionals across the 11 municipalities.

Between 2012 and 2025, 308 survivors were referred to shelters and emergency accommodation structures.

UNIDAS developed prevention and awareness activities such as 110 theater performances, 111 awareness sessions for 15-17-year-olds, and 35 awareness sessions for nurses and doctors.

A 2023 impact evaluation estimated reported improvements in coordination, response capacity, and child support mechanisms among more than 80% of partner entities and municipal professionals.

Some indicators are partially monitored, including response timelines, survivor feedback, and continuity of follow-up. Additional indicators are expected to be integrated from the second half of 2026.

1.4 What UNIDAS model changes for a city in practice?

UNIDAS does not introduce new services. It makes existing services work as one system, clarifying who is responsible for what and ensuring that each case is followed through to the end without any gaps in care.

- Instead of multiple institutions working separately, the municipality systematically operates as one system.
- Instead of fragmented responses, cases follow a continuous pathway.
- Instead of relying on individuals, the system guarantees continuity. Shared procedures and operational protocols stabilise coordination beyond individual staff turnover and institutional changes.

UNIDAS shifts the system from parallel interventions to coordinated case management, reducing gaps in follow-up and dependence on individual actors.

The issue is not the absence of services.
It is the absence of a system connecting them.

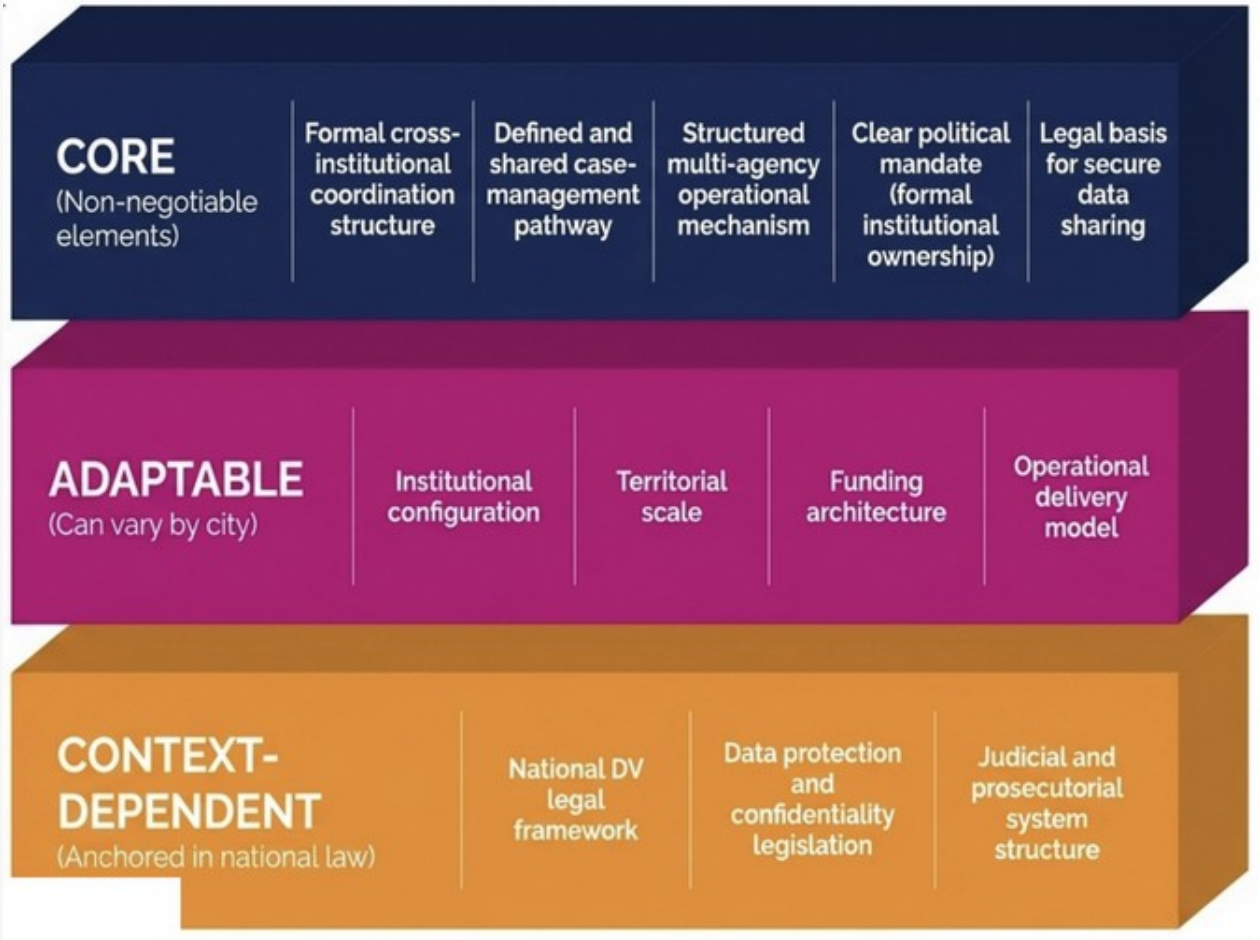
1.5 Why adapt this GP model?

Without coordination	Operational changes	Benefits	UNIDAS Solution
Repetition of stories across services. No clear responsibility per case	Survivors do not get lost between services	Faster protection, fewer dropouts, higher trust	One manager per case. Clear accountability
Duplicated efforts, higher costs	Institutions stop working in parallel	Time and resources are not wasted	Single efficient coordinated network
Long delays, worse in rural areas	Equal access across a territory	Service quality is consistent. Protection becomes more consistent	48h response everywhere, faster for high-risk cases
Siloed data per institution	Data becomes useful	Usable territorial monitoring.	Shared territorial dashboard
Institutional fragmentation	Political obligation is operational	Policies translate into actions	Clear roles and responsibilities

1.6 Scope for improvement of the Good Practice

1. Data standardisation and monitoring practices While shared indicators exist, data collection and monitoring practices are uneven across municipalities, limiting territorial comparison and long-term evaluation.
2. Evaluation framework Integrated monitoring is partial.
3. Long-term sustainability Continued reliance on project-based funding limits stability beyond financial support cycles.
4. Digitalisation Digital tools for coordination, access to services, and real-time monitoring are underdeveloped.
5. Terminology Shift from “victim/aggressor” to “survivor/perpetrator,” with clearer distinction between DV/IPV and GBV. The term “survivor” is preferred outside legal and judicial contexts to reinforce the empowerment of affected individuals. In legal and court proceedings, the term “victims” is necessary The term “perpetrator” is preferred to the term “aggressor” because it better reflects accountability for acts of violence.
6. Dependence on institutional goodwill The GP depends on sustained cooperation and information-sharing between institutions, although institutional disagreements are not formally regulated.
7. Case pathway enforceability The pathway exists; however it is not clearly codified or consistently enforceable across institutions.
8. Perpetrator accountability and justice dimension Strengthening this dimension would improve the overall effectiveness of the response and contribute to breaking cycles of violence.
9. Prevention and early-detection Activities are less structured than protection and emergency-response mechanisms, particularly in schools and youth environments.
10. Survivor feedback and long-term outcome Evaluation is limited, reducing the capacity to assess protection continuity and long-term effectiveness.

1.7 Transfer Assessment



DIMENSION	ASSESSMENT
CONDITIONS FOR TRANSFER	Transfer depends on whether the core elements are operational
MAIN LIMITATION	In several cities, coordination is partial, informal, and dependent on individuals
IMPLICATION	Transfer capacity differs according to system maturity and the operational status of core elements

Section 2 – Transfer Cities Profiles

2.1 Introduction

The UNIDAS4EU Transfer Network brings together the Intermunicipal Community of Tâmega e Sousa (CIM-TS) (Portugal) and six European transfer cities: Bétera (Spain), Budapest District XII – Hegyvidék (Hungary), Drama (Greece), Kyiv (Ukraine), Meylan (France), and Vicenza (Italy).

These partners differ significantly in terms of governance scale, demographic context, institutional maturity, and socio-political environment in the field of GBV, DV and IPV prevention, protection, and response, as well as perpetrator accountability. Partners operate within different legal traditions, administrative architectures, and cultural stigmas at the international, national, and regional levels.

Geographically, the network spans Southern, Western, and Central/Eastern Europe and encompasses:

- a supra-municipal structure (CIM Tâmega e Sousa),
- two municipalities (Bétera and Meylan),
- two cities (Vicenza and Drama),
- one metropolitan district within a capital city (Hegyvidék – Budapest District XII),
- one large capital city operating in a war context (Kyiv).

The GP is transferred into systems with varying degrees of coordination maturity and legal capacity. Transfer depends on the institutional bases available in each city. All partner cities operate under the same international treaties. These legally bind countries to fight GBV through coordinated national systems.

Global level

On 18 December 1979, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was adopted by the United Nations General Assembly and entered into force on 3 September 1981. CEDAW requires states to prevent, protect, investigate, and sanction violence against women, including through local coordination systems

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

City Partners Countries	CEDAW Signed	CEDAW Ratified
France	1980	1983
Greece	1980	1983
Hungary	1980	1982
Italy	1980	1985
Portugal	1980	1980
Spain	1980	1984
Ukraine	1980	1981

European level

The Istanbul Convention, approved by the Council of Europe in 2011, establishes the main European framework on VAW and DV through prevention and protection. Its implementation is variable across partner cities. Transfer capacity depends on how these commitments function in practice.

UNIDAS4EU Country and Istanbul Convention Status

City Partners Countries	CEDAW Signed	CEDAW Ratified
France	2011	2014
Greece	2011	2018
Hungary	2014	No
Italy	2012	2013
Portugal	2011	2013
Spain	2011	2014
Ukraine	2011	2022

Note on Data Comparability

National comparisons are useful to understand legal and institutional contexts, but they do not replace the city-level assessment of how coordination, pathways, and follow-up work in practice.

Raw DV/IPV statistics are not fully comparable across partner cities due to differences in legal categories, reporting practices, and institutional data systems. Categories such as GBV, DV, and IPV are not operationalised uniformly across national systems.

The following indicators provide contextual comparison between countries. They do not directly measure the maturity of DV/IPV protection systems.

