
Comparative Analysis of National Entry Points

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1. Table

Institutions

	Institution 1 Police	Institution 2	Institution 3	Institution 4
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ENTRY POINT 1: Police

Identification of victims

<i>Who identifies the victim</i>	Police officer
<i>When</i>	During first reception
<i>Where</i>	At police station / on the field / over phone
<i>Procedure</i>	Oral interview (not recorded). Mapping out the event and situation of victim as closely as possible
<i>Personal characteristics</i>	Self-declaration / Interview / Notes made if characteristics are explicit
<i>Features of the crime</i>	Closely identified through examination/interview
<i>Special groups of victims</i>	People in need of immediate help or support
<i>Involvement</i>	Victim informed about the consequences
<i>Results</i>	Criminal report made if reason to believe a crime has been committed

Individualised assessment of needs

<i>Existence of procedure</i>	Closer examination and assessment of needs done at interrogation of victim
<i>Who conducts the assessment</i>	Investigations officer
<i>Details on procedure</i>	Not provided
<i>Decision making criteria</i>	Vulnerability, needs of the victim
<i>Special protection needs</i>	Identified through interview
<i>Special protection measures</i>	Considered for vulnerable victims or victims of certain crimes (e.g. Sexual crime)
<i>Personal characteristics</i>	Interpretation provided if no common language

Institutions

ENTRY POINT 1: Police	Institution 1 Police	Institution 2	Institution 3	Institution 4
<i>Special groups of victims</i>	Children – special protocol of interrogation; gentle and age-appropriate. Specific child-friendly interrogation room. Interrogation videotaped. This may also be done for other special groups e.g. Seniors with deteriorating memory, disabled people. Videotape will be shown in trial instead of personal testimony			
<i>Involvement</i>	Victim may ask for special protection, e.g. Screens for court hearings. Need evaluated			
<i>Update of individual assessment procedures</i>	Needs communicated forward			
<i>Assessment</i>	Special protection needs are well detected			
<i>Existence, procedure and effectiveness of referral mechanisms</i>				
<i>Existence of procedure</i>				
<i>Who makes referral</i>	Police refers to other services: health, victim support services (state or NGO)			
<i>When</i>	At first reception and at interrogation			
<i>Communication of data</i>	<i>Client contact information forwarded to services</i>			
<i>Special protection needs</i>	<i>Victim safety always the priority, help provided when needed (by referring to other services)</i>			
<i>Special protection measures</i>	<i>Instant referral e.g. to a mother and child home if mother and child not safe at home</i>			
<i>Involvement</i>	<i>Victims do not need to take initiative in contacting services when contact information is forwarded – services will contact victim</i>			
<i>Assessment</i>	<i>The above is a very good advancement to ensure victims get the help they need. Police will not have follow-up information of the victim using services/getting help. Not coming back to the police may be an indication of things working out</i>			

2. Table

	<i>Institutions</i>			
ENTRY POINT 1: Healthcare services	Institution 1 Emergency Health Care	Institution 2 Child Health Center	Institution 3	Institution 4
<i>Identification of victims</i>				
<i>Who identifies the victim</i>	Senior nurse, doctor	Nurse		
<i>When</i>	At reception / During treatment	During appointments with expecting mother/mother and child		
<i>Where</i>	Emergency health care hospital	Child health center		
<i>Procedure</i>	Oral interview, medical examination	Screening instrument for Domestic Violence is filled out for each expecting mother at some point before child is 4 weeks old		
<i>Personal characteristics</i>	Self-declaration / examination	Screening done for each mother		
<i>Features of the crime</i>	Self-declaration/ medical examination	Identified through screening instrument		
<i>Special groups of victims</i>	If identified as a victim of sexual crime a special examination will be done	Interpretation may be used for foreign mothers		
<i>Involvement</i>	Victim informed about the consequences / can interrupt or suspend medical examination	Will have to be cooperative in answering/being truthful		
<i>Results</i>	Identification of injuries will determine which treatment plan to follow: health-care center, minor trauma, internal medicine or psychiatric. Special examination for victims of sexual crime. Referrals to support services	If victims of domestic violence are identified through the instrument, referrals will be made to the cities own support service for victims of domestic violence		
<i>Individualised assessment of needs</i>				
<i>Existence of procedure</i>	Individual needs assessed	Screening instrument for domestic violence		

