

One-Stop Service Mechanism for Gender-Based Violence Survivors

Experience from Korea's Sunflower Centers



UNDP Seoul Policy Centre

Acknowledgements

The main contents of this resource book are drawn from the <Sunflower Center Service Support Manual> in the Korean language published by the Korea Support Center for Women and Children Victims of Violence of the Republic of Korea, as well as other documents in the Korean language cited in the reference section.

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Foreword

Gender-based Violence (GBV) is one of the most pervasive human rights violations in the world. This year, the “#MeToo movement” swept Korea as it has done globally, and there is much to be improved in “getting to zero” on GBV in this nation as anywhere else in the world. Nevertheless, there are also rich lessons that have been learned in the course of dealing with this challenge.

Since 2017 through the UNDP Seoul Policy Centre (USPC)’s Development Solutions Partnerships (DSP) programme on GBV, USPC has been partnering with relevant Korean institutions to share Korea’s lessons learned from operating its integrated service centre for victims of GBV.

This book presents the example of Korea’s multi-stakeholder, inter-institutional one-stop-service mechanism called “Sunflower Center,” which provides counselling, psychological, medical, investigation, and legal support in an integrated fashion. It aims to provide efficient, professional, gender-sensitive and tailored assistance for GBV victims, all in one location. Collaborative and specialized service provision by professionals working in the Center have also contributed to minimizing the risk of secondary victimization and accommodating the needs of disadvantaged or vulnerable victims. Last but not least, it has also helped change the mindset of service providers as they began putting themselves in the victim’s shoes, enabling a comprehensive and more effective delivery of services.




We hope this overview of the Sunflower Center Mechanism, with recommendations and suggestions for possible methods of application to other countries, can serve as a reference for those who wish to set up an effective mechanism to fight the deep-rooted problem of GBV.



Balázs Horváth
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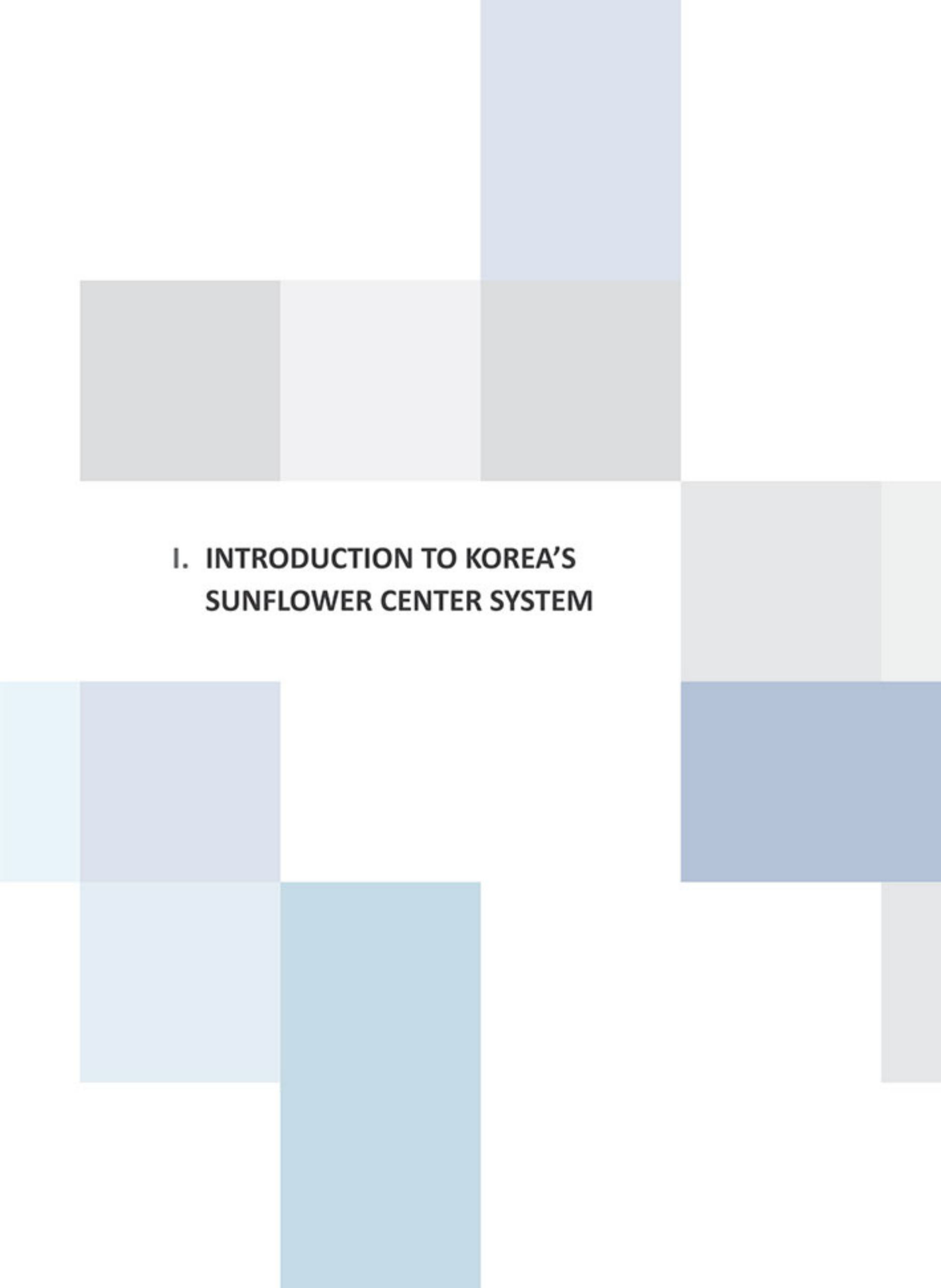
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ABBREVIATIONS

CCR	○	Coordinated Community Response
CSO	○	Civil Society Organization
DASC	○	Domestic Abuse Service Center
GBV	○	Gender-Based Violence
IOSC	○	Isange One Stop Centre
KSCWVV	○	Korea Support Center for Women and Children Victims of Violence
MOGEF	○	Ministry of Gender Equality and Family
NGO	○	Non-Governmental Organization
NICHD	○	National Institute of Child Health and Human Development
OSCC	○	One-Stop Crisis Centre
SART	○	Sexual Assault Response Team
SOP	○	Standard Operating Procedure
STD	○	Sexually Transmitted Disease
TCC	○	Thuthuzela Care Centre
UNFPA	○	United Nations Population Fund
UNICEF	○	United Nations Children's Fund
UN Women	○	United Nations Entity for Gender Equality and the Empowerment of Women
YUHS	○	Yonsei University Health System



**I. INTRODUCTION TO KOREA'S
SUNFLOWER CENTER SYSTEM**

I Introduction to Korea's Sunflower Center system

1. OVERVIEW

The "Sunflower Center" is a one-stop service mechanism, fully funded by the Government of Republic of Korea, providing medical, counselling, legal and police investigation services for GBV (Gender-Based Violence) victims in a single location. The development of this mechanism started in 2004 in order to address the following problems of fragmented support systems in Korea:

- Victims of sexual assault had to visit various institutions—such as hospitals, police stations and counselling institutions—to receive different types of treatments and services. In addition, counselling and treatment services available were very limited. These burdens prevented the victims from seeking out proper support measures and further discouraged them from reporting their cases.
- Another issue was the reluctance of hospitals to treat sexual assault victims. Some hospitals were designated to provide emergency treatment for sexual assault victims, but their responsibilities were not legally binding. As a result, the designated hospitals were often hesitant and, in some cases, even refused to receive such patients, because they were reluctant to have their staff members serve as witnesses in criminal cases, which entailed the burden of writing testimonial records and participating in long court trials.

These problems had long existed in Korea. But in 2003, a high-profile sexual assault case, involving a 4-year old girl victim who had to visit multiple hospitals and police stations over three days, revealed the country's dire need to provide more immediate and effective emergency responses to victims of sexual assault.

As a result, the Sunflower Center mechanism was established by the Government of Korea under the guidance of the Ministry of Gender Equality and Family (MOGEF). It operates as an integrated system that provides the following services in a single location:

-
- ▶ Counselling support
 - ▶ Medical treatment for external injuries, psychiatric treatment, psychological evaluation, and psychotherapy
 - ▶ Support in investigation and trial proceedings, including legal advice
 - ▶ Emergency rescue services, forensic medical examination, and recording of victim's statements in cooperation with other specialized institutions and the National Police Agency
-

As of January 2018, there are 38 Sunflower Centers in operation nationwide, and there are three main types of Sunflower Centers as summarized in the table below:

Three types of sunflower centers

	Child/Adolescent type	Crisis Intervention type	Integrative type
Target	Victims and their family members affected by sexual assault (under 19 years of age and those with intellectual disabilities of all ages and gender)	Victims and their family members affected by sexual assault, domestic violence, and sex trafficking (for all ages and gender)	Victims and their family members affected by sexual assault, domestic violence, and sex trafficking (for all ages and gender)
Service hours	Monday – Friday 9:00 – 18:00	24 hours a day, 7 days a week	24 hours a day, 7 days a week
Police availability	–	Policewoman stationed	Policewoman stationed
Services provided	Counselling and treatment services, medical and legal services, medical examinations and treatments for injuries	Counselling services in response to crisis situations, medical and legal services, and support in the investigation process (e.g. victim's statement recording)	Counselling and treatment after responding to crisis situation including longterm care, medical and legal services, and support in the investigation process (e.g. victim's statement recording)
Advantages	Continuous case assessment, specialized psychotherapy, etc.	Emergency support system for victims	Integrated support
Number of centers	8	16	14

- (1) The Child and Adolescent type of Sunflower Center provides continuous counselling, psychotherapy, and legal and medical services for children and adolescents under the age of 19, as well as persons with intellectual disabilities regardless of age and gender.
- (2) The Crisis Intervention type provides 24/7 emergency services to victims of sexual assault, domestic violence, and sex trafficking. The services provided include investigation support, in cooperation with the police.
- (3) Lastly, the Integrative type is a combination of the Child/Adolescent and Crisis Intervention models.

While the Sunflower Center mechanism provides support for victims of sexual assault, domestic violence and sexual trafficking, this resource book mainly focuses on the support mechanism for victims of sexual assault which comprises more than 70 percent of all cases. Nationwide distribution of Sunflower Centers in Korea is also illustrated below for your reference.

< Geographical distribution of Sunflower Centers >



2. INSTITUTIONAL SET-UP AND FUNDING MECHANISM

LEGAL FOUNDATION AND ESTABLISHMENT

The legal basis for establishing the Sunflower Center can be found in the following article enacted in 2010:

Article 18 of Sexual Violence Prevention and Victims Protection Act (Establishment and Operation of Integrated Support Center for Victims)

- (1) The State and local governments may establish and operate integrated support centers for victims of sexual assault (hereinafter referred to as "integrated support centers") to comprehensively conduct support services relating to the counselling and treatment of sexual assault victims and the provision of remedies for such victims.
- (2) The State and local governments may allow institutions or organizations prescribed by Presidential Decree to establish and operate integrated support centers.

The "organizations prescribed by Presidential Decree" stipulated in the Article 18 (2) are women's policy-related institutions established by the central or local governments, general hospitals, local medical centers, and other non-profit organizations or entities that mainly deal with sexual assault prevention and victim protection.

