



Setting up Treatment Programmes for Perpetrators of Domestic Violence and Violence against Women

**Analysis of the Kosovo* legal framework
and good practices report**

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Author:

Cristina Oddone

Donjeta Morina

Local consultant

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Abbreviations and Acronyms

CEDAW	Convention for the Elimination of all Forms of Violence against Women
CLWG	Counselling Line for Women and Girls (Albania)
CLMB	Counselling Line for Men and Boys (Albania)
CSSSD	Centre for Social Studies and Sustainable Development
CSW	Centre for Social Work
DV	Domestic violence
EU	European Union
FRA	European Agency for Fundamental Rights
GBV	Gender-based violence
GREVIO	Group of Experts on Violence against Women
KAS	Kosovo Agency for Statistics
KCTT	Kosovo Centre for the Treatment of Trauma
KFPI	Kosovo Forensic Psychiatric Institution
KPGE	Kosovo Program for Gender Equality
KWN	Kosovo Women's Network
LGE	Law on Gender Equality
LPD	Law on the Protection from Discrimination
MEST	Ministry of Education, Science and Technology
MGO	Municipal Gender Officers
MoJ	Ministry of Justice
MoU	Memorandum of Understanding
SOP	Standard Operating Procedures
TEPO	Temporary Emergency Protection Order
UECP	Unit for Evaluation and Classification of Prisoners
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
VAW	Violence against Women
WAVE	Women Against Violence Europe
WSSIR	Women's Safety and Security Initiative
WWP EN	Work with Perpetrators European Network

Executive summary

Following the first Law on Gender Equality in 2004, Kosovo* has taken important steps to overcome gender-based discrimination, developing a comprehensive legal and policy framework for the promotion of women's rights and to prevent violence against women and domestic violence. While taking stock of progress so far, this research aims at assessing the situation with regard to the treatment of perpetrators, primarily addressing gaps and shortcomings in the conception and application of measures targeting domestic abusers. Since the Kosovo* Assembly voted the direct applicability of the Istanbul Convention in September 2020, the inter-institutional response to domestic violence also requires the establishment of perpetrator programmes (Article 16 "Preventive intervention and treatment programmes").

This study recalls how the setup of perpetrator programmes has gradually become an issue of concern in human rights law and outlines international quality standards and guidelines to this respect. The report then explores the situation in Kosovo*, on the basis of both desk analysis and qualitative research. In-depth interviews with key-stakeholders have revealed significant findings, for instance the existence of two experimental initiatives targeting perpetrators: a pilot project started by the Safe House in Gjakova and a programme set up by the Sit Centre in Pristina. The study then details the practical implementation of perpetrator programmes across Kosovo* by considering three main areas: (1) Access to perpetrator programmes; (2) Coordinated policies and co-operation with women support services; (3) Gender perspective and minimum standards for practice. Each section outlines the requirements for the programmes' setup, as stated in international standards and in GREVIO's first baseline evaluation reports.

The analysis shows a still limited and inaccurate use of domestic violence perpetrator programmes and a low number of offenders undergoing treatment, which confirms previous investigations suggesting that perpetrators' treatment, as foreseen by the Istanbul Convention, is *de facto* not available in Kosovo* (Council of Europe 2017). Neither anger management programmes in detention centres, nor mental health treatment offered in psychiatric hospitals, seem to meet the international standards in this field. Protocols or agreements with women's support services, aimed at ensuring the victims' safety and protection, seem to be missing. Current legislation and policies focusing on perpetrators lack both a gender perspective and a comprehension of domestic violence as a public matter. The prevalence of a medical approach focusing on individual cases of perpetrators with mental health issue or with problems of addiction fails to address male violence against women as a social phenomenon linked to gender-based structural inequalities.