Institutions

ENTRY POINT 1: Healthcare services	Institution 1 Emergency Health Care	Institution 2 Child Health Center	Institution 3	Institution 4
<i>Who conducts the assessment</i>	Nurse / doctor	Nurse		
<i>Details on procedure</i>	A special form is used for victims of violence. Form closely maps out all the injuries of the victim - interview of victim and x-rays/digital pictures are used. Can be used as medical evidence of the situation. Psychiatric consultation available if needed	Screening instrument will assess the individual situation of mothers		
<i>Decision making criteria</i>	Vulnerability, source of injuries (victims of (sexual violence))	Result of screening		
<i>Special protection needs</i>	Identified through interview and medical examination	May be identified through screening		
<i>Special protection measures</i>	Patients may be shown different waiting areas, if e.g. patient does not want to be seen at emergency hospital (surveillance area). Also closed waiting area for e.g. convicts	Referral to other services		
<i>Personal characteristics</i>	Victims of (sexual) violence: specific medical protocol available	As with identifying victim		
<i>Special groups of victims</i>	Victims of (sexual) violence, as above. Victims needing constant surveillance/safe waiting area	As with identifying victim		
<i>Involvement</i>		As with identifying victim		
<i>Update of individual assessment procedures</i>	No update after treatment at emergency hospital is over – treatment is moved on to other services	Situation of mother will be updated at future appointments at child health center		
<i>Assessment</i>	Nurses and doctors will attend to individual needs, if they are explicit or requested by patient. E.g violence as source of injuries may go unnoticed if not brought forward by patient	Screening instrument has proven to be very effective in detecting cases of domestic violence. Important to systematically screen all mothers		
<i>Existence, procedure and effectiveness of referral mechanisms</i>				
<i>Existence of procedure</i>	Patients referred to other services if needed. Admitted to hospital if required.	Mothers referred to «Own space», which is a communal service for people facing domestic violence		
<i>Who makes referral</i>	Senior nurse at registration or doctor/nurse during treatment	Nurse at child health center		

Institutions

ENTRY POINT 1: Healthcare services	Institution 1 Emergency Health Care	Institution 2 Child Health Center	Institution 3	Institution 4
<i>When</i>	At reception or during treatment	If screening instrument shows signs of domestic violence		
<i>Communication of data</i>	<i>Contact information forwarded to other services. Treatment data available to other medical professionals with patients consent</i>	Can have Own space contact mother		
<i>Special protection needs</i>				
<i>Special protection measures</i>				
<i>Involvement</i>	<i>Cannot be kept at hospital against patients will</i>	Client will need to consent to future support		
<i>Assessment</i>	<i>Multi-professional team will try to attend to patient needs as closely as possible. May not reach all victims if they are not identified</i>	Seems a good system to have a concentrated center «Own space» for all victims of domestic violence in Espoo – will have the precise professional knowledge to help		

3. Table

Institutions

	Institution 1 Social and Crisis Emergency Care	Institution 2 Prosecutor's office	Institution 3	Institution 4
ENTRY POINT 1: Other state services (excl. police and health)				

Identification of victims

<i>Who identifies the victim</i>	Receiving employee	
<i>When</i>	During first reception	Identification done prior to prosecution contact by other officials
<i>Where</i>	Local offices / over phone / on field	E.g. Police or customs
<i>Procedure</i>	Oral interview (not recorded), standardized. Must meet certain criteria to be identified as a victim, as defined by the service	
<i>Personal characteristics</i>	Oral interview, self-declaration	Identified if included in investigations report
<i>Features of the crime</i>	Oral interview	Identified based on investigations report
<i>Special groups of victims</i>	Self-declaration, identified if explicit	Identified if included in investigations report
<i>Involvement</i>	Services provided according to customers situation and needs	Usually no victim involvement
<i>Results</i>	If victim meets criteria (citizen of Helsinki, visitor of Helsinki, faced with acute crisis) future meetings are arranged according to personal needs of victim	

