Blueprint on interdisciplinary cooperation
for professionals in support services

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VICTIMS OF ROAD TRAFFIC OFFENCES
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FOREWORD

In 2016, each week 492 people got killed on European roads and an additional 27,950 individuals were injured in traffic. Despite the enormity of these figures, they still fail to indicate the number of people that are actually impacted by road traffic crashes. Hence, aside from the direct victims, many people are also indirectly involved in a traffic crash—parents, partners, children, siblings, friends and classmates. Even though, as derived from these figures, there is a large chance for everyone to be in one way or another involved in a road traffic crash, road traffic victims and their (bereaved) relatives are often not supported in an appropriate way. In fact, road traffic crashes ‘suffer’ from societal trivialisation (‘it was just an accident’) and the far-reaching consequences are often not properly considered—by society in general but also more specifically by professionals. The lack of understanding by (amongst others) professionals impacts the process of dealing with the consequences and the related needs. As a result, the EU-project ‘Victims of road traffic offences’ aims to raise awareness for road traffic victims’ and relatives’ needs by focussing on three core topics: information and support, restorative justice and interdisciplinary cooperation.

The development of interdisciplinary cooperation between professionals in road traffic cases (cases in which road traffic victims, their relatives or bereaved relatives are involved) is the focus of this blueprint. Due to the various fields that can be involved in the aftermath of a crash, victims and relatives could really benefit from professionals’ interdisciplinary mind-set in order to cope with what has happened. The fields, and professionals, they, amongst others, encounter are the medical world (with its hospitals, rehabilitation centres and family doctors), the police, the juridical authorities (including the judges, public prosecutor and lawyers), insurance agencies, victim support and other support services (such as restorative justice services and victim associations).

Through this blueprint, we aim to guide professionals from the above-mentioned fields towards interdisciplinary cooperation since these practitioners can play a substantial role in its development. This blueprint, on one hand, gives information on why it is that important to collaborate in this interdisciplinary way. On the other hand, this blueprint will present a step-by-step plan to develop cooperation in general and the interdisciplinary kind in specific. The purpose of this blueprint is to be applicable to all professionals working in the EU. In doing so, the European Directive 2012/29/EU on the minimum rights and standards for victims of crime is used as a starting point.

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1 For more information on the consequences road traffic victims’ and relatives’ go through, the trivialisation of road traffic offences and what is known on the three core topics of the project in literature, please consult the report ‘Victims of road traffic offences: a summary of existing knowledge’.

2 This blueprint focusses on good practices which are relevant for practitioners. However, if you are interested in a more general view on good practices on interdisciplinary cooperation, please consult the Report on good practices of inter-sectoral collaboration.
Interdisciplinary cooperation: what and why?

In this first part, the concept of interdisciplinary cooperation is explained. Afterwards, several reasons are outlined that indicate why it is *that* important for professionals to collaborate in an interdisciplinary way.

1.1 What is interdisciplinary cooperation?

The best way to clarify what interdisciplinary cooperation is, is probably by stating what it is not, namely multidisciplinary cooperation. Both types of cooperation can be placed at opposite ends of a continuum of collaboration. Although they both point to cooperation between professionals from different fields in a complex issue, the nature – and more exactly the intensity of and engagement in the cooperation – is different.

### Continuum of collaboration

![Continuum of collaboration](image)

**Multidisciplinary**

In multidisciplinary cooperation, professionals approach a complex issue from their own discipline, expertise, perspective... through their own pair of glasses. The question what they, as a specific organisation, can do for the victim/relatives is put forward. As a result, the actions that are undertaken by different professionals occur rather sequentially or parallel but not integrated. The limited communication that takes place between the involved professionals in a multidisciplinary cooperation concerns the individual actions they have carried or are carrying out.

**Interdisciplinary**

In interdisciplinary cooperation, professionals share their expertise with the other actors involved and hereby combine the knowledge of different fields. They, in other words, approach an issue by looking through an ‘integrated pair of glasses’. Such approach is facilitated when all professionals agree on a common goal they aim at achieving. Such goal is ideally linked to meeting road traffic victims’ and/or their relatives’ needs and hereby reintegrating them into society and enhancing their quality of life. After this goal-setting process, all professionals aim to achieve the envisaged tasks jointly and complementary. If a professional cannot fulfil a certain aspect, another will fill in the blanks.

The interdisciplinary form of cooperation is most desirable due to its ability to meet *all* needs regardless of the ‘field’ they are related to. The multidisciplinary kind is rather an ultimate minimum of cooperation that should be met. Now, why don’t we all just cooperate in an interdisciplinary way? The development of cooperation between different fields is far from easy. Owing to the fact that every societal field has its own mind-set and expertise, they do not always look in the same direction and pursue the same goals. In order to work together properly, their mind-sets have to be aligned, which asks for both time and effort. Moreover, achieving a change in attitude and knowledge, which is necessary to make interdisciplinary cooperation work, is difficult. Consequently, rather than seeing it as something
you just implement, developing interdisciplinary cooperation rather is a process of growth. Professionals often start working together in a multidisciplinary way and, step by step, start integrating their knowledge by clarifying common goals. Nonetheless, it is important to keep reaching for interdisciplinary cooperation and not settling for a multidisciplinary one.

I.2 Why is interdisciplinary cooperation important?

Interdisciplinary cooperation is difficult to achieve, but the effort is worth it. In the literature, several reasons are found that stress the importance of collaborating in such an interdisciplinary manner.