The report recommends developing knowledge and competences on perpetrators' treatment in Kosovo*, by ensuring adequate training of professionals, adopting consistent guidelines, and defining licencing criteria for the organisations in charge of running the programmes. It also suggests reforming the legislative and policy framework with regard to the implementation of the programmes and improving initiatives in the area of prevention, especially targeting boys and men. Best practices from state parties to the Istanbul Convention can serve as a reference to conceive and set up perpetrator programmes in Kosovo*. In addition, the report offers examples of promising initiatives from other Balkan countries.

1. Introduction

Violence against women has been internationally acknowledged as a form of discrimination against women and as a violation of women's human rights. Data has shown that one in three women in the European Union (EU) has experienced some form of physical and/or sexual assault since the age of 15 (FRA 2014). Domestic violence in particular affects women disproportionately: although men can also be the targets of intimate partner violence, women represent the great majority of victims and men the great majority of perpetrators.

With the aim to change attitudes and overcome gender stereotypes, the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) clearly emphasises the need to involve boys and men in the prevention of violence against women. Before any boy or man becomes a potential perpetrator, there is ample space to allow them to thrive in respectful non-violent relations with women.

Included in Chapter III on "Prevention", Article 16 of the Istanbul Convention requires state parties to set up perpetrator programmes targeting both perpetrators of domestic violence and sex offenders. Research and practice in this field have shown that these interventions, whether based on voluntary or on mandatory participation, can reduce the risks for further and more severe forms of abuse. In the context of a country-by-country evaluation procedure, the Council of Europe Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO) – the body in charge of monitoring the implementation of the Istanbul Convention by state parties – has observed a wide range of practices concerning this provision. Perpetrator programmes can be run by civil society organisations or by statutory agencies such as probation services and prison administrations. In all cases, they should give paramount importance to the victims' safety, and for this purpose they need to be developed in close co-operation with women support services and in line with international standards and best practice.

The Council of Europe ongoing project "Reinforcing the fight against Violence against Women and Domestic Violence in Kosovo* - Phase II" focuses on strengthening the capacities of institutions in charge of supporting services for victims and for setting up perpetrators programmes, providing justice as well as enhancing awareness-raising initiatives to counter violence against women and domestic violence, in line with the standards set in the Istanbul Convention.

1.1 Scope of the study

The main goal of this research is to assess the current legal and policy framework in Kosovo* concerning the treatment of perpetrators of gender-based violence. Other objectives are: identifying gaps and needs in this area; finding experiences of practical implementation of perpetrator programmes across the country, including experimental practices and pilot projects; providing illustrative examples of promising and alarming practices from other countries; proposing recommendations for future action, in compliance with international standards and guidelines.

Although Article 16 of the Istanbul Convention also requires programmes for sex offenders, this report will only concern perpetrators of domestic violence. To date there is no information available on any specific legislation, standards, protocols or available programmes targeting sex offenders in Kosovo*. This gap can depend on the fact that in Kosovo* sexual violence and rape have received less attention – both in terms of policies and legislation – if compared to the phenomenon of domestic violence, where guidelines and standard operating procedures (SOP) have been largely developed and implemented. Even if sexual violence and rape, including

marital rape, remain widespread and under-reported in Kosovo*, specific strategies to tackle this issue have not been yet established (KWN 2016; WAVE 2019). At present, no specific policies focus on sexual violence and no specialised support services exist for women that have been exposed to this form of abuse, such as Rape Crisis Centres or rape kits for health professionals. In the event that a general framework on sexual violence will be further developed in Kosovo*, perpetrator programs for sexual offenders should also be envisaged.

1.2 Methodology

This study is based on both desk analysis and qualitative research. Desk analysis consisted in a review of official documents and numerous available reports on the topic of gender equality, violence against women and domestic violence in Kosovo*. Sources included studies published by the Council of Europe and other international human rights bodies, international organisations, local authorities, civil society, women's NGOs and academic research. A complete list of the consulted documents is available in the bibliography. Most studies have focused on the institutional response towards women victims of gender-based violence in Kosovo* and little information is available on the implementation of perpetrator programmes across Kosovo*. The analysis has highlighted several gaps regarding referral mechanisms, curricula and approaches of perpetrators' treatment, accreditation process and training of professionals in compliance with international minimum standards, among other things.