Led by MOGEF, a committee was established to set up one-stop centers. The committee consisted of officials from MOGEF, the Ministry of Justice, the Ministry of Education, the Ministry of Health and Welfare, the Korean National Police Agency, the Commission on Youth Protection, and experts from academia and NGOs.

To design a comprehensive support mechanism, MOGEF studied best practices in other countries. For example, the Sunflower Center for children was modeled after the Kempe Children's Center in the United States. The Sunflower Center was designed with additional features, such as working with children's hospitals for emergency treatment and recording child-victim interviews accompanied by experts in child psychology. The "Seoul Sunflower Center for Children," the first government-led center designed to provide specialized support for children, opened in 2004.

For the Seoul Sunflower Center for Children, the Yonsei University Health System (YUHS) was commissioned to provide medical treatment to child victims of sexual assault. One of the hospitals within YUHS, the Severance Hospital, which has five specialized clinics, including the Severance Children's Clinic, provides medical support for the Seoul Sunflower Center. YUHS has a "Child Abuse Prevention Team", as well as a pediatric psychiatry department, which has more than a decade of experience in child sexual abuse cases.

Since 2004, more Sunflower Centers have been established across the country, and the scope of support was extended to adult victims and their families. In 2005, the One-Stop Support Center for Women Victims of Violence, providing 24 hour service all year round, was established to strengthen early response services, such as emergency medical care and legal assistance. In 2010, the Sunflower Women's and Children's Center, integrating both models, was founded.

FUNDING MECHANISM

The Sexual Violence Prevention and Victims Protection Act provide the legal grounds for the establishment and operation of the Sunflower Centers. From the very beginning, MOGEF encouraged matching fund arrangements, and local governments started to provide funds to operate the Sunflower Centers in their localities. (For instance, the Seoul Metropolitan Government on average shares 50% of the operation costs of the Sunflower Centers located in Seoul, while local governments outside Seoul share about 30% of the total funding on average.) Aside from funding, the local governments also provide administrative support, such as approving operational plans for the centers.

However, even if full funding is ensured thanks to full government support, challenges could remain in order to meet the actual public demand and the resulting needs of the centers. Delivery of high-quality services at Sunflower Centers require substantial funding. However, such budget may not be sufficient for some centers that are in high demand. With limited budget, some centers have in fact faced difficulties in recruiting and maintaining qualified professionals (e.g. nurses and psychotherapists). Securing sufficient funding for top-quality service delivery, therefore, still remains a challenge in Korea.

Case study

Seoul Sunflower Center for Children

The Seoul Sunflower Center for Children is fully funded by the Korean government (50% central and 50% by Seoul). Its annual budget plan is submitted to the Ministry of Gender Equality & Family, via the Seoul Metropolitan Government, for approval by the Minister. The budget for the center covers operating costs, accompaniment service costs, extra expenses for victims, funds for care services, and medical and nursing expenses. They are annually distributed and executed based on the approved budget bill.

- Funds for care services: Apart from the regular budget, funds for care services are separately allocated to either cover or reimburse (in case the victim already paid) victims whose family cannot afford to provide the care. The reimbursement is provided for child victims under the age of 13 and persons with disabilities regardless of age.
- Medical and nursing fees: The center covers the cost of medical and nursing fees where the victims require physical and psychological treatments. The medical fees include treatments, pregnancy tests, abortions of pregnancies conceived by a rape, venereal disease tests, psychotherapy, costs of issuing medical certificates, and nursing fees (where the family cannot afford to take care of the victim). The medical and nursing fees for sexual assault victims are funded by the central government and the Seoul Metropolitan Government, 75% and 25%, respectively. The funding ratio is different depending on the local government.

(Source: KWDI, "One-Stop Service for Sexual Assault Victims in Korea: The Case of Seoul Sunflower Center for Children")

3. MANAGEMENT AND COORDINATION MECHANISM

MAIN ACTORS AND THEIR ROLES

The Sunflower Center mechanism operates through close institutional cooperation involving the Government Ministry, government-financed support institutions, local governments, the National Police Agency, medical institutions (i.e. hospitals), as well as individual centers. All the actors involved in the Sunflower Centers' coordination mechanism play crucial roles as outlined below.

A. The Ministry of Gender Equality and Family (MOGEF)







The main roles of MOGEF are to: 1) provide a legal framework and guidelines for the Sunflower Centers; 2) institute a national plan for the establishment of the Sunflower Centers; 3) provide funding; and 4) monitor the work of the Sunflower Centers. In particular, MOGEF enacts and revises legislations to support victims of different forms of GBV, including sexual assault, domestic violence, and sex trafficking. It also establishes directions for the operation of the Sunflower Centers across the country and provides the funding while monitoring the work and administration of the centers.

B. Korea Support Center for Women and Children Victims of Violence (KSCWVV)

The Korea Support Center for Women and Children Victims of Violence (KSCWVV) of the Women's Human Rights Institute of Korea is mandated by MOGEF to provide support for the 38 Sunflower Centers nationwide. KSCWVV works with local counselling centers, shelters, and other relevant institutions to strengthen the support system of the Sunflower Centers.

The roles of KSCWVV are to 1) support the establishment and management of the Sunflower Centers; 2) review the performance of the Sunflower Centers; 3) develop and conduct training programmes for professionals working at the Sunflower Centers; 4) develop and disseminate support programmes for the victims and their families; 5) build a network with other institutions with the aim of providing effective support for the victims; 6) promote sexual assault prevention and victim support; 7) manage the data system of the Sunflower Centers; and 8) support coordination among MOGEF, the police, the local governments, and the Sunflower Centers.

<Various Sunflower Center-related roles of KSCWVV>

<p>Training</p> <ul style="list-style-type: none"> • Train service providers in regional centers • Train service providers to prevent burn-out syndrome 	<p>Hub for nationwide Sunflower Centers</p> <ul style="list-style-type: none"> • Strengthen the Sunflower Centers' support for victims • Support the operation of the Sunflower Center • Develop evaluation indicators for the Sunflower Centers 	<p>Network building with regional centers and private organizations</p> <ul style="list-style-type: none"> • Establish and strengthen regional networks • Improve awareness of professionals supporting victims of sexual assault 
<p>Public awareness raising</p> <ul style="list-style-type: none"> • Promote sexual assault prevention and victim support 	<p>Development and operation of programmes</p> <ul style="list-style-type: none"> • Develop, provide and manage programmes on sexual assault victim support and prevention 	<p>Specialized programmes</p> <ul style="list-style-type: none"> • Provide customized support service for "Comfort Women" who were forced into sexual slavery by the Imperial Japanese Army before and during the second World War. 

C. Local Governments

The roles of local governments are to: 1) create a link between the central government and the Sunflower Centers; 2) approve and execute project plans for the Sunflower Centers; 3) supervise the operation of the centers regarding financial matters; and 4) manage the budget and submit a report on the performance and budget of the Sunflower Centers to MOGEF.

D. The Police

The role of the police is to support and implement the investigative procedure governing the operation of the center. The police manage the investigation support provided to the victims. Police officers are dispatched to the Sunflower Center and provide support throughout the investigation process from filling out written investigation statements to interviewing the victims.

E. Hospitals

In Korea, Sunflower Centers are located within hospitals to provide effective medical support for sexual assault victims. Hospitals are operating institutions commissioned to administrate the Sunflower Centers and offer medical support to victims. They provide guidance on the administrative standards and manage the human resources of the medical staff.

F. Sunflower Centers

The roles of each Sunflower Center are to: 1) establish and execute the operational plan of the center; 2) provide counselling and medical support systems for the victims and their guardians; 3) provide investigation services and legal aid for the victims; 4) organize expert groups to support the victims; and 5) manage human resources (except the medical staff and the police) including the recruiting and hiring of employees.

COORDINATION MECHANISM

Sunflower Centers provide an integrative support for victims of sexual assault based on their systematic collaboration with various experts and organizations. In particular, centers conduct an initial case assessment upon victims' arrival to determine the required services. In cases where more specialized support is needed, centers may refer the victims to other related institutions. By capitalizing on such coordination mechanism, the Sunflower Center mechanism in Korea has encouraged the medical sector to become more sensitive, attentive and accommodative to the treatment of GBV victims. Increasing availability of support for the victims in turn may have contributed to an increasing number of GBV-related cases that are prosecuted, thanks to the center's legal and investigation support.

Case assessment

The objective of the case assessment is to provide a comprehensive support for the victims, guardians, and family members in both psychological and social recovery. The Sunflower Center's services during the case assessment process include counselling, preventive education for sexual violence, psychological support, and quick intervention in an emergency. It is during case assessment that a case manager determines the scope of support needed for the victim. The overall case management requires the involvement of many experts from different fields of work. Therefore, the case manager's coordination and facilitation of a team of experts is important for a successful case assessment. Further implementation of case assessment can be divided into direct and indirect interventions, as shown below.

Implementation of case assessment

Main case manager: counsellor	
Direct intervention (clinical activities)	Indirect intervention (administrative activities)
Victims and their family	External support programme within the center and their officials
Interview, audit, crisis intervention, continuous counselling (individual and group), education, etc.	Service coordination, arbitration, monitoring, resource exploration and association, and advocacy, etc.

Referral

Other than medical, investigation, and legal assistance and treatment counselling, the center can provide targeted support that takes victim's circumstances and needs into account. For these additional services that may be beyond the responsibility of the center, referral to other institutions can be made by the Center (some examples are provided below).

Checklist for case referral

- **Is the referral helpful in this case?**
Accurate evaluation and consultation with clients is needed.
- **Did we do our best?**
Clear understanding and evaluation of the Center's role is needed.
- **Is it the right time?**
Overview of client support is needed.
- **Do we have an appropriate expectation of partner institutions?**
Before requesting a case referral, understanding of partner institutions and consultations about the case is needed.
- **Does it require continuous cooperation with partner institutions?**
If so, there should be a key person in charge of the case assessment.
- **How much information should be shared about the case?**
Consideration of the degree and scope of information sharing is needed.
- **Do we need the victim's approval to share his/her information?**
There should be an agreement procedure regarding the provision of private information to third parties.
- **Has the client been successfully referred to partner institutions?**
There should be a post-referral discussion regarding how to support the referral and to check whether the referral was made successfully. It is important to receive updates on the result.

For the referral, it is important to write a detailed request identifying the victim's situation, needs, age, disability, and residence so that victims do not have to repeatedly explain their situations.