First of all, collaboration is important to respond to the diverse nature of being a victim and its interrelated consequences. Becoming a victim of a road traffic offence can lead to various physical, psychological and socio-economic consequences. Although these consequences seem to be quite different in nature, they are in fact interrelated and perceived in a global rather than partial or fragmentised way. The way one consequence is responded to by a certain professional can have an impact on another consequence. Research has, for instance, found that people who ask for compensation after a road traffic crash have more mental health issues than road victims/relatives who are not involved in a compensatory process.3

Second, cooperation is important to approach road traffic victims’ needs in an individualised manner. Road victims and relatives do not react identically to the victimisation, they do not endure identical consequences and, therefore, do not have identical needs. In addition, needs are not static but change over time. For instance, while some victims might need psychological support soon after the crash, others only experience this need after a period of time.

The idea of interdisciplinary cooperation is that professionals agree upon a common goal. As a result, rather than just focussing on their own individual work, professionals are encouraged to pay attention to this shared transcending goal as well. In this way, the actions they undertake are perceived as ways to achieve the shared aim and, consequently, are much more likely to take into account the interrelatedness of consequences.

When professionals encounter certain needs, they should be able to inform victims and, if necessary, refer them to the other service that can assist in meeting their needs. In addition, professionals should also follow-up whether the needs are actually met (or being handled) by this other organisation. Close interdisciplinary collaboration is crucial for making this kind of guidance possible.

Third, collaboration is necessary to provide a continuing offer of support for victims. Often, when a certain consequence of the crash is handled, the professional support stops and victims are on their own again. For instance, when the rehabilitation is completed, victims are sent home and have to find their own way of dealing with new arising issues related to work and/or leisure activities. Sometimes they are not even aware there are services which can help them with these issues.

Fourth, collaboration is important to respond to victims’ (often) passive help-seeking attitude. After a road traffic offence, victims and/or relatives often have to focus primarily on dealing cognitively with the experience and handling the physical consequences of the event. As a result, they might not be up to searching for support themselves – which is called a ‘passive help-seeking attitude’ in victimology research.

Finally, collaboration is necessary to guide victims through the labyrinth of services. Even victims who are up to seeking support, indicate it is hard to find their way through all the potentially relevant organisations from all the various fields (ranging from the medical sector to victim support services, and from insurance agencies to health insurance organisations).

In order to avoid the situation in which victims run into these obstacles on their own, professionals should collaborate to ensure a continuing offer of support: they should be aware of the (potential) next steps, should inform victims about services that might be relevant, should refer to these services in advance and should follow up whether support works properly.

Professionals should react to this passive attitude in a proactive way. This means that all professionals who encounter victims have to inform them about other potentially necessary support services without the victim having to ask for it. In addition, professionals should refer the victim proactively to such support service and verify whether the referral was effective. Obviously, (interdisciplinary) cooperation is needed to make such proactive system possible.

Professionals working with victims in their trajectory after a crash, are in the perfect position to offer guidance through this labyrinth. These professionals already are in contact with victims and can offer there guiding support right away. It is much harder for victims to find their way when they are not in touch with certain professionals who might be able to help anymore. Therefore, professionals can, by being proactive throughout their contact, help clarify victims’ needs and assist them in reaching the other services.

In conclusion, it can be argued that the provision of support to victims is, in essence, a task of cooperation. It is a task of finding connections between a variety of actors in order to formulate a comprehensive, professional-based offer to victims, with attention for integrity, empathy and needs. Elaborating upon this mind-set and together with the above-mentioned reasons for why (interdisciplinary) cooperation is that important, the essentiality of cooperation is pointed at.
How can interdisciplinary cooperation be developed?

Interdisciplinary cooperation is essential, yet difficult to achieve. This second part presents a step-by-step plan to support professionals in developing cooperation and to stimulate existing collaborations to evolve into interdisciplinary ones. The different steps are presented in FIGURE 1 below.

The legal and organisational framework varies extensively across Europe. Moreover, some Member States have put more effort into the issue of road traffic victimisation than others. As a result, some of the first steps presented in the plan might not be relevant for professionals from certain Member States, while they might be essential to others. To respond to these different ‘starting points’, the general idea of this step-by-step plan is to make it possible for every professional to personally verify their starting point. Since the general overview of the different steps, presented in FIGURE 1, might not be that clear yet, we encourage you to have a look at the intermediate conclusions/suggestions for action to be found next to the footsteps.

Throughout the various steps discussed in this blueprint, the legislation defined by the European Directive 2012/29/EU on the rights, support and protection of victims of crime is used as a starting point. This Directive had to be implemented by November 2015 by all EU Member States and mentions the minimum rights for crime victims, amongst others with regard to the provision of information and support, the participation in criminal proceedings and the protection of victims. More specifically with regard to (interdisciplinary) cooperation, it is interesting to take into account the Council of Europe Recommendation 2006(8) on the assistance of crime victims. Although not binding to Member States, it provides a policy framework and proposals that governments can implement at the national level. This recommendation mentions that the work of services offering assistance to victims should be co-ordinated (art. 5.6) and that each state should develop and maintain co-ordinated strategies to promote and protect the rights and interests of victims (art. 14.1). With regard to the later, it states that all agencies involved in criminal justice, social provision and health care, both nationally and locally, should work together and ensure a coordinated response (art. 14.2).

In the following parts of this blueprint, the different essential steps to develop interdisciplinary cooperation are presented. In the presentation of each step, examples of good practices are given as well. This information is based on good practices of cooperation in France, the Netherlands and Belgium and was gathered through interviews with professionals in these countries and through desk research.
Rather preliminary issues that need to be discussed even before tackling ‘cooperation’ concern whether road traffic victims are victims of crime in the legal sense and, if this is (partially) the case, whether they are recognised as such by professionals.

