SCIENTIFIC ANNALS OF „ALEXANDRU IOAN CUZA" UNIVERSITY OF IAȘI
VOLUME XIX/1, SOCIOLOGY AND SOCIAL WORK, 2026

DOI: 10.47743/asas-2026-1-882

LOCALIZATION AND INTEGRATED SOCIO-MEDICAL NETWORKS: STRENGTHENING MULTIDISCIPLINARY APPROACHES FOR PREVENTING VIOLENCE AGAINST WOMEN

Nicoleta FILIP[1], **Adrian Cristian TITORENCU**[2]

Abstract: Violence against women represents a complex and multidimensional social issue that requires sustainable, interdisciplinary, and community-centred responses. This study examines how the principles of localization and the development of integrated socio-medical networks can strengthen prevention and intervention mechanisms in cases of gender-based violence in vulnerable communities. The theoretical perspective builds on the concept of localization and on approaches related to community capacity development, emphasizing the role of local actors in the provision of social and health services. The analysis draws on the specialised literature on Capacity Building and Capacity Development, as well as on examples of community-based interventions and multisectoral collaboration between public institutions and non-governmental organisations. The analysis highlights the essential role of local professionals – such as health mediators, community health nurses, and social workers – in facilitating access to services, increasing trust, and strengthening community resilience. In vulnerable communities, including those with Roma populations, community health teams often represent the first line of intervention, playing an important role in identifying risk situations, counselling affected individuals, and referring them to specialised services. The integration of social, medical, and educational components contributes to improving institutional coordination and to the development of more inclusive and effective local systems in supporting women survivors of violence.

Keywords: community resilience, health mediation, capacity development, multisectoral collaboration, community intervention

Résumé : La violence à l'égard des femmes représente un problème social complexe et multidimensionnel qui nécessite des réponses durables, interdisciplinaires et centrées sur la communauté. Cette étude examine comment les principes de la localisation et le développement de réseaux socio-médicaux intégrés peuvent renforcer les mécanismes de prévention et d'intervention dans les cas de violence basée sur le genre dans les communautés vulnérables. La perspective théorique s'appuie sur le concept de localisation ainsi que sur les approches liées au développement des capacités communautaires, en

[1]PhD Candidate, Doctoral School of Social Work, Faculty of Sociology and Social Work, University of Bucharest, Romania, E-mail: nicoleta.filip@fsas.unibuc.ro

[2]PhD Candidate, Doctoral School of Social Work, Faculty of Sociology and Social Work, University of Bucharest, Romania, E-mail: adrian-cristian.titorencu@s.unibuc.ro

mettant l'accent sur le rôle des acteurs locaux dans la fourniture de services sociaux et de santé. L'analyse se fonde sur la littérature spécialisée concernant le Capacity Building et le Capacity Development, ainsi que sur des exemples d'interventions communautaires et de collaboration multisectorielle entre institutions publiques et organisations non gouvernementales. L'analyse souligne le rôle essentiel des professionnels locaux — tels que les médiateurs sanitaires, les infirmiers communautaires et les travailleurs sociaux — dans la facilitation de l'accès aux services, le renforcement de la confiance et de la résilience communautaire. Dans les communautés vulnérables, y compris celles comptant une population rom, les équipes de santé communautaire représentent souvent la première ligne d'intervention.

Mots-clés : résilience communautaire, médiation sanitaire, développement des capacités, collaboration multisectorielle, intervention Communautaire

Rezumat: Violența împotriva femeilor reprezintă o problemă socială complexă și multidimensională, care necesită răspunsuri sustenabile, interdisciplinare și centrate pe comunitate. Studiul analizează modul în care principiile localizării și dezvoltarea rețelelor socio-medicale integrate pot contribui la consolidarea mecanismelor de prevenire și intervenție în cazurile de violență bazată pe gen din comunitățile vulnerabile. Perspectiva teoretică pornește de la conceptul de localizare și de la abordările privind dezvoltarea capacităților comunitare, punând accent pe rolul actorilor locali în furnizarea serviciilor sociale și medicale. Analiza se bazează pe literatura de specialitate privind dezvoltarea capacităților (Capacity Building) și consolidarea capacităților (Capacity Development), precum și pe exemple de intervenții comunitare și colaborare multisectorială între instituțiile publice și organizațiile neguvernamentale. Analiza evidențiază rolul esențial al profesioniștilor locali – precum mediatorii sanitari, asistenții medicali comunitari și asistenții sociali – în facilitarea accesului la servicii, creșterea încrederii și consolidarea rezilienței comunitare. În comunitățile vulnerabile, inclusiv în cele cu populație romă, echipele de asistență medicală comunitară reprezintă adesea prima linie de intervenție, având un rol important în identificarea situațiilor de risc, consilierea persoanelor afectate și orientarea acestora către servicii specializate. Integrarea componentelor socio-medicale, educaționale și sociale contribuie la îmbunătățirea coordonării instituționale și la dezvoltarea unor sisteme locale mai incluzive și mai eficiente în sprijinirea femeilor supraviețuitoare ale violenței.

Cuvinte-cheie: reziliență comunitară, mediere sanitară, dezvoltarea capacităților, colaborare multisectorială

1. Introduction

Violence against women represents one of the most pressing social and public health challenges worldwide. Despite significant international efforts aimed at prevention and protection, gender-based violence continues to affect millions of women across different social and cultural contexts. This article explores the role of integrated socio-medical networks in strengthening community-based responses to violence against women, particularly in vulnerable communities.

Contemporary humanitarian crises highlight the need for intervention mechanisms that can respond quickly and effectively to the needs of affected

communities. Natural disasters, armed conflicts, and other forms of social instability create contexts in which vulnerable populations are exposed to major risks, and the capacity of institutions to ensure social protection is often challenged. In such situations, humanitarian intervention becomes an essential element for maintaining social balance and protecting the fundamental rights of affected individuals.