Country	GGG Rank 2025	Overall Score	Economic Participation	Rank	Political Empowerment	Rank
France	35	0.77	0.72	52	0.36	34
Greece	77	0.71	0.67	87	0.20	81
Hungary	105	0.68	0.68	79	0.07	133
Italy	85	0.7	0.59	117	0.25	65
Portugal	34	0.77	0.75	29	0.34	43
Spain	12	0.8	0.73	49	0.49	11
Ukraine	62	0.73	0.74	39	0.19	87

GGG: Global Gender Gap (Insight Report, *World Economic Forum*, 2025), out of 148 countries

2.2 Bétera, Spain

Bétera is a municipality covering 75 km². Functioning as part of the Valencia metropolitan area, it combines an urban core with low-density residential areas and rural spaces.

Its population of almost 28,000 inhabitants is structurally balanced, comprising both young families and an aging population, and a gender balance. The socio-economic profile is mixed, with medium income levels and strong commuting patterns. Foreign residents account for nearly 15% of the total population. Gender inequalities persist in employment, income stability, and care responsibilities, shaping vulnerability to IPV/DV.

Between March 2022 and February 2025, the number of DV/GBV cases monitored by the municipality's local police EMBUE unit reportedly increased from 52 to 101 cases.

DV/GBV challenge

The DV support system operates across three levels: municipality → region → state, but not as a simple hierarchy. Although Bétera is on the front line, managing social services, local police, and immediate response to DV cases, it is structurally dependent on the regional level to function effectively. Once cases leave the city level, continuity becomes dependent on external regional structures.

The Valencia Community holds the main competencies, defining the DV support system, allocating funding, and organising specialised services.

Spain makes a legal distinction that most countries do not between v*iolencia de género*, which can be translated as GBV, and DV. This distinction directly shapes how situations are handled and treated.

The legal and institutional framework is complemented by subsequent legislative reforms and the State Pact against Gender Violence. In practice, the responses to DV/GBV in Bétera are very specific, operating through referral pathways, continuous risk-assessment procedures, and inter-institutional coordination protocols. They are framed through the Municipal Coordination Protocol against GBV, the regional inter-institutional protocol of the Valencia Community, and national risk-monitoring systems. Follow-up often depends on external services and varies across institutional levels, especially when cases move beyond the city.

A typical case enters through local police or social services, is assessed using national risk tools, and then sent to judicial and specialised regional services.

Once cases are referred beyond the city level, follow-up becomes more asymmetric. Specialised judicial, psychological and emergency support services are largely concentrated in Valencia and Llíria, reducing Bétera's control over case progression.

The distinction between DV and GBV creates two different response systems. GBV benefits from specialised courts, integrated pathways, and structured interagency coordination, while DV follows a broader and less integrated institutional response.

Law 7/2012 establishes the Valencia regional framework for addressing GBV, and Organic Law 1/2004 is applied exclusively when a man commits violence against a woman within a current or former intimate relationship.

Law related to DV comes from the Spanish Criminal Code (1995). It covers violence within the family or household, regardless of gender or type of relationship (parent–child violence, violence between siblings, elderly abuse), and also situations that do not fall under the legal definition of GBV, such as same-sex couples. DV cases follow ordinary criminal procedures within weaker coordination mechanisms.

Regional statistics reveal that thousands of cases of gender violence are reported annually in the Valencia area, with official figures likely underestimating the true scale due to widespread underreporting. Specific local data from VIOGEN and SEGIS (national risk monitoring/data sharing) is limited.

Stakeholders

The Equality Department, municipal social services, the municipal psychologist, and the Local Police EMUBE unit constitute the practical core of the local DV/GBV response system in Bétera.

Guardia Civil, health centres, courts, victim support offices, and specialised regional services, notably the Centro Mujer 24H in Valencia are also involved.

Civil society organisations and women's associations complement prevention, support and outreach activities, while schools and healthcare services contribute to early detection and referral through regional coordination protocols.

Hotlines and emergency support services are available 24/7.

Assets and barriers relating to transfer

Close to the UNIDAS core conditions, the system in Bétera demonstrates formal coordination structures, shared risk-assessment mechanisms, specialised multi-agency intervention practices, political ownership anchored in regional and national legislation, and partial data-sharing systems. However, it is dependent on external actors (Valencia/Llíria), particularly for specialised services and continuity of long-term follow-up, which makes local integration inconsistent.

Prevention and early-detection mechanisms are less developed than emergency and protection responses. Distance, stigma, and limited awareness of available services also affect access to support.

A formal and practical coordination mechanism is in place through a city multi-agency commission (social service and health unit using a specific protocol regarding GBV), supported by regular case-based meetings and embedded in a broader regional and national framework.

Political ownership is clear and stable, anchored in national and regional legislation as well as protocols.

Local monitoring capacity is limited and dependent on regional and national systems.

Transfer potential assessment

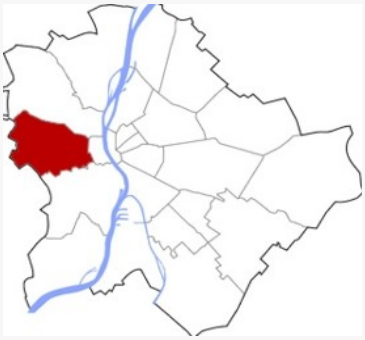
Bétera presents a strong structural transfer potential within an already structured and operational system. The central challenge lies in the dependence of local continuity on regional and national institutional structures.

Dependence on national/regional systems, incomplete pathway integration, and limited local capacity would require more stable local coordination and pathway integration of multidisciplinary services to improve survivor support, institutional coordination, and prevention capacity.

The transfer lesson for Bétera is to strengthen how local actors use shared risk information.

Compared with UNIDAS, Bétera already has a relatively structured response, but it remains dependent on higher-level regional competences for full continuity of care. The transfer lesson is that stable local coordination is possible when the city strengthens the use of shared risk information and improves continuity across institutional levels.

2.3 Budapest District XII Municipality, Hegyvidék. Hungary



Budapest District XII (Hegyvidék), covering 27 km² with a population of nearly 60,000 inhabitants. It is one of the most affluent residential districts of the Hungarian capital, with significant institutional capacity and a stable institutional environment. The population is relatively aging, with 30% of people over 60, as well as 6.5% of people suffering from disability, and 24% of single-parent households.

The absence of standardised local DV/IPV data itself reflects one of the structural limitations, as it prevents the district from coordinated monitoring, outcomes, and pathway continuity of protection.

Budapest District XII involves a broad network of actors responding to DV/IPV, including social services, child welfare actors, police, educational institutions, healthcare providers and specialised NGOs.

DV/GBV challenge

The municipality is an important local actor in survivor protection, while operational social and child-protection coordination is primarily linked to the Family Support and Child Welfare Centre

Since 2020, Hungary has addressed DV through Act LXXII of 2009 on restraining orders and provisions within the Criminal Code, alongside institutional responsibilities assigned to local authorities since 2020, including the role of the notary (jegyző) as coordinating authority for family protection. The Family Support and Child Welfare Centre coordinates the signalling system and supports inter-institutional cooperation.

The signalling mechanism is designed to detect and respond to risk situations, connecting police, healthcare providers, educational institutions, social services, and guardianship authorities. [i]

Operational coordination is strongest within the child-protection signalling system, where reporting obligations and methodological guidance exist. However, implementation is inconsistent, and no district-specific DV/IPV pathway structures continuity across institutions.

Lately, reporting has increased following regulatory changes, and regular interprofessional meetings and case conferences are organised. These activities are focused on detection and information reporting and not integrated case management.

The DV support system in Budapest XII functions, but not as a coherent structure. Continuity of protection depends heavily on informal cooperation and individual engagement, despite existing institutional coordination obligations.

For adult survivors and non-child-protection cases, pathways are more individualised and depend heavily on the institution first contacted and on informal professional cooperation.

The trajectory of a case depends on the institution first contacted. Each actor intervenes according to its own mandate: police follow legal procedures, social services provide support, and other actors contribute within their sector. Cases do not follow a jointly managed pathway and do not function through structured multi-agency coordination mechanisms, particularly in urgent, high-risk, and complex cases.

Elements of pathways exist within sectors, but they are not aligned from first report to closure. Nevertheless, interprofessional meetings, case discussions, and case conferences at district and inter-institutional level demonstrate that stakeholders do interact.

No shared local monitoring framework exists across institutions. Data collection is fragmented and the system does not support integrated case tracking, coordinated monitoring, and evidence-based local policy.

The lack of specialised and continuous training contributes to the frequent failure to recognise DV/IPV and to the fact that the actors involved in care do not handle cases consistently.

Stakeholders

The Family Support and Child Welfare Centre of Budapest XII acts as the main practical hub, organising case discussions and managing social follow-up for vulnerable families and residents.

The District Police Service plays a central role in emergency response, protection measures, and legal procedures, including restraining orders and criminal investigations. Approximately 25–30% of DV cases arereported through police authorities. Police officers regularly participate in DV/GBV training and awareness initiatives implemented with organisations and support services, such as NANE, PATENT, Hungarian Ecumenical Aid, and the Regional Crisis Ambulance.

Healthcare providers, school health services and educational institutions contribute to early detection and mandatory reporting obligations, particularly in cases involving children and vulnerable persons. Social services provide ongoing support and referral, while guardianship authorities intervene in child protection cases. Civil society organisations and NGOs such as Hungarian Ecumenical Aid and the Regional Crisis Ambulance contribute to prevention, outreach, and survivor support. Their integration into coordination mechanisms is limited and not systematically formalised.

Metropolitan-level municipal departments assure the broader institutional framework supporting coordination between district and city levels.

Assets and barriers relating to transfer

Budapest District XII is institutionally dense and formally structured, but coordination is segmented across sectors and institutional mandates.

The system functions primarily through reporting mechanisms rather than through jointly managed case trajectories. It benefits from formal coordination structures, active institutional actors, and an established signalling mechanism.

Its main structural gap lies in the absence of a shared pathway defining how cases move across institutions. Although a coordination mandate exists at city level, supported by active institutional actors and a functioning signalling system, this does not translate into an integrated response. Continuity of protection depends more heavily on individual actors than on a stabilised system.

Transfer potential assessment

Budapest XII demonstrates conditional transfer potential. At this stage, the main challenge is the absence of a shared trajectory connecting institutions around the same case, and not the absence of actors. Transfer depends on the development of a structure capable of transforming a reporting-based system and institutional exchanges into coordinated protection.

Compared with UNIDAS, Budapest District XII has institutional capacity but lacks an operational pathway. The transfer lesson is that the priority is not to replicate services, but to build the minimum structural backbone needed for coordinated case management and follow-up.

2.4 Drama, Greece

Drama is a municipality, a city, and the capital of the regional unit in the East Macedonia and Thrace region. The Municipality of Drama, is composed of two units with the city of Drama as the administrative centre. Its territory covers approximately 840 km² with a population of around 56,000 inhabitants and a distribution of 52% female to 48% male.