I.1 Are road traffic victims *legally* victims of crime?

Whether or not road traffic victims are considered as victims of crime has consequences for how these victims are treated in general and within cooperation in specific. The conditions under which road traffic victims are considered victims of crime depend greatly on how a collision is categorised. For instance, a case in which a person runs into a tree (without it being caused by an another’s behaviour) would on first hand not be seen as belonging in the category of criminal cases. However, if bad conditions of the road caused the crash to happen, certain countries’ legalisation might make it possible to deal with it through a criminal procedure, leaving road traffic victims and relatives as crime victims. Several other complicated issues can occur in the context of road traffic crashes, leaving it to be a rather extensive ‘grey area’. Due to this complexity, the EU-Project focusses specifically on victims of road traffic offences (e.g. excessive speeding, drunk driving, hit and run, …). Whether those victimised by such offence are considered crime victims depends on how road traffic offences are dealt with legally at the national level.

Road traffic offences are not treated identically throughout Europe. In some countries, they are handled through criminal proceedings and, as a result, are considered ‘criminal offences’. Those who are victimised by these criminal offences are consequently victims of crime. Other European countries do not consider road traffic offences as criminal offences but rather handle them in an administrative way. In these countries, as a result, road traffic victims are not victims of crime. In a third and final category of countries, the concrete situation in which the offence occurs determines whether road traffic offences are criminal offences. In Italy, for instance, road traffic offences should be committed with intent (a particularly sensitive issue in the context of road traffic offences). Alternatively, in Bulgaria and Slovenia, serious damage and/or (risk of) death has to be caused. Finally, the specific circumstance of the crash can also determine whether the violation is a criminal offence or not – for instance, as in the Netherlands, whether it has been committed at night or during the day.

The variety of ways in which road traffic offences are dealt with leads to an unequal treatment of road traffic victims throughout Europe. Equally, if not more important, it also

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4 The presented findings are derived from Herbert, F., Kinable, H., Aeron-Thomas, A., & Westland, G. (2015). Survey of the transposition and the implementation of the European Directive 2012/29/EU on the rights, support and protection of victims of crime in different Member States of the EU from the point of view of road victim associations.
leads to an unequal access to the rights granted by the European Directive 2012/29/EU on the rights of victims of crime. As already mentioned, this EU Directive mentions minimum rights for crime victims, amongst others with regard to the provision of information and support and the participation in criminal proceedings. Thus, whether road traffic victims can benefit from these rights depends on whether or not road traffic offences are criminalised a Member State. It is important to mention that under this EU Directive, aside from the direct victims, only bereaved relatives of crime victims are considered as 'victims' and benefit from the created rights by the Directive. In our European project, we aim to reach out to relatives of (seriously) injured victims as well due to the large impact road traffic collisions can have on them.

The first step towards developing cooperation is to know how road traffic offences are treated and, as a result, whether road traffic victims are considered as crime victims in your Member State. Knowledge of this issue is essential for next steps. If road traffic victims are not (always) victims of crime, additional effort has to be put into granting access for this victim type to existing organisations (e.g. advocating, drafting policy proposals, ...; cf. next step).

### 1.2 Are road traffic victims recognised as victims of crime?

Even when road traffic victims are legally considered as victims of crime, they do not always recognise themselves as such and are additionally often not recognised as crime victims by the professionals they encounter.

If road traffic victims do not see themselves as victims, this is problematic since they might not think about appealing to support services for crime victims. However, if the professionals they encounter – such as personnel of hospitals, rehabilitation centres, police, the judicial personnel, insurance companies and even victim support services themselves – are not aware of the victim status and their needs, they will fail to stimulate victims’ access to support services (through provision of information and referral). In the victim support services of the studied countries, this obstacle is taken care of by explicitly and separately naming road traffic victims as a target group of their support offer.

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5 A 'rights leaflet' has been developed in the context of the project. It outlines the different rights road victims based on the EU Directive 2019/29/EU.

6 In the EU funded Project ‘Victims of Road Traffic Offences’ we advocate extensive rights and support for all road traffic victims and (bereaved) relatives. The European Union Victim’s Directive 2012/29/EU offers the basis hereto. The Directive provides minimal rights to all victims of criminal offences. With respect to road traffic offences however, extending and applying the legal provisions of the Directive to the group of victims concerned should not automatically imply a plea for the criminalisation of all road traffic crashes. Actors of road traffic crashes should not be drawn into the criminal sphere where this is not necessary or appropriate. In our western societies, there indeed seems to be an evolution in which criminalisation increasingly is seen as the final solution to a particular behaviour or problem. We are not supportive of this development since criminalisation not necessarily encourages responsabilisation, and may even result in exclusion and polarisation. ‘Being an actor of a road traffic offence’ is often a difficult and complex issue that requires a nuanced approach without doing injustice to any of the parties involved. Therefore, we argue for diversified responses without necessarily criminalising the person who caused the crash. Nonetheless, we agree that certain behaviour such as speeding and drunk-driving, especially when leading to a road crash, needs a clear and firm sign of societal disapproval. The latter can be reinforced by an adequate application of the criminal law, without necessarily resulting in excessive retributive or negative consequences for the causer of the road crash. Criminal justice mechanisms should first of all focus on reparation of the harm to the victim and responsabilisation of the offender in an effective way, in order to make our communities better and safer places for living together. Enhancing societal awareness, providing effective rights to victims, and organising adequate victim support and restorative justice services might all contribute to this endeavour. As a result we wish to encourage EU Member States to take these concerns under consideration and to find ways to grant rights on information and support to all road traffic victims and relatives in a balanced way, regardless of whether the behaviour that caused the crash is dealt with by a criminal justice procedure or in another way.
A second step in the process of establishing cooperation is related to the question where the initiatives for road traffic victims and (bereaved) relatives should be situated. In the literature, two options are mentioned.