The sanitary restrictions imposed as a consequence of the COVID-19 pandemic have prevented any possibility to conduct field visits and to organise focus groups discussions as it was originally planned. All meetings have therefore been held online between June and December 2020. In-depth interviews with key-authorities and stakeholders provided an insight on the national primary needs in this area, as well as on the specific challenges in addressing perpetrators while prioritising the victims' safety. Online meetings included 15 virtual reunions with 21 key authorities and stakeholders, experts and professionals, *inter alia* representatives from public institutions, international organisations and NGOs. Due to internet connection issues, in a few cases it was not possible to conduct the interviews orally, thereby a written questionnaire was submitted. Where needed, complementary information was provided in writing. Most interviews were conducted in English unless the person preferred speaking in Albanian. In that event, consecutive interpretation or translation to/from English was provided. The list of organisations and entities that have been contacted can be found in Appendix II.

Chapter 2 outlines the main international standards related to perpetrator programmes, in particular the Istanbul Convention. Chapter 3 reviews existing local policies and measures to combat violence against women and domestic violence. Chapter 4 of the report examines the current implementation of perpetrator programmes across Kosovo*. After describing two experimental programmes, one in Gjakova and the other one in Pristina, the analysis focuses on three main thematic areas, emerging from GREVIO's country evaluations on the implementation of Article 16 of the Istanbul Convention:

- 1) Access to perpetrator programmes;
- 2) Coordinated policies and co-operation with women support services;
- 3) Gender perspective and minimum standards for practice.

The requirements for each area are summarised in an overview table, based on international standards and on the issues addressed by GREVIO in the baseline evaluation reports published so far. Each section is divided in three sub-sections: (i) Description of international standards and guiding principles for practice; (ii) Specific examples of the implementation of Article 16 by states parties drawn from existing GREVIO's reports; (iii) Assessment of the current situation in Kosovo*, including gaps and shortcomings. Chapter 5 describes programmes from other Balkan countries, namely Albania and Croatia, and provides a list of perpetrator programmes functioning in the region. The examples are aimed at fostering a better understanding of Article 16 and can suggest avenues to establish programmes in line with the Istanbul Convention and with other international standards.

2. International standards on perpetrator programmes

2.1 From community practice to international human rights law

The work with perpetrators started around the 1970s as an experimental professional practice aimed at rehabilitating violent men. First in North America and in the United Kingdom (UK), later in other European countries, such programmes have developed as one of the strategies that could contribute to the victims' safety and could reduce re-offending (Council of Europe 2014; Westmarland and Kelly 2012, 2016). Following the example of the forerunners Duluth Model (Pence and Paymar 1993) and Emerge programme (Gondolf 1985; Gondolf and Russell 1986), in most cases these first interventions were intended as coordinated community responses to domestic violence, in collaboration with women's support services. By holding perpetrators accountable for their acts, perpetrator programmes were meant to improve responses to both victims and offenders.

Since the 1970s, when violence against women emerged as an issue of public concern and not simply a private matter, both research and practice have rightly focused on the victims' experience and prioritised their need for protection and support. However, shelter workers started to notice that women would repeatedly refer to specialist services since the abuser's behaviour hardly reflected any changes. In addition, at the beginning of the 1990s, when domestic violence was made illegal and started being prosecuted, the adoption of a solely punitive approach clearly showed its limits, leading to a drive for rehabilitation initiatives targeting perpetrators (Hearn, 1998). As of the years 2000s, several perpetrator programmes were implemented across Europe, although not consistently and without a standardised approach.