The city of Drama concentrates nearly 80% of the municipality's population within a dense urban core. The remaining 20% of the population is dispersed across a wide rural area with very low density, creating significant territorial disparities in access to services.

The city of Drama faces structural socio-economic constraints and challenges, including high unemployment rates, declining household income, and an aging population, with more than 43% of residents over the age of 50.

The system functions,

but not as a coherent operational structure.

DV/GBV challenge

In Drama, political ownership is robust and clearly established. The city demonstrates a strong institutional commitment to addressing DV and GBV through strategic initiatives, collaboration with educational institutions, and investment in the Women's Counselling Support Centre, currently being established, reflecting a key structural shift in the local DV response.

The city holds formal responsibility for social protection and gender equality policies. Specialised services are limited. Survivor support is provided through general social services and in cooperation with external structures located in neighbouring municipalities, notably Kavala (the regional prefecture, 40 km from Drama).

Greece has an established legal and policy framework addressing DV, notably Law 3500/2006, which defines DV as a criminal offense and provides for protection measures, prosecution procedures, and survivor support. This framework is reinforced by national gender equality strategies and dedicated support mechanisms (counselling centres, shelters, specialised police units, and helplines). The Ministry for Social Cohesion and Family and the General Secretariat for Equality and Human Rights oversee gender equality policies and promote an approach based on prevention, protection, and support. Recent legislative updates have reinforced this with stricter penalties and the introduction of electronic monitoring measures for perpetrators.

At the local level, Drama aligns with national policies through formal agreements with the Research Centre for Gender Equality and the adoption of a gender equality charter. Cooperation between stakeholders relies largely on informal practices and long-standing professional relationships between police services, judicial authorities, and civil society organisations, notably the Ladies Union of Drama.

Although survivors support is active, police, judicial, and social actors intervene, but they face delays in access to protection and inconsistent follow-up. There is no clearly defined trajectory guiding how cases move from disclosure to follow-up and closure. Cases are often redirected to external services, particularly in Kavala, disrupting continuity and limiting local follow-up. This weakens continuity of support for survivors across institutions and territories. Coordination is largely informal and does not function through multi-agency coordination mechanisms and jointly managed case pathways.

While reporting has recently increased, including 219 incidents recorded since the establishment of the Domestic Violence Office within the Drama Police Directorate in 2024, the number of transfers to shelters is extremely limited, highlighting a gap between detection and protection capacity. The low number of shelter referrals, despite the volume of reported cases, reflects limited local protection infrastructure.

Data collection and monitoring are limited. Information is fragmented across institutions, held by individual actors, and dependent on their own judgment of relevance. There is no integrated local system supporting coordinated case tracking, monitoring, evaluation, and evidence-based policy development.

Stakeholders

A range of stakeholders is actively engaged in DV and GBV prevention, protection, and support, although their roles are not wholly integrated into a structured operational system.

Drama City plays a central role through its social services and gender equality structures, holding formal responsibility for policy implementation and survivor support. The Women's Counselling Support Centre represents an emerging structure providing psychosocial support, referrals, and prevention activities.

The Ladies' Union of Drama functions as the main operational civil society actor supporting DV survivors. Founded in 1929, it provides emergency assistance, long-term social support, legal and psychological assistance, childcare support, and community-based prevention activities.

A dedicated helpline offers direct access to counselling and multidisciplinary assistance.

Police services and judicial authorities have an operationally significant role in emergency response, reporting procedures, protection measures, and case escalation. The Domestic Violence Office within the Drama Police Directorate serves as a primary entry point into the system, receiving survivors in a dedicated support space and ensuring immediate response, case registration, and referral procedures. Police officers are trained to respond to both adult and child survivors.

Healthcare providers, social services, and community-based structures additionally contribute to detection, referral, and survivor support across the prefecture.

Assets and barriers relating to transfer

The core challenge in Drama is not the fragmentation of an existing DV support system but the progressive construction of one. Drama combines strong political commitment with major operational gaps in coordination, pathways, and local protection capacity. The city has clearly prioritised GBV, with actions aligned with national gender equality policies and participation in initiatives such as the Sustainable Urban Development programme, reinforcing this commitment.

Without a formal system, police services, judicial actors, social services, and NGOs already cooperate actively, creating a basis for future coordination.

The DV support system is strongly oriented toward reporting and emergency response, as reflected in national awareness campaigns encouraging survivors to contact police services directly. Emergency accommodation deals, including cooperation with the Hotel Association, further illustrate the temporary response arrangements. Despite the volume of reported cases, the low number of shelter referrals reflects limited local protection infrastructure and continued reliance on external services.

Coordination and follow-up depend more heavily on the initiative of individual actors than on stable structures. At present, referring cases to appropriate services is led by the Domestic Violence Office within the Drama Police Directorate. No formal structure and shared case management pathway organise continuity across institutions. Multi-agency operational mechanisms, particularly for high-risk situations, are underdeveloped.

Data systems are not in place at the local level, limiting monitoring and strategic planning.

Transfer potential assessment

Drama shows conditional transfer potential. The city demonstrates strong political will, ongoing investment in infrastructure, and active engagement of key actors, essential preconditions for adopting elements of the GP model.

The absence of core operational elements, such as case management, structured pathways, and coordinated data systems, significantly limits immediate transfer.

Transfer is not about adapting an existing system but about supporting its construction.

At this stage, transfer is possible at a partial level, focusing on foundational elements: structuring coordination, defining pathways, and building capacity. The ongoing establishment of the Women's Counselling Support Centre offers an opportunity to integrate these elements from the outset.

For Drama, the transfer priority is to move from active commitment toward operational coordination and clearer case pathways.

Compared with UNIDAS, Drama is still at an emerging stage of coordination, with a system that is highly dependent on specific actors. The transfer lesson is that the first step is to formalise core coordination mechanisms before deeper operational transfer can be expected.

2.5 Kyiv, Ukraine

Following discussions between Dragomanov Ukrainian State University (DUSU) and the City Centre for Gender Equality, Prevention, and Combating Violence, it was agreed that the university would participate in the network as an institutional representative of Kyiv through the City Centre.

Kyiv is the capital of Ukraine and its largest city, covering approximately 840 km² with a population of around three million inhabitants, in addition to more than 415,000 officially registered internally displaced persons (IDPs).

Overlapping responsibilities across local, national, and emergency-response structures, the city operates under significant institutional and social pressure linked to wartime conditions.

Since the start of the conflict against Russia in February 2022, Kyiv has experienced increased institutional strain, displacement pressures, trauma-related vulnerabilities and growing demand for social protection services. DV and GBV are considered major protection and social policy challenges within the city strategy and protection framework. Kyiv is the region with the highest number of officially registered DV complaints in Ukraine, with thousands of cases reported annually, representing approximately 14-15% of national cases.

Women and girls represent around 55-58% of the city population, with the imbalance increasing after 2022 due to mobilisation, displacement, and migration dynamics.

DV/GBV challenge

Founded in 1998, the Centre for Gender Equality, Prevention and Combating Violence is a city entity owned by the Kyiv territorial community, operating as the main specialised coordination and support structure within the city response system to DV and GBV. It functions through a network of services including shelters, crisis rooms, day centres, a confidential municipal helpline service, mobile social and psychological teams, and specialised support structures providing legal, psychological and social assistance

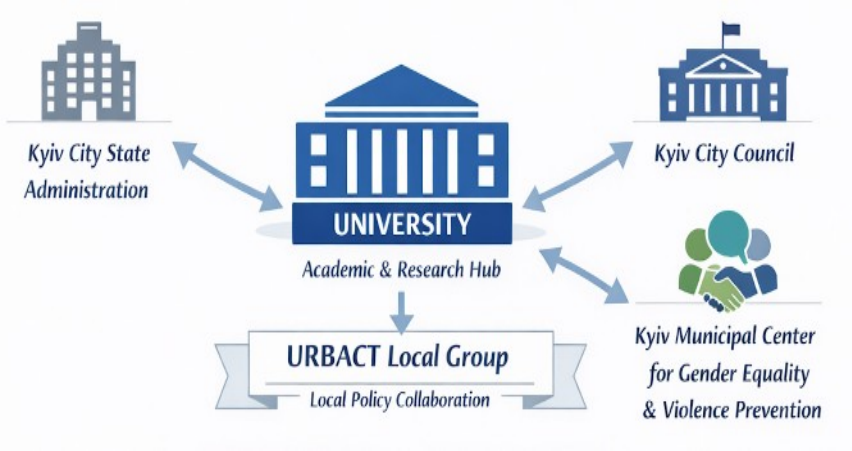
The city response system is politically coordinated at the deputy mayor level through the Coordination Council on Prevention and Combating of Violence, chaired by the deputy head of the Kyiv City State

Administration. The council brings together city authorities, police, social services, health institutions, and specialised actors responsible for prevention, protection, and response measures. Meetings are organised at least quarterly.

The DV and GBV response framework is anchored in the Kyiv Development Strategy until 2025 and operationalised through the City Targeted Programme “Prevention and Combating of Domestic Violence and/or Gender-Based Violence for 2025–2027.” This programme defines the establishment of a comprehensive and coordinated system as a strategic objective and explicitly prioritises interagency coordination between police, social services, health institutions, and specialised support services. At national level, Ukraine strengthened its legislative and institutional framework through the Law on Prevention and Combating Domestic Violence (2017) and the ratification of the Istanbul Convention in 2022. The framework defines responsibilities related to prevention, protection, interagency coordination, and specialised services.

Kyiv has developed one of the largest city DV support systems in Ukraine. In 2025, the Centre handled over 7,000 DV cases of men and women, through referrals, hotline interventions and coordinated support services, accounting for nearly 50% of all calls from survivors.

The operational pathway combines city services, emergency response mechanisms, and specialised support actors across different institutional levels. It includes emergency intervention, crisis accommodation, interagency notification, psychological and legal support, court accompaniment, shelter placement, social reintegration support and long-term stabilisation measures. Cases enter the system through police services, specialised support services, the city helpline, and mobile teams.



Interactions between stakeholders are continuous and trust-based, with rapid coordination between institutions around survivor protection. The system is organised around the Kyiv Centre while progressively extending cooperation with additional institutional actors.

Kyiv relies on interagency coordination mechanisms established under the Ukrainian Law on Prevention and Combating of Domestic Violence and related monitoring and implementation frameworks.