**The first option is the creation of specific, separate initiatives for those impacted by road traffic crashes.** The rationale behind this alternative is that road traffic victims have a specific profile with unique needs. In order to respond to this specific situation, separate initiatives should be established that focus primarily on these special characteristics. This option has the advantage of having a better position to promote road traffic victims’ and relatives’ rights. In addition, those impacted by road traffic offences might find it more easy to trust highly specialised organisations that focus very specifically on their situation. Examples of these initiatives are victim associations for, for instance, road traffic victims, (bereaved) relatives or individuals suffering from traumatic brain injury.

**The second option is the integration of those impacted by road traffic offences into the general offer for victims of crime**. The integration has several benefits. *First of all*, such integration makes it possible for road traffic victims to benefit from a wide range of services and rights that already are established for other types of crime victims. Although road traffic victims and (bereaved) relatives have some specific needs, their needs are found to be largely parallel to those of other crime victims. As a result, the range of services that already exist might actually assist them in meeting their needs. In addition, since no victim perceives identical consequences after a crash, a personalised approach is essential. The availability of the variety of services is useful to make such approach possible. *Secondly*, the integration option is interesting since existing organisations are often comprehensive, large and therefore house the expertise of several professionals (i.e. from the juridical, psychological, medical field). The different kinds of expertise can, in this way, be made

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7 The blueprint builds on the presumption that support services for victims of crime in general exist in all European Member States. However, in some states, victim support might not yet be that well elaborated. If this is the case, it is recommended to combine forces with victim volunteers of other crime victims. Jointly, the call for actual and qualitative support for victims is much stronger.
available to victims in a combined way. This can be very relevant for road traffic victims and relatives since they encounter a variety of fields (with different kinds of expertise) in the aftermath of a collision. A third and final benefit is the fact that existing support offers often already have embedded cooperation schemes with different professionals. A robust system – which is flexible in the sense that it works for various types of victims – has a higher chance of working properly. In addition, it lowers the chance (road traffic) victims get no support at all. Even if cooperation schemes not yet exist in your Member State, when creating them it might be interesting to include other type of victims as well.

All things considered, the existence of some specific initiatives for road traffic victims is believed to be essential. Victim associations for road traffic victims/relatives, for instance, can offer great support for the victim type. However, with regard to more professional support, the option to integrate the road traffic victim and (bereaved) relative into the existing framework for crime victims in general is expected to have the highest chance of success, even when road traffic victims are not (always) considered as crime victims. However, this integration can only be successful if several obstacles are taken into account.
Obstacle 1

Even though road traffic victims’ and relatives’ needs are mainly parallel to those of victims of crime, some specific needs do exist. It concerns for instance needs regarding insurance and medical issues (e.g. Traumatic Brain Injury), the (potential) different legal framework compared to crime victims and the complex issue of cause versus intent.

These specific needs should still be taken into account when the support for road traffic victims is integrated into the victim support in general.

Obstacle 2

Existing support services are often, if not exclusively, directed towards victims of criminal offences. Since road traffic victims are not always considered as such, they might not always have access to the support services.

Obstacle 3

Road traffic victims or (bereaved) relatives do not always consider themselves crime victims. This is problematic since they might not be aware of the services they could benefit from.

More problematic, however, is the fact that professionals that encounter those impacted by road traffic offences do not always consider them as victims as well. As a result, they will not give the right information, refer to the right services and so on.

Victim support in France, Belgium and the Netherlands, mention road traffic victims explicitly as a target group in their brochures.

For the integrated support to work, road victims have to be ensured access to the general support services – even when they are not legally ‘victims of crime’.

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This issue is present for instance in the Netherlands. Here, the specific circumstances of the offences determine whether or not they are criminal offences and, thus, whether it’s victims are victims of crime. This is taken care of by working with a kind of ‘presumption of victimhood’ – meaning that road victims can always access victim support, also when it is decided that the road traffic offence will not be treated in criminal court.

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8 The issue of cause versus intent refers to the fact that the ‘intent’ to hurt/kill someone is most often not present in road traffic offences. However, the criminal offences (e.g. drunk driving, speeding) are committed with intent. Road traffic victims and relatives can blame the person who caused the crash for the commission of the offence, but that person did not intend to cause harm. This is an important aspect in the process of coping with what happened and often not relevant in other crimes.
At the policy level, arrangements are made, general frameworks are outlined and, overall, the foundations are established for (more intensive) cooperation between professionals in the field. Several ‘policy levels’ exist between which the (legal) implications and details of the agreements vary considerably.

When cooperation is situated at the national or regional level\(^9\), ministries and representatives from various involved departments are represented. In the context of road traffic victimisation, the following actors are, amongst others, important: the ministries of Justice, Interior, Mobility, Health, Welfare, Education and Work, and umbrella organisations for victim support services, victim associations, insurance agencies. At this level, it can be decided upon a (legal) framework of cooperation. Such framework could, for instance, entail guidelines on what victim-type should be proactively referred by the police to support services, the obligation to mention the possibility of victim-offender mediation\(^10\) by victim support services or the (legal) establishment of an exchange of information between the hospitals and police forces on who is brought in after a road traffic crash. The impact of national/regional policy changes can be far-reaching due to the potential legal implications and larger territory they apply on. For its actual implementation, however, it relies on local actors and professionals in the field.