The final document of the 1995 Beijing United Nations (UN) World Conference on Women contains the first reference to "the need to rehabilitate perpetrators of domestic violence" and in the early 2000s the Council of Europe launched several initiatives on this specific topic. The 1999 seminar "Men and violence against women" held in Strasbourg brought together international experts to discuss men's violence against women and led to the Committee of Ministers recommendation on the Protection of Women against Violence. Rec 2002(5) establishes a clear definition of "perpetrators"¹, offers specific indications on the application of perpetrator programmes² and underlines the link between violence and the social construction of masculinities³. Other Council of Europe events followed the adoption of Rec 2002(5), such as the seminars "Measures dealing with men perpetrators of domestic violence" in 2003, "Therapeutic treatment of men perpetrators of violence within the family" in 2004, and "Violence within the family: the role of men" in 2005.

That same year, the European Commission launched the Daphne Programme II (2006-2008), "Work with Perpetrators of Domestic Violence in Europe – WWP"⁴, aimed at exchanging best practices and developing uniform standards in the work with perpetrators of domestic violence. A few years later, in 2008, the Council of Europe published a review of minimum standards for services, including a section on actions targeting perpetrators of domestic violence (Council of Europe 2008). The standards clearly indicate that the safety of women and children as well as the need to work in close co-operation with women's support services are of paramount

1 COE, Recommendation Rec 2002 (5) The protection of Women against Violence (Council of Europe 2002), p. 21, para 31.

2 Supra 25, p. 12, para 50-53.

3 Supra 25, p. 27, para 54.

4 European Daphne II project, Project Reference Number: 2005-1-217-W, https://ec.europa.eu/justice/grants/results/daphne-toolkit/content/working-perpetrators-domestic-violence-europe_en

importance when setting up perpetrator programmes. In the same direction, the 2010 UN Handbook for Legislation on Violence against Women also foresees “Intervention programmes for perpetrators and alternative sentencing”, making it clear that alternative sentences “should only be imposed following an assessment to ensure that there will be no risk to the safety of the survivor” (UN 2010). These initiatives prepared the ground for a specific article on perpetrators programmes to be included in the Istanbul Convention, as indicated in the documents on the preliminary works by the Ad Hoc Committee for preventing and combating violence against women and domestic violence (CAHVIO)⁵. Since its first meeting, the Committee stated the importance of “the role of men as role models in adopting non-violent behaviours and promoting gender equality”⁶. During its second meeting, CAHVIO agreed on that “the future convention could thus emphasise the importance of these programmes for the prevention of further violence and promote their implementation”⁷.

2.2 Article 16 of the Istanbul Convention

Under the heading of “Prevention” (Chapter III), Article 16 of the Istanbul Convention requires State parties to systematically set up “preventive intervention and treatment programmes”, with a gendered approach and in close co-operation with women support services. According to this provision, parties to the convention:

1 [...] shall take the necessary legislative or other measures to set up or support programmes aimed at teaching perpetrators of domestic violence to adopt non-violent behaviour in interpersonal relationships with a view to preventing further violence and changing violent behavioural patterns.

2 [...] shall take the necessary legislative or other measures to set up or support treatment programmes aimed at preventing perpetrators, in particular sex offenders, from re-offending.

3 [...] shall ensure that the safety of, support for and the human rights of victims are of primary concern and that, where appropriate, these programmes are set up and implemented in close co-ordination with specialist support services for victims.

Article 16 requires the implementation of treatment programmes for perpetrators, with the aim of “help[ing] perpetrators change their attitudes and behaviours in order to prevent further acts of domestic violence and sexual violence”⁸. The article refers specifically to two types of perpetrators: perpetrators of domestic violence and sex offenders.

Programmes targeting perpetrators of domestic violence

According to the convention (Article 3, paragraph b), domestic violence includes “all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim”. The convention’s Explanatory Report (paragraphs 103 and 104) further clarifies that states parties should “establish or support the establishment of programmes, where they do not exist, or support any existing programmes”, whether court-ordered or mandatory. The Report acknowledges that many different models are available and it indicates some core elements that should always be respected.