Content of the referral request letter

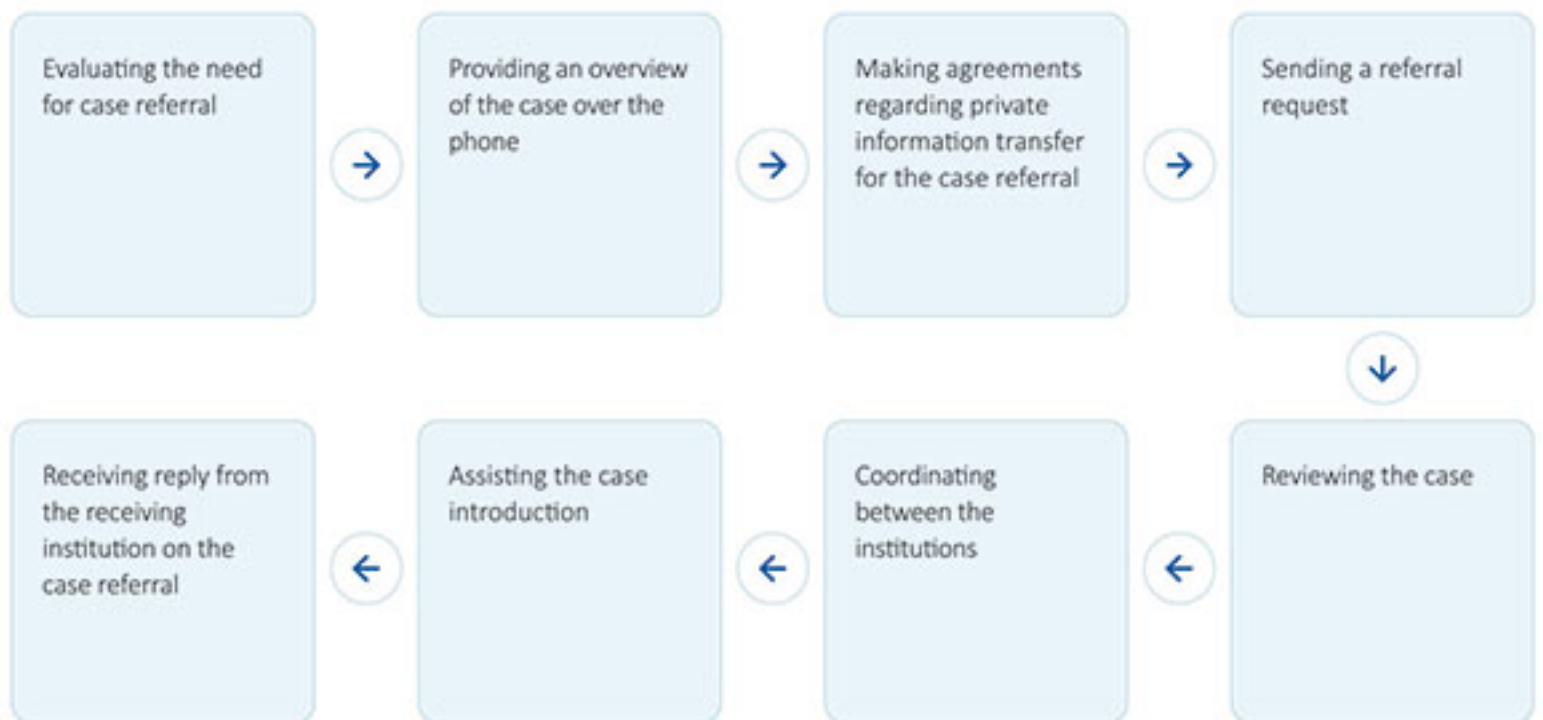
- Information on the victim and his/her family
 - Degree of physical/mental damage and detailed information on assistance provided
 - Statement of the counsellor and objective of the referral request
- The scope of information can be modified depending on the objective of the referral.

When it is difficult to provide continuous support due to the circumstances of the center, referrals can be made to local sexual assault counselling centers that operate treatment recovery programmes. When there is a concern about intense threat or retaliation by the perpetrator, referral to protection facilities for victims of sexual assault could be made. If the victim's income generation is prevented by severe trauma, a subsidy can be requested from the Crime Victim Support Center. If the victims need to move to a new location due to residence invasion, the prosecutor's office subsidizes the moving expenses.

Referrals can also be made to meet the specific needs of child victims and victims with disabilities. It is often the case that a child sexually abused by the parent insists on returning to his/her home where the suspect is still living. In such case, an appropriate referral should be made in order to prevent secondary damage. In case of a runaway minor who has no parental guardian, he/she is referred to a transitional housing (shelter) for victims of sexual violence where he/she can receive continuous remedial counselling. If the victim's parent is considering a divorce from a spouse who harassed the child, he/she can seek pro bono legal assistance with the Korea Legal Aid Corporation's family legal counselling team.

In cases where victims with intellectual disabilities are at risk of being exposed to repeated sexual violence, they can be referred to the Sexual Assault Counselling Center for Disabled Persons for continuous counselling support and prevention of injury. It should also be noted that referrals can also be made among Sunflower Centers.

Case referral procedure



STEERING COMMITTEE AND BUDGET MANAGEMENT

Steering committee

The role of the center's steering committee is to discuss matters relating to: 1) strengthening the cooperation mechanism among the relevant institutions; 2) expanding medical support for the victims; and 3) setting up business plans and goals for the Sunflower Center. The steering committee runs based on the operating regulations of the Sunflower Center, established by MOGEF. According to the regulations, the steering committee is comprised of 10 to 20 members, including a chairperson and an assistant chairperson. The members are recommended by the chairperson of the center, mayors, governors, or local police agencies. The term of office for a committee member is two years from the day he/she is commissioned, with a maximum of two consecutive terms allowed. The steering committee holds a regular meeting once a year. A special meeting can be held upon the request of the director or one-third of the committee constituents.

Budget allocation

The chairperson of the center is mainly responsible for budget-related work. However, the chairperson may need to discuss important matters, such as budgetary issues, with the provincial/city council. To plan an annual budget, caution should be taken in order not to marginalize specific sectors and to ensure a balanced distribution of the budget. The equipment maintenance budget is set based on the average 5-year lifespan of the statement-recording equipment. The annual budget first needs to be approved by the mayor or governor, which is then submitted to MOGEF. The project and budget plans can be modified after securing approval from the mayor or the governor.

The chairperson of the center submits the business plan, annual budget, and performance report and settlement report of the previous year to the relevant local government by the specified date. The city mayor or governor reviews these documents and submits them to MOGEF by the specified date.

Allocation of labor costs

- When allocating labor costs, the chairperson of the center should consider the salary standard and make decisions based on employees' career history and the center's budget availability. The chairperson of the center should also allocate enough budget to provide adequate support for the victims.
- It is possible to pay labor expenses by securing a separate budget from a trustee (hospital) or from local governments. By doing so, part-time medical staff members, for example, can be hired for prompt and systematic treatment of the victims. They can perform various medical treatments, medical consultations, and case reports during the investigation and trial process, and emergency treatments at night.

Budget breakdown

Items	Content
Labor costs	Permanent costs, additional allowances, insurances, pensions, and other welfare-related costs
Maintenance costs	Office supplies, utility costs, operation costs, and other costs
Business costs	Promotion and education costs
Facility costs	Construction costs, renovation costs, procurement costs, maintenance costs
Others	Compensation costs and litigation costs
Reserved costs	For unpredicted expenses

Budget execution

The budget should be executed in a transparent manner as the following principles suggest:

Basic principles regarding budget execution

- Chairperson of the center is responsible for the budget execution which is supervised by the city mayor or governor.
- All the transactions should be made through a bank account.
- In case the budget allocation from the local government is delayed, the head of the center can pay for the expenses outlined in the business plan first and get reimbursements later.
- To process the income and expenditure, a report is submitted and recorded in a cash book and general ledger with invoice, receipt, and payment details.

The head of the central government office can cancel the provision of the government grant in the following cases:

- 1) When the government subsidy is used for other purposes than prescribed;
- 2) When subsidy provision-related laws or instructions by the head of the central government office are violated; or
- 3) When the subsidy was granted by false application or dishonest means.

TRAINING PROGRAMMES FOR ONGOING CAPACITY BUILDING

KSCWV, the hub for nationwide Sunflower Centers, provides capacity building programmes for staff members in regional centers. To accommodate the different needs and capabilities of each staff member, KSCWV categorizes the programmes into three types and operates customized training.

Training programme for Sunflower Center staff

	Elementary	Intermediate	Advanced
Target	Staff members who have been employed for less than a year Staff members of a newly-opened center	All staff members	Staff members who have been employed for more than 2 years
Content	Basic training, occupational training	Occupational • subject • technical training	Case supervision • practice
Frequency	Twice a year	10 times a year	6 times a year

Programme details

(1) Elementary level

- Duration: 3 days/ 21 hours
- Number of participants: 30 people
- Characteristics:

Deputy Director of MOGEF and employees at KSCWV and the Sunflower Center deliver lectures and trainings. Ethics training, occupational training, and case management study are also offered to enhance the understanding of the center.

(2) Intermediate level

- Duration: 1 day/ 6 hours
- Number of participants: 30 people
- Characteristics:

The curriculum is customized according to the trainee's job description. Some examples of lectures include "Characteristics of Sexual Assault of Disabled Person", "Understanding Gender Sensitivity", "Support for Sexual Violence Victims in Court", and "Understanding Sexual Assault-Related Chemical Evidence".

(3) Advanced level

- Duration: Different for each training (2 days)
- Number of participants: 20 people
- Characteristics:

This programme with limited number of people is designed to provide experts with intensive training in case supervision and practical exercises.



**II. MAIN TYPES OF SUPPORT
PROVIDED BY SUNFLOWER CENTERS**

II Main types of support provided by Sunflower Centers

The main contents of this section are drawn from the Sunflower Center Service Support Manual, published by the Korea Support Center for Women and Children Victims of Violence of the Republic of Korea (available in Korean language), which provides guidance to practitioners working in the centers.

1. COUNSELLING SUPPORT

Counselling support refers to a process of direct and indirect interventions to help the victims and their families recover from the traumatic experience through a psychosocial approach and expertise on sexual assault. Counselling support includes special and systematic activities to encourage the recovery and empowerment of the victims and their families.

The needs of the victims of sexual assault and their families differ according to the characteristics of the crime (type, duration, frequency, relationship with the suspect, victimization process, etc.), characteristics of the victim, family support prior to the harm, and level of interaction with the surrounding environment. Therefore, counselling support must be offered based on an understanding of the dynamics and specificity of the victim's experience, and consideration of all the interactions between the victims and their surrounding environment. In addition, operation of counselling support requires knowledge of legal and social support mechanisms related to sexual assault.

Since counselling support requires expertise in various areas, counselling centers should form a multi-disciplinary expert team, and coordinate and manage the team throughout the case assessment process. To better facilitate the coordination within the team, the whole process should take a step-by-step approach, allowing the team to modify its services effectively in accordance with the changing needs of the victims.

Target group

In addition to the victims, counselling support can potentially be extended to the victim's family members, friends, colleagues, teachers, and neighbors. The scope of counselling support differs depending on the type of centers (Crisis Intervention, Child and Adolescent, or Integrative), but it generally includes case registration with an intake interview, crisis intervention, and continuous counselling.

Content of the counselling team's victim support and its process: case of the Seoul Sunflower Center

1. Counselling support

- ① Telephone counselling
- ② Case intake through intake interview
 - Crisis intervention: Counselling intervention to victims and their families and crisis support through emergency case discussion
- ③ Continuous counselling
 - Main target: Interfamilial sexual abuse, extreme damage, child abuse, counselling intervention to adult victims, and intervention to families of the victims and their surrounding environment
 - Classification by unit: In-person counselling (individual/family/group), telephone counselling, and online counselling
 - Classification by objective: Counselling treatment, in-depth consultation, guardian education, family counselling and treatment, group counselling, preventive education on alcohol addiction, and relapse prevention education

2. Counselling support

- ① Drafting and submission of statements
- ② Case monitoring and assist accompaniment of the trustee
- ③ Consultation with legal experts to protect the victims

3. Social support:

- Referral and cooperation with external institutions

4. Other activities

- Family camp, social activities, and self-help group support

BASIC PRINCIPLES

Trust building

A counsellor is the first person the victim officially approaches for help during the crisis and represents the center's support system. Therefore, it is very important for the counsellor to take a proactive and supportive approach in order to provide a sense of security to the victims and their families.