Within these interventions, attention given to vulnerable groups represents a central component of humanitarian action. People affected by humanitarian crises frequently face difficulties related to access to resources, social services, or institutional protection mechanisms. Among these groups, women are often particularly vulnerable, as they may become more exposed to different forms of discrimination or violence during periods of social instability. From this perspective, humanitarian interventions do not focus solely on providing material assistance but also encompass social protection, respect for human rights, and strengthening community support mechanisms.

The article is structured in several sections. The first section presents the global context of violence against women, highlights its social and public health implications, methodology, and research questions. The second section examines the relationship between humanitarian crises and the increased vulnerability of affected populations, particularly women. The following section explores the concept of humanitarian aid localization and discusses the importance of community-based responses and integrated socio-medical networks in addressing complex social challenges. By emphasizing the role of local actors and multidisciplinary collaboration, the analysis highlights how integrated community-based mechanisms can contribute to improving prevention and intervention strategies in cases of violence against women.

Within this framework, the localization of humanitarian aid is approached as a mechanism that can contribute to strengthening social protection for individuals at risk. Through the participation of local actors and the use of resources available within the community, humanitarian interventions can become better adapted to the real needs of affected populations. This perspective is also relevant in the case of protecting women, since community structures can play an important role in identifying vulnerable situations and facilitating access to appropriate forms of support.

Thus, the first part of this article aims to highlight the relationship between humanitarian crises, social intervention, and the concept of humanitarian aid localization, analyzing how these elements can contribute to the protection of vulnerable groups, including women. This approach creates the conceptual framework necessary for the subsequent analysis of intervention mechanisms developed at the local level, particularly through integrated socio-medical networks.

Against this background, the article seeks not only to synthesize existing knowledge, but also to develop a conceptual bridge between humanitarian

localization, community capacity development, and integrated socio-medical responses to violence against women.

This article is a conceptual paper based on a narrative review of the scientific literature and relevant policy documents. The methodological approach was selected because it allows the integration of knowledge from multiple disciplines, including social work, public health, humanitarian studies, and gender-based violence, to develop a conceptual understanding of the relationship between humanitarian localization, integrated socio-medical networks, and multidisciplinary approaches to preventing violence against women.

The literature search was conducted using major bibliographic databases and also included policy documents, international guidelines, technical reports, and legislative sources published by international organizations with recognized expertise in humanitarian action, public health, and gender equality, as well as relevant Romanian legislation governing community health services, health mediation, and social assistance.

The review included peer-reviewed journal articles, academic books, policy reports, international guidelines, and official legislative documents that addressed one or more of the conceptual themes examined in this paper. Sources were selected based on their scientific relevance, conceptual contribution, and policy significance. Publications unrelated to violence against women, humanitarian localization, integrated service delivery, or community-based approaches were excluded from the analysis.

The search strategy included combinations of keywords such as „violence against women", „gender-based violence", „humanitarian localization", „integrated services", „community health nursing", „health mediation", „social work", „capacity building", and „capacity development".

The selected literature was analysed through a thematic and conceptual synthesis. The analysis focused on identifying relationships among six interrelated concepts: humanitarian localization, community participation, capacity building and capacity development, integrated services, integrated socio-medical networks, and multidisciplinary responses to violence against women**.** This approach made it possible to develop an integrated conceptual framework that explains how localized socio-medical networks may strengthen community-based prevention and response mechanisms for violence against women.

The paper addresses the following research questions: How can humanitarian localization strengthen multidisciplinary approaches to the prevention and response to violence against women? and What role can integrated socio-medical networks and local professionals play in developing coordinated, community-based systems for preventing and responding to violence against women? By integrating concepts from humanitarian localization, capacity development, and integrated service delivery, this paper proposes a conceptual framework for understanding how community-based socio-medical networks can contribute to more effective and sustainable responses to violence against women.

The original contribution of this paper lies in connecting three areas that are frequently discussed separately: humanitarian localization, integrated socio-medical service delivery, and the prevention continuum of violence against women. Rather than treating localization solely as a humanitarian governance reform, the paper conceptualizes it as a potential mechanism for organizing coordinated community-based prevention and response. It therefore proposes an integrated framework in which capacity development enables local socio-medical networks to operate across primary prevention, secondary prevention, and tertiary prevention and response. Particular attention is given to the role of community health nurses, health mediators, social workers, local authorities, and civil society organizations in vulnerable communities, including Roma communities in Romania.

2. Violence Against Women – Global Context

Violence against women represents one of the most pervasive violations of human rights and a major public health challenge worldwide. According to the United Nations, violence against women refers to any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats, coercion, or the arbitrary deprivation of liberty, whether occurring in public or private life (United Nations 1993). Over the past decades, international organisations have increasingly recognised violence against women as not only a social and legal concern but also a significant public health issue with long-term consequences for individuals, families, and communities (WHO 2013).

Globally, violence against women affects millions of individuals across different social, cultural, and economic contexts. Estimates published by the World Health Organization indicate that approximately one in three women worldwide (around 30%) has experienced physical and/or sexual violence during her lifetime, either by an intimate partner or a non-partner (WHO 2021). Intimate partner violence constitutes the most common form of violence against women, with nearly 27% of women aged 15–49 who have been in a relationship reporting experiences of physical or sexual violence by a current or former partner (WHO 2021). Furthermore, global statistics reveal that intimate partners are responsible for a significant proportion of female homicides, with approximately 38% of murders of women worldwide committed by partners or former partners (WHO 2013).

The consequences of violence against women extend far beyond immediate physical harm. Numerous studies highlight its profound impact on women's physical, mental, sexual, and reproductive health. Survivors of intimate partner violence are more likely to suffer from injuries, depression, anxiety disorders, post-traumatic stress disorder, and substance abuse problems (WHO 2013). Additionally, violence is associated with increased risks of unintended pregnancies, sexually transmitted infections, and adverse maternal and neonatal outcomes, including

miscarriage, premature birth, and low birth weight (WHO 2013). The long-term effects of such experiences often contribute to social isolation, economic instability, and reduced participation in social and professional life.