5 CAHVIO, Report of the First Meeting CAHVIO (2009) 5, para 17: “Programmes for violent offenders: Such intervention programmes have been developed in some member states in recent years with the aim of, through individual or group therapy, placing the perpetrators of such violence in a position to realise what they have done and to acknowledge their responsibility”. See also CAHVIO, Report of the Second Meeting CAHVIO (2009) 31, para 8.

6 CAHVIO, Report of the First Meeting CAHVIO (2009) 5, para 17.

7 CAHVIO, Report of the Second Meeting CAHVIO (2009) 31, para 24.

8 Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence Istanbul (2011), para 102.

According to the Istanbul Convention, perpetrator programmes should be based on a gendered understanding of violence and should not be considered as an alternative to criminal proceedings. State parties are encouraged to implement uniform minimum standards aimed at prioritising women and children's safety. In line with international standards, perpetrator programmes should primarily encourage attendants to take responsibility for their actions and examine their attitudes and beliefs towards women.

State parties should primarily ensure adequate training of facilitators, with particular regard to their understanding of domestic violence. Professionals also need to “possess the necessary cultural and linguistic skills to enable them to work with a wide diversity of men attending such programmes”. Establishing close co-operation between perpetrator programmes and other entities, such as “women’s support services, law enforcement agencies, the judiciary, probation services and child protection or child welfare offices” is indicated as essential. States parties are welcome to adopt different approaches as long as the programmes prioritise the victims’ safety: to this regard, the Explanatory Report carefully warns about the risks that perpetrators’ participation in these programmes may influence “the victim’s decisions to stay with or leave the abuser”.

Programmes targeting perpetrators of sexual assault and rape

According to Article 16 of the convention, paragraph b, states parties are under the obligation of setting up programmes “specifically designed to treat convicted sex offenders in and outside prison”. The primary objectives of these programmes are “minimising recidivism, [...] preventing re-offending and successfully re-integrating perpetrators into the community”⁹. The Report leaves to the Parties and/or service providers the option of choosing among different approaches and recalls the existence of several models implemented in Council of Europe member states.

2.3 Article 16 in GREVIO Reports

The Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO) is the independent expert body responsible for monitoring the implementation of the Istanbul Convention by states parties¹⁰. In 2016 the Committee launched its first evaluation procedure on the basis of a baseline questionnaire on legislative and other measures giving effect to the provisions of the Convention.

To date, GREVIO has published 17 baseline evaluation reports built on information provided by national authorities and other national stakeholders, including civil society, and gathered during country visits. Reports include Albania, Andorra, Austria, Belgium Denmark, Finland, France, Italy, Malta, Monaco, Montenegro, Netherlands, Portugal, Serbia, Spain, Sweden and Turkey. The on-going monitoring cycle is showing a wide range of practices across states parties, both regarding legislation and practical implementation.

From the body of evaluation reports published so far, a number of issues have been identified by GREVIO as to the correct implementation of Article 16, both concerning programmes for domestic violence perpetrators and for sex offenders. Chapter 4 of this study will evoke concrete sample practices observed by GREVIO in countries that have undergone the evaluation procedure. Examples from different national contexts will allow better understanding how to actually implement the provisions of the Istanbul Convention, with particular regard to the treatment of perpetrators of domestic violence.

2.4 Quality standards and guidelines for the work with perpetrators

Regarding the standards for practice, two reference documents are particularly relevant. In the first place, the Council of Europe minimum standards for support services for victims of violence against women include a specific section on perpetrator programmes in the chapter on “Domestic violence services” (Council of Europe 2008, 18-19). The manual also details service-specific minimum and aspirational standards for the work with perpetrators of domestic violence (Council of Europe 2008, 57-58).

9 Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence Istanbul (2011), para 105.