Therapeutic alliance

Providing support for the victim's recovery and growth requires an individualized and therapeutic relationship building. In particular, in the case of the sexual assault in which the victim's autonomy is undermined, establishing a cooperative relationship between the counsellor and the victim is important to restore the sense of control and autonomy of the latter.

Victim-oriented approach

The counsellor should be able to empathize with the victims who had to seek out the center's help. Caution should be taken not to objectify the victims. It is crucial to respect the victims and their families during the entire counselling process so that they may regain the strength to recover. Furthermore, it is important to check how healthy the victim's life on the whole has been, along with his/her relationship with family members. It is imperative to provide a targeted intervention based on an evaluation of the individual case.

Family-centered intervention

While the primary focus is the victim, it is also important to provide counselling support for the victim's family. Not only is it essential to ensure a protective family environment for the victims, it is also crucial to provide support to the victim's family members so that they can effectively support the victim's recovery.

Content of the counselling team's victim support and its process: case of the Seoul Sunflower Center

Request	Intake interview	Support planning	Support initiation	Continued support
<ul style="list-style-type: none"> ◦ Accompaniment to the police station ◦ Phone reservation service for victims (referral, individual request, online, etc) 	<ul style="list-style-type: none"> ◦ Introduction of organization / counsellor ◦ Notification of the objective and process of the interview ◦ Registration in the system and strategic interview * It should be determined whether the case is one-off or long-term. 	<ul style="list-style-type: none"> ◦ Consultation with relevant teams ◦ Drafting of support plan 	<ul style="list-style-type: none"> ◦ Counselling support ◦ Investigation support ◦ Medical support * It should be determined whether the case is one-off or long-term. 	<ul style="list-style-type: none"> ◦ Counselling support ◦ Medical support ◦ Psychological support ◦ Social support ◦ Legal support ◦ Case monitoring

2. PSYCHOLOGICAL SUPPORT

CONCEPT

Psychological support is the process of providing the most effective and appropriate psychological intervention based on each victim's psychological state. Psychological support can be largely divided into two categories: psychological evaluation and psychological treatment.



PSYCHOLOGICAL EVALUATION

Psychological evaluation is the process of objectively evaluating the victim's psychological state using appropriate and reliable evaluation tools and systematic interviews. It can provide important evidence for planning necessary therapeutic interventions by enabling predictions of the impact of traumatic sexual assault. It also provides insights about the victim from multiple aspects that can be helpful for the treatment of the victim.

PSYCHOLOGICAL TREATMENT

Psychological treatment refers to the actual implementation of the psychological support plan based on the results of the psychological evaluation. Psychological treatment can be described as an interaction between the victim and the therapist. When the victim goes through various layers of psychological suffering and inadaptability after the incident, the therapist can provide effective treatment methodologies for the victim based on his/her expertise on various trauma symptoms of sexual assault. If child victims require further support, their schools can intervene during the treatment as well.

Methodologies of psychological treatment

Mental dynamics treatment, cognitive behavior treatment, play treatment, music treatment, drawing treatment, and eye movement desensitization and reprocessing methodology can be applied to the victims of sexual assault.

3. MEDICAL SUPPORT

CONCEPT

Medical support is an integral part of the overall support system which enables other services such as social welfare and legal support. It includes a pregnancy test, emergency contraception, artificial abortion (only in case of pregnancy by rape, which makes it legal), diagnostic test for sexually transmitted disease (STD) with preventive measures, and other medical treatments. Comprehensive and sensitive medical services are provided to assist the victims to overcome physical and psychological difficulties and fully recover.

RATIONALE

Immediate medical action after the incident is essential to prevent sexual assault victims from suffering from long-term traumas and to collect the evidence necessary for the prosecution of the suspects. Sexual assault victims often need special treatments for serious psychological traumas and appropriate medical treatments for physical harm. These treatments should also be made based on a thorough understanding of the social and cultural difficulties each victim may face due to the nature of sexual violence crime. To address these issues, it is essential to raise medical and legal understanding of sex-related crimes and to design medicolegal coping strategies against sexual assault.

Referral to other medical institutions

Objectives	Recommendations
<ul style="list-style-type: none"> • Provide appropriate treatment to the victims • Reduce cases of discontinued treatment • Increase the level of satisfaction of victims and guardians 	<p>Referral to other medical institutions might be considered: 1) if the center's hospital lacks the capacity to provide continuous medical support to sexual assault victims or 2) if the center lacks specific medical divisions (e.g. oral surgery, plastic surgery, psychiatric ward, etc.) that are necessary for the victims' recovery.</p> <p>If a referral is deemed necessary, the victim or his/her guardian should search and identify an appropriate medical institution for the referral. Afterwards, they should visit the medical institution in person and consult with the person in charge about the referral. Any referral for specific medical services should require a cooperation agreement in advance between the center and the hospital where those services are available, as the cooperation agreement can reduce administrative hurdles for the victim and his/her family.</p>

4. INVESTIGATION SUPPORT

CONCEPT

Investigation support means providing assistance for police investigation from the victim's perspective. The victims might be unprepared and confused, so it is necessary to keep them well-informed about the entire process of the investigation. Police officers should respect the victim and conduct the investigation in closed settings.

RATIONALE

Investigation support is particularly important for sexual assault cases as, often, the victims hold the key to successful prosecution. The attitude of the investigator can also affect the victim's psychological condition and proper investigation support can protect the victims from secondary victimization – which can occur due to “victim-blaming” or insensitive remarks.

TASKS AND PRINCIPLES

Basic tasks of investigation support and ten rules for the protection of sexual assault victims are as follows:

Basic tasks

- Consultation with the police
- Recording of victim's statement
- Identification of suspect's personal data and description and prompt spread of this information to the general public
- Evidence collection
- Presence during evidence collection with an emergency kit
- Request for DNA identification from the emergency kit
- Hand-over of related documents to the police
- Counselling on investigation
- Engagement with state-appointed lawyers or pro bono legal services

Ten rules for the protection of sexual assault victims

- ① Start protecting the victims immediately by designating an investigator (preferably female police officer).
- ② Accompany the victims during evidence collection and medical treatment (accompaniment of a female police officer is highly recommended).
- ③ Ensure that a female police officer investigates the case unless the victim refuses.
- ④ Statements by victims under 19 or with intellectual disabilities should be recorded and the total number of recordings should be minimized.
- ⑤ Arrange for the presence of family members or center staff members if the victims or their legal representatives so request.
- ⑥ Investigate the victims in an isolated place rather than in an open area.
- ⑦ Prohibit using inappropriate terms or showing insensitive attitudes to the victims.
- ⑧ Avoid confrontation between the victim and the suspect when going through the criminal identification procedure unless it is absolutely necessary.
- ⑨ Support the victims with counselling and therapy and link with other organizations when deemed necessary.
- ⑩ Make it a closed investigation and prohibit distribution of documents that can infringe the privacy of the victim.

Ten Rules

INTERVIEW PROCESS

Prior preparation

- Interview room setting
Ensure that the room is sound-proof and cozy, yet not distracting.
- Prior interview
Interview guardian or accompanying person should familiarize him/herself with the victim's linguistic habits in advance.
- Preparation by investigator
For the victim's convenience, the investigator should sit at a diagonal angle to the victim as close-up face-to-face confrontation could create unnecessary pressure on him/her.
- Presence of trustee (minor, persons with disabilities)
Whether the trustee is qualified and whether the victim wants the presence of the trustee should be checked first (in case there is no one, the presence of a counsellor or lawyer, with the victim's consent, should be considered) and prior training should be provided to the trustee. The trustee should sit behind the victim so that he/she does not interfere or give signs to the victim. The trustee can be replaced if deemed necessary.
- Stenographer arrangement (minor, persons with disabilities)
The presence of a stenographer should be notified to and approved by the victim in advance and the stenographer should record deposition in the monitoring room.
- Public defender
Before recording a statement, the victim should be notified that a public defender can be appointed.
- Prior consent of the victim
The statement recording and presence of a trustee should be explained and consented by the victim in advance.

During interview

- For minors and persons with disabilities, an investigator should conduct the interview based on the National Institute of Child Health and Human Development (NICHD) protocol.

Post-interview measures

- Explain the remaining procedures to the victim.
- Introduce the police officer in charge of the case.
- Explain the whole investigation process.
- Create two statement recordings.
- Deliver the second recording to the prosecutor's office.
- Obtain a signature from the investigator, victim, and trustee.
- Enclose the first recording in front of the victim and trustee and submit it as evidence.
- Don't enclose the second recording and utilize it for investigation.

Notes

- It is important to observe the basic procedures of evidence collection because recording of a statement that fails to follow the established procedure cannot be submitted as evidence in court.
- Be careful not to conduct investigation based on any stereotypes and prejudice.
- The best time to record the statement is right after the incident or right after disclosure of the incident.
- The result of the recorded statement might differ according to the way the question was asked.
- Ask one question at a time.
- Explain the reason when asking the same question again.
- Only ask detailed and direct questions about the date, venue, and characteristics of the suspect after confirming with the victim.
- Considering that the victims of sexual assault tend to rely on NGO counselling rather than formal reporting to the police, close coordination with the NGOs could be considered when obtaining victim's information.

5. LEGAL SUPPORT

CONCEPT

Legal support refers to procedural support provided to victims of sexual assault when they are subject to legal proceedings in order to ensure that they will not be offended or disadvantaged in the process.

RATIONALE

When the victim has to go through legal procedures such as civil action or criminal prosecution, the final ruling can affect the overall health and emotional stability of the victim. Legal affairs can be a difficult, unknown territory for victims. Therefore, it is important to support the victims so that they will not be disadvantaged simply because they are not familiar with legal terms and procedures. When a lawyer is appointed, close engagement between the victim and the lawyer should be facilitated in order to deliver the best outcome.

6. ACCOMPANIMENT SUPPORT

CONCEPT

Staff members of the Sunflower Center also provide accompaniment support to victims when necessary. Accompaniment support improves the accessibility of the Sunflower Center by providing escort services. The Sunflower Center closely examines the victim's needs and provides the necessary accompaniment support.

Notes

Accompaniment service was implemented in order to ensure the sustainability of treatments. Expansion of accompaniment services in the area of medical, legal, and social support should be managed according to the characteristics of the center, and additional requests can be made to the central support team, if needed.

RATIONALE

Accompaniment support is mainly targeted for sexual assault victims under the age of 13 or victims with intellectual disabilities who cannot visit the Sunflower Center or relevant institutions (e.g. police, hospital) by him/herself and without any guardian. It aims to improve the quality of services, expand the scope of services, and customize the services based on each individual's socioeconomic condition.