While examining the different good practices on the national/regional policy level, it was found that pioneers advocating for victims’ rights and support (e.g. umbrella organisation for victim support services or victim associations) were consistently present at the heart of valuable policy cooperation structures.

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\(^9\) It varies greatly between European Member States where the responsibilities of different policy fields are situated. In some countries, all fields are handled at national level. In others, for instance Belgium, the responsibilities are partially nationally and partially regionally located.

\(^10\) Victim-offender mediation (VOM) is a practice belonging to the ‘restorative justice’ (RJ) paradigm. In the context of the EU funded project ‘Victims of road traffic offences’, a manual on RJ in road traffic offences for professionals and victim-volunteers is established. This manual gives more information on RJ and VOM in general and on when and how the topic of ‘meeting with the other party’ can be discussed more specifically.
Aside from the national and regional policy initiatives, policy to enhance cooperation between actors can also be developed through **local policy initiatives**. On one hand, these initiatives can involve cooperation between local chain partners of a certain district – such as the public prosecutor’s office, the police and other services such as victim support. By meeting regularly, policy on cooperation (the exchange of information, referral and coordination, *cf.* Step 4) can be agreed upon and individual cases can be discussed. Even though these meetings can be very effective, they are often limited to professionals involved in the criminal justice sphere. On the other hand, in the development of local protocols/charters, actors from a variety of fields can be involved. In the context of these protocols, local actors are included, such as the hospitals of a certain area, the local rehabilitation centre, the police force, local victim support and restorative justice service. The content of such protocols are agreements on how to cooperate (through referral, coordination and integration of the intervention) in the aftermath of a road traffic crash. Since local actors and not national/regional ministries and organisations are involved, the developed policy can be much more specific and detailed yet also less legally binding. In principle, local charters can be effective – but only when actually implemented in the field and evaluated regularly. An example of a local protocol is outlined in the next part.

For example at the regional policy level, a **States-General on the support of road traffic victims** was organised in Flanders (a region of Belgium) in 2007. This States-General was preceded by nine working groups on themes relevant for the support of road traffic victims (i.e. medical support, psycho-social assistance, re-integration, mobility, police, judiciary, insurances, actors of road traffic offences and research and statistics). Each working group developed a report on the problems, existing good practices and policy recommendations and all nine reports were presented at the States-General meeting in which several ministries but also victim associations for both bereaved relatives and relatives of children who survived a road traffic crash were represented. The outcomes of the States-General changed a lot in the Flemish landscape with regard to the support of road traffic victims and/or (bereaved) relatives. It, for instance, led to the establishment of **Rondpunt**, a centre of expertise for all parties involved in a road traffic crash which, amongst others, facilitates cooperation between professionals. The steering group that initially established the nine working groups still meets on a regular basis and monitors to what extent the recommendations are put into practice.
Cooperation at the policy level is essential for making actual collaboration in the field possible. If a collaborative national/regional policy network already exists, the inclusion of the topic of road traffic victimisation is crucial (for instance through organising a ‘States-general’ like initiative). The role of professionals in this regard is promoting its importance among the policy actors. In order to do so, it is essential to identify the important authorities and at what level they operate. The influence professionals can have on local policy initiatives is larger. Not only because these initiatives are essentially closer to the professionals in the field, but also because professionals can actually be involved in them and take part in the creation of local policy.

The final, invaluable, step towards (interdisciplinary) cooperation takes place in the field, between the professionals from different societal sectors. This fourth step is divided into two sections. The first part focuses on the establishment of structural cooperation (4.1) and the second part will shortly touch upon the establishment of inter-professional connections (4.2).

**IV.1 Establishing structural cooperation**

Several forms of cooperation can exist between professionals in the field. Throughout this section, both multidisciplinary and interdisciplinary forms of cooperation are outlined. As previously discussed, interdisciplinary cooperation is a process of growth and in order to reach it, professionals should first start working multidisciplinary. To put it differently (and visually in the figure below), multidisciplinary forms of collaboration are the foundation upon which interdisciplinary collaboration can be developed.

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11 Another deliverable of the EU-project is a policy influencing tool which can assist victim volunteers and professionals in promoting the rights and support for road traffic victims at policy level.
IV.1.1 From multidisciplinary cooperation....

Provision of information

The first and most basic kind of cooperation is related to the provision of information to those affected by a road traffic crash. Receiving information is crucial for road traffic victims and/or their relatives in order to come to terms with the road traffic offence's intensive consequences and to regain control over their lives. Information is needed on various topics, but the focus of this blueprint lies primarily on information about what victim support and other support services victims/relatives can appeal to.

According to European Directive 2012/29/EU, information on the type of support victims can obtain (including medical and psychological support) should be provided at victims' first contact with a competent authority (often the police or medical services). The Directive also states that the extent or detail of the information might vary depending on specific needs and circumstances and that additional details may be provided at later stages. Obviously, the latter refers to the importance of an individualised approach to victims and indicates the role other professionals have in this regard: they should be able to provide additional information at a later stage.

In general, two ways to provide information can be distinguished. First of all, information from various fields can be provided to road traffic victims through informative guides, brochures and websites. These sources generally entail a variety of in-depth information which can be consulted when the victims feel up to it. In order for these guides and websites to reach their target group, professionals should be aware of their existence.