Despite the existence of an advanced structure, the city faces major operational constraints. The war context has intensified vulnerabilities among internally displaced women, children, older persons, veterans’s families, and persons with disabilities exposed to trauma, displacement, and economic instability, placing additional pressure on already strained coordination systems.

The main operational issue concerns continuity of support over time. The wartime context shifts priorities toward continuity of services, emergency coordination, and institutional capacity. Structural limitations have become more visible. Increased demand for shelters, emergency accommodation, insufficient integrated research, fragmented data monitoring systems, irregular professional competencies across sectors and specialised services create strain on follow-up capacity and institutional coordination.

Stakeholders

The system is coordinated through the Kyiv City State Administration and the Coordination Council on Prevention and Combating of Violence. The Kyiv City Centre for Gender Equality, Prevention and Combating of Violence functions as the main specialised operational structure coordinating referrals, emergency support and survivor assistance across the city system.

The response system additionally involves the Department of Social and Veterans Policy, the National Police of Kyiv, health and education institutions, child and family services, shelters, crisis rooms, mobile teams, civil society organisations, and international partners contributing to prevention, protection, and emergency response activities.

DUSU participates as a strategic institutional representative linked to the Kyiv City Centre, and contributes to comparative reflection and transfer discussions related to the operational development of the city system.

Assets and barriers relating to transfer

Kyiv demonstrates important transfer assets linked to political commitment, emergency accommodation, coordination capacity, and continuity of coordination under war conditions.

The existence of a formal city-wide programme and institutional coordination framework provides a strong basis for interagency cooperation and continuity of services.

However, the wartime context creates sustained operational pressure linked to displacement, trauma exposure, and increasing demand for services.

Although structured practices are active and trust-based, continuity of protection is vulnerable to institutional overload and dependence on informal cooperation dynamics.

Transfer potential assessment

Kyiv has significant transfer potential in relation to emergency coordination capacity, operational continuity, and interagency emergency coordination mechanisms. The city provides important lessons regarding continuity of services and interagency coordinated protection during prolonged crisis.

Its transfer value lies less in the replication of a prolonged wartime model than in the operational mechanisms supporting response, interagency coordination strain linked to displacement.

The Ukrainian war context shifts the transfer priority from system optimisation towards continuity of protection, services, safety, and coordinated response under prolonged wartime conditions.

At the same time, transferability is partially constrained by the context. The operational environment differs significantly from the conditions faced by the partner cities of the network and limits direct transferability of certain mechanisms.

Compared with UNIDAS, Kyiv shows active coordination under extreme wartime pressure, but continuity is highly constrained by instability. The transfer lesson is that the priority is to preserve continuity of protection and emergency coordination before expecting full system consolidation

2.6 Meylan, France

Meylan is a medium-sized municipality of 12.32 km² with around 19,000 inhabitants, located in the Grenoble-Alpes Métropole area in southeastern France, which includes 49 municipalities and approximately 450,000 inhabitants. Women represent 53% of the population, while immigrants account for 8% and foreign nationals for 4%. Nearly half of residents aged over 80 years old live alone, creating specific risks linked to isolation, dependency, and abuse, particularly for older women. The city has around 18% social housing and 21% high-income households.

The socio-economic profile is generally favourable, with high household incomes and a strong presence of highly qualified residents. At the same time, the proportion of households relying on social benefits has increased over the past decade, pointing to growing social vulnerability.

Violence indicators have increased steadily recently. Sexual violence rose from 0.35 to 1.38 per 1,000 inhabitants between 2016 and 2024, while intra-familial violence increased from 0.53 to 1.49. These figures are likely underestimated due to stigma, reputation concerns, and limited visibility of support services.

DV/GBV challenge

Meylan is structurally embedded in a dense, multi-level governance system combining municipal, inter-municipal, departmental, and state competences. Despite the presence of institutional actors and coordination spaces, cases circulate between institutions without shared follow-up mechanisms and continuous survivor pathways.

The city acts as a first point of contact through the CCAS (Centre Communal d'Action Sociale) the local body responsible for social support, providing first-level support and referral.

The French State and justice system manage legal procedures on DV and GBV, while the Auvergne-Rhône-Alpes Region contributes to policy frameworks, funding, and equality strategies, without direct responsibility in case management. The Department of Isère leads social services and child protection, and the Grenoble-Alpes Métropole intermunicipal level coordinates prevention policies.

Institutions such as the CLSPD (Conseil Local de Sécurité et de Prévention de la Délinquance), a local coordination platform, mainly support institutional exchanges between police, justice, municipal services, and partners. It provides a space for strategic alignment, mainly on prevention and awareness. It does not function as an operational survivor follow-up mechanisms.

In Meylan, the case-management trajectory is only partially structured. Actors cooperate, but cases do not follow an operational pathway from identification and reporting to follow-up and closure. Survivor trajectories are fragmented, with inconsistent continuity across institutions. Multiple actors intervene in parallel, but without structured inter-agency case meetings and clearly defined high-risk protocols. Continuity weakens once cases circulate between services.

Fragmented pathways produce fragmented protection.

A defined pathway only exists for the judicial phase, involving the gendarmerie (military police), the public prosecutor, and accredited support organisations.

When police services constitute the first entry point, cases are referred to appropriate judicial, health, psychological, or child protection services depending on the level of risk and the presence of minors. Response timelines vary significantly according to risk level (within 72 hours to months).

Emergency accommodation and specialised shelter capacity are primarily organised at departmental and metropolitan levels and not at city scale.

Data and monitoring systems further illustrate this fragmentation. Information is generated across institutions (justice, gendarmerie, police, departmental services) and is not systematically shared, and only rarely integrated across actors, partly due to national data protection constraints.

Recent years have seen increased political attention, awareness, and training efforts around DV and GBV, although this has not translated into formalised coordination mechanisms. France addresses DV and GBV through criminal law (Penal Code) protection orders (2010 Law), and inter-institutional coordination mechanisms. It involves state, departmental and local actors.

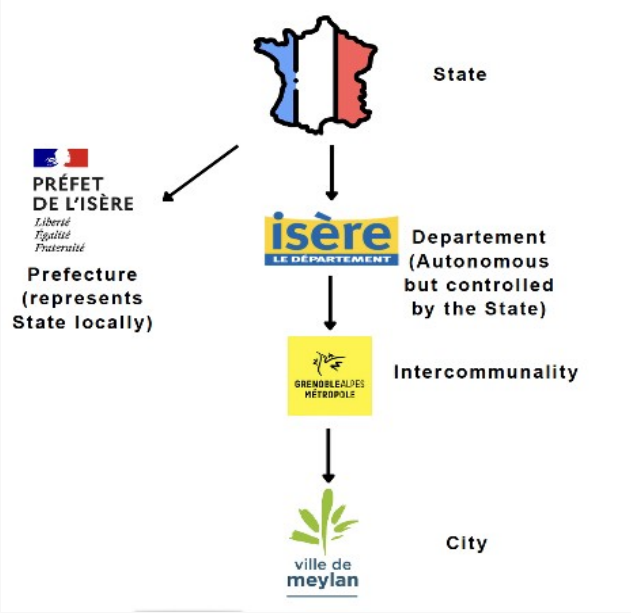
Targeted initiatives have been introduced, such as "Here, ask Angela?" (Ici, demandez *Angela?*), implemented since 2020, which mobilises local businesses to support individuals feeling unsafe in public

space, and the “Salle Mélissa,” opened in 2017, a dedicated room within the gendarmerie for interviewing minors and reducing repeated interviews across services.

In Meylan, the challenge lies in the lack of a structured system connecting actors.

Stakeholders

i



Meylan relies on a dense institutional ecosystem across municipal, inter-municipal, departmental, and national levels.

At the city level, the CCAS functions as the primary local entry point for vulnerable populations, providing first-line support, risk identification and referral. Municipal police, the gendarmerie, youth services, and educational actors contribute to prevention, awareness and early detection activities.

The CLSPD constitutes the main local coordination framework. Its role is to focus on prevention and institutional coordination and not operational case management.

Grenoble Alpes Métropole contributes to prevention policy coordination and support to local associations across the territory.

At the departmental level, Child Welfare Services (ASE), Local Social Services (SLS), and the Judicial Protection of Youth (PJJ) play a central role in child protection, social support and judicial interventions involving minors.

At the national level, justice institutions and law enforcement bodies are responsible for legal procedures, investigations, and protection measures.

A network of specialised associations complements the system through victim support, legal assistance, child protection, prevention, housing, and social inclusion services. France Victimes Grenoble, part of a national network funded by the Ministry of Justice, maintains a local presence in Meylan and provides legal, psychological, and social support through in-person services and a national helpline. Other organisations, including APASE (Association Pour l'Action Sociale et Éducative), CODASE (Comité Dauphinois d'Action Socio-Éducative), PluriElles, Planning Familial, and Issue de Secours, participate in survivor support and specialised social assistance activities.

Assets and barriers relating to transfer

Meylan benefits from growing political commitment and an active institutional network supporting DV prevention and response. Existing coordination structures, such as the CLSPD, provide an initial coordination basis, and the development of the “Maison des Solidarités” offers an opportunity to create a centralised hub to improve coordination, accessibility, and joint responses.

The city also benefits from an active network of associations and institutional partners, with established experience in multi-stakeholder collaboration at both local and inter-municipal levels.

Structural barriers are significant. Coordination is not institutionalised and depends largely on voluntary engagement and existing relationships between stakeholders. Participation in coordination mechanisms is neither mandatory nor governed by formal protocols, limiting consistency and long-term continuity.

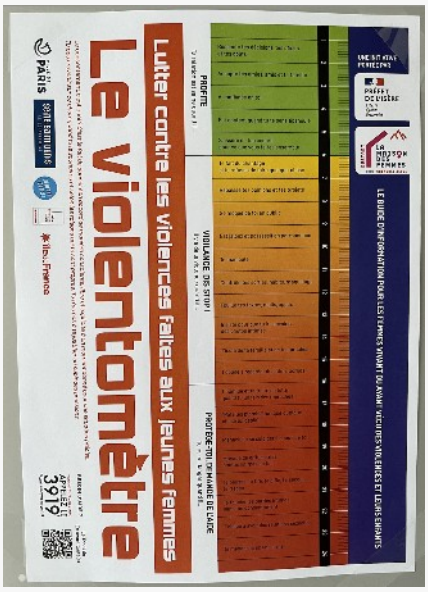
The absence of a formalised case-management pathway is a major limitation, preventing continuity of protection and integrated follow-up of cases, for both adults and children.

Data systems are fragmented and not operationalised at the local level, limiting monitoring, evaluation, and coordination.