Individualised assessment of needs

<i>Existence of procedure</i>	Yes, internal guidelines	No specific procedure
<i>Who conducts the assessment</i>	Receiving employee	Prosecutor
<i>Details on procedure</i>	Stage of trauma processing affects procedure – employees are sensitive towards what sort of questions and what sort of help is appropriate for each situation The Brief screening instrument for post-traumatic	Needs assessed if pointed out in investigations report or if prosecutor finds it necessary (e.g. based on the nature of the crime, as in sexual crime)

Institutions

ENTRY POINT 1: Other state services (excl. police and health)	Institution 1 Social and Crisis Emergency Care	Institution 2 Prosecutor's office	Institution 3	Institution 4
Decision making criteria	stress disorder is used for clients who stay in service for a longer term Vulnerability	Nature of crime, vulnerability		
<i>Special protection needs</i>	No identification of special protection needs	Special protection provided by the police		
Special protection measures	No special protection measures taken	Only special arrangements made for trial, hearing room/ folding screen etc.		
<i>Personal characteristics</i>	Personal characteristics always considered – vulnerability. Meetings arranged according to client needs	May go unnoticed if not pointed out in investigations report		
<i>Special groups of victims</i>	People with no network of friends or support services	Children and other special groups – videotape may be used as testimony in trial (also with disabled people, seniors)		
<i>Involvement</i>	Consent required	Prosecutor may be in contact with victim, more often is not. Victim is informed of the prosecutors decision to prosecute		
<i>Update of individual assessment procedures</i>	The Brief screening instrument for post-traumatic stress disorder – follow-up for one year after contact with service for some clients			
<i>Assessment</i>		Might be useful for prosecutor and victim to have more contact in order to explain decisions to prosecute/not to prosecute. Special needs seem pretty well addressed to		
<i>Existence, procedure and effectiveness of referral mechanisms</i>				
<i>Existence of procedure</i>	No standardized procedure, according to needs	Prosecutors do not refer victims to services, excluding cases where victim personally contacts prosecutor		
<i>Who makes referral</i>	Employee			
<i>When</i>	At first or consequent meetings			
<i>Communication of data</i>	Official record of clients is kept. Contact information may be forwarded to other service	Prosecutor makes arrangements for trial, communicates needs		

Institutions

ENTRY POINT 1: Other state services (excl. police and health)	Institution 1 Social and Crisis Emergency Care	Institution 2 Prosecutor's office	Institution 3	Institution 4
<i>Special protection needs</i>	providers <i>Referred to the police, if special protection is needed</i>			
<i>Special protection measures</i>				
Involvement				
<i>Assessment</i>	<i>Referrals to appropriate services is an important part. Especially when the crisis service is not the correct place to help the client, another service will be suggested. Often the crisis emergency care is the clients only service contact and it is important to expand the support network</i>			

4. Table

Institutions

	Institution 1 Victim Support Finland	Institution 2 Federation for Mother and Child Shelters and Homes	Institution 3 Women's Line	Institution 4 Monika-women
ENTRY POINT 1: Non-governmental organizations				
<i>Identification of victims</i>				
<i>Who identifies the victim</i>	Service employee	Service employee	Service employee	Service employee
<i>When</i>	During first reception	During first reception	During first reception	During first reception
<i>Where</i>	Over phone / local office / online	At shelter / on field	Over phone / local office	Local office / over phone
<i>Procedure</i>	Oral interview (not recorded) / social history. Standardized list of questions	Oral interview (not recorded) / social history. Must meet certain criteria to be admitted into mother and child home	Oral interview (not recorded) / social history	Oral interview (not recorded) / social history
<i>Personal characteristics</i>	Through interview, self-declaration	Through interview, self-declaration	Through interview, self-declaration	Through interview, self-declaration
<i>Features of the crime</i>	Through interview, self-declaration	Through interview, self-declaration	Through interview, self-declaration	Through interview, self-declaration
<i>Special groups of victims</i>	Victims of domestic violence/sexual crime, foreigners, seniors, children	Foreign mothers	People with different disabilities	All clients are of cultural minorities
<i>Involvement</i>	Customer-centered approach, service by terms of client	Criteria assessed for each client individually	Customer-centered approach, service by terms of client	Customer-centered approach service by terms of client
<i>Results</i>	Service may offer appointments at local offices and support persons if client is identified as a victim. (If not, referred to other services.) Child welfare notifications made if needed (minors)	Mother (and child) admitted into home if they meet criteria of being in acute need of a safe place to stay	Support offered if identified as a victim. Phone service, some groups activities	Appointments arranged for victims, support persons available
<i>Individualised assessment of needs</i>				
<i>Existence of procedure</i>	Individual needs assessed	Individual needs assessed at mother and child home	Individual needs assessed	Individual needs assessed
<i>Who conducts the assessment</i>	Service employee	Service employee	Service employee	Service employee
<i>Details on procedure</i>	Oral interview	MARAC (Multi Agency Risk Assessment Conference) is filled out for each mother staying at the home. Scores on MARAC will indicate what services needed in the future	Oral interview	Oral interview
<i>Decision making criteria</i>	Client needs, vulnerability	MARAC score, vulnerability	Client needs, vulnerability	Client needs, vulnerability