Rondpunt has established an elaborated practical guide which includes information on the various fields road traffic victims, (bereaved) relatives and actors of road traffic crashes might get involved with. This kind of informative guide is a relevant (passive) way of informing road traffic victims and can be made available by professionals. Within the project, blueprint of this practical guide is established, which assists you in establishing one yourself.

An example of an informative website is the one established by Victim Support the Netherlands (www.slachtofferhulp.nl). Aside from providing general information for victims of crime, it is also possible to search specific intel about what to do after a road traffic crash. It entails information on the specific trajectory for road traffic victims, information on different procedures and who to contact.

However, equally important is the verbal provision of information by professionals. Verbally given information should be ‘to the point’. Rather than overburdening victims with a cascade of information, professionals should explain the basics so that victims can easily find their way through the written guides and brochures when they experience certain needs.
In general, it is recommendable to provide information to victims in a combined way: to first explain basic aspects verbally and then to hand over a written document or brochure or to refer to a website where more detailed written information can be found.

In order to be able to provide information, professionals should have knowledge on other fields that provide support. Several good practices are found in this regard.

A potential way of informing professionals about the existing support services is by the creation of ‘social map’ with relevant organisations within a certain local area. This method was presented as a good practice in the Flemish States-General.

Another method of informing professionals is through the ‘contact cards’ developed within the EU-Project. These cards do not only provide an overview of all potentially involved actors in the aftermath of a crash, they also include contact information that could be given to the victim or could be used when referring to other services.

To ensure the provision of information to road traffic victims and relatives, cooperation between professionals is important. More concretely, all professionals (not only those within the police and medical services) have to have knowledge of different support services. They should be able to refer to brochures and websites of other professionals and should have knowledge of these other organisations to be able to verbally provide victims with basic information. To respond to the victims’ often passive help-seeking attitude (cf. Part 1, I.2), information should ideally be provided in a proactive way.

Referral

However, providing information proactively is often not enough to fully respond to the passive help-seeking attitude. Victims should not only be informed about support but they should also be actively referred to the appropriate services. Ideally, this referral is based on an individual assessment of the victims’ risk to endure (amongst others) secondary victimisation. This evaluation is mentioned in art. 22 of the EU Directive 2012/29/EU and is based on an ambitious idea to assess the risks of every victim that goes to the police. It is still unclear what this entails and how it can be put into practice in Member States. In any case, referral is singled out as ‘the cornerstone of good victim support’ and the lack of referral is found to be “the single greatest barrier to victims’ ability to access support services in the aftermath of crime.” 12 According to the EU-Directive, referral of victims should be facilitated by the competent authority that receives the complaint and by other relevant entities. First and foremost, the police come to mind. In theory, several referral arrangements are already established in this field (often through national/regional policy). In practice, however, whether or not they are applied varies considerably.

In the context of road traffic victimisation, two referral scenarios from the police to support services are relevant.

**Opt-in scheme.** Here, the police officer informs about the availability of victim support and – if the victim asks for it – will refer him/her to victim support services. Whether the police makes a referral offer is influenced by (1) the concrete circumstances at the scene which might require attention (e.g. time constraints, background disturbances or presence of the actor of the offence); (2) the subjective assessment by the individual police officer on whether victim support is necessary (often based on the presence of visible signs of distress, but this is unreliable due to the different ways victims can react after an offence); (3) the individual knowledge of the police officer on the availability of support. Additionally, this system is based on the assumption that victims are capable of actively asking for support. This capability is, however, often limited due to the overwhelming experience victims endure. Since this system solely rests on the individual decision of a police officer, discrepancies both within and between police districts often exist.

**Opt-out scheme.** In this scheme, a police officer actively asks a victim (of predetermined crimes\(^\text{13}\)) whether his/her records can be passed on to victim support. Unless the victim refuses, the records are handed over and the support services will proactively contact the victim with an offer\(^\text{14}\). Hence, the victim can make a decision whether to accept the proposal or not. Research points out that this proactive approach is preferred by victims. Even if the support offer is initially declined, a persistent approach is appreciated in hindsight. In addition, the opt-out system leads to the most referrals, especially when the referral strategies are determined nationally. A final advantage of the opt-out approach is that the decision to appeal to victim support is in the hands of the victim and not the individual police officer. Although this system has a lot of potential and ability to meet victims’ needs, it is unfortunately not always followed up that close in the field.

However, in the context of road traffic victimisation, other professionals also have an important function in referring victims to support services. Hospitals and rehabilitation centres have an irrefutable role in this regard. A study in the Netherlands found that 80% of the registered data of road traffic victimisation at hospitals was unknown to the police. This indicates the importance of the medical world to inform and refer victims and relatives to

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\(^{13}\) In the Netherlands, the police work with a list of 68 crimes (in which road traffic offences that lead to injury or death are included) which are referred to victim support via the opt-out scheme. In Belgium, the police are obligated to refer victims to support services (through the opt-out scheme) when they have endured a burglary or were in direct contact with their offender. As a consequence, road traffic victims should in principle be systematically referred to victim support. This referral can be initiated by a police officer at the scene of the crime or a social worker of the political victim support unit.

\(^{14}\) The victim is, when (s)he does not refuse, asked to fill out a form in which it is formally agreed upon sharing personal information. In doing so, privacy issues are tackled.
support services as well. Aside from these actors, also insurance companies, victim support and other support services such as victim associations have an important role in making sure road traffic victims and relatives are referred to the services that can meet their needs. Since it is that important information on support is repeated, these professionals should not be reluctant to mention and propose referral to potential support services in a later stage after a crash.