10 See GREVIO’s official website at: <https://www.coe.int/en/web/istanbul-convention/grevio>

In the second place, more recently the Work with Perpetrators European Network has given an important contribution to the definition of guidelines. Following the entry into force of the Istanbul Convention in 2014, the WWP EN has actively engaged in “developing, reviewing and updating evidence-based best practice guidelines and standards for interventions”, with the aim of “promoting that programmes develop in line with these standards”¹¹. Founded in 2014, the WWP EN associates today 64 members throughout 32 European countries, including perpetrators programmes, researchers, and victim support services. Based on the provisions of the Istanbul Convention, in 2018 the network has developed specific guidelines defining the main principles and priority issues for the work with perpetrators, in order to primarily ensure the victims’ safety. In addition, WWP EN regularly publishes “expert papers” focusing on specific aspects¹² and every year holds its annual meeting, promoting thematic conferences where member organisations can discuss current or controversial issues in this area of work.

11 See the WWP EN official website, “Network aims”, at: <https://www.work-with-perpetrators.eu/about-us/network-aims>

12 See the WWP EN official website, “Resources”, at: <https://www.work-with-perpetrators.eu/resources/expert-essays>

3. Kosovo* background

3.1 Local context

Over the past two decades, Kosovo* has achieved notable progress in many areas related to democratic governance, rule of law and fundamental rights. However, notwithstanding the recent reforms, today's Kosovo* is still a very unequal society, marked by discriminations in terms of gender (KWN 2018).

In Kosovo*, about 62% of the population lives in rural areas and poverty is widespread, with women experiencing higher rates of poverty than men (KAS 2019a). Unemployment and labour market inactivity continue to be among the most serious problems in the country. Women comprise the majority of the economically inactive population, with 78.9% of women being inactive compared to 40.3% of men, resulting in women's economic dependency from their spouses or from other male members of the family (KAS 2019b). In 2007, the illiteracy rate among women was more than twice that of men, with relevant differences between urban and rural areas (Kelmendi 2015)¹³. More recent data from the Ministry of Education have shown that girls and boys are today proportionally represented in pre-university education (MEST 2019). However, girls remain under-represented in vocational schools (41%) while boys in general education gymnasiums (41.6%), which confirms that educational choices are frequently taken on the basis of stereotypical views on what is more appropriate for men or for women (CSSSD 2019). The recent Kosovo* Program for Gender Equality has identified structural socio-economic inequalities between women and men among the main barriers towards women's full access to their rights (AGE 2020)¹⁴. Further, women are under-represented in several areas of public socio-cultural and institutional life (AGE 2020).

Historically, patriarchal customs and widespread beliefs around gender roles have limited women's rights (Pawlak *et al.* 2016). Despite the rapid advances, even in contemporary Kosovo*, among large sectors of the population specific roles are strictly meant for men and others for women (USAID 2018, OSCE/UNFPA 2018). Although this is less evident among families with a higher educational level, men are expected to be the breadwinners and family-heads, while women are mostly meant to take charge of un-paid domestic work and child-rearing.

3.2 Gender equality and violence against women: a historical perspective

With the support of international organisations and donors, in the last twenty years, civil society and women's organisations have pushed gender equality into the governmental agenda. Since the first Law on Gender Equality (2004), authorities in Kosovo* have taken important measures to overcome discrimination, resulting in a rapid development of a comprehensive legal and policy framework for the promotion of women's rights, with a specific focus on violence against women and domestic violence.

¹³ In urban areas, women's illiteracy rate is 7.5% while men's is 3.3%; in rural areas this ratio can reach 11.3% for women against 5.5% for men.

¹⁴ As regards Economic Empowerment and Social Welfare, influencing factors include: "the lack of gender mainstreaming in strategies and development policies; failure to implement gender responsive budgeting; employment discrimination; low level of education of women of working age (15-64); occupational gender segregation; unequal sharing of child and elderly care responsibilities; low participation of women in resource management; lack of childcare institutions; and limited access to property and finance" (AGE 2020, 9).