Institutions

ENTRY POINT 1: Non-governmental organizations	Institution 1 Victim Support Finland	Institution 2 Federation for Mother and Child Shelters and Homes	Institution 3 Women's Line	Institution 4 Monika-women
<i>Special protection needs</i>	May be identified through interview	Identified through MARAC assessment	May be identified through interview	May be identified through interview
<i>Special protection measures</i>	No special protection as such – more appointments offered when needed, support persons available	Duration of stay at the home	No special protection measures, support	Monika women uphold their own mother and child home people in acute need
<i>Personal characteristics</i>	Assessed as closely as possible	Assessed as closely as possible	Assessed as closely as possible	Assessed as closely as possible
<i>Special groups of victims</i>	Victims of human trafficking	Foreign mothers	Separate phone service for women with disabilities – the “diversity”-line.	All clients cultural minorities
<i>Involvement</i>	Central	Central	Central	Central
<i>Update of individual assessment procedures</i>	Some victims are clients for a longer period	Follow-up plan made for all mothers staying at home (including other services etc.)	Some people call more often, usually help for a short term	Victims receive support according to needs, long or short term
<i>Assessment</i>	Help the ones who contact the service, still trying to reach a larger base of men, victims of other than violence crimes	More places needed at mother and child homes	Disabilities or restrictions may go unnoticed if not brought forward by victim. Diversity line has not fully been found by the ones it is aimed at.	Can only help with the issue: the victim brings up
<i>Existence, procedure and effectiveness of referral mechanisms</i>				
<i>Existence of procedure</i>	Service referral is central	Service referral is central after staying at home	Service referral is central	Service referral is central
<i>Who makes referral</i>	Service employee	Service employee	Service employee	Service employee
<i>When</i>	At first or consequent meetings	At first encounter if not admitted to home/during stay at home, after MARAC assessment	At first or consequent meetings	At first or consequent meetings
<i>Communication of data</i>	Can forward contact information of victim to other services	Multi-professional team will conduct assessment	Will give out information of services	Will give out information of services
<i>Special protection needs</i>	<i>Referred to police if in need of protection</i>		<i>Referred to police if in need of protection</i>	<i>Referred to police if in need of protection</i>
<i>Special protection measures</i>				

Institutions

ENTRY POINT 1: Non-governmental organizations	Institution 1 Victim Support Finland	Institution 2 Federation for Mother and Child Shelters and Homes	Institution 3 Women's Line	Institution 4 Monika-women
<i>Involvement</i>	<i>Victim needs central to referrals made</i>	Victim always part of assessment, follow-up plan made according to needs	<i>Victim needs central to referrals made</i>	<i>Victim needs central to referrals made</i>
<i>Assessment</i>	<i>If victim stays in contact with service, follow-up is possible, if not, will be difficult to know if victim is using referred services.</i>		<i>If victim stays in contact with service, follow-up is possible, if not, will be difficult to know if victim is using referred services.</i>	<i>If victim stays in contact with service, follow-up is possible, if not, will be difficult to know if victim is using referred services.</i>