

## The role and place of health care institutions during the implementation of measures in the field of prevention and counteraction of domestic violence in Ukraine

 Viktoriia Medvedska<sup>1\*</sup>,  Yevhen Sobol<sup>2</sup>,  Isa Musa Ohly Tanryverdiiev<sup>3</sup>,  Oleksandr Krasnohor<sup>4</sup>,  
 Zoria Zhuravlova<sup>5</sup>

<sup>1</sup>National Transport University, Kyiv, Ukraine; v\_medevedska@ukr.net (V.M.).

<sup>2</sup>Volodymyr Vynnychenko Central Ukrainian State University Kropyvnytskyi, Ukraine; 81sobol@gmail.com (Y.S.).

<sup>3</sup>Central Ukrainian Institute of Private Joint Stock Partnership "Interregional Academy of Personnel Management", Kropyvnytskyi, Ukraine; tanriverdiiev@gmail.com (I.M.O.T.).

<sup>4</sup>Private notary, Chernihiv, Ukraine; Krasnogorav@ukr.net (O.K.).

<sup>5</sup>Research Institute of Public Law Leading Researcher, Private Notary of Kiev City Notary District Kiev, Ukraine; notar.zv1@gmail.com (Z.Z.).

**Abstract:** The purpose of the article is to analyze the regulatory and legal framework governing the activities of medical institutions in the field of preventing and combating domestic violence and to develop proposals for improving the powers of medical institutions in this area. During the study of this problem, general scientific and special methods of scientific knowledge were employed, namely: systemic-structural, which was used to analyze the actions of medical institutions in the event of identifying victims of domestic violence; comparative, which made it possible to outline the specifics of the behavior of medical institutions when identifying victims of domestic violence in foreign countries; formal-legal, which was used to analyze the content of current legislation and the practice of its application; and the method of legal interpretation, which clarified the content of relevant legal norms, including evaluative concepts used in the law. The article presents the results of a study on the role of medical institutions in implementing measures to prevent and combat domestic violence, reveals the principles of providing medical care to victims of domestic violence, and analyzes the response algorithm of medical workers upon identifying victims of domestic violence. The materials of the article are useful for scientists and practitioners involved in the issues of preventing and combating domestic violence, for planning and forecasting further scientific research, improving legislation on preventing and combating domestic violence, for teachers and students of higher education institutions, as well as for ordinary citizens.

**Keywords:** *Civil process, Civil society institutions, Domestic violence, Human rights, Medical institutions, State and legal policy, Sustainable development.*

### 1. Introduction

According to research by the International Planned Parenthood Federation (IPPF), strengthening health system responses to gender-based violence leads to an overall improvement in the quality of health care, helps maintain confidentiality, promotes respect for women's rights, including reproductive rights, and encourages a comprehensive and holistic view of reproductive and sexual health. Health workers are often the first point of contact for patients affected by violence [1].

Many countries have begun to address violence against women in health care, with varying degrees of success. Case studies also show that progress in integrating violence against women into health care

systems has been slow and incremental. In many countries, social and cultural barriers need to be overcome (e.g., Lebanon), and in most countries, health system barriers such as high staff turnover and limited resources need to be addressed (e.g., India and South Africa) [2].

Often, victims of domestic violence do not contact human rights organizations, shelters, the police or prosecutors, or do not contact them until the violence becomes serious enough to threaten their lives [3]. However, they certainly continue to seek emergency and routine medical care for themselves and their children [4]. Thus, health professionals should provide the necessary assistance to victims of domestic violence who do not seek other types of help, or be able to intervene earlier than lawyers or law enforcement agencies.

In studies conducted in the United States, only about 13% of emergency department visits were asked about violence by a doctor or nurse. Only about 10% of obstetricians and gynecologists reported screening for violence. Psychiatrists also rarely ask their patients about domestic violence, and when such disclosures occur, they do not refer to the fact or include the violence in treatment plans. In British studies, only 15% of psychiatrists and nurses working in psychiatric hospitals regularly asked about domestic violence, while another 8% asked about it occasionally. About 40% of those working in the psychiatric sector asked about violence after noticing its symptoms [5].