For a referral system to work properly, some arrangements between organisations from various fields need to be made. The opt-out scheme which operates between police and victim support services can be used as a source of inspiration in this regard. Promoting the implementation at national/regional or local policy level is crucial for making it a well-functioning and long-term scheme. However, the importance of all professionals implementing these arrangements is essential for making them work without interference. Especially the role of hospitals (emergency units) is crucial in this regard. These professionals encounter many road traffic victims and, hence, should be encouraged to refer to victim support in a systematic way. As a result, raising awareness among the various professionals (both medical and other) on the importance of cooperation and involving different fields into the aftermath of a (road traffic) offence is essential.

IV.1.2 ...To interdisciplinary cooperation

COORDINATION OF THE INTERVENTION

A more intensive kind of cooperation and a step closer to collaborating interdisciplinary is through coordinating the intervention after a road traffic crash. This kind of cooperation is closely related to the local policy level (cf. Step 3). More concretely, aside from establishing policy between the potentially involved local agencies, a protocol/charter can also decide upon the actual (structural) collaboration between professionals. In such a coordinative collaboration, actual agreements are made on how to provide information on and how to refer victims to other services. Additionally, in such protocols, efforts are made to align the different actions of these various professionals.

Several phases have to be completed to set up a successful coordination between different actors (both at policy and structural level).\footnote{Aertsen, J. & Decraemer, K. (1993). Geestelijke gezondheidszorg en slachtoffers van crimineel geweld: Eindrapport over een actiegericht onderzoek in samenwerking met vijf centra voor geestelijke gezondheidszorg [Mental health services and victims of criminal violence: final report of action research in cooperation with five mental health centres]. Leuven: KU Leuven Faculty of Law.} Often, the first few stages are skipped. However, in order to create long-lasting and well-functioning cooperation, it is crucial all phases are followed closely.

Stage 1: The creation of an atmosphere of mutual recognition. Often, several stereotypes exist between different fields. In order to establish coordination, these presumptions have to be made clear and discussed between the various professionals. There should be awareness by for instance victim support workers on the specificity of police work and vice versa.

Stage 2: The establishment of mutual trust. It is important that one takes time in establishing agreements, bringing together professionals from different fields and undertaking
action. Mutual trust should emerge gradually and not be rushed.

**Stage 3**: Agreeing on a common problem definition. The various professionals involved need to meet and discuss what they, as individual services, perceive to be important. Based on this discussion, a common vision has to be found and the actors have to make sure they are ‘on the same page’.

**Stage 4**: Approval by hierarchical superiors. Professionals involved in the development of cooperation have to make sure they have approval and support from their hierarchical superiors. Even when a good understanding between several professionals exists, a lack of support by superiors is detrimental for the actual coordination.

**Stage 5**: Formulation of objectives. After a common vision is agreed upon, a next important stage is to formulate concrete objectives of the joint approach. These objectives can be based upon the SMART criteria: specific, measurable, acceptable, realistic and timely.

**Stage 6**: Set out a strategy. Based on these objectives, a strategy should be established. This often entails a step-by-step plan of concrete actions that should be undertaken within and between organisations.

**Stage 7**: Evaluation of the strategy. Finally, this step-by-step plan needs to be evaluated (based on the objectives that were set) and adjusted (if necessary) on a regular basis.

An example of such coordinative local protocol is the ‘Road map on the support for road traffic victims’, established by the province of West Flanders (Belgium). This road map, while building upon research findings, distinguishes the tasks of involved actors at different stages after the crash and outlines the various organisations between which provision of information and referral should take place. By agreeing upon this road map, the involved actors pledge to fulfil their obligations. In the process of establishing this road map, the different actors set the common goal to ensure an optimal support and provide a seamless transition to victim support services.

Outside the box example: case management

An inspiring, rather outside the box, model that can be situated within the idea of coordinating the intervention is ‘case management’. In the context of case management, a case manager takes the road traffic victims and/or (bereaved) relatives by the hand and actively assists them throughout their trajectory in the aftermath of a road traffic offence. More specifically, this case manager:

1. Helps in clarifying the needs the victims and/or relatives encounter;
2. Assists in the search for information to fulfil these needs;
3. Helps in creating and coordinating a ‘step-by-step plan’ involving professionals from different fields that is fully adapted to meeting their needs;
4. Helps to carry out this plan by assisting the victims and relatives in their contact with various services;
The idea of coordinating the intervention is closely related to the creation of local policy initiatives. By creating a kind of step-by-step plan, the actors from various fields attempt to align their mind-sets, they agree upon a common goal and aim to reach it jointly by making clear agreements on who does what at what stage. In order to form long-lasting and well-functioning collaborations, several phases have to be gone through. Case management is an out of the box yet interesting way of coordinating the intervention between the involved actors after a crash.

**COUNCIL**

A final interdisciplinary kind of collaboration is the establishment of a council/working group in which (ideally) all important societal fields are represented. The topic which the council/working group focusses on varies greatly (as will become clear in the presented examples). Several kinds of councils exist. In some councils, national/regional actors and/or umbrella organisations are involved. Their actions, as a result, are more policy-oriented and they decide upon forms of cooperation that can be implemented by professionals in the field.