Governance limits Meylan's capacity to drive systemic change across actors operating under different mandates.

Finally, the city's socio-economic profile and social stigma and underreporting contribute to the invisibility of violence, hindering detection and limiting awareness.

Transfer potential assessment



Meylan demonstrates conditional potential transfer. It depends on the city's capacity to move from informal coordination practices toward institutionalised mechanisms. Whereas the city aims to prioritise child survivors of DV and benefits from specialised courts for minors and structured services, the system is under-structured.

The system contains important institutional elements, but pathways are partial, coordination is weak and monitoring is fragmented. Transfer should support the progressive structuring of an integrated local response system, a local pathway after first identification and referral, and not only isolated tools and practices.

French national entry points (such as helplines and walk-ins) improve visibility and access; however, they do not replace local case-management capacity.

Compared with UNIDAS, Meylan has a dense institutional environment but lacks an operational case-management pathway. The transfer lesson is that the city needs to move from informal coordination to a structured and shared pathway to make transfer effective.

2.7 Vicenza, Italy

Vicenza is a medium-sized city of 80 km² located in the Veneto region in northern Italy, with a population of about 115,000 inhabitants, operating within the AULSS 8 Berica territorial system, covering a wide and functionally integrated area of 59 municipalities. The city acts as the lead municipality within the East District coordination framework of the wider AULSS 8 Berica system, combining urban and semi-rural contexts with varying levels of access to services and institutional capacity.

DV/GBV challenge

The local response to DV and GBV is a mature and structured system centered on the CEAV Anti-Violence Centre, established in 2012 and providing specialised support to women, across the multi-municipal territory. Since opening, it has supported more than 2,000 women, and in 2025 alone, 471 women and 268 with children. About 60% were Italian natives, 40% were not, and 256 were not economically autonomous. DV/IPV represents the large majority of reported cases, accounting for approximately 78%. Managed by the Donna Chiama Donna women's association, active since 1989, CEAV serves as the main entry point and coordination hub for survivor support, providing free and confidential services: intake, risk assessment, psychological support, legal guidance, safety planning, referrals, and coordination with other services.

The case-management pathway relies on structured internal procedures within CEAV, using standardised tools such as SARA-S and SURPLUS and defined response timelines for managing high-, medium-, and low-risk cases.

At the local level, Vicenza provides a stable coordination structure and oversight. At a broader level, the Veneto Region ensures policy alignment and funding. The prefecture contributes to inter-institutional coordination through formal protocols. At the national level, Italy has a consolidated legal framework addressing DV and GBV, notably Law No. 119/2013 (femicide law) and Law No. 69/2019 ('Codice Rosso'), which strengthen protection measures, accelerate judicial procedures, and reinforce victim protection.

A coordination framework exists through a protocol signed in 2022, with the Prefecture of Vicenza acting as the lead institution. It involves municipalities, health authorities, law enforcement agencies, judicial actors, and specialised associations across the AULSS8 territory. This protocol is currently considered insufficient to respond to evolving coordination needs. Although coordination meetings became irregular after 2024, the Prefettura recently reconvened institutional actors under the protocol. A revised version is under development, reflecting an ongoing process of institutional adjustment.

DV survivors access the system through multiple entry points, CEAV directly or through self-referral, social services, law enforcement, and healthcare providers, with consent as a central principle guiding all interventions. At first contact, CEAV staff collect initial information, complete a risk assessment form, and assign priority levels. High-priority cases receive a first interview within three days, medium-priority cases within one week, and counselling and orientation cases within two weeks. The pathway from disclosure to closure relies on CEAV's internal procedures. Case-based meetings are held when needed. Their frequency is not predefined, and a wide range of stakeholders intervene: social services, health services, law enforcement, NGOs, and perpetrator programmes. They are convened either by CEAV or by the service responsible for minors, depending on the case. Multi-agency cooperation is not consolidated. There is no formal protocol regulating collaboration, and no clearly defined leadership in high-risk situations and emergencies.

Procedures differ across the AULSS 8 territory depending on the survivor's municipality of residence and whether children are involved. In the eastern and southeastern areas, emergency accommodation is activated through a social emergency service providing temporary hotel placement for up to three days. In the western area, no equivalent mechanism exists, and hospitals generally provide only short-term accommodation for a maximum of 24 hours.

Vicenza's system is advanced at service level but not fully harmonised at the territorial level. The main rupture occurs in the transition between risk assessment, emergency accommodation, inter-institutional coordination, and follow-up.

Data collection is partially structured. CEAV maintains internal data collection on a bi-monthly, semi-annual, and annual basis and reporting mechanisms, sharing data with Vicenza city, and contributes to national data systems ISTAT. Data exchange between CEAV, social services, health services, and law enforcement is limited to women currently receiving support. There is no integrated inter-institutional monitoring system in place, constraining oversight and continuity.

Stakeholders

The DV response system in Vicenza is structured around a central specialised stakeholder supported by a broad institutional and associative network. Roles are relatively well established, and coordination is irregular across the territory and not fully formalised at the interagency level.

The central operational actor is the CEAV Anti-Violence Centre.

Social services play a key role in emergency accommodation, municipal residence procedures, shelter placement, and case follow-up. Their involvement varies across the AULSS 8 territory, contributing to differences between eastern and western areas.

Law enforcement agencies, Carabinieri, and judicial authorities are central actors in reporting procedures, protection measures, and legal interventions. They function as important entry points into the system, particularly in emergency and high-risk situations, often in coordination with CEAV.

Health services, notably the emergency department and gynaecology ward of Vicenza Hospital, also function as entry points and temporary protection settings in urgent cases.

Additional stakeholders include counselling services, legal professionals, shelters, emergency accommodation structures, housing initiatives such as Casa di Caterina, providing transitional housing for survivors leaving violence situations, university gender outreach programmes, and perpetrator intervention services contributing to prevention and behavioural accountability.

Assets and barriers relating to transfer

The maturity of the CEAV Anti-Violence Centre provides a structured and professionalised response across a large territory. The existence of active multi-agency cooperation practices already exists. A wide range of actors are engaged. Collaboration prevails in practice, particularly in case management.

The system benefits from recognised public funding, alignment with regional and national policies, and ongoing efforts to revise coordination mechanisms, supporting further system consolidation.

Professional tools and structured risk assessment practices are in use. Internal data collection is reported to the local and national levels.

The main challenge lies in strengthening the formalisation, stabilisation, and coherence of the existing coordination framework.

The absence of a formally shared inter-agency case-management pathway limits consistency and continuity across the system. The 2022 protocol no longer provides an effective coordination framework, emergency leadership is unclear, and coordination mechanisms are currently under revision. Collaboration depends largely on informal practices.

The main structural barrier is territorial asymmetry. CEAV serves two areas with different arrangements and responsibility divisions, preventing a consistent response for all DV survivors. The east/west asymmetry is linked to the 2016 regional healthcare reform creating the AULSS 8 Berica system through the merger of former territorial units while maintaining differentiated social-service structures across the territory. Areas do not provide the same emergency options. The western area lacks a Social Emergency Service. The absence of a dedicated emergency shelter and harmonised high-risk procedures creates gaps in protection and delays in emergency response, particularly for survivors without registered residence within the territory.

Data sharing and monitoring also are limited. Consent requirements and the absence of a unified monitoring system restrict sharing of information and data integration across institutions.

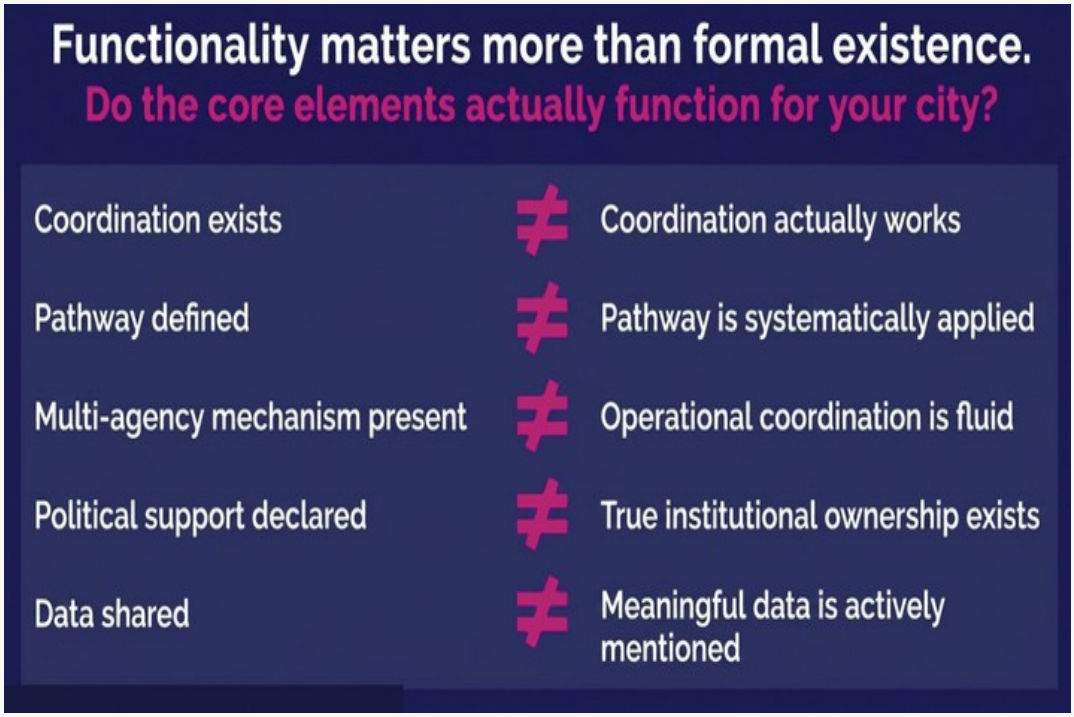
Transfer potential assessment

Vicenza shows strong and feasible transfer potential in stabilising and harmonising the existing system. Several conditions are aligned with the UNIDAS GP. The relevant logic is consolidation: transforming an advanced procedure into a formally territorially coherent system.

The key transfer priority is to move from CEAV-centered practice to a formally shared system. This requires a written inter-agency pathway, clearer emergency leadership, a harmonised high-risk procedure, and more consistent territorial coverage across AULSS 8

Italy, and Vicenza in particular, shows that an advanced specialised service can face uneven emergency procedures and inter-institutional coordination across the territory.

Compared with UNIDAS, Vicenza already has a mature specialised service, but territorial coordination is uneven. The transfer lesson is that the priority is to consolidate what already works, harmonise what differs across the territory, and formalise inter-agency cooperation.