Despite the clear relationship between violence and vulnerability to various diseases, the activities of health care institutions in the field of combating domestic violence require further and urgent improvement. Among the reasons that indicate an inadequate response by health care workers to cases of domestic violence, the following can be noted:

- Insufficient understanding by specialists of the relationship between health status and violence;
- Insufficient knowledge and skills of health care workers in identifying signs of violence in patients, the specifics of providing medical care and ensuring effective referral to other organizations;
- Consideration of violence as a separate external factor that does not belong to the scope of activities related to the specifics of providing medical services [6].

## 2. Materials and Methods

During the research, general scientific and special methods of scientific knowledge were used, namely: systemic-structural, which was used to analyze the actions of medical institutions in the event of identifying victims of domestic violence; comparative, which made it possible to outline the specifics of the behavior of medical institutions when identifying victims of domestic violence in foreign countries; formal-legal, which was used to analyze the content of current legislation and the practice of its application; the method of interpretation of law, which made it possible to clarify the content of relevant legal norms, including evaluative concepts used in the law; dialectical, which made it possible to establish a list of subjects that carry out measures in the field of preventing and combating domestic violence; historical, which made it possible to clarify the state of scientific research on the role and place of health care institutions in the implementation of measures in the field of preventing and combating domestic violence in Ukraine; analysis, which identified ways and means of increasing the effectiveness of the mechanism for preventing and combating domestic violence and gender-based violence and ensuring the protection of the rights of victims; synthesis, which made it possible to highlight the content of the categories and draw conclusions; the hermeneutics method allowed us to analyze the current domestic legislation in order to determine its effectiveness at the current stage and to clarify regulatory gaps, shortcomings and conflicting aspects (in particular, the Law of Ukraine "On Prevention and Counteraction to Domestic Violence" [5] the Procedure for Interaction of Entities Implementing Measures in the Field of Prevention and Counteraction to Domestic Violence and Gender-Based Violence [6] the Procedure for Conducting and Documenting the Results of a Medical Examination of Victims of Domestic Violence or Persons Who Are Likely to Have Suffered from Domestic Violence, and Providing Them with Medical Care [7]), the systemic-structural method,

which contributed to the comprehensive formation of a vision of the research issues, the isolation of its general component (“domestic violence”) and partial (“medical care for victims of domestic violence”); the statistical method allowed us to familiarize ourselves with the Unified State Register of Court Decisions for the consideration of cases of domestic violence. When conducting scientific research, a number of special scientific methods of cognition were applied, in particular: the method of legal interpretation made it possible to clarify the content of individual legal norms, including evaluative concepts enshrined in the law; technical-dogmatic, which helped to formulate and substantiate the definitions of the concepts under study; comparative, which made it possible to characterize foreign experience in regulating the status of medical institutions in preventing and combating domestic violence; legal modeling, which ensured the preparation of proposals regarding the role and place of health care institutions in implementing measures in the field of preventing and combating domestic violence in Ukraine.

### 3. Results and Discussion

On December 7, 2017, the Verkhovna Rada of Ukraine adopted the Law of Ukraine “On Prevention and Counteraction Domestic Violence” (hereinafter referred to as the Law), which defines the organizational and legal principles of preventing and combating domestic violence, the main directions of implementing state policy in the field of preventing and combating domestic violence, aimed at protecting the rights and interests of persons who have suffered from such violence [9].

Article 1 of the Law provides definitions of terms, and special attention is paid to the fact that violent acts cause harm to human health, including mental health. Thus, it is appropriate to provide an overview of the provisions of the Law that in one way or another relate to the role and place of health care institutions in implementing measures to prevent and combat domestic violence.

The state policy in the field of preventing and combating domestic violence is aimed at ensuring a comprehensive integrated approach to overcoming domestic violence, providing comprehensive assistance to victims and establishing the non-violent nature of private relationships, and providing assistance and protection to victims is one of the areas of such policy.