Recent global analyses also emphasize that violence against women is strongly influenced by structural and social factors, including gender inequality, discriminatory norms, limited access to education and employment opportunities, and weak institutional responses. Women facing multiple forms of discrimination, such as poverty, disability, displacement, or belonging to ethnic minority groups, are particularly vulnerable to gender-based violence (UN Women 2024).

In response to this global challenge, international organizations such as the World Health Organization and UN Women have developed comprehensive frameworks aimed at preventing violence and strengthening institutional responses. One of the most prominent initiatives is the RESPECT Women framework, which promotes integrated strategies focused on empowerment, improved services for survivors, community engagement, and the transformation of gender norms that tolerate violence (WHO and UN Women 2019). These approaches highlight the importance of multisectoral collaboration and the involvement of local actors in addressing violence against women effectively.

3. Humanitarian Crises and Vulnerable Communities

Humanitarian crises represent complex social contexts that significantly increase the vulnerability of affected populations. Natural disasters, armed conflicts, political instability, and large-scale displacement often disrupt social protection systems and limit access to essential services, including health care, social assistance, and legal protection (UNHCR 2024). In such situations, vulnerable groups face heightened risks of marginalization, exploitation, and various forms of violence.

Among these vulnerable groups, women are frequently exposed to a higher risk of gender-based violence during periods of social instability. The breakdown of institutional protection mechanisms, combined with poverty, displacement, and weakened community structures, may intensify existing gender inequalities and create environments in which violence against women becomes more prevalent.

In recent years, humanitarian crises have affected an increasing number of people worldwide. Global reports indicate that the number of forcibly displaced individuals has risen dramatically, reaching more than 117 million people by 2023 (UNHCR 2024). Such developments place significant pressure on humanitarian systems and highlight the need for more effective and locally adapted intervention mechanisms.

Within this context, social intervention must go beyond the provision of immediate material assistance and include mechanisms aimed at protecting human rights, strengthening community resilience, and supporting vulnerable individuals. Community-based responses and the involvement of local actors are increasingly

recognized as essential elements in addressing complex social challenges, including violence against women.

Humanitarian localization has emerged over the last decade as one of the most significant paradigmatic shifts in humanitarian action. Formally consolidated during the World Humanitarian Summit (Istanbul, 2016), localization promotes a redistribution of responsibilities, resources, and decision-making authority from international organizations to local actors to strengthen locally led humanitarian responses (IASC, 2023; Vera-Cruz & Vera-Brusola, 2021). Rather than simply increasing the participation of national organizations, localization seeks to place local institutions, civil society organizations, and affected communities at the centre of humanitarian planning, implementation, and recovery processes (de Geoffroy & Grunewald, 2017).

Although localization is sometimes associated with decentralization, the two concepts are not synonymous. Decentralization primarily refers to the transfer of administrative responsibilities within governance systems, whereas localization emphasizes the redistribution of power, leadership, and resources toward local actors while recognizing their knowledge, capacities, and contextual expertise (Fabre & Gupta, 2017). Consequently, localization is closely linked to the principle of subsidiarity, according to which decisions should be taken as close as possible to affected communities, while higher institutional levels provide support only when local capacities are insufficient (WHS, 2015). This perspective is reflected in the widely adopted humanitarian principle that assistance should be „as local as possible and as international as necessary" (WHS Secretariat, 2016).

Community participation constitutes a fundamental component of localization. Earlier humanitarian approaches frequently limited local actors to consultative roles or subcontracting arrangements, without granting meaningful influence over programme design or decision-making (Poole, 2014; Wall & Hedlund, 2016; Zyck & Krebs, 2015). Contemporary approaches instead emphasize equitable partnerships, shared leadership, and active community engagement throughout all phases of humanitarian action (Robilard et al., 2021).

Within this framework, capacity building and capacity development represent complementary, although distinct, concepts. Capacity building generally refers to activities aimed at strengthening the knowledge, competencies, and organizational resources of local actors through training, technical assistance, and institutional support. Capacity development adopts a broader perspective by emphasizing the long-term ability of individuals, organizations, and communities to lead, manage, and sustain humanitarian responses independently (Fabre & Gupta, 2017; Frensson, 2022). Therefore, localization should not be understood as the simple transfer of operational responsibilities, but as a process of developing sustainable local leadership capable of responding effectively to future crises (Oxfam, 2016).

These principles provide the conceptual basis for integrated socio-medical networks. Integrated services require structured collaboration among health professionals, social workers, community health nurses, health mediators, public

authorities, and civil society organizations in order to address the complex and multidimensional needs of vulnerable populations. Within the context of violence against women, such networks facilitate coordinated prevention, early identification, referral, protection, and long-term community support by combining professional expertise with the contextual knowledge and trust held by local actors.

Despite its growing acceptance within humanitarian policy, localization should not be regarded as an inherently effective or universally applicable approach. The literature indicates that, although localization has become a central principle of humanitarian reform, its implementation has been uneven and marked by persistent structural limitations. Early formulations of the Grand Bargain primarily framed localization through increased funding opportunities, capacity building, and partnerships with local organizations, while issues such as decision-making authority, power redistribution, and local leadership remained insufficiently operationalized (Robillard et al., 2021; Roepstorff, 2020).

Subsequent evaluations similarly concluded that progress has been limited, with many reforms producing changes at the procedural or policy level rather than fundamentally transforming humanitarian governance (Metcalfe-Hough et al., 2021). Local organizations continue to encounter barriers in accessing direct funding and participating in strategic coordination, while relationships between international and local actors frequently remain characterized by asymmetrical power dynamics (Sørensen, 2022). Consequently, humanitarian localization should be understood not as the automatic transfer of responsibilities to local actors, but as a gradual process requiring equitable partnerships, meaningful participation, sustainable capacity development, and genuine redistribution of decision-making power. Without these conditions, localization risks remaining primarily an administrative or financial reform rather than a transformative approach capable of strengthening community-based humanitarian action.