The Convention for the Elimination of all Forms of Violence against Women (CEDAW) has been reflected in Article 22 of the Constitution of Kosovo* adopted in May 2008¹⁵. In 2015 the Assembly of Kosovo* approved the “Human Rights Law Package”, which comprehended new legislation on gender equality, on the prohibition of discrimination and a new Law on the Ombudsperson Institution (OSCE/UNFPA 2018)¹⁶. Since the adoption of the National Strategy on Protection from Domestic Violence and Action Plan in 2016, the Council of Europe Convention on preventing and combating violence against women and domestic violence – the Istanbul Convention – is considered as a reference and a guide to take action (MoJ 2016, 14). In 2019, the Criminal Code was modified and domestic violence became a criminal offense¹⁷. On 25 September 2020, the National Assembly of Kosovo* unanimously decided to amend the Constitution to make the Istanbul Convention¹⁸ one of the directly applicable international legal instruments for the protection of human rights.

Over the years, several institutional mechanisms have been set up to increase gender equality and support gender mainstreaming. The Agency for Gender Equality (AGE) was founded in 2006 under the Office of the Prime Minister, while all ministries and municipalities have appointed gender equality officers. Among its responsibilities, the AGE has the duty of coordinating the draft of the Kosovo* Program for Gender Equality, to monitor its implementation, and to report to the Government every year. For its part, the Government shall review and approve the Program, report annually to the Assembly on its implementation and publish periodic reports (AGE 2020). The first Kosovo* Program for Gender Equality (2008-2013) was inaugurated in 2008.

The Ministry of Justice also plays a crucial role in the definition of policies related to domestic violence. Since 2012¹⁹, every Deputy Minister of Justice has to automatically assume the role of National Coordinator on Protection from Domestic Violence, which deals with the Inter-Ministerial working group on DV, monitors and implements the Strategy on Protection from Domestic Violence and coordinates the implementation of all policies on domestic violence, including the Standard Operating Procedures.

The first quantitative study conducted by the Kosovo Women Network estimated that 46% of women had suffered domestic violence at least once in their life and that in 91% of all domestic violence cases the perpetrator was a man (Farnsworth and Qosaj-Mustafa 2008)²⁰. In addition to high prevalence rates, a qualitative study based on in-depth interviews to women victims and professionals showed wide levels of acceptance of physical, sexual and economic violence in intimate relationships (KWN 2008). These research findings informed the first Kosovo National Action Plan against Domestic Violence (2011-2014) launched in 2011. The Kosovo Programme and Action Plan against Domestic Violence also allowed for the development of the Standard Operating Procedures for Protection against Domestic Violence (SOP), adopted in 2013. The SOPs are a government policy document defining the roles and responsibilities of all institutions involved, with a view to accomplishing effective inter-institutional co-operation in dealing with domestic violence cases (AGE 2019)²¹. In 2016, the National Strategy for the Protection against Domestic Violence (2016-2020) envisaged the establishment at the local level of municipal co-ordination mechanisms for protection from domestic violence, through the institution of Municipal Gender Officers (MGO) and the signature of a Memorandum of Understanding (MoU) among several actors (MoJ 2016)²². However, to date only 17 out of 38 municipalities have established local co-ordination mechanisms between relevant stakeholders in addressing domestic violence cases (OSCE 2019a). Besides the improvements achieved, actual implementation of the legislation is still facing numerous challenges.

15 Assembly of Kosovo*, Constitution of Kosovo*, 2008, at: <http://www.kryeministri-ks.net/repository/docs/Constitution1Kosovo.pdf>

16 Law no. 05/L-020 on Gender Equality, at: https://equineteurope.org/wp-content/uploads/2019/10/Annex-LAW_NO_05_L-020_ON_GENDER_EQUALITY.pdf, Law no.05/L-021 on the Protection from Discrimination, at: https://equineteurope.org/wp-content/uploads/2019/10/Annex-LAW_NO_05_L-021_ON_THE_PROTECTION_FROM_DISCRIMINATION.pdf; Law on the Ombudsperson Institution Law no. 05/L-019, at: link <https://gzk.rks-gov.net/ActDetail.aspx?ActID=10922>.