7. SPECIALIZED SUPPORT SYSTEM FOR PERSONS WITH DISABILITIES AND CHILDREN

The most prominent feature of the Sunflower Center is the integrated support provided in a single location. This support is provided to all sexual assault victims (adults, children, and persons with disabilities). The added value of the Sunflower Center for vulnerable groups, such as persons with disabilities and children, mainly comes from a) the mechanism and facilities designed to protect the rights of victims with disabilities in court proceedings, while also facilitating rehabilitation and social integration; and b) a systematic referral mechanism with relevant institutions that provides customized support to persons with disabilities. The below action points are generally observed in the Sunflower Centers during the investigation process:

Actions to be taken by the Sunflower Centers for child victims and victims with disabilities during the investigation

→ **Arrange investigation by the police officer designated for sexual assault cases**

Make sure that the investigation is carried out by the police officer designated for sexual assault cases, even when the case is assigned to the violent crime division.

→ **Introduce public defense lawyer system**

Introduce and recommend public defense lawyer system at the early stage.

→ **Allow accompaniment of trustee**

Ask if the victim wants the presence of anyone close to him/her, because it is important for the victim to make a statement, for instance, when they are psychologically stable. Consult with the victim, his/her family members, and experts about the need for accompaniments prior to the investigation, as it could be difficult for the police officer to recognize and understand the disabilities of the victims.

→ **Consult with an expert**

Seek the advice and diagnosis of the victim's psychological state from the experts in case the victim shows difficulty distinguishing objects or making decisions.

→ **Refer to relevant institutions**

If the victim has no family or comprehensive support is difficult, liaise with other relevant institutions so that the victim can get the full legal and psychological support needed.

→ **Share information about the investigation procedure and regularly update the victim on its status**

Provide the victim with sufficient information (schedule and result of interrogation, information on whether the suspect is arrested and when the case would be forwarded to the prosecutor's office) and explain the upcoming procedures.

MECHANISM DESIGNED TO PROTECT THE RIGHTS OF VICTIMS WITH DISABILITIES AND CHILDREN

One key mechanism to protect the rights of victims is the presence of a female police officer specially trained to support children and persons with disabilities, 24 hours a day year round. In Korea, the police guidelines on sexual assault investigation specify that children under 13 or persons with disabilities should be interviewed at the centers, unless the victims do not wish to do so.

Sexual assault cases involving persons with disabilities and children may be difficult to reveal, prove or understand. The lack of understanding on disabilities or child development by the law enforcement and courts may lead to secondary victimization and rejection of statements made by the victims on grounds of inconsistency and unreliability. In this context, the presence of police officers specially trained to conduct interviews with child victims and victims with disabilities is important to protect the rights of the victims and ensure their access to justice.

When interviewing child victims, police officers at the Sunflower Center follow strict interview methods and protocols developed with reference to child development, linguistic capabilities, memory, social and communication skills, and effects of stress and trauma. Before conducting the interview with victims with disabilities, the police officer consults with experts, such as counsellors with expertise on sexual assault victims with disabilities, and statement analysis specialists.



Investigation Room

- Female police officer dedicated for victim interview
- Public defense lawyer
- Statement assistant or trustee



Monitoring Room

- Police officer from case investigation team
- Statement analysis specialist
- Stenographer

For child victims, the interview is conducted in a child-friendly room equipped with a video recording system at the Sunflower Center. (It is mandatory to record statements made by sexual violence victims under the age of 19 or with disabilities). The interview is conducted and recorded in the presence of a person close to the victim (partners, family members, lawyers, and other persons with whom the victim feels comfortable communicating), a "statement assistant" who facilitates the communication for the victim, and a public defender.

In a separate monitoring room, a police officer in charge of the case, a statement-analysis specialist, and a stenographer monitor the statement process. The statement recorded under strict protocols at the Sunflower Center is later used in the investigation process and submitted as evidence in trials. The benefits of video recording are that: a) victims do not have to testify repeatedly, and thus, minimizing secondary victimization; and b) the police can ensure that the interview was conducted with due process. Further care principles for victims with disabilities are explained below.

Care principles for victims with disabilities

→ **Prioritize the victim's opinion**

A sexual assault case of a person with disabilities is likely to be revealed and reported by a third party and handled in a way that goes against the will of the victim. The investigative agency is also likely to contact the third party first rather than communicating with the victim.

→ **Become familiar with the victim's disabilities**

The investigation should be planned and carried out with a full understanding of the victim's conditions. Information gathering from the victim, family, and teacher is a must, and the investigator should seek advice from the relevant counselling center and experts.

→ **Protect the victim's human rights**


The opinion of the victim during the investigation should always be respected and the victim should never be talked down to or infantilized. The investigation should always take place in the investigation room.

→ **Provide necessary equipment and services for the victim**

Various support tools such as an assistant, braille material, text-to-speech service, sign language interpretation, voice support, and computer must be provided as needed.

→ **Protect the victim and carefully examine a settlement option**

Any threat or blackmail to the victim by the perpetrator should be prevented. No one should ever let the perpetrator know the contact information of the victim without the consent of the victim. Reassurance must be given to the victim by immediately reporting to the police if the perpetrator attempts any unwanted contacts. It should also be noted that the victim should not be forced to make any settlement with anyone.



III. RECOMMENDATIONS AND POSSIBLE METHODS OF APPLICATION

III Recommendations and possible methods of application

The Sunflower Center is an evolving system and is not without challenges or room for improvements. While the bottom-up, solution-finding approaches and civil society consultations have facilitated the development, implementation, and upgrading of the system, it still needs further collaboration with NGOs. Ongoing reforms of the system to bring about changes in attitudes and mindset among public officials are also essential to secure an enabling environment for the policy and system enforcement. Creating and strengthening on-/off-line venues of information-sharing and consultation with citizens could be one strategy of tackling these challenges. Securing sufficient human and financial resources for supporting GBV victims is also a remaining challenge for Korea's Sunflower Center.

After learning about the overall system mechanism of the Sunflower Center during a study mission to Korea, a question was raised by the visiting delegation about its referral system:

"There are three types of Sunflower Centers (Crisis Intervention, Child and Adolescent, and Integrative) and I learned that referral can even be made from one-type of center to the other types. Why does the Integrative type need to refer to any other center if it is already an integrative center?"

The answer is that it is for the convenience of the victim. From the policy-makers and service providers' point of view, it would be natural to think that integrative centers do not need to make referrals as they already provide a full array of services. But for the victims, an integrative center may not be the best option if it is further away from the crime scene than another type of center that is closer by. As quick response is vital for victim support, the Sunflower Center tries to provide the quickest, best service for supporting the victim.

This demonstrates the essence of the Sunflower Center system: **identifying and putting the victim's needs first and foremost**. In a nutshell, Korea's experience shows that this paradigm shift of looking more from the victims' perspectives than the service providers' should be the guiding principle for other countries that seek to improve their GBV support mechanisms.

The lesson drawn from Korea can be of particular importance to policymaker in many nations, highlighting that legislation on GBV needs to be comprehensive in order to address the human rights, social justice, and preventive aspects related to GBV. Additionally, it must be inclusive in order to address different forms of GBV and special considerations for vulnerable groups, such as children and persons with disabilities.

The experience of Korea at the individual, community, and structural levels could also serve as an important guide for developing countries faced with similar legal and socio-cultural impediments in their fight against GBV. Along with the already-illustrated option of establishing a Sunflower Center-like system, two other possible policy options are suggested in this section for when the establishment of the one-stop service center is not feasible due to lack of financial and human resources, particularly in less urbanized locations.

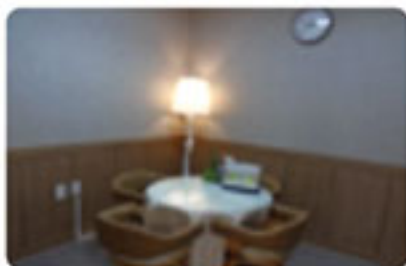
Incentives and challenges of three policy options

	Incentives	Challenges
Sunflower Center-like System	<ul style="list-style-type: none"> • Relatively stable budget • Enhanced convenience and safety for victims by providing access to support services in a single location • Increased credibility and consistency of services • Coherent, integrated, long-term policy directions and coordination 	<ul style="list-style-type: none"> • Less autonomy of the organization due to government control • Possibility of conflicts among professionals from different fields • Need for coordination among different professionals and integrated support centers nationwide • Continuous shortage of human resources
Coordinated Community Response (CCR)	<ul style="list-style-type: none"> • More effective use of limited financial resources • Better knowledge sharing and transfer across sectors • Greater attention to neglected and under-resourced issues through community response • Possible early emergency response system and victim-oriented approach • Increased victim safety by utilization of nationwide CSOs 	<ul style="list-style-type: none"> • Greater need for coordination among the centers and stakeholders • Unstable budget and funding • Challenges of setting up long-term policy directions
Hybrid Option	<ul style="list-style-type: none"> • Efficient utilization of current financial and human resources • Possible combination of the merits of the Sunflower Center-like system and CCR 	<ul style="list-style-type: none"> • Difficulties of working with existing private agencies in a collaborative way • Possibility of having an exacerbated combination of the problems mentioned above

The details of the possible policy options are as below:

1. INTRODUCING THE SUNFLOWER CENTER-LIKE SYSTEM

Korea has the Sunflower Center system, which is a one-stop service mechanism fully funded by the Korean Government, providing medical, counselling, legal and police-investigation services in one single location. Service providers from medical specialists such as pediatric psychiatrists, gynecologists, and clinical psychologists, to law enforcement officers, allow victims to visit the center whenever needed. Immediate and/or long-term medical care, legal assistance, and other specialized services are provided free of charge to victims who are disadvantaged and vulnerable, such as children and those with intellectual disabilities. In addition, diverse programmes such as treatment and/or recovery programmes, self-help meetings, and vocational training are offered to help the victims support themselves.