In interventions addressing violence against women, the advantages of local proximity must be considered alongside significant safeguarding risks. Local professionals may possess contextual knowledge, linguistic competence, and relationships of trust that facilitate access to women who are otherwise excluded from formal services. However, in small or tightly connected communities, the same proximity may create concerns regarding confidentiality, anonymity, and safe disclosure. Survivors may fear that personal information will circulate through informal community networks or reach family members, perpetrators, or influential local actors. Consequently, proximity should not automatically be equated with safety or trust, and disclosure should never be encouraged without clear confidentiality procedures, informed consent, and access to secure referral pathways.

Localized interventions may also reproduce existing power asymmetries within communities. Local institutions or community representatives may be influenced by political interests, family networks, patriarchal norms, or informal hierarchies. Under these conditions, elite capture may occur when resources,

information, or decision-making processes are controlled by a limited number of actors who do not necessarily represent the interests of survivors. Women who disclose violence may face stigma, social exclusion, economic consequences, retaliation from perpetrators, or pressure to preserve family and community reputation. These risks are particularly relevant for women experiencing intersecting vulnerabilities related to poverty, ethnicity, disability, migration status, or geographical isolation.

For this reason, localized socio-medical networks require more than the physical presence of local professionals. They must include survivor-centred safeguarding standards, role clarification, confidential documentation systems, secure data-sharing procedures, continuous professional training, and explicit accountability mechanisms. Information should be shared only on a need-to-know basis and with the informed consent of the survivor, except where legal obligations or an immediate risk to life require otherwise. Referral protocols should clearly identify responsible institutions, emergency pathways, and procedures for managing high-risk cases. Survivor participation should remain voluntary and meaningful, while the principle of „do no harm" should guide all stages of identification, assessment, referral, protection, and follow-up.

4. Localization of Humanitarian Aid and Integrated Socio-Medical Networks

In recent years, international organizations and policy frameworks have increasingly emphasized the importance of localizing humanitarian aid and strengthening community-based responses to social crises. Localization refers to the process of empowering local actors, institutions, and communities to play a central role in designing and implementing interventions aimed at addressing social vulnerabilities. This approach recognizes that local actors often possess a deeper understanding of community needs, cultural contexts, and existing social networks, which allows them to respond more effectively to complex social challenges (OECD, 2017; UNDP, 2020).

Within this perspective, the integration of health and social services has become a key strategy for improving support mechanisms for vulnerable populations. Integrated service models aim to increase coordination between different sectors—such as healthcare, social assistance, education, and community organizations—in order to provide comprehensive and accessible support for individuals and families facing multiple forms of vulnerability. The concept of integration refers to a range of approaches designed to improve cooperation and coordination between services, to achieve better outcomes for service users and their families (Council of Europe, 2007).

Violence against women represents one of the social issues that requires such integrated responses. Health systems play a crucial role within a multisectoral approach to addressing violence, as healthcare professionals are often among the first professionals to encounter women experiencing abuse. Healthcare settings

may provide safe spaces where women can disclose experiences of violence and receive appropriate support, including medical care, psychosocial assistance, and referral to specialized services (García-Moreno et al., 2014).

Research indicates that effective responses to violence against women require coordinated actions across multiple sectors, including healthcare, social services, legal institutions, and community organizations. Health systems must therefore ensure the existence of clear protocols, trained professionals, referral mechanisms, and supportive environments that allow providers to identify victims of violence and respond appropriately (World Health Organization, 2013; García-Moreno et al., 2014).

International public health institutions have also emphasized the importance of strengthening the health sector's response to gender-based violence. The Pan American Health Organization highlights that health services must move beyond treating the physical consequences of violence and should actively contribute to prevention, early identification of abuse, and support for survivors through coordinated referral networks and community-based interventions (PAHO, 2022).

In Romania, similar principles can be observed in the development of community-based health and social services, particularly through programs such as community health nursing and health mediation. These services operate at the local level and aim to improve access to healthcare for vulnerable populations while also promoting health education, prevention, and social support (Ministry of Health Romania, 2022).

In Romania, the development of community-based health and social services has been supported by specific legislative frameworks aimed at improving access to healthcare for vulnerable populations. Community health care services are regulated through Government Decision No. 324/2019, which establishes the methodological norms for the organization, functioning, and financing of community health care services. These services are designed to facilitate access to primary healthcare, health education, and prevention activities, particularly for individuals living in disadvantaged communities. In parallel, the health mediation program, regulated through Government Decision No. 162/2008, was introduced to improve communication between Roma communities and public health institutions, contributing to reducing barriers to healthcare access and strengthening community-level interventions. Together, community health nurses and health mediators represent important local actors within integrated socio-medical networks, supporting early identification of vulnerable situations and facilitating the referral of individuals to appropriate social and medical services.

Community health nurses and health mediators play an important role in identifying situations of vulnerability within communities, including cases of domestic violence. Their responsibilities often include providing health education sessions, raising awareness about women's health and rights, facilitating access to medical and social services, and supporting communication between vulnerable individuals and public institutions (Ministry of Health Romania, 2022).

In Romania, several civil society organizations also contribute to strengthening community-based responses to gender-based violence and social vulnerability. Organizations such as the FILIA Centre, E-Romnja – the Roma Feminist Platform, and Sastipen have developed initiatives focused on women's rights, community empowerment, health education, and support for vulnerable groups. Through advocacy activities, awareness campaigns, community outreach programs, and collaboration with public institutions, these organizations contribute to improving access to information, services, and protection mechanisms for women and marginalized communities. Their involvement illustrates the important role that local civil society actors can play in strengthening integrated community responses and supporting the localization of social and humanitarian interventions.