Section 3 – Synthesis, Transferability and Methodology

3.1 Synthesis and Transferability Assessment

More services do not equal better protection.
Structure creates protection.

Across all partner cities, a consistent pattern emerges: the main constraint is structural, not political. Cities are willing to act, but their systems are not designed to operate as a whole. The problem is not capacity. It is organisation.

The UNIDAS Good Practice is a coordinated governance system operating across political, technical, and case-management levels. Advanced DV response systems depend less on the number of services than on how institutions coordinate protection and follow-up. Roles are complementary and supported by protocols and procedures that ensure structure and continuity. This level of structuring sets a high threshold for transfer.

The network is not transferring a model. It aligns DV support systems with varying degrees of maturity.

Formal coordination does not automatically create operational coordination.

Traffic-light assessment of operational maturity across partner cities

City	Formal cross-institutional coordination	Defined and Shared pathway	Structured multi-agency mechanism	Clear political mandate	Legal basis for data sharing
Bétera	🟢 Strong but multi-level	🟡 Partial	🟡 Existing	🟢 Strong	🟡 Strong nationally, weaker locally
Budapest XII	🟡 Formal but reporting-oriented	🔴 Absent	🟡 Partial	🟡 Present	🟡 Weak
Drama	🟡 Emerging	🔴 Weak/Absent	🟡 Weak	🟢 Strong	🟡 Weak
Kyiv	🟢 Strong	🟡 Existing around Centre	🟢 Operational under wartime conditions	🟢 Strong	🔴 Developing/fragmented
Meylan	🟡 Existing but non-operational	🔴 Partial	🟡 Weak	🟢 Emerging	🟡 Fragmented
Vicenza	🟡 Advanced around CEAV	🟡 Strong internally, weak inter-agency	🟡 Partial	🟢 Strong	🟡 CEAV data, weak integrated system

The transfer assessment is grounded in the functionality of the UNIDAS core coordination elements and not on their formal existence alone. The traffic light logic allows a comparative reading of structural maturity and operational readiness across partner cities. It proves that the network does not require one single transfer pathway, but different stages of transfer readiness.

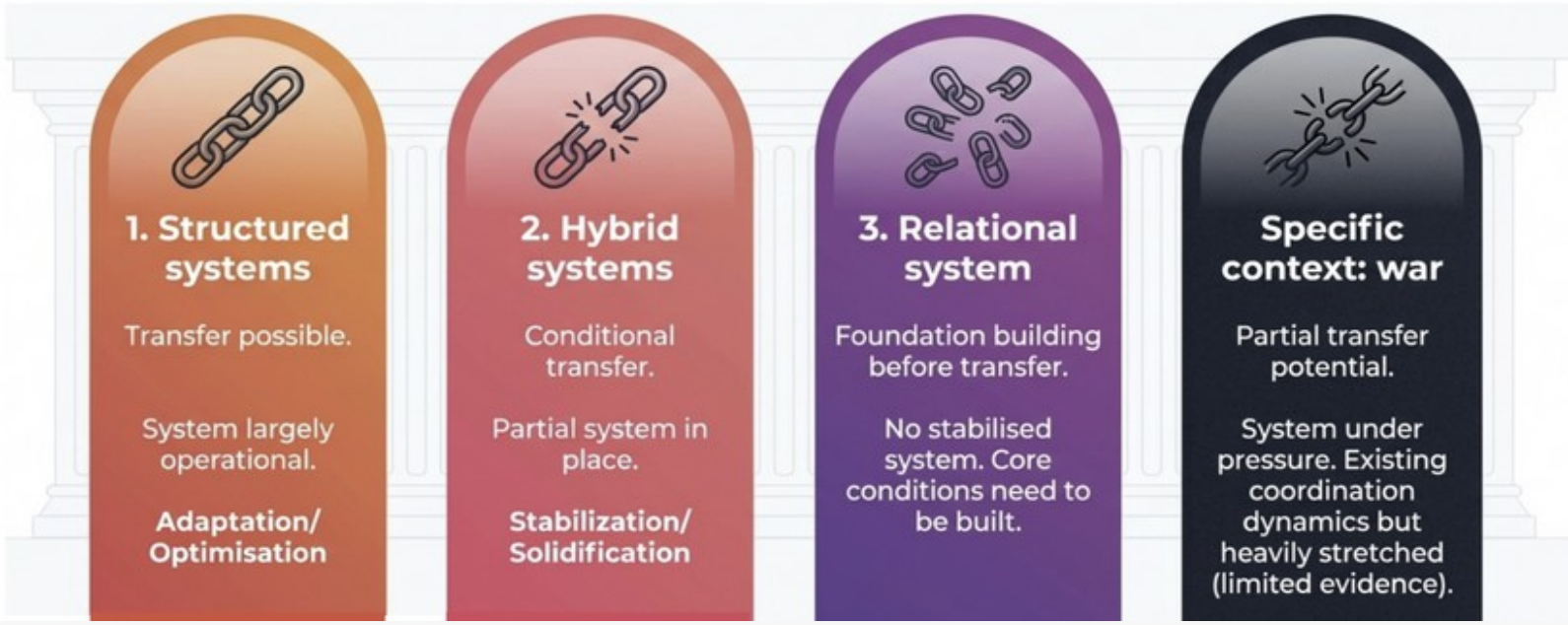
The key question is not how to transfer UNIDAS, but whether each city has the structural capacity to sustain it. This capacity varies significantly and is sometimes overestimated. No partner city currently demonstrates all UNIDAS core conditions fully operational, and systems do not provide the same level of protection, which directly affects their ability to absorb transfer.

Coordination exists across all cities, but it does not function in the same way: in some contexts, it structures decision-making, while in others it is limited to information exchange. Coordination cannot be reduced to institutional exchanges and periodic meetings. The objective is not only institutional coordination between institutions but also continuity across the system. Advanced systems rely on operational mechanisms, defined timelines, and structured pathways from first disclosure to follow-up and closure.

The comparative assessment exhibits that differences between cities are not marginal variations. Structural distinctions shape transfer capacity itself.

What the network comparison reveals

Differences in system maturity, far from being marginal, are central to the transfer process. Typology is composed of four levels.



1) S**tructured: Bétera and Vicenza** demonstrate relatively structured and stabilised coordination environments, where core coordination mechanisms are already well established. Both systems are not equivalent. In Bétera, coordination is strongly embedded within a national framework and operates with a high level of stability. In Vicenza, coordination is advanced and unevenly in place across actors and situations. In both contexts, transfer is possible and requires alignment and internal adjustment.

2) **Hybrid: Drama and Meylan** illustrate transitional configurations. Elements of coordination exist, but they are partial and weakly set up. In Drama, an emerging system is heavily reliant on specific actors and is not formalised. In Meylan, the institutional framework is in place, whereas coordination lacks continuity and is fragmented. In both cases, transfer is conditional and cannot be dissociated from a prior phase of stabilisation efforts on what already exists.

3) **Relational: Budapest XII** represents a different configuration. Coordination is primarily relational, based on interactions between stakeholders. Decisions are not anchored in a shared mechanism. In such a context, transfer is not blocked by resistance but by the absence of a system capable of receiving it. The minimum structural conditions are not in place. The system foundation needs to be built.

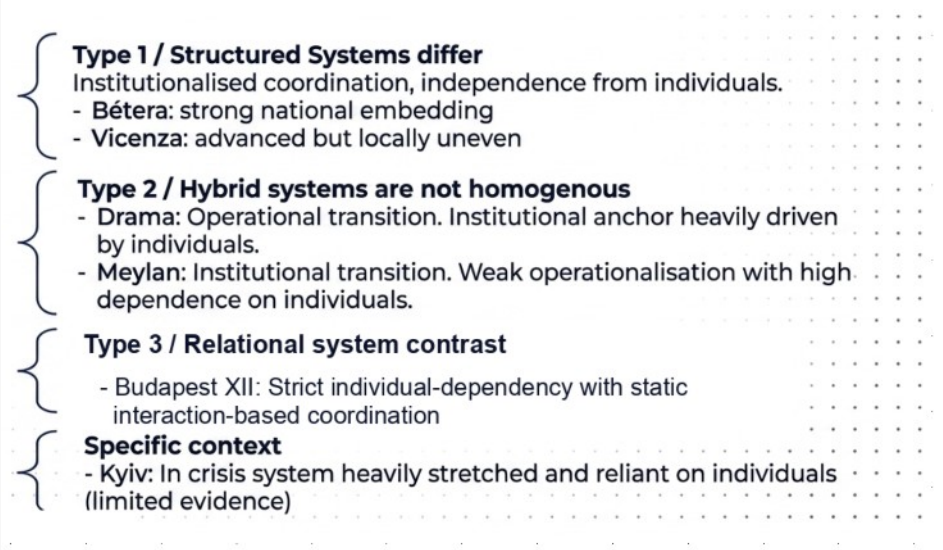
4) **Under tremendous pressure from the war:** Kyiv cannot be viewed in the same way. War introduces a specific case. Coordination dynamics are present and active; however, under extreme stress and tension, they distort the system structure. The crisis context reshapes the coordination into a highly reactive and human-dependent configuration. Transfer potential exists. At this stage, it is constrained by instability and limited evidence, as no city visit was conducted.

Recurrent gaps concern pathway formalisation, operational coordination, data integration, and multi-agency mechanisms.

The methodology shifts the analytical focus from the existence of elements to their effective functionality.

No partner city currently demonstrates full alignment with the UNIDAS core elements.

These asymmetries influence the type of transfer pathway realistically achievable in each city.



Enabling and hindering conditions for transfer

Enabling and hindering conditions do not affect all cities equally. Their intensity varies according to system maturity, governance structures, and territorial context, shaping different transfer trajectories across the network.

Enabling conditions	Hindering conditions
Political ownership	Fragmented governance responsibilities
Existing coordination structures	Dependence on informal coordination and individual actors
Active local stakeholders	Partial or absent shared pathways
Prior inter-institutional cooperation	Weak multi-agency operational mechanisms
Local Municipal/City support	Territorial asymmetries in access to services and emergency response
Existing pathways	Fragmented and non-compatible data systems
Operational NGOs	Legal and administrative constraints related to data sharing and institutional mandates
Previous EU cooperation experience	Not consistent resource capacity between municipalities and institutions
	Limited capacity to improve prevention, protection, and access to services
	Differences in institutional cultures and coordination practices
	Partial integration of civil societies

Where each city stands for transfer?