Article 6 of the Law regulates the list of entities implementing measures in the field of preventing and combating domestic violence, for which the following are included:

- 1) specially authorized bodies in the field of preventing and combating domestic violence;
- 2) other bodies and institutions entrusted with the functions of implementing measures in the field of preventing and combating domestic violence;
- 3) general and specialized support services for victims;
- 4) citizens of Ukraine, foreigners and stateless persons who are legally residing in Ukraine.

Health care authorities, institutions and health care facilities are other bodies and institutions entrusted with the functions of implementing measures in the field of preventing and combating domestic violence. Their powers include: providing medical care to victims of violence and the procedure for conducting and documenting the results of medical examinations of victims in accordance with the established standard for providing medical care to victims or persons likely to be victims of domestic violence; the procedure for conducting and documenting the results of medical examinations of victims of domestic violence.

These powers correspond to the rights of the victim to: effective, efficient and immediate protection in all cases of violence; to apply personally or through a representative for medical care; to receive from subjects full and comprehensive information about her rights, social services, medical, social, psychological assistance that she can use; to receive free of charge, in accordance with the legislation on social services, medical, social and psychological assistance in accordance with her needs. The provision of medical care to victims is based on the principles of accessibility, safety, effectiveness, timeliness, cost-effectiveness, non-discrimination and human-centeredness.

In practice, these principles are implemented in the following actions:

- provision of medical care and medical examination of victims are carried out without discrimination on any grounds (customs, religious beliefs, creed, traditions cannot be considered as justification for any forms of violence);

- free choice of a doctor and method of treatment by the victim in accordance with the recommendations of the health care institution;

- provision of medical care to the victim is carried out with his voluntary informed written consent or that of his legal representative, if he is not the perpetrator. However, if there are signs of a direct threat to the life of the affected person, such consent is not required;

- assistance by medical workers in obtaining free legal aid by victims by informing workers of free legal aid centers (FLAC) about the need for its provision in a health care facility, if such persons cannot visit the center independently;

- in the case of hospitalization of adult victims for inpatient medical care, the medical worker, during the interview, establishes whether such a person has children and whether they are provided with proper care for the period of their hospitalization, and if necessary, informs the children's service;

- the medical worker informs the victim about the rights, measures and social services that they can use.

In accordance with the Law, as well as the Procedure for Interaction of Entities Implementing Measures in the Field of Preventing and Countering Domestic Violence and Gender-Based Violence, medical institutions and institutions when implementing measures in the field of preventing and countering domestic violence:

- 1) notify the authorized units of the National Police of Ukraine about the detection of injuries that may have occurred as a result of domestic violence, and in case of detection of injuries to a child - also the Children's Service;

- 2) in case of detection of bodily injuries, ensure the medical examination of the victims in accordance with the established procedure;

- 3) in case of detection of injuries of a sexual nature, refer the victims for HIV testing;

- 4) provide medical assistance to the victims, taking into account individual needs;

- 5) inform the victims about the measures and social services that they can use;

- 6) interact with other entities implementing measures in the field of prevention and counteraction to domestic violence;

- 7) report to the Ministry of Social Policy of Ukraine on the results of the exercise of powers in the field of prevention and counteraction to domestic violence [8].

Today in Ukraine, the main legal document that determines the algorithm for responding to domestic violence by medical professionals is the Procedure for conducting and documenting the results of a medical examination of victims of domestic violence or persons who are likely to have suffered from domestic violence, and providing them with medical care, approved by the Order of the Ministry of Health of Ukraine dated 01.02.2019 No. 278 (hereinafter referred to as the Procedure) [9].

According to the Procedure, the algorithm for responding to the identification of victims of domestic violence by medical professionals is as follows:

1. Recording complaints (appeals, detection) of victims of domestic violence. When seeking medical care from victims of domestic violence or their legal representatives, medical workers must record their complaints (appeals) in the logbook of registration of detections (appeals) of domestic violence and gender-based violence.