In this context, integrated socio-medical networks can serve as an effective framework for coordinating the activities of healthcare providers, social workers, community mediators, and local institutions. By strengthening collaboration between these actors, such networks can facilitate early identification of vulnerable cases, improve referral pathways, and enhance the overall effectiveness of interventions aimed at preventing and responding to violence against women.

5. Localization of humanitarian aid as a mechanism for the protection of women

In recent decades, the international context has been marked by a constant increase in the number of humanitarian crises. Natural disasters such as droughts, floods, earthquakes, or extreme storms, as well as armed conflicts and political instability, produce major disruptions in the social and economic structure of affected communities. Such events generate not only material and human losses but also complex processes of migration, relocation, and social destabilization.

Statistical data show a significant increase in the number of people affected by such situations. While in 2014 approximately 60 million people were forcibly displaced as a result of conflicts or major social disruptions, by the end of 2023 this number had reached approximately 117.3 million people (UNHCR, 2024). This increase highlights the growing pressure placed on the global humanitarian system and the need for effective intervention mechanisms.

Among those affected by crises, a large proportion consists of individuals displaced within their own country, refugees, or asylum seekers. There are also people facing other types of emergency situations caused by natural disasters or political instability. Despite these realities, solutions provided at the international level remain limited, and the number of people who succeed in rebuilding their lives is relatively small (UNHCR, 2024).

Another important aspect is the prolonged duration of humanitarian crises. Analyses show that such situations may persist for extended periods of time, sometimes exceeding a decade (Aldrich et al., 2020). Armed conflicts, ethnic or religious tensions, and political instability generate complex social processes that maintain crisis conditions over long periods (Dumitru, 1999).

At the same time, natural disasters represent a major component of these crises. Studies conducted by research centers dedicated to disaster analysis indicate that, within a single year, hundreds of major natural events may occur worldwide, affecting millions of people and producing significant economic losses (CRED, 2025). Such events demonstrate the vulnerability of communities to climate change and environmental imbalances.

These situations have a direct impact on the quality of life of affected populations. In many cases, humanitarian crises lead to the deterioration of health systems, education systems, and social protection mechanisms. At the same time, food insecurity and extreme poverty become frequent problems in communities affected by conflicts or natural disasters.

Certain social categories are particularly vulnerable in these contexts. Children and women are often identified among the groups most exposed to risks during humanitarian crises. International reports highlight that women are frequently exposed to discrimination and gender-based violence during periods of social instability (OCHA, 2025).

Social intervention in humanitarian crisis situations differs significantly from social intervention in ordinary contexts. Under normal circumstances, social assistance systems are designed to respond to previously identified needs and to serve a relatively stable number of beneficiaries. These services are planned based on statistical analyses and assessments of existing social needs.

In contrast, in crises, social intervention must be rapid and flexible. The emergence of natural disasters or armed conflicts may generate, within a short period of time, a very large number of people in need. Under such circumstances, institutions and organizations involved must mobilize substantial resources to provide support to affected populations.

The concept of complex emergencies is used to describe situations in which state authority is weakened or partially disrupted, and the stabilization of the social context requires extensive intervention, including support from the international community (IASC, 2023). In such situations, humanitarian intervention requires coordination between multiple institutional actors and the implementation of long-term support programs.

In the context of humanitarian crises, migration represents a frequent phenomenon. Affected individuals may be forced to move within their own country or leave the national territory to find safe conditions. In such circumstances, humanitarian intervention must respect the principle of non-discrimination and provide support to all individuals in need (IOM, 2016).

Social work has a strong tradition in promoting human rights. Professional practice is grounded in ethical principles that affirm the dignity and value of every individual (Healy, 2008). In this sense, social work professionals have consistently been involved in promoting fundamental rights and combating social injustice.

Social workers play an important role in supporting vulnerable communities and promoting human rights at the global level. Advocacy activities,

community interventions, and social support programs contribute to strengthening fundamental rights and reducing social inequalities (Mapp, 2007).

Over time, the international community has adopted numerous conventions and agreements aimed at protecting vulnerable groups. These include legal instruments dedicated to combating discrimination against women, protecting children, and preventing human trafficking (ONU, 2000a, 2000b; 2000c; ONU, 2006).

In the analysis of social and humanitarian interventions, the socio-ecological perspective provides a relevant theoretical framework for understanding the relationship between individuals and their social environment. This perspective examines how different levels of society influence individual experiences and how communities respond to crises (Biscontini, 2024).

The socio-ecological model highlights the interaction between multiple social systems, from the individual's immediate environment to broader cultural and institutional structures. Family, community, social institutions, and the cultural context all represent components of this complex system.

In humanitarian crises, these systems may be profoundly affected. Natural disasters or armed conflicts may destabilize communities and intensify existing social problems. Factors such as poverty, lack of employment opportunities, or inadequate infrastructure may amplify the impact of crises on populations.

Socio-ecological analysis allows the identification of factors contributing to community vulnerability and offers a framework for developing sustainable interventions. By strengthening social capital and community networks, social interventions can contribute to stabilizing affected communities (Monico & Rotabi, 2014).

Within humanitarian crisis contexts, women frequently face multiple forms of discrimination and violence. Feminist theory emphasizes that these inequalities are the result of complex social structures that include factors such as social class differences, ethnic discrimination, and patriarchal systems (IANWGE, 2025).

The concept of intersectionality describes how these forms of oppression intersect and intensify the vulnerability of certain groups. Women living in poverty or belonging to ethnic minorities may experience multiple forms of marginalization simultaneously.

In some social contexts, violence against women may reach extreme forms. The absence of effective justice mechanisms or the presence of social structures marked by impunity may contribute to the persistence of such violence (Sanford, 2008).

To respond to these challenges, social and humanitarian organizations develop advocacy programs, counseling services, and community support initiatives. Such interventions aim to support victims of violence and contribute to strengthening women's position within the community (Monico & Rotabi, 2014).