Counseling Room



Relaxing Room



Gynecologist Treatment Room



Statement Recording Room



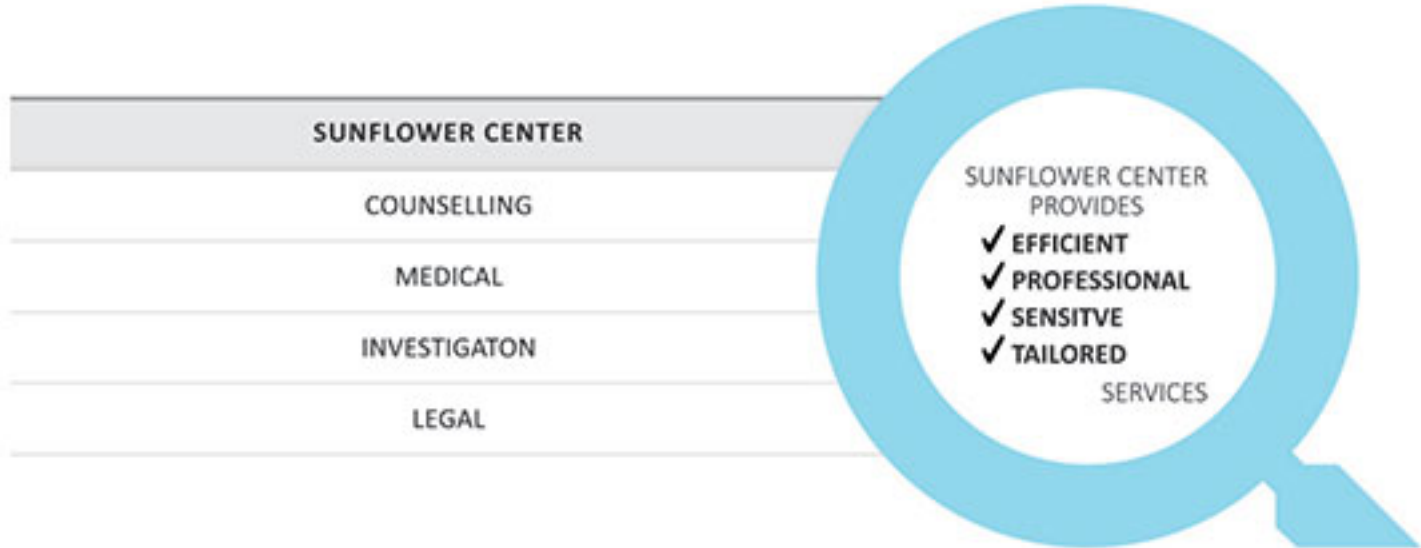
Monitoring Room



Psychotherapy Room

There are a number of benefits to establishing a Sunflower Center-like system. The collaborative services offered by various staff members working within the center can not only provide the care the victim needs but also minimize secondary victimization during the medical examination and/or the investigation process. The efforts the Sunflower Center makes to achieve systematic services can also tackle insensitivity and indifference towards GBV victims that exist among personnel of the medical and justice system and, as a result, ensure that victims receive appropriate medical and investigation support. Last but not least, recognition of the services the Sunflower Centers provide can increase public awareness of the sexual assault prevention measures.

FOR VICTIMS



To summarize, the most important idea behind the Sunflower Center mechanism is the provision of efficient, professional, gender-sensitive and tailored assistance for GBV victims, all in one location. Investigative support to collect physical evidence and victim statements in a standardized and professional manner can expose victims to more options in the criminal justice process. Services provided by professionals such as pediatric and clinical psychiatrists, gynecologists, and law enforcement officers can also accommodate the various needs of victims. Collaborative and gender-sensitive service provision by all professionals working in the Center can minimize the risk of secondary victimization during the medical examination and investigation processes. In addition, immediate and long-term medical care, and other specialized services for disadvantaged or vulnerable victims are provided free of charge.

Before the establishment of the Sunflower Center, institutions worked in silos and the concept of providing integrated support was almost non-existent. The support mechanism for GBV victims in Korea has evolved over time, and the Sunflower Center played a significant role in the process. The Sunflower Center mechanism also helped change the mindset of service providers. As they increasingly witnessed the effectiveness of the Sunflower Center mechanism, service providers began putting themselves in the victim's shoes, enabling the comprehensive and more effective delivery of services. This change in mindset sets the momentum for further institutionalization of the support structure by the government. Lastly, for the consolidation of a hospital-based one-stop service mechanism in Korea, policymakers provided incentives to highly qualified hospitals.

FOR POLICYMAKERS AND SERVICE PROVIDERS



In the case of Korea's Sunflower Centers, the annual operating cost for a single center is fully covered by the government, based on the legal provisions in the Sexual Assault Prevention and Victims Protection Act. The act provides the legal basis for the establishment and operation of integrated support mechanisms for GBV victims (Article 18), as well as for the government subsidization of the operating costs of counselling centers, protection facilities, and integrated support centers (Article 26). With such legal provisions, the Korean government fully finances 38 Sunflower Centers across the country, providing the integrated, one-stop service mechanism for GBV victims/survivors.

When the state budget is not sufficient, financial resources can be pulled together through multiple channels, such as through a combination of private donations and government funding, or combination of central ministry funds with local government funds. When considering the social costs of GBV on a national scale, however, public financing of the one-stop service mechanism can be a cost-saving measure in the long term. It should also be noted that the establishment of the one-stop service centers in Korea was based on a social consensus that it is important to address GBV and support the victims in a holistic manner. The government initiative, therefore, responded to the social needs of the time.

Putting multidisciplinary practitioners together in a single location does not automatically lead to the actual delivery of the one-stop services. For this to happen, it might be useful to create a "control tower" entity that can help the practitioners understand each other's tasks and approaches, and provide ongoing support to the practitioners through specialized training, psychological support for rest and recuperation, and networking. The following sections introduce some of the lessons learned from the operation of the Sunflower Centers and the ongoing battle to tackle their remaining challenges.

ESTABLISHMENT OF SUSTAINABLE FUNDING MECHANISM FROM THE GOVERNMENT

The legal foundation for funding and operating support centers is imperative and a clear funding system needs to be established. Budget sharing between central and local government should also be arranged beforehand. Financial resources can be pulled together in various ways—such as through a combination of central ministry funds with local government funds. In Korea, the annual operating costs of 38 Sunflower Centers across the country are fully covered by the government, based on legal provisions in the Sexual Violence Prevention and Victims Protection Act. In Seoul, for instance, there are six Sunflower Centers and two centers in the Eastern and Southern districts are co-funded by the local government (Seoul Metropolitan Government) and the central government. Political will and commitment drive from the top are vital to secure the budget and maintain the system with a victim-oriented approach. In case government funding is not available, the establishment of a fund that receives donations from the private sector could also be considered.

CREATION OF A HOLISTIC REFERRAL SYSTEM

Dedicated staff and cross-sector teams ensure a holistic solution-finding approach and accountable management of the system. If the center does not have the function the victim needs, the victim should be immediately referred to other centers which can provide the necessary services. Rehabilitation, social integration, and "life after" are important aspects that must be taken into the policy considerations as well. In domestic violence cases, the victims often do not have a safe place to return without the threat of confronting the perpetrators. In this context, it was suggested that social institutions provide shelters and rehabilitation programmes for such victims. Recruiting social workers and providing job training for the victims should also be considered in the long-term. It is also highly recommended that all service providers are fully aware of the standard case referral system procedure and act accordingly.

IMPLEMENTATION OF EFFECTIVE PUBLIC AWARENESS ACTIVITIES

In order to effectively address GBV, a shift in thinking and attitudes on GBV is necessary at both policy and individual levels. The shift in thinking and attitudes on GBV should primarily be based on the recognition of GBV as: a) a human rights issue; and b) a systemic challenge that isolates and marginalizes certain groups of society and hinders social cohesion, integration, and sustainable development.

Strategies to change societal attitudes on GBV are outside the scope of this resource book. However, the discussion on GBV policies and measures beckons a reflection on the lens through which policy-makers formulate GBV policies and public perception of GBV. The GBV lens of policymakers- which is inevitably a function of the prevalent socio-cultural norms- determines the target, design, relevance, and effectiveness of GBV policies, as well as the conceptualization of GBV, in legal and social terms. The public perception of GBV influences national policies through the participatory policy-making process, implementation of policies at the ground level, and the amount of recourses and support available to victims.

There is no "perfect victim" and one should not need the approval of public opinions to be recognized as a "victim." In other words, there should be no fixed stereotype of victimhood that causes victims to be blamed rather than the perpetrators. As a famous video on sexual consent suggests, it is like making a cup of tea. If your counterpart doesn't want to drink it, don't make them drink it. Unless the public identifies sexual violence cases as society's responsibility rather than a personal one, it would be difficult for governmental authority to intervene and investigate the cases.

Effective public advocacy strategies and GBV prevention campaigns that benchmark successful one-stop service center precedents can help fight GBV. It is especially important to provide early education for both boys and girls on raising gender sensitivity and discouraging gender discriminatory norms. It is also worth noting that the Sunflower Centers collaborate with the private sector for public campaigns and victim support. For effective public awareness-raising activities, it is crucial to design and develop innovative partnerships with various stakeholders.

IMPLEMENTATION OF EFFECTIVE PUBLIC AWARENESS ACTIVITIES

Financial and human resources should be distributed according to the needs and capacity of each center. It is always important to consider the financial, human, and other resources that are currently available for a center when assigning mandates and responsibilities. In order to allocate adequate funding and employees for each center, senior management should perform frequent situational analyses and listen to the challenges each center is facing through multiple channels of communication. Without constant support from the funding and supervising ministries and organizations, maintaining nationwide support centers can become a burden rather than an asset. In some contexts, establishing an advisory committee composed of a senior manager of the one-stop service center, outside experts, and high-level officials from financing ministries could also be an option to ensure the financing and oversight mechanism which systematically reflects the needs and capacity of each center.

REPORTING SYSTEM

One-stop service centers should aim to set up the reporting system in a way that clearly delineates the respective roles and responsibilities of each service provider and facilitates a “team-like” collaboration among service providers. It is therefore important for the service providers of the centers, who come from different sectors (e.g. medical, investigative), to report cases via the harmonized reporting system. Each group of experts should avoid reporting independently just to “score better” in their performance evaluation with their home institutions. Otherwise, it can result in fragmentation, inconsistency and duplication of service provision at the center.

HUMAN RESOURCES

GBV cases must be handled delicately by experienced professionals. Counselling support, for instance, requires the time and effort of the counsellor along with long-term follow-up support. Therefore, professionals working on GBV need to be supported both financially and emotionally, as it is extremely demanding work. Otherwise, it would be difficult to maintain a pool of professional experts within the center. Highly qualified and well-trained workers tend to leave for well-paying jobs in the private sector, which illustrates the difficulty of maintaining the enthusiasm among qualified professionals with low wages.

Appropriate incentives and necessary compensation must be provided in order to avoid the negligent attitudes of the service providers. The employee welfare system must be appealing enough to incentivize night-shift workers to provide gender-sensitive services for female victims, especially at night. This is because, although many rape cases happen at night, very few service providers volunteer to work during this time. Caution must also be taken during the recruitment and selection processes as unprofessional/unqualified service providers may cause further traumas to GBV victims.

TECHNICAL RECOMMENDATIONS PRACTICED IN SUNFLOWER CENTERS

• Creation of 24/7 service mechanism

According to the 2016 statistics of the Supreme Prosecutors' Office of the Republic of Korea, 39.7 percent of sexual violence cases occurred at night (hours from 20:00 to 03:59). In this context, it is recommended that at least some support centers open 24/7 to provide timely and effective support to victims at any time of the day. The Sunflower Centers (Crisis Intervention & Integrated type) provide 24/7 services mainly to the victims of sexual assault.

• Provision of rape kits

All 38 Sunflower Centers across the country are provided with rape kits through MOGEF. The rape kit is composed of 12 steps to help doctors and nurses collect crucial forensic evidence for the investigation and trial process in sexual assault cases. This systematic collection can help prove the harms and damages inflicted on the sexual assault victims and later enable the victims to request further compensations and support.



• Introduction of statement recording system

Statement recording and monitoring facilities are provided in the Sunflower Centers. The statement recorded at the Sunflower Center can be later used in the investigation and trial process. This prevents repeated testimonies and investigations, and reduces the risk of secondary victimization of the victims.