2. Conducting medical examinations. When seeking medical care from victims of domestic violence or their legal representatives, medical workers are required to collect anamnesis, conduct a medical examination with an assessment of the condition of the victim and, if necessary, additional instrumental and laboratory examinations and measures to prevent the consequences of sexual violence (for example, refer for testing for HIV infection, hepatitis B, pregnancy or bHCG test, testing for syphilis, sexually transmitted infections, tests for bacterioscopic examination, if necessary, for vaccination against tetanus).

Clinical conditions that are characteristic of possible domestic violence and the features of providing medical care to victims or persons who are likely to be victims of domestic violence are defined in Appendix 1 to the Procedure.

3. Informing about rights, measures and social services. Having identified a victim of domestic violence, medical workers are obliged to carry out work to inform her and/or her legal representative (if the representative is not the perpetrator) about the rights, measures and social services that the victim of domestic violence can use.

Recommendations regarding the specifics of a medical professional's communication when providing medical care to a person who has signs of domestic violence, according to the content of the Procedure, include: helping the person access information they may need (about resources, legal and other services); informing the person about any restrictions on the confidentiality of information (for example, the obligation to report cases of violence to the police); explaining to the person that the laws of Ukraine protect those suffering from domestic violence, and telling them that they can receive protection from the police, psychological, legal, social assistance, and referral to a shelter at the center of social services for families, children and youth at their place of residence.

4. Provision of medical care. A medical professional is obliged to determine the type (outpatient, inpatient, primary, secondary or tertiary) of medical care that a victim of domestic violence requires, and, if necessary, refer her to an appropriate health care facility. It should be noted that medical care may be provided only with the voluntary informed written consent of the victim of domestic violence or her legal representative (if the latter is not the perpetrator), and in the presence of a direct threat to the life of the victim of domestic violence (provided that it cannot be obtained for objective reasons) - without such consent.

5. Documentation of the results of detection, examination, and provision of medical care. A medical professional who has discovered injuries in a person that may have occurred as a result of domestic violence and gender-based violence is obliged to document the results of their detection, examination, and provision of medical care.

6. Informing authorized units of the National Police of Ukraine, authorized units for social protection of the population, the children's service, and centers for free secondary legal aid.

For this purpose, Ukraine has approved the Procedure for Interaction of Entities Implementing Measures to Prevent and Combat Domestic Violence and Gender-Based Violence.

After a medical professional has discovered injuries in a person that may have occurred as a result of domestic violence and has documented the results (detection, examination, and provision of medical care to a victim of domestic violence), he or she is required to transfer these results to the head of the health care facility or a person designated by him or her from among his or her deputies (as persons responsible for organizing the medical examination of victims and documenting its results), who are required to inform the National Police of Ukraine, authorized social protection units, the Children's Service, and centers for free secondary legal aid about the victim of domestic violence.

An employee of a healthcare institution, in the event of detecting injuries in a person that may have occurred as a result of domestic violence, or an appeal by a person or their legal representatives in connection with the commission of domestic violence:

no later than one day, informs the authorized unit of the National Police body about all facts of appeal and delivery to healthcare institutions of persons with bodily injuries of a criminal nature (firearm, stab, cut, slash wounds, bruises), which may have occurred as a result of domestic violence;

no later than one day, by telephone or e-mail, informs the authorized person of the district, district in the cities of Kyiv and Sevastopol state administration or the executive body of the councils of united territorial communities, city, district in cities (in case of their formation) councils about the fact of domestic violence, and if the injured person is a child, also the children's service.

The Procedure obliges the healthcare institution to inform only authorized units of the National Police of Ukraine and the Children's Service (if injuries are found on a child) about each victim of domestic violence. When the victim of domestic violence is an adult, the police can be informed by

telephone, e-mail (but with subsequent written confirmation and in compliance with the legal regime of restricted access information). At the same time, the Procedure (in Appendix 2) has defined a special written form for reporting a child who has suffered from abuse or in respect of whom there is a threat of abuse and does not define the form for reporting domestic violence against an adult.

Structural units for social protection of the population of state administrations, executive bodies of village, settlement, and city councils oblige medical workers to inform no later than the next working day from the day of detection about the identified victim of domestic violence, because the healthcare institution is the subject of identifying individuals/families who are in difficult life circumstances, which include victims of domestic violence [10].