For a long period of time, humanitarian interventions were dominated by international organizations. Although these institutions have played an important

role in managing crises, the involvement of local actors has often been limited (Robilard et al., 2021).

The concept of humanitarian aid localization was developed to address these imbalances. The central idea of localization is the strengthening of the role of local actors in planning and implementing humanitarian interventions. Affected communities should actively participate in defining solutions and managing support programs (ONU, 2015).

Local actors are often the first to respond in crises. Their geographical proximity and knowledge of the social and cultural context enable them to quickly identify community needs and develop interventions adapted to local realities (IFRC, 2015).

By strengthening the capacities of local actors, the localization of humanitarian aid contributes to the development of community networks capable of identifying and managing social risks. In particular, these networks may play an important role in preventing and addressing violence against women.

Community organizations, social services, and local institutions can identify cases of gender-based violence more rapidly and provide appropriate support to victims. Integrating social, medical, and legal services at the local level enables the development of more effective intervention mechanisms.

In this sense, the localization of humanitarian aid can be understood not only as a strategy for reorganizing the humanitarian system, but also as an important instrument for protecting women's rights and strengthening the resilience of communities affected by crises.

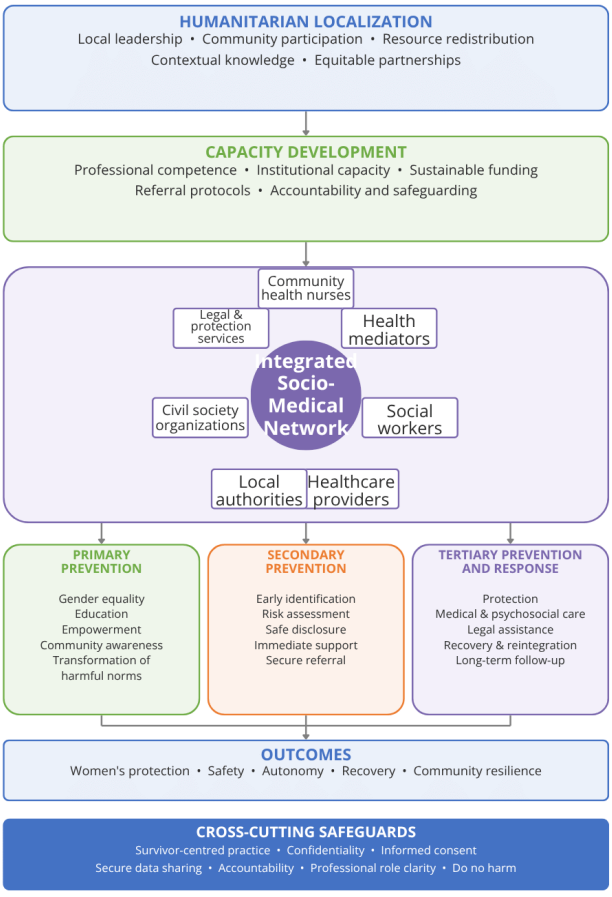
6. Discussion

The analysis presented in this article highlights the importance of strengthening community-based mechanisms in responding to violence against women, particularly in contexts affected by social vulnerability and humanitarian crises. The localization of humanitarian aid represents an important shift from centralized intervention models toward approaches that prioritize the role of local actors and institutions. Community health nurses, health mediators, social workers, and local organizations play a crucial role in identifying risk situations, facilitating access to services, and supporting victims of violence.

Integrated socio-medical networks provide a promising framework for improving coordination between health, social, and community services. By strengthening collaboration among professionals and institutions at the local level, such networks may contribute to earlier identification of cases of violence, more efficient referral mechanisms, and better support for survivors. These findings underline the importance of investing in local capacities and developing integrated intervention models capable of addressing complex social challenges.

The proposed integrated socio-medical networks can contribute across the continuum of violence prevention. At the primary prevention level, community health nurses, health mediators, social workers, and local civil society

organizations can promote health education, gender equality, community awareness, and the empowerment of women, thereby addressing some of the structural factors associated with gender-based violence. At the secondary prevention level, these actors facilitate the early identification of women at risk, provide initial support, conduct risk assessment, and ensure timely referral to specialized health, social, and legal services. At the tertiary prevention level, integrated multidisciplinary collaboration contributes to the protection, recovery, and long-term social reintegration of survivors through coordinated case management, psychosocial support, and sustained community-based follow-up. This continuum illustrates how humanitarian localization and integrated socio-medical networks can strengthen not only crisis response but also comprehensive strategies for preventing and addressing violence against women.



Source: Authors' conceptual framework developed based on the reviewed literature.

Figure 1: Conceptual framework of localized integrated socio-medial networks for the prevention of and response to violence against women
Source: Authors' conceptual framework developed based on the reviewed literature.

Figure 1 summarizes the conceptual framework proposed in this paper. Rather than viewing humanitarian localization as an isolated governance reform, the framework conceptualizes it as the foundational condition for developing integrated socio-medical networks capable of preventing and responding to violence against women. The model suggests that localization creates the institutional and community conditions necessary for capacity development, which in turn enables multidisciplinary collaboration among healthcare professionals, social workers, health mediators, local authorities, civil society organizations, and legal protection services.

The framework further illustrates that integrated socio-medical networks contribute across the entire continuum of violence prevention. At the primary prevention level, coordinated community interventions aim to transform harmful gender norms, strengthen women's empowerment, and promote community awareness. At the secondary prevention level, the network facilitates early identification, risk assessment, safe disclosure, and coordinated referral. At the tertiary prevention and response level, multidisciplinary collaboration supports protection, recovery, legal assistance, psychosocial care, and long-term reintegration.

7. Limitations and Directions for Future Research

This paper has several limitations. First, it is a conceptual paper based on a narrative review of scientific literature, policy documents, international guidelines, and legislative sources. Although this approach supports the integration of knowledge from several disciplines, it does not provide the reproducibility or comprehensiveness of a systematic review. The selection and interpretation of sources may therefore reflect the conceptual focus adopted by the authors.