More services do not solve fragmentation. Without coordination, survivors are at risk and systems fail to protect.

System maturity determines transferability

CITY	TRANSFER LOGIC/PRIORITY
Bétera	Strong structural base Need: alignment
Budapest XII	Weak foundation Need: structural backbone
Drama	Under construction Need: build core components
Kyiv	Under pressure but structured Need: consolidation
Meylan	Institutional framing Need: operational structuring
Vicenza	Advanced but uneven Need: stabilisation

Why UNIDAS model transfer is significant for cities?

The issue is not capacity. It is system design. Cities already have services. What is missing is how these services work together. Without structural coordination, increasing resources does not improve outcomes.

Transfer is about building the minimum system conditions that make coordination work.

DV coordination systems that depend on individuals are fragmented, informal, and inconsistent.

A system that depends on individuals is not a system.

System maturity determines protection capacity.

UNIDAS is not only a service structure. It is a system that reduces dependency on individuals. Adaptation cannot happen in the same way, or for the same core elements, across partner cities. Where core elements are not structurally in place, transfer is not reliable.

The central question is where each city stands in relation to transfer, based on what its existing system is.

The comparative network lesson is that transfer is not one-size-fits-all.

B/C = somewhere in between, leaning toward B but not yet steady →

City	System status	Recommended focus
Level B - Structured		
Bétera	Strong structural base.	Alignment.
Vicenza	Advanced but uneven.	Stabilization.
Level B/C - Hybrid		
Drama	Under construction.	Build core components.
Meylan	Institutional framing needed.	Operationalization.
Level C - Relational		
Budapest XII	Weak foundation.	Build structural backbone.
Specific Context: war		
Kyiv	Under pressure but structured (with limits).	Consolidation.

3.2 Transfer roadmap and Network Legacy

3.2.1 Transfer Roadmap

The transfer challenge is not replication.
It is operational adaptation.

The network roadmap is designed as a progressive transfer process following the URBACT phases of Understanding, Adapt and Re-use and combining comparative assessment, practical learning, and institutional adaptation.

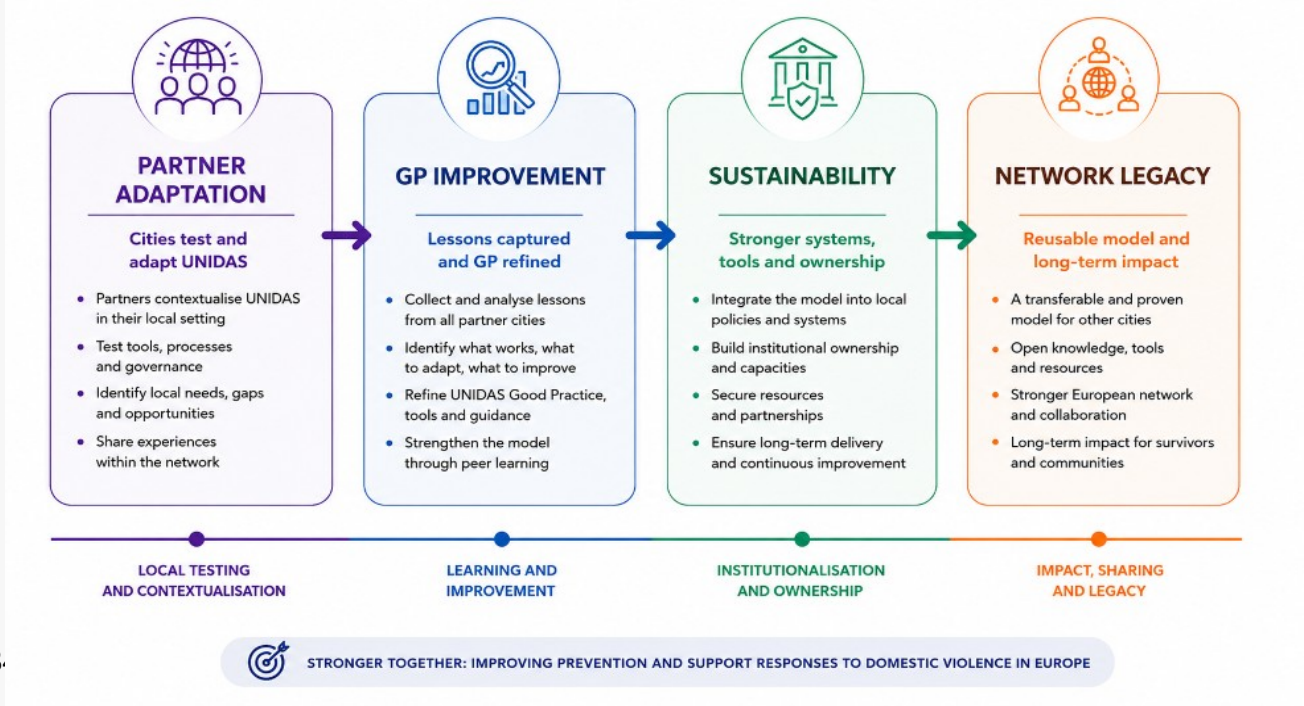
The roadmap operationalises the transferability framework presented in Section1.7 by testing the core elements of the GP under different institutional conditions, while allowing adaptation of context-dependent and locally adaptable components.

Throughout this process, transfer is not one-directional. Partner cities test how the GP core elements operate across different institutional conditions rather than transferring a fixed model. It generates comparative learning that contributes both to local adaptation and to the continuous refinement of the GP.

The roadmap progressively moves partner cities from system diagnosis to operational adaptation and long-term institutional embedding.

On this basis, the **network transfer roadmap** is:

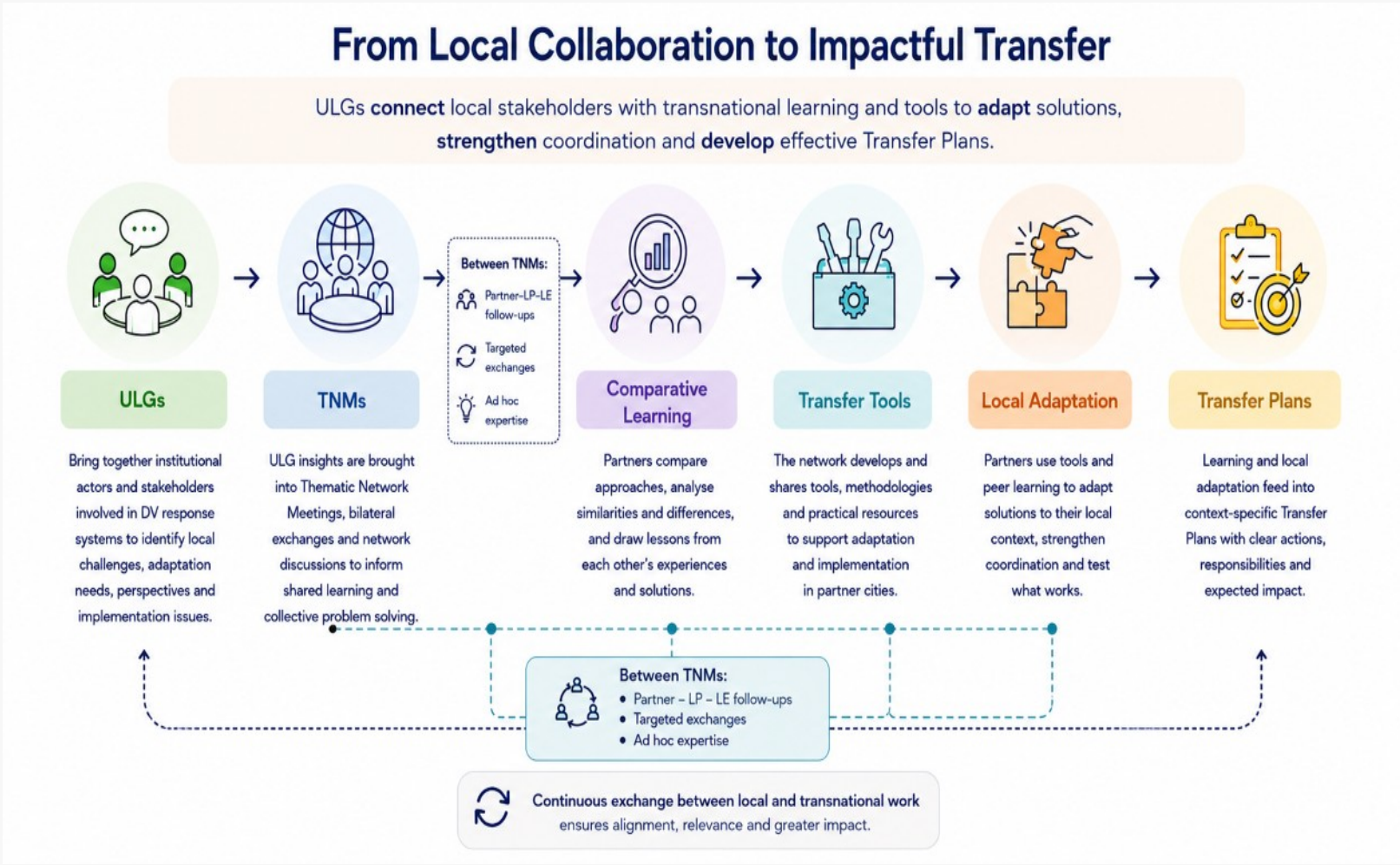
PHASE & MAIN FOCUS	TRANSFER OBJECTIVE	KEY ACTIVITIES	EXPECTED OUTPUTS	SYSTEMIC EFFECT
1 UNDERSTANDING **System positioning** November 2025-August 2026 Months: 1-10	Assess system maturity and identify transfer conditions	City visits Bilateral meetings LE/City Online and in person TNMs Stakeholder interviews Pathway mapping ULG set up	Comparative assessment Identification of transfer gaps Transferability Study 1st Network Article	Makes visible where coordination exists formally but does not yet function as an operational system
2 ADAPT **Operational structuring** September 2026 – August 2027 Months: 11- 23	Strengthen coordination structures and test transferable components	Local testing actions Transfer workshops Operational simulations Peer exchange Mid-term review	Draft pathways Local adaptation frameworks Transfer reviews Quarterly Network Journals 2nd Network Article	Shifts from fragmented practices toward structured coordination mechanisms
3 RE-USE **Consolidation and institutional anchoring** September 2027 – April 2028 Months: 24-30	Embed validated adaptations	Finalisation Transfer and Improvement plans Consolidation workshops and learnings Comparative synthesis Preparation for sustainability and continued implementation beyond URBACT IV	Final local transfer plans (Project Partners) GP Improvement Plan: consolidation of lessons learned, refinement of the model, and sustainability directions Network Final Report – Final Network Product: network journey, transfer results and recommendations 3rd Network Article Quarterly network journal	Supports long-term institutionalisation of coordinated territorial DV governance systems while consolidating network learning into the continued refinement and sustainability of the GP.