The healthcare institution facilitates the receipt of free legal aid by victims by informing employees of free secondary legal aid centers about the need to provide it on the premises of healthcare institutions, if such persons cannot visit the free legal aid center on their own.

7. Reporting (monitoring) on the conduct and documentation of the results of medical examinations of victims of domestic violence or persons who are likely to be victims of domestic violence, and the provision of medical care to them.

According to the Procedure, each health care institution shall submit to the state executive authorities implementing health care policy, quarterly, by the 25th of the last month of the quarter, information (indicating the number of victims, including children, and the type of violence) on the appeals of victims of domestic violence and/or their legal representatives, the provision of medical care to them, and referrals to other health care institutions. Also, information on: organizing professional thematic training of medical workers on the conduct and documentation of the results of medical examinations of victims of domestic violence and the provision of medical care to them by the head of the health care institution or a person designated by him from among his deputies; on explaining to victims of domestic violence (their legal representatives) the rights, measures, and social services that they can use; regarding notification of authorized units of the National Police of Ukraine, authorized units for social protection of the population, the children's service and centers for free secondary legal aid about victims of domestic violence; etc.

Thus, a medical examination of victims of domestic violence and documentation of its results is an important stage in the process of collecting evidence to bring the perpetrator to justice. One of the ways to obtain such evidence may be to apply to medical institutions to record the injuries caused, because in the resolution of February 10, 2021 in case No. 761/49109/19, the Supreme Court noted that the very fact of the applicant's application to the police indicates the existence of a conflict between the spouses and does not confirm the fact of domestic violence, which is a necessary condition for the court to apply special measures to the relevant person to combat domestic violence, which are defined by the Law of Ukraine "On Prevention and Combating Domestic Violence" [11].

Working with victims of domestic violence is a rather delicate and difficult task, which requires high professionalism and sensitivity from medical professionals. To this end, it is necessary to ensure proper education of medical professionals and advanced training courses in working with victims of domestic violence and their legal education.

It is noteworthy that in 2024, in the Zhytomyr region, the public organization "Women's Information and Advisory Center" implemented a project to train doctors to provide psychosocial support to women who have suffered from violence. As part of it, doctors were trained to properly provide psychosocial support to women: how to talk to a traumatized person correctly, so that she trusts a specialist, so as not to violate her rights and harm her mental health; where to refer a woman who has suffered from violence; how to provide, first of all, medical and then psychotherapeutic assistance [12].

Increasing the level of legal awareness and professional competence of healthcare workers in preventing and combating domestic violence is an important area of activity in this area. We agree with L. Gretchenko that curricula and educational programs for continuous professional development of healthcare professionals, programs for professional thematic training of healthcare workers, should include issues of conducting and documenting the results of medical examinations of victims and

providing them with medical care, the legislative dimension of the legal status of doctors and healthcare workers as subjects of response in situations of domestic violence, the procedure for victims to access free legal aid, and conducting exercises on interdepartmental response to cases of domestic violence [13].

Improving the mechanism for preventing and combating domestic violence and gender-based violence in the context of decentralization, taking into account international standards, national legislation, as well as increasing effective interaction between central and local executive bodies, local governments, and the public is the goal of the State Social Program for Preventing and Combating Domestic Violence and Gender-Based Violence for the Period Until 2025, approved by the Resolution of the Cabinet of Ministers of Ukraine dated February 24, 2021 [14].

Among the ways and means of increasing the effectiveness of the mechanism for preventing and combating domestic violence and gender-based violence and ensuring the protection of the rights of victims, the following deserve attention:

1) improving the system for preventing and combating violence, as well as the relevant regulatory and legal framework, introducing an effective mechanism for interaction between entities implementing measures in the field of preventing and combating domestic violence and gender-based violence by coordinating their actions;

2) introducing a systemic response to violence, where each case receives due attention from entities implementing measures in the field of preventing and combating domestic violence and gender-based violence, other bodies and institutions that perform functions related to implementing measures in the field of preventing and combating domestic violence and gender-based violence;

3) ensuring that victims, regardless of age and health status, have access to comprehensive services focused on their needs, and receive such services;

4) creating a unified approach to the development and expansion of shelters and appropriate infrastructure for victims of domestic violence;

5) ensuring access to general and specialized support services for victims to receive social services, medical, social, psychological assistance, access to justice and other mechanisms of legal protection; if necessary, providing temporary shelter for victims.