Second, the proposed framework has not been empirically tested. The paper does not analyse primary data collected from survivors, community health nurses, health mediators, social workers, healthcare professionals, local authorities, or civil society organizations. Consequently, the framework should be understood as an analytical proposition that requires further examination in different institutional, cultural, and geographical contexts.

Third, the Romanian examples are used to illustrate the potential role of community-based professionals and organizations, but they should not be interpreted as evidence that integrated socio-medical networks operate consistently across all local communities. Local service availability, professional capacity, institutional cooperation, and access to specialized protection services vary considerably between regions.

Future research should empirically examine how localized socio-medical networks function in practice, including the perspectives of survivors and frontline professionals. Comparative case studies, participatory research, network analysis, and mixed-method evaluations could assess the conditions under which such

networks improve safety, access, continuity of care, and recovery. Particular attention should be given to confidentiality, informed consent, professional role boundaries, data-sharing practices, referral completion, survivor participation, and the risk of retaliation or stigma in small communities.

8. Conclusions

The analysis of the global context of humanitarian crises highlights that the intensification of armed conflicts, natural disasters, and socio-economic instability produces profound effects on affected communities. In such contexts, the vulnerability of certain social categories becomes more pronounced, and women are frequently among the groups exposed to a higher risk of discrimination, exploitation, or gender-based violence. Humanitarian interventions must therefore go beyond the strictly material dimension of aid and include mechanisms of social, legal, and psychological protection for individuals in vulnerable situations.

The theoretical perspectives discussed, ranging from socio-ecological approaches to feminist theories and human rights frameworks, underline the importance of understanding the relationship between individuals, communities, and broader social structures. Humanitarian crises do not affect only infrastructure or the economy of a region; they also destabilize social networks and community support mechanisms. In this context, effective interventions must be adapted to local realities and must make use of the resources available within affected communities.

The concept of humanitarian aid localization responds to this need by strengthening the role of local actors in the processes of intervention and recovery. The involvement of community organizations, local institutions, and informal support networks allows the development of interventions that are faster, more relevant, and more sustainable. Through their proximity to communities and their knowledge of the social and cultural context, local actors are often able to identify situations of vulnerability more rapidly and to facilitate access to appropriate forms of support.

In this perspective, the development of integrated socio-medical networks represents an important mechanism for improving community responses to complex social problems, including violence against women. By strengthening cooperation between health services, social assistance institutions, community organizations, and local authorities, integrated service models can facilitate early identification of risk situations, improve referral pathways, and ensure more coordinated support for survivors of violence. Such approaches highlight the importance of multidisciplinary collaboration and of community-based interventions in building more resilient and inclusive support systems for vulnerable populations.

The contribution of this paper lies in proposing a conceptual connection between humanitarian localization, capacity development, integrated socio-medical networks, and the continuum of violence prevention. The framework

suggests that local proximity can strengthen prevention, early identification, referral, protection, recovery, and reintegration only when it is supported by adequate resources, clearly defined professional roles, institutional accountability, and survivor-centred safeguarding mechanisms. Localization should therefore not be understood as a simple transfer of responsibility to community actors, but as the development of a coordinated and ethically governed system in which local knowledge is combined with professional standards and formal protection mechanisms.

The proposed framework should therefore be understood not merely as a conceptual model but as a potential guide for designing localized, integrated socio-medical responses capable of strengthening prevention, protection, recovery, and long-term community resilience.

References

1. Aldrich, D. P., Kolade, O., McMahon, K., & Smith, R. (2020). Social capital's role in humanitarian crises. *Journal of Refugee Studies*. Oxford University Press.
2. Biscontini, T. (2024). Person in environment (PIE) theory. Available at: https://www.ebsco.com/research-starters/social-sciences-and-humanities/person-environment-pie-theory [Accessed 03 January 2026].
3. CRED. (2025). 2024 disasters in numbers. Available at: https://files.emdat.be/reports/2024_EMDAT_report.pdf [Accessed 02 February 2026].
4. Council of Europe. (2007). Integrated social services in Europe. Council of Europe Publishing. Available at: https://www.coe.int/t/dg3/socialpolicies/socialrights/source/Publication_Integrated%20social%20services%20in%20Europe%20E%20(2).pdf
5. de Geoffroy, V., Grunewald, F. (2017). More than the Money – Localisation in practice, Trocaire, Groupe URD, p. 1–8.
6. Dumitru, T. (1999). *Crucea Roşie şi dreptul internaţional umanitar*. Editura Fundaţiei Andrei Şaguna.
7. Fabre, C. şi Gupta, M. (2017). Localising the Response: World Humanitarian Summit, Putting Policy into Practice, The Commitment into Action Series, OECD.
8. Frennesson, L., Kembro, J., Harwin de Vries, Jahre, M., Luk Van Wassenhove (2022). International humanitarian organizations' perspectives on localization efforts. *International Journal of Disaster Risk Reduction*, 83, 103410.
9. García-Moreno, C., Hegarty, K., d'Oliveira, A. F., Koziol-MacLain, J., Colombini, M., & Feder, G. (2014). The health-systems response to violence against women. *The Lancet*, 385, 1567-1579. https://doi.org/10.1016/S0140-6736(14)61837-7
10. Government of Romania. (2008). Government Decision No. 162/2008 regarding the organization and functioning of the health mediation program.
11. Healy, L. M. (2008). *International social work: Professional action in an interdependent world* (2nd ed.). Oxford University Press.
12. IANWGE. (2025). Intersectionality informed gender analysis toolkit. Available at: https://www.unwomen.org/sites/default/files/2025-07/ianwge-intersectionality-informed-gender-analysis-toolkit-en.pdf [Accessed 03 February 2026].
13. IASC. (2023). The Grand Bargain. Available at: https://interagencystandingcommittee.org/grand-bargain [Accessed 05 February 2026].