Statement recording in the Sunflower Centers

In the Sunflower Centers, a specialized female police officer stationed at the center is mandated to conduct the investigation in the statement recording room unless otherwise required by the victim. Statement recording is conducted in the presence of a public defender and a person in a trusting relationship with the victim (partners, family members, lawyers, and other persons with whom the victim feels comfortable communicating). In a separate monitoring room with a one-way mirror, the police officer in charge of the case, a statement analysis specialist, and a stenographer monitor the statement process. This is to provide an environment where the victim can feel psychically and psychologically safe to give an account of what happened.

- **Provision of specialized support for children and persons with disabilities**

Children or persons with psychosocial or intellectual disabilities are among the most vulnerable to violence. The sexual violence cases involving these groups of victims may be difficult to reveal, prove or understand. Factors such as memory capacity, logical reasoning, and social and communication skills can influence the statements made by children and persons with disabilities. Due to a lack of understanding on children and disabilities, statements made by children or persons with disabilities are sometimes considered unreliable and thereby rejected during the investigation or trial process. To prevent such cases, the Sunflower Centers provide specialized support to victims under the age of 19 and victims with disabilities during the investigation process. For instance, in a GBV case where the victim has disabilities, the police officer in charge consults the counsellor with expertise on disabilities, statement analysis specialists, and experts on sign language, before conducting the investigation.

2. UTILIZATION OF A COORDINATED COMMUNITY RESPONSE (CCR) MECHANISM

Creating a one-stop service center like the one in Korea may not always be possible, particularly in less urbanized locations with limited public resources. In such settings, it would be worth exploring how to expand networks and pull together existing resources within community infrastructures, such as hospitals, the police, community shelters, and civil society organizations (CSOs). In this case, the second possible option is the Coordinated Community Response (CCR) model. The implementation of new policies to address social issues such as GBV is most effective when paired with the development of a community-wide strategy that ensures all the community members respond in a consistent way. CCR model engages the entire community to develop a common understanding of GBV to change the social norms and attitudes that generate GBV. In this system, the government hires a dedicated coordinator who manages the GBV cases and refers the GBV victims to receive the necessary support. Law enforcement, civil society, child protection services, educators, and local businesses can be involved.

CCR's history dates back to 1972 in the United States when Ann Burgess, a psychiatric nurse, and Lynda Holmstrom, a sociology professor, first noted that some of the rape victims' symptoms resembled those of combat veterans and coined the term "rape trauma syndrome." Over the years, communities have developed a team approach and multidisciplinary teams, often called SARTs (sexual assault response teams), partner to provide coordinated responses that make the victims' needs a priority, hold the offenders accountable, and promote public safety.

Sexual Assault Response Team (SART)

SART is an organized group of professionals and officials who support the victims of sexual assault to navigate the complexities of medical, emotional, and legal issues along with the associated procedures. Because a sexual assault sometimes involves physical injury and often leaves the victim in an emotional shock, these local organizations are formed and advertised for quick reference and rapid assistance.

It is also important for effective service mechanisms to strengthen the capacity of existing service providers and to enhance the operation of community-based organizations that have long provided services on the ground. For instance, recruitment of a state-funded GBV coordinator at a local institution who can facilitate the networking, referral services, and capacity building for relevant actors within the community can be considered.

Case study

Hennepin County, USA

In the US state of Minnesota, the county made a decision to create a one-stop center where women could access a variety of critical services in a single location. The Domestic Abuse Service Center (DASC) was designed to specifically implement the provisions of the state's domestic abuse legislation. Under the Minnesota Statute Ch. 518B, victims of domestic violence may ask for an Order for Protection from the Family Court. A victim is not required to report the violence to the police before asking for an Order for Protection and there is no fee to file the request. At the DASC women can get help from a staff who will educate them about their rights, help them fill out forms, and assist them with filing their request for a protective order. In the same location, women can also meet with a prosecutor, with a probation officer, and with a trained staff who can assist them with information about eligibility for support, including cash, health care, food support and other emergency assistances. Staff at DASC can also refer women to local NGOs who can provide them with more tailored support.

(Source: <http://www.endvawnow.org/en/articles/129-benefits-of-coordinated-community-response.html?next=130>)

3. HYBRID OPTION

Depending on country contexts, it may be difficult to adopt either Korea's 100 percent government-funded model or the CSO-based model. In this case, it would be useful to explore a hybrid option, combining the two approaches with efforts to maximize their benefits and minimize any disadvantages.

For example, at the initial stage, the government could start by supporting the most prominent CSOs already providing excellent services in the field, with a certain percentage of state funding (with possible matching funds from local governments). At the same time, the government can establish or designate an entity (either within the government body or among state-funded institutions with required competence) to coordinate the CSOs, to refer victims to the most relevant institutions, and to administer the necessary funding, support, and quality assurance functions.

Such hybrid model with creative public-private partnerships can help address the coordination challenges of the CCR option. It also holds the potential for laying the ground for developing an effective model for the long term, based on lessons learned.

At the same time, this hybrid model has its own limitations and risks. For instance, selection of a few prominent CSOs to receive the government funding may create unhealthy competition or conflict among organizations. CSOs that newly receive government funding may also find it difficult to accept administrative requirements and supervision by the government or government-designated institution. In addition, if the government cannot sustain the funding beyond the initial year(s), the initiative may lose momentum; or, reversely, dependency on government support may hurt the financial ownership of CSOs. Therefore, in order to prevent and mitigate such problems, extensive consultations and assessments of various options would be required.

For the implementation of this option, it is important to collect opinions from various experts from government institutions and many other sectors, and to do an in-depth research on existing organizations and institutions in other countries. A coherent and competent capacity building system for all staff members is also necessary for quality assurance. Setting up a meeting group composed of all the stakeholders including policy-makers and CSO experts can also be considered. The role of each participant and follow-up measures should be clearly specified from the very beginning in order to ensure that this group fully functions as a coordinating mechanism.

In order to create the best hybrid option, it could be useful to benchmark alternative models of one-stop service centers in other countries:

- The Malaysia One-Stop Crisis Centre (OSCC) model is a good practice according to the UN Secretary General's database on violence against women. The UN Secretary-General's in-depth study on violence against women (2006) notes that "one of the best-known good practices in service provision involves bringing together services in one location, often called the "One-Stop Centre". Such a service was first developed in the largest government-run general hospital in Malaysia. This model is currently being replicated in much of Asia as well as in other countries, including South Africa.
- Papua New Guinea also has the "Stop Violence Centres" established in all provincial hospitals, providing medical assistance, trauma counselling, overnight emergency accommodation, paralegal support and referral to other agencies for additional shelter, legal support, and counselling.
- The Philippines' Rape Crisis Centers are based on the assumption that one-stop centers should avoid re-victimization of the survivors especially in data gathering where the victims do not need to repeat his/her story. The creation of the Rape Crisis Centers in every province and city under partnership between government agencies and non-governmental organizations is stated in the law.

- In South Africa, the Thuthuzela Care Centres (TCC) offer safety and comfort to GBV survivors and enable efficient collection of evidence and good communication with police and prosecutors. The TCC allow victims to give statements and receive counselling, medical, and legal support, free of charge. A case monitor is assigned to the victim and serves as liaison between the victim and the court system.
- The United Nations Mission in Kosovo created the Victim's Advocacy and Assistance Unit in 2002 to ensure that victims in Kosovo receive necessary assistance to participate in the justice system. Services provided include shelter, food, clothing, and psychological/medical support. More recently, the European Union Rules of Law Mission in Kosovo's Victim Assistance and Protection Unit provides free legal/medical services and awareness raising of victims' rights, including community education in rural areas.
- It is also worth noting that the Sexual Assault Referral Centers in the UK provide safe locations where victims of sexual assault can receive immediate and longer-term medical care and counselling. From the perspective of law enforcement, the centers assist the police by providing a centralized facility where they can support the victim and gather evidence.
- The Isange One Stop Centres (IOSC) in Rwanda were established in 2009 as part of an effort to respond to and prevent GBV and child abuse. IOSC is a multi-sectoral and interdisciplinary program being implemented by the Ministry of Gender and Family Promotion, the Ministry of Health, the Rwanda National Police, and the Ministry of Justice, under the coordination of the Ministry of Gender and Family Promotion. The Royal Netherlands Embassy provides program funds through the ONE UN in Rwanda. Other partners that have supported the center include: UNICEF, UNFPA, and UN Women, all working in tandem to support the victims of GBV. The IOSC project has proven to be a highly successful model for providing integrated services to the victims of GBV and allowing them to access help in a safer and more comfortable environment.

It should be again emphasized that innovative ideas for fund-raising should always be explored. As governments can be reluctant to support the needs of GBV victims, it is safe to secure as many funding sources as possible, including private fund-raising and donations. In addition, while there are obvious advantages of having the one-stop service center in a hospital, not all the one-stop service centers have to be based in hospitals, as some victims often suffer more from the psychological trauma than the physical harm.

While it is important to set up a one-stop service mechanism, the mechanism itself does not suffice to protect GBV victims from secondary victimization. To tackle this multi-faceted problem of GBV, the enabling environment for victim protection and primary prevention needs to be created. To make it sustainable, the protection mechanism has to be based on an appropriate understanding of victims' needs, public support, a solid legal basis, and stable funding sources.

To summarize, establishing a service center for GBV victims which accommodates each country's needs based on its culture, language, and societal norms should be the top priority, as only "imitating" the Sunflower Center's facade is unlikely to work. While reviewing the good systems and lessons learned by others, one should always question the reasons behind their set-up and come up with their own ideas to contextualize the system in order to make it work in their context.

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ANNEX.
FREQUENTLY ASKED QUESTIONS



ANNEX Frequently asked questions

PREPARING THE GROUND TO ESTABLISH INTEGRATED SERVICE CENTERS

1. How did the Korean government generate agreement among the ministry, municipalities, hospitals, and the police?

- Engaging relevant stakeholders who can provide the necessary services is crucial for the establishment of an integrated service center. In Korea, the Sunflower Center is a cooperation mechanism among four main stakeholders: the central government (Ministry of Gender Equality and Family, MOGEF), local governments, the police, and hospitals. When creating the mechanism, MOGEF spearheaded multiple discussions and consultations among the relevant stakeholders to delineate the functions and roles of each stakeholder and agree on the implementation plans (including budgetary plan).
- The result of the discussions and consultations was formalized through the signing of Memorandum of Understandings (MOUs) among these stakeholders. In 2004, the first Sunflower Center was established through a coordination mechanism formalized through MOU. The MOU paved the way for coordination among different stakeholders in the establishment of other Sunflower Centers.
- Strong public demand for an integrated centre, and shared recognition by all stakeholders of the need to respond to such demand, facilitated this institutional establishment.

2. What was the legal basis for the establishment of integrated service centers in Korea?

- In Korea, the legal basis for the Sunflower Centers was not created overnight. Supporting laws were enacted through decades of advocacy by women's groups and CSOs, along with increased public awareness of GBV as well as strong public demand for government support for victims of GBV.
- In 1994, the Act on the Punishment of Sexual Crimes and the Protection of Victims Thereof ("Special Law on Sexual Violence") was enacted. The Special Law on Sexual Violence was the first Act in the country to address sexual violence. It provided the legal basis for central and local governments to establish sexual violence counseling centers and shelters. This Act also provided the basis for MOGEF and local governments to designate public or private hospitals for the provision of specialized services for sexual violence victims. The enactment of the Special Law on Sexual Violence led to the establishment of other relevant policies and laws addressing GBV.
- In 2010, the Special Law on Sexual Violence was revised and divided into two Acts, namely the Act on Special Cases Concerning the Punishment, etc. of Sexual Crimes ("Sexual Violence Punishment Act") and the Act on the Prevention of Sexual Assault and Protection, etc. of Victims Thereof ("Sexual Violence Prevention Act"). The Sexual Violence Prevention Act now provides the legal basis for the central and local governments to "establish and operate integrated support centers for victims of sexual assault."