Combating violence against women needs to be given greater attention in health policy, budgets and the training of health workers and health care providers. Services should be monitored to assess the accessibility, acceptability and quality of care provided to women survivors of violence [15, 16].

If we take into account the foreign experience of providing medical care to victims of domestic violence, it has many similarities with Ukraine [17]. For example, the Law on the Protection of Victims of Domestic Violence in France of July 30, 2020 allows a doctor or any other medical professional to waive professional secrecy if he or she knowingly believes that the violence puts the victim's life in immediate danger [18]. To prevent violence, the United States has implemented a mandatory response strategy, which consists in the obligation of medical institutions to report any facts of violence to the police.

#### 4. Conclusion

Therefore, domestic violence is a serious problem that requires a comprehensive approach. Medical institutions play an important role in this process, providing necessary assistance to victims and contributing to the prevention of such cases. The key areas of their activities that need improvement are the identification and documentation of cases of domestic violence and the provision of psychological support to victims of domestic violence. Medical workers should be trained to recognize signs of physical, psychological and sexual violence, be able to carefully document injuries and other medical consequences of violence, which can become important evidence in court, know how to properly conduct patient interviews to identify possible cases of violence, especially in children. Medical workers should develop zero tolerance for domestic violence. Victims of domestic violence often need psychological assistance to overcome trauma and restore their emotional state. It would be advisable for medical

institutions to provide psychological counseling and therapy, as well as refer victims to specialized psychological services.

The procedure for conducting and documenting the results of a medical examination of victims of domestic violence or persons who are likely to have suffered domestic violence, and providing them with medical assistance, approved by Order of the Ministry of Health of Ukraine dated February 1, 2019 No. 278, requires supplementation with a developed form for reporting to the police about a person who has suffered from cruel treatment or in respect of whom there is a threat of its commission, since such a form is currently approved if the victim is a child.

### Transparency:

The authors confirm that the manuscript is an honest, accurate, and transparent account of the study; that no vital features of the study have been omitted; and that any discrepancies from the study as planned have been explained. This study followed all ethical practices during writing.