An example of a council existing of national (umbrella) organisations is the Dutch ‘Personal Injury Council’. This council exists independent from the Dutch government and focusses on a specific topic, namely on the improvement of the handling of personal injury cases (in which road traffic victims are occasionally involved). Several professional, interest and umbrella organisations are presented in the council, such as Victim Support the Netherlands, the Dutch Association of Insurers, medical advisers of insurance companies and personal injury experts. By meeting regularly, the council amongst others discusses various problems that arise from the field in a joint way. In addition, it creates and maintains a ‘code of conduct’ for professionals involved in the process of handling personal injury cases. If professionals officially comply with this ‘code’, they receive a label and are included in a register. As a result, they are presented as professionals that can handle personal injury cases in a sensitive way. The Personal Injury Council, though this code, has a direct influence in the field.

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5. **Finally, follows-up the needs so that the plan can be adapted in the case that they have changed**\(^{16}\).

The aim of case management is to meet the victim’s and their relatives’ needs and thereby to contribute to the reintegration in society and enhance the quality of life. The result of the step-by-step plan is a continuing offer of support whereby the case manager is assisting in the difficult transitions between fields.

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In other councils, professionals of more local organisations are present. These councils are often a result of a local protocol/charter and are closely linked to *actual* and *structural* collaboration in the field. Within these structures, issues with regard to the provision of information, referral and coordination of the intervention are discussed more closely. Since these councils meet regularly (and not only establish a step-by-step plan that is possibly evaluated after a while), problems can be tackled more consistently. In addition, the professionals represented at the working group know each other face-to-face. As will be discussed in the next part, this enhances collaboration considerably. Ideally, such a working group also engages in establishing a protocol including a step-by-step plan that they adapt to the rising issues that are discussed.

**IV.2 Establishing inter-professional connections**

Next to establishing cooperation schemes between involved professionals (going from the provision of information to the establishment of a council), developing actual inter-professional connections is at least equally important. As mentioned while discussing the several stages in developing coordination of the intervention, the creation of an atmosphere of mutual recognition and establishing mutual trust is essential. This is, however, not that straightforward due to the different backgrounds involved professionals have.

In order to facilitate the establishments of these inter-professional connections, transparent communication including face-to-face meetings is necessary (for instance by meeting in a working group). In addition, team building activities and training can also strengthen the relationships between the various professionals involved.

An example of a local council is the working group on traffic in Mechelen and surrounding areas (Belgium). In this working group, that meets biannually, professionals from the police, victim support services, the support service within the judiciary, the restorative justice service, the health insurance organisations and Rondpunt are represented. During their meetings, information on each field’s activities is discussed and knowledge is shared (which can lead to the establishment of knowledge that transcends all disciplines). In addition, concrete cooperation between the services is discussed (for instance with regard to referral) and solutions for encountered (collaborative) problems are searched for.
A workshop that might be interesting in this regard is the ‘training for professionals on the trajectory of road traffic victims’. This training, developed within the EU-project, does not only bring together professionals from different fields (in order for them to get to know each other personally), but it also enhances their knowledge of the other fields which can also facilitate the interdisciplinary of the cooperation. In the context of this training, the participants are asked to draw up a possible trajectory of services (which services and in what order). Secondly, the services that might be missing are discussed and information is given on the way professionals can support the trajectory (e.g. through referral). During this interactive session, the facilitator integrates examples which show the importance of individual engagement of professionals and the guidance throughout the trajectory.

Aside from creating structural cooperation, the inter-professional aspect is crucial as well. The various actors should know the professionals they inform about and refer the victims to. This human aspect can be facilitated through face-to-face contact, training and team building activities.
IN CONCLUSION

This blueprint on interdisciplinary cooperation for professionals in support services aims to give information on what interdisciplinary cooperation is and why it is important. In short, interdisciplinary cooperation is a kind of cooperation that encourages professionals to produce knowledge that transcends the various disciplines. In addition, it stimulates professionals to set a common goal of the support they carry out and act on it in an integrated, joint and comprehensive manner. Interdisciplinary cooperation is the ideal way of cooperating, however often proceeded by a process of growth and is not without difficulties. Different mind-sets need to be aligned and attitudes have to change. Nonetheless, it is worth the effort: an interdisciplinary approach allows for a quality of victim assistance that cannot so easily be reached by services who operate separately, in a fragmentised way.

In addition to providing information on interdisciplinary cooperation, this blueprint also outlines a step-by-step plan for professionals who work with road traffic victim all over Europe. This plan can assist them in actually developing or further strengthening (interdisciplinary) cooperation. In the figure presented below, a (however limited) overview of all different steps is outlined.

**Victims of crime?**
- Legally victims of crime: victims of *criminal offences*
- (Self-)recognised as victims of crime

**Integration into existing framework**
- Attention for specific needs of road traffic victims/relatives
- Accessibility of support services for road traffic victims
- Recognition by professional services

**Cooperation at policy level**
- National/regional policy level
- Local policy initiatives

**Cooperation in the field**
- Establishing structural collaboration: provision of information, referral, coordination of the intervention and council/working group
- Establishing inter-professional connections
RELEVANT DELIVERABLES OF THE EU-PROJECT

On road traffic victimisation in general
- Victims of road traffic offences: a summary of existing knowledge

On information and support
- Contact cards
- Booklet ‘Crash Abroad’
- Policy influencing tool for victim volunteers
- Blueprint on practical guide

On interdisciplinary cooperation
- Report on good practices of inter-sectoral collaboration

On restorative justice in road traffic cases
- Restorative practices in road traffic offences in Europe
- Restorative justice in road traffic offences: a manual for professionals and victim-volunteers
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Associate partners
Victim Support Europe
European Federation of Road Traffic Victims
European Forum for Restorative Justice

Information on the project: www.rondpunt.be

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