3. Since the establishment of the first Sunflower Center in 2004, the Korean Government managed to increase the number of Centers to 38 (as of June 2018). What factors enabled the establishment of these Centers across the country?

- The Government provided full budget and operational support for a speedy and full-scale establishment of Sunflower Centers throughout the country. Enhanced public awareness of the challenges of the existing system and the need to establish a better support system facilitated the mobilization of support and resources within the Government and from the National Assembly and local communities.

FINDING THE RIGHT MODALITY

1. What are the factors to consider when establishing an integrated service center?

- The decision to establish an integrated service center is determined by examining a combination of factors, including geographic location, distance from the nearest center (to ensure that centers are spread out evenly throughout the region), number of sexual violence incidents, existing facilities, demand from the local community, and budget and operational plan submitted by the municipality.

2. What are the benefits of housing integrated service centers within hospitals?

- Housing the service center within a hospital allows it to utilize the existing infrastructure facilities and resources of the hospital. Medical staff stationed in the center can offer immediate and reliable medical services to victims any time of the day. In case of emergency, victims also have access to specialists from various parts of the hospital, such as gynecologists, pediatricians, and psychiatrists.
- Medical staff in Sunflower Centers also play a critical role in collecting evidence, which can be decisive in the entire investigation process and prosecution of sexual violence cases.
- Housing the integrated service center within a hospital has the benefit of encouraging access to support. In the case of a stand-alone support center, victims may be reluctant to visit the center due to fear of being noticed within the community. Victims may also be more assured when visiting a hospital-based center which can feel like a regular doctor's visit.
- The hospital-based system can also provide benefits to the hospitals themselves. For instance, offering specialized services for GBV victims can have a positive impact on the hospital's reputation. In addition, hospital-based centers can provide GBV-specific training opportunities for medical staff.

3. What are some important criteria for selecting a hospital to house an integrated service center?

- In selecting a hospital to house an integrated service center, it is important to consider whether the hospital has adequate capacity and resources. Key factors to consider in this context are: a) available space that can be dedicated to the multi-disciplinary professionals; b) availability of medical equipment and facilities, as well as at the hospital in general (e.g. emergency room within the hospital); and c) qualified medical staff, including those with training on GBV.
- From a policy perspective, other factors of importance can include: strategic location of the center in view of regional distribution, demand within the local community for such a service center, quality of the proposal submitted by the hospital, financial status of the hospital, and ownership by the hospital in the provision of services for GBV victims.

4. Sunflower Centers operate 24/7. Is this a necessary feature of the Sunflower Center-like integrated service center? What are some factors to consider when operating the center 24/7?

- As the Sunflower Centers operate 24/7, victims can visit the Center at any time at their convenience, which is certainly one of the strengths of the Center. However, the decision to operate the center around the clock should be based on available human resources—in particular, the availability of medical professionals who can work night shifts, as well as the budget situation. If the integrated service center is housed in a hospital that is equipped with an emergency room open 24/7, the center can benefit from medical staff who are already stationed in the ER.
- Where resources are scarce, however, it might be more efficient to create one 24/7 service center in a central locality while operating other service centers in the region that only operate during regular working hours.

COST & FUNDING MECHANISM

1. How is the budget for Sunflower Centers set, and what is the current budget for each center?

- MOGEF sets the annual budget based on calculation of costs related to human resources, medical services, accompaniment services, public awareness campaigns, and education activities. The Ministry includes these costs in its annual budget related to the establishment of new centers and facility improvements, estimated through surveys. The budget is allocated after a review by the National Assembly.
- As of 2017, the average operating expenses for one Sunflower Center is KRW 660,000,000 (approx. USD 612,000). This does not include medical services, accompaniment services, and facility improvement costs.

2. It is very inspiring that Sunflower Centers are fully funded by the Government. What are the factors that enabled the Korean Government to allocate the budget?

- The Special Law on Sexual Violence provides the legal basis for the central and local governments to establish and operate integrated support centers for victims of sexual assault. The existence of relevant laws provided a solid ground for the Government to allocate budget for the establishment of Sunflower Centers.
- Moreover, political support for full government funding was formed based on increasing public demand for a holistic and effective support for sexual violence victims.

3. Securing sufficient budget is crucial to provide reliable and effective services to victims. How does MOGEF secure sufficient funding for Sunflower Centers?

- Supporting GBV victims is an extremely sensitive and complex task that require highly skilled and trained professionals. Securing sufficient funding is crucial to recruit top-notch professionals and provide reliable services to victims. Improving the work environment and compensation schemes is important to retain these professionals.
- In order to secure sufficient funding, the Ministry seeks to convince budget authorities, including the Ministry of Strategy and Finance and the National Assembly, of the benefits of Sunflower Centers as well as the need for an improved work environment and compensation schemes for professionals working at these centers. The statistics and data on the Sunflower Centers, including the number of services provided and professionals available, number and types of GBV incidents, public demand for improved services, are used as evidence to support MOGEF's request for increased budget.

4. Sunflower Centers in Korea are operated through a matching fund system between the central and local governments. How did MOGEF encourage the cooperation of the local governments?

- First of all, it is important to note that the Special Law on Sexual Violence in Korea pinpoints the responsibility of both central and local governments to support the victims of GBV. Therefore, it is both the central and local governments' responsibility to support the establishment and operation of integrated service centers.
- Separate from the existence of such legal provisions, MOGEF conducted awareness raising and outreach activities to engage local governments and community leaders. MOGEF worked to create a common understanding that supporting the initiative is a shared responsibility and elicit commitment by leaders of local governments to fund the Centers.
- In addition, MOGEF at the beginning provided full or the majority of the funding to establish the Sunflower Centers. Once the Centers were established and their benefits were demonstrated, the central government gradually lowered its portion of funding from 100% to between 50% and 70% through a matching fund system with local governments.

MANAGEMENT OF INTEGRATED SERVICE CENTERS

1. Human resources are crucial to the effective operation of one-stop service centers. What are some of the essential measures to recruit talented and experienced staff for the Center?
 - Measures that are essential to recruiting talented and experienced staff include the establishment of qualification standards and requirements by the relevant ministries for each service group, and the provision of an adequate salary, incentives, and compensation plan. Given the demanding nature of the work, the latter is particularly important to recruit and retain talented and experienced staff at the Center.
 - In Korea, MOGEF provides the qualification standards and requirements of Sunflower Center professionals, as well as guidelines on their recruitment process. Based on MOGEF's guidelines, each Sunflower Center recruits professionals through an open application process. The final selection is made after a panel consisting of stakeholders from local governments, hospitals, police, and academia conducts interviews and reviews the applicants.
 - Following recruitment, capacity-building of the Sunflower Center professionals is crucial to ensure the effective operation of the Centers. In Korea, Sunflower Center professionals receive regular training offered by the Women's Human Rights Institute.
2. Provision of reliable and high-quality services in all one-stop centers across the country may be challenging as the capacity and resources available in each region may be different. What are some of the necessary measures to address such a challenge?
 - In regions where available resources are scarce, the responsible ministry's support in leading up to the center's establishment and continuous monitoring thereafter are essential to ensure reliable and high-quality service delivery. In Korea, MOGEF conducts evaluations and makes field visits every three years to ensure the effective management and operation of the Center.
 - Sunflower Centers engage and capitalize on existing community-based networks and resources to meet the different needs of victims. Referrals are often made by Sunflower Centers in cases where they cannot provide all the necessary services alone. In Korea, there are various CSOs and NGOs that provide relevant services, such as counseling centers and shelters, in partnership with the Centers.
3. One of the key purposes of establishing the Sunflower Center is to promote an organic collaboration among professionals from different sectors. What are the key elements of management that should be considered in order to foster close working relationships among the different professionals?
 - The integrated service center brings together professionals from various sectors, often under the purview of different institutions. Bringing multi-disciplinary professionals together in a single location does not automatically lead to the actual delivery of "integrated" services. Services can still be delivered in a fragmented fashion, while professionals physically sit in a single location. At the outset, it is crucial to design a management and effective reporting set-up that compels the professionals to work truly as a team.
 - In practice, regular case meetings and feedback consultations among the staff members can help build a close working relationship.
4. What are some key factors to be included in the operational guidelines for integrated service centers?
 - In order to ensure the delivery of consistent and reliable high-quality services in all integrated centers, operational guidelines need to define clear roles and functions for each professional at the Center. The guidelines should establish concrete SOPs, service delivery indicators, and performance evaluation standards.

WORKING WITH CSOS AND OTHER SUPPORT MECHANISMS

1. How does the Sunflower Center work with CSOs and other support mechanisms? What are some factors to consider to create synergy with the existing support mechanism?
 - Sunflower Centers make referrals to CSOs and other support mechanism for services that are not available at the Centers. In Korea, Sunflower Centers provide medical, counseling, and investigation support for GBV victims. There are CSOs in Korea that provide other services for the victims, such as shelters and a hotline. Sunflower Centers and CSOs generally play different roles and follow different guidelines in Korea. In some cases, Sunflower Centers face limitations due to the government guidelines they need to follow. In these cases, referrals to CSOs are often made.
 - Possible ways to increase synergies with the existing support mechanism include: a) reducing overlap of functions with existing victim support entities, b) preventing competition among service providers, and c) complementing functions of victim support entities and the integrated service centers.

Development Solutions Partnership

UNDP Seoul Policy Centre for Global Development Partnerships

For more than 40 years (1963-2009), UNDP has supported the people and Government of Korea, delivering 270 projects in 20 areas mirroring Korea's development path. UNDP closed its Country Office in 2009, as Korea joined the OECD Development Assistance Committee (DAC), affirming its status as a significant contributor of development aid. In this context, the UNDP Seoul Policy Centre (USPC) was established in 2011, with the objective of brokering new partnerships between Korea and the developing world through UNDP networks. USPC is co-funded by the Ministry of Foreign Affairs of the Republic of Korea and UNDP.

As one of UNDP's Global Policy Centres, USPC is tasked with: representing UNDP in Korea; working with Korea on international issues; and sharing Korea's development experience with other countries.

What is "Development Solutions Partnership" (DSP)?

DSP is a key part of USPC's programme to share Korea's development experience and innovative policy tools through a wide UNDP network. It seeks to help countries apply and adapt Korea's policy tools to achieve their priorities for sustainable development.

From Korea's experience of transitioning from a recipient country in the aftermath of the Korean War to a donor country, Korea has rich and practical experiences and knowledge to share with developing countries. Yet, extensive background work and concrete partnerships are needed to turn the inspiration to implementation on the ground. It takes concerted effort to capture, share, and apply policy innovations in concrete ways. Going beyond "lost in translation" requires a lot of behind-the-scenes work. This is not only a linguistic translation. It takes systematic and sustained collaboration among real people at working level to explain, connect, and share in meaningful ways.

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