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### References

- [1] V. Bannikov and S. Velygodsky, *Organization and provision of medical services in cases of gender-based violence: Manual for medical workers*. Kyiv, Ukraine: Ministry of Health, 2021.
- [2] C. García-Moreno, K. Hegarty, A. F. L. d'Oliveira, J. Koziol-McLain, M. Colombini, and G. Feder, "The health-systems response to violence against women," *The Lancet*, vol. 385, no. 9977, pp. 1567-1579, 2015. [https://doi.org/10.1016/S0140-6736\(14\)61837-7](https://doi.org/10.1016/S0140-6736(14)61837-7)
- [3] O. Yara, A. Brazheyev, L. Golovko, and V. Bashkatova, "Legal regulation of the use of artificial intelligence: Problems and development prospects," *European Journal of Sustainable Development*, vol. 10, no. 1, pp. 281-281, 2021. <https://doi.org/10.14207/ejsd.2021.v10n1p281>
- [4] Y. Onishchuk, L. L. Golovko, V. I. Ostapiak, O. V. Belichenko, and Y. O. Ulianchenko, "International experience of legal regulation of freedom of speech in the global information society," *International Journal for the Semiotics of Law*, vol. 36, no. 3, pp. 1325-1339, 2023. <https://doi.org/10.1007/s11196-023-10007-0>
- [5] Ł. Wiczorek, K. Dąbrowska, and K. Łukowska, "" This is not within the scope of our tasks or even duties"—barriers in the identification of domestic violence by healthcare workers," *Journal of Public Health*, pp. 1-10, 2024. <https://doi.org/10.1007/s10389-024-02346-4>
- [6] L. Golovko, O. Gulac, and R. Oleksenko, "International legal regulation of environmental protection during armed conflict and the possibility of its application in Ukraine," *International Multidisciplinary Scientific GeoConference: SGEM*, vol. 23, no. 5.1, pp. 579-586, 2023. <https://doi.org/10.5593/sgem2023/5.1/s23.79>
- [7] Law of Ukraine No. 2229-VIII, "On preventing and combating domestic violence," Retrieved: <https://zakon.rada.gov.ua/laws/show/2229-19#Text>, 2017.
- [8] Resolution of the Cabinet of Ministers of Ukraine No. 658, "On approval of the procedure for interaction between entities implementing measures in the field of prevention and counteraction to domestic violence and gender-based violence," Retrieved: <https://surl.li/fibzqn>. [Accessed 2018.
- [9] Order of the Ministry of Health of Ukraine No. 278, "On approval of the Procedure for conducting and documenting the results of a medical examination of victims of domestic violence or persons who are likely to have suffered from domestic violence, and providing them with medical assistance," Retrieved: <https://zakon.rada.gov.ua/laws/show/z0262-19#Text>, 2019.
- [10] Resolution of the Cabinet of Ministers of Ukraine No. 587, "On the organization of the provision of social services," Retrieved: <https://zakon.rada.gov.ua/laws/show/587-2020-%D0%BF#Text>, 2020.
- [11] Supreme Court Resolution in the case №761/49109/19, "On the case concerning domestic violence claims," Retrieved: <https://reyestr.court.gov.ua/Review/94974041>. [Accessed 2021.
- [12] Suspilne, "More than 100 doctors in Zhytomyr region received training in providing assistance to women who have suffered from violence," Retrieved: <https://suspilne.media/zhytomyr/684532-bilse-100-medikiv-zitomirsiniprojsli-navcanna-z-nadanna-dopomogi-zinkam-aki-postrazdali-vid-nasilstva/>, 2020.
- [13] L. Gretchenko, "Assistance by medical professionals in obtaining free legal assistance for children affected by domestic violence: Legal principles and problematic aspects," *Medical Law*, vol. 1, no. 31, pp. 30-40, 2023. <https://doi.org/10.25040/medicallaw2023.01.030>



- [14] Resolution of the Cabinet of Ministers of Ukraine No. 145, "State social program for preventing and combating domestic violence and gender-based violence for the period until 2025," Retrieved: <https://zakon.rada.gov.ua/laws/show/145-2021-%D0%BF#Text>. [Accessed 2021].
- [15] T. Khrystova *et al.*, "Bioecomedicine as a social determinant of the sustainable development of society," *Journal of Infrastructure, Policy and Development*, vol. 8, no. 8, p. 6338, 2024. <https://doi.org/10.24294/jipd.v8i8.6338>
- [16] V. Kachur, L. Protosavitska, L. Zasukha, and L. Golovko, "The role of legal culture in maintaining social stability and countering separatist movements: Case of Ukraine," *European Journal of Sustainable Development*, vol. 9, no. 1, pp. 294-294, 2020. <https://doi.org/10.14207/ejsd.2020.v9n1p294>
- [17] N. V. Koliadenko, K. S. Zhyvaho, and A. I. Bursa, "Provision of medical-psychological and psychiatric care to patients with post-covid syndrome in telemedicine conditions," *Bangladesh Journal of Medical Science*, vol. 21, no. 4, pp. 719-730, 2022. <https://doi.org/10.3329/bjms.v21i4.60256>
- [18] N. Lytvyn, H. Andrushchenko, Y. V. Zozulya, O. V. Nikanorova, and L. M. Rusal, "Enforcement of court decisions as a social guarantee of protection of citizens rights and freedoms," *Prawo i Więż*, vol. 1, no. 39, pp. 80-102, 2022. <https://doi.org/10.36128/prw.vi39.351>