14. IFRC. (2015). World disasters report 2015: Focus on local actors, the key to humanitarian effectiveness. Available at: https://www.ifrc.org/sites/ default/files/World-Disasters-Report-2015_en.pdf [Accessed 07 February 2026].
15. IOM. (2016). Guidelines to protect migrants in countries experiencing conflict or natural disaster. Available at: https://micicinitiative.iom.int/sites/g/files/tmzbdl1426/files/micic_guidelines_english_web_13_09_2016-2.pdf [Accessed 10 February 2026].
16. Mapp, S. (2007). Human rights and social justice in a global perspective: An introduction to international social work. Oxford University Press.
17. Metcalfe-Hough, V., Fenton, W., Willitts-King, B. and Spencer, A. (2021). The Grand Bargain at five years: an independent review, HPG commissioned report, London: ODI.
18. Ministry of Health. (2019). Methodological norms for the organization, functioning and financing of community health care services, approved by Government Decision No. 324/2019. Ministry of Health.
19. Monico, C., & Rotabi, K. S. (2014). *International aid, relief, and humanitarian assistance. Encyclopedia of Social Work*, Oxford University Press.
20. OCHA – United Nations Office for the Coordination of Humanitarian Affairs. (2025). Global humanitarian overview 2025. Available at: https://www.unocha.org/publications/report/world/global-humanitarian-overview-2025-enarfres [Accessed 03 February 2026].
21. OECD. (2017). Localising the response to humanitarian crises. Available at: https://www.oecd.org/dac/conflict-fragility-resilience/docs/OECD-localisation-humanitarian-response.pdf
22. Oxfam (2016). *Righting the Wrong: Strengthening local humanitarian leadership to save lives and strengthen communities*, Oxfam International.
23. PAHO. (2022). PAHO calls for improved health service response to violence against women. Available at: https://www.paho.org/en/news/30-11-2022-paho-calls-improved-health-service-response-violence-against-women
24. Poole, L. (2014). Funding at the sharp end: Investing in national NGO response capacity, Caritas, CAFOD.
25. Robillard, S., Atim, T., & Maxwell, D. (2021). Localization: A landscape report. Feinstein International Center.
26. Roepstorff, K. (2020). A call for critical reflection on the localisation agenda in humanitarian action. *Third World Quarterly*, *41*(2), 284–301.
27. Sanford, V. (2008). From genocide to feminicide: Impunity and human rights in twenty-first century Guatemala. *Journal of Human Rights*, 7, 104–122.
28. Sørensen, K. W. (2022). The struggle of localisation: Can the Grand Bargain 2.0 redeem the failure of its precursor?, SECO Working Paper, No. 2022: 7, Roskilde University, Department of Social Sciences and Business, SocioEconomic Research Centre (SECO).
29. United Nations. (2000a). Convention against transnational organized crime. Available at: https://treaties.un.org/doc/Publication/MTDSG/Volume%20II/Chapter%20XVIII/xviii-12.en.pdf [Accessed 04 February 2026].
30. United Nations. (2000b). Protocol to prevent, suppress and punish trafficking in persons, especially women and children. Available at: https://treaties.un.org/ doc/Publication/MTDSG/Volume%20II/Chapter%20XVIII/XVIII-12-a.en.pdf [Accessed 04 February 2026].
31. United Nations. (2000c). Optional protocol on the sale of children, child prostitution and child pornography. Available at: https://treaties.un.org/ doc/Publication/MTDSG/Volume%20I/Chapter%20IV/iv-11-c.en.pdf [Accessed 04 February 2026].

32. United Nations. (2006). Convention on the rights of persons with disabilities. Available at: https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf [Accessed 04 February 2026].
33. United Nations. (2015). Restoring humanity: Global voices calling for action. Available at: https://agendaforhumanity.org/sites/default/files/resources/2017/Jul/Restoring_Humanity_Synthesis_of_the_Consultation_Process_for_the_World_Humanitarian_Summit.pdf [Accessed 07 February 2026].
34. UN Women. (2024). Facts and figures: Ending violence against women. Available at: https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures
35. UNDP. (2020). Local governance and community resilience: Strengthening local institutions in crisis contexts. Available at: https://annualreport.undp.org/2020/assets/UNDP-Annual-Report-2020-en.pdf
36. UNHCR. (2024). Global trends: Forced displacement in 2024. Available at: https://www.unhcr.org/global-trends-report-2023 [Accessed 01 February 2026].
37. United Nations. (1993). Declaration on the elimination of violence against women. Available at: https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.21_declaration%20elimination%20vaw.pdf [Accessed 01 March 2026].
38. Vera-Cruz, C. A. și Vera-Brusola, M. L. (2021). *Local Humanitarian Leadership: The View from Local Actors*, Publisher: Oxfam.
39. Wall, I. și Hedlund, K. (2016). Localisation and Locally-led Crisis Response: A Literature Review, Local to Global Protection.
40. World Health Organization. (2013). Global and regional estimates of violence against women. Available at: https://apps.who.int/iris/bitstream/ handle/10665/85239/9789241564625_eng.pdf [Accessed 01 March 2026].
41. World Health Organization. (2021). Violence against women prevalence estimates 2018. Available at: https://www.who.int/publications/i/item/9789240022256 [Accessed 01 March 2026].
42. World Health Organization & UN Women. (2019). RESPECT women: Preventing violence against women. Available at: https://iris.who.int/server/api/core/bitstreams/9d52ab09-7814-4775-8541-305c9665d32e/content [Accessed 01 March 2026].
43. Zyck, S., și Krebs, H. (2015). Localising Humanitarianism: Improving Effectiveness through Inclusive Action, HPG, ODI, London, p. 1. Available at: https://media.odi.org/documents/9720.pdf [Accessed 20 March 2026].