Beyond local transfer outcomes, UNIDAS4EU aims to create a network legacy through shared knowledge, refined tools, transferable methodologies and continued collaboration once the URBACT IV project is over.

3.2.2 Roles of URBACT Local Groups (ULGs)

URBACT Local Groups (ULGs) support local adaptation and coordination during the transfer process. They bring together institutional actors and stakeholders involved in DV response systems to identify barriers, test adaptation, and connect network learning with local realities.



ULG discussions help identify local challenges, adaptation needs and implementation issues in partner cities. These insights feed into TNMs, bilateral exchanges and network discussions,

allowing partners to compare experiences, identify common challenges and refine transfer approches.

Partners use the outcomes of TNMs and network exchanges to support testing activities, coordination discussions, pathway development and Transfer Plan preparation at local level.
Between TNMs, bilateral follow-ups (Partner-LP-LE), targeted exchanges and, where relevant, ad hoc expertise, support specific transfer and operational issues.

3.3 Approach to Network Activities

City visits and transnational activities follow a clear learning sequence.

3.3.1 Network governance and learning structure

The transfer network operates through a multi-level governance and learning structure shaped through city visits, Transnational Network Meetings (TNMs), bilateral exchanges, and local testing activities.

The transfer process relies on differentiated but interconnected roles across the network structure.

ACTOR	MAIN ROLE
LEAD PARTNER	Administrative coordination of the network, URBACT relations, and communication
LEAD EXPERT	Design and strategic steering on the transfer methodology, comparative system analysis, transfer monitoring, city visits, and operational guidance across the network
TRANSFER CITIES	Local adaptation, testing activities, stakeholder mobilisation
ULGS	Local coordination, identification of obstacles and support to local adaptation

3.3.2 Progression of transnational activities and city visits

The learning pathway of the network is organised around the core coordination elements identified in the UNIDAS framework.

Each transnational activity progressively deepens one or several dimensions of the coordination system through city visits, thematic discussions, and practical reflection.

- During the Understanding phase 1,

Two online and one in-person TNMs have already established the partnership methodology and strengthened the collective understanding of the UNIDAS model and its transfer potential.

To reinforce the understanding of each city system, bilateral online meetings with the LE have been held, at least one with each city. And weekly online meetings between LE and LP have been held to monitor progress of the network and a fuller knowledge of the GP from the kick-off in Paris to the first city visit.

Meetings will combine analytical sessions, stakeholder exchanges, and field observations on transfer constraints and opportunities.

The network moves from understanding the GP to adapting and testing it in local contexts.

- In Adapt phase 2 and Re-use phase 3,

Each city will contribute to a specific structural configuration and transfer challenge linked to the UNIDAS core elements.

Political commitment and institutional engagement are already present across the network, and they do not add value in TNMs. Future TNMs will focus on operational and structural transfer dimensions.

Cross-cutting integration in transfer activities

Digital coordination, accessibility, and continuity are integrated into transfer activities and local testing actions.

Meylan city visit has made numerous low-impact arrangements with the use of public transport, cycling, and an outdoor working session. The network also explores how coordination structures can reduce duplicated

procedures, improve territorial accessibility, and support more continuous and resource-efficient protection pathways.

Territorial coordination reduces institutional fragmentation, repeated referrals, and unnecessary survivor displacement across territories.

Role of Transfer Network Meetings (TNMs)

TNMS	PHASE	MAIN TRANSFER FOCUS	MAIN OUTPUTS	DATE/HOST
1	**Understanding**	Official start of the TN, Initial network coordination and transfer positioning	Shared methodological basis, clarified roles and first transfer roadmap	13 Jan 2026 Online led by LE
2	**Understanding**	Analysis of the GP governance structure, transfer methodology and city-visit preparation	Transferability Study framework, comparative assessment approach, city-visit roadmap	24 Feb 2026 Online led by LE
3	**Understanding/ System positioning**	Observation of the UNIDAS coordination system, comparative system analysis, and pathway mapping	Comparative maturity assessment, identification of transfer gaps, first transfer hypotheses	29-30 April 2026 Felgueiras, Portugal
4	**Adapt/Pathway formalisation**	Case trajectories across institutions, operational coordination and monitoring practices	Draft pathway models, operational adaptation priorities, local testing orientations	2-4 Dec. 2026 Bétera, Spain
5	**Adapt/Crisis continuity**	Continuity of support under wartime conditions, emergency coordination and continuity mechanisms	Comparative assessment of continuity under wartime conditions	Winter 2027 Kyiv, Ukraine online
6	**Adapt/ Operational structuring / Mid-Term reflection Process**	Multi-agency coordination mechanisms, review of first testing actions, and implementation barriers	Preliminary coordination framework, identified structural gaps, initial coordination priorities	Spring 2027 Drama, Greece
7	**Re-use/ Consolidation**	Consolidation of tested actions, territorial coherence and continuity of response	Territorial stabilisation priorities, emergency coordination recommendations, coordination stabilisation priorities	Summer/Fall 2027 Vicenza, Italy
8	**Re-use Operational consolidation**	Institutionalisation of tested pathways, survivor continuity, and local coordination stabilisation	Coordinated transfer priorities, continuity recommendations, and local pathway refinement	Fall 2027/Winter 2028 Meylan, France
9	**Re-use/ Sustainability and transfer outcomes**	Final assessment of transfer outcomes data-sharing, monitoring and long-term coordination	Final transfer synthesis, local transfer plans, long-term coordination recommendations, final network outputs	Spring 2028 Budapest XII, Hungary

TNMs function as comparative working sessions identifying what can be transferred, adapted, or left aside.

Monthly online webinars will be held to maintain momentum and engagement across the network and progressively prepare project outputs.

The transfer process analyses how the same coordination logic interacts with different system maturities and territorial realities.

3.3.3 Operational transfer methodology

Transferability depends less on tools than on operational maturity.

The methodology follows a progressive sequence: observe, compare, test, adapt, and consolidate, organised around six components:

1. **OBSERVATION AND SYSTEM MAPPING** Each city visit combines field observation, stakeholder interviews, institutional mapping, and assessment of the five GP core elements through a common observation grid.
2. **TNMS & COMPARATIVE ANALYSIS** Cities collectively review transfer constraints, structural gaps, and practices through TNMs and comparative review sessions.
3. **LOCAL TESTING ACTIONS** Each transfer city tests selected coordination components tailored to the city's institutions and geography.
4. **ULG-BASED LOCAL ADAPTATION** ULGs discuss barriers, validate adaptation priorities, and support local implementation.
5. **MONITORING AND ADJUSTMENT** Transfer priorities are refined through bilateral meetings, monitoring reviews and local testing feedback. Monitoring activities will identify opportunities for digitisation.
6. **CONSOLIDATION AND RE-USE** Tested practices, governance arrangements, and operational mechanisms are progressively consolidated into local transfer plans and final network outputs.

3.3.4 Digital and data-related transfer dimensions

Digitisation and data sharing strengthen continuity, inter-institutional and monitoring coordination. Future activities will incrementally explore:

- shared territorial dashboards;
- secure information-sharing procedures;
- digital referral mechanisms;
- coordinated case-monitoring tools;

- remote coordination practices;
- digital accessibility for survivors.

City-specific transfer logic

CITY	STRUCTURAL TRANSFER CHALLENGE	TRANSFER IMPLICATION	CURRENT SYSTEM MATURITY
UNIDAS GP / CIM Tâmega e Sousa	Structured multi-level territorial coordination system	UNIDAS is not transferring a service model. It is transferring a coordination logic	Transferability depends on system maturity
Bétera	Coordination depends on multiple governance levels and external competences	Transfer focuses on strengthening continuity across institutional levels	Regional dependency after referral
Budapest XII	Fragmented institutional coordination without shared pathways	Transfer focuses on building a coordinated operational response	Reporting without pathway
Drama	Absence of stabilised coordination mechanisms	Transfer focuses on progressive system structuring	Incomplete system under construction
Kyiv	Maintaining continuity under wartime and crisis conditions	Transfer focuses on continuity of protection and emergency coordination	Continuity under wartime strain
Meylan	Weak operational continuity between existing actors and services	Transfer focuses on pathway structuring and coordination continuity	Coordination without survivor trajectory
Vicenza	Uneven operational continuity across the territory	Transfer focuses on consolidation and territorial harmonisation	Territorial asymmetry after risk assessment

Conclusion

The existence of services alone does not guarantee protection, which depends on the capacity of institutions to function as a coordinated system.

Across the network, fragmentation reflects gaps between institutions, pathways, responsibilities, and territorial realities. The comparative assessment shows that transfer success depends less on replicating tools than on the operational maturity of local governance systems. Cities do not start from the same structural baseline and cannot follow identical transfer trajectories. In this perspective, the network does not aim to replicate a single institutional model, but to support the progressive reduction of fragmentation across different territorial and governance environments.

The UNIDAS GP is not transferred as a fixed service model because it is a governance services system. What is transferred is a coordination logic based on shared pathways, practical coordination, multi-agency mechanisms, political ownership, and shared data practices.

The transfer process supports the progressive evolution of local DV systems toward more coordinated, territorialised response systems and operationally coherent governance structures adapted to different European realities.

Beyond DV policy alone, the UNIDAS4EU network also highlights how digital coordination, accessibility, and territorial organisation influence the continuity and sustainability of local protection systems.

The transfer process also contributes to stronger gender equality and social inclusion (GESI) approaches through more accessible, continuous, and survivor-centered systems.

STRUCTURE	
Main findings	Transfer is not replication Fragmentation is structural System maturity determines transfer capacity Coordination logic can be transferred Systems operate unequally
Network implications	Transfer pathways differ across cities No single adaptation model exists Cities require different levels of structuring, consolidation, and stabilisation Governance matters more than tools
Strategic significance	Coordination determines protection Transfer depends on operational maturity Long-term continuity requires institutionalisation Territorial coordination strengthens protection continuity

CENTRAL MESSAGE
• Fragmentation is structural
• Coordination determines protection
• Transfer depends on system maturity
• UNIDAS transfers coordination logic, not replication
• Cities need differentiated transfer pathways