17 The new Criminal Code of Kosovo* entered into force on 14 April 2019, on the basis of Decision No. A, Nr. 213/17, Kosovo* Prosecutorial Council and State Prosecutor, at: <https://md.rks-gov.net/desk/inc/media/A5713395-507E-4538-BED6-2FA2510F3FCD.pdf>

18 Council of Europe, “The National Assembly of Kosovo* decides to apply the Istanbul Convention”, 25 Novembre 2020, at: <https://www.coe.int/en/web/istanbul-convention/-/the-national-assembly-of-kosovo-decides-to-apply-the-istanbul-convention>

19 Government of Kosovo*, Decision of the Kosovo* Government and Terms of Reference on the Appointment of the National Co-coordinator against Domestic Violence, 11 July 2012, at: http://www.kryeministri-ks.net/repository/docs/Vendimet_83.pdf

20 The study was supported by the United Nations Development Programme (UNDP) and Women’s Safety and Security Initiative (WSSIR); 1,256 women and men were interviewed.

21 This coordinated system is composed, inter alia, of representatives from Kosovo Police, Judges, Prosecutors, Victim Protection and Assistance Office, Ministry of Justice, Ministry of Labour and Social Welfare (MLSW), Centres for Social Work (CSWs), Ministry of Health and the Ministry of Education Science and Technology, Free Legal Aid Agency, Ombudsperson Institution as well as civil society organisations, shelters and non-governmental partner supporters (OSCE 2019a).

22 The list of actors involved includes Mayors, Kosovo Police, Victim’s Advocates (VAs), Basic Prosecution Offices, Basic Courts, Municipal Departments of Education and Health, Human rights unit, Correction Service, Vocational Training Centre, Employment Office, Free Legal Aid Office, Centre for Social Work and Shelters.

3.3 Current situation and prevalence of domestic violence in Kosovo*

Notwithstanding the important changes in terms of legislative reforms and policy frameworks adopted since the end of the conflict, several forms of violence against women continue to be widespread and underreported in Kosovo*, where society still bears the signs of the war. About 73% of women consider that armed conflict directly affected their personal experience of violence, adding to other forms of suffering generated by political and economic insecurity and by psychological trauma (OSCE 2019a).

Following the 2008-survey *Security Begins at Home* (Farnsworth and Qosaj-Mustafa 2008), in 2014 the Kosovo Women Network conducted a second prevalence study on domestic violence. The survey estimated that 41% of women suffered some form of domestic violence, including physical, psychological, and economic violence. Overall, 62% of Kosovars (68% of women and 56% of men) said they had suffered some form of domestic violence over their life. The increase of 13 percentage points, if compared 2008 (43%), suggests greater levels of awareness and more willingness to speak about the issue. The survey also shows that domestic violence is uniformly spread in rural and urban areas, among different social classes and through different levels of education (KWN 2015). The phenomenon is so common that only about 14% of interviewed general physicians declared not having ever dealt with a case of domestic violence throughout their career (AGE 2019, 148).

In 2016, 1,038 cases of domestic violence were reported to the Kosovo Police (Morina, 2019). More than 80% of the victims were women, followed by children and elderly men. In Kosovo* all these groups are traditionally dependent on other family members and they are thus more exposed to domestic violence, which is often perpetrated by the economic provider of the family, usually the husband, father or son of the victim (MoJ 2016)²³. Economic dependence, coupled with victim-blaming attitudes and with a lack of trust in the institutional response, is among the main explanations of low reporting rates (KWN 2015). Widespread beliefs that domestic violence remains a private matter also contribute to the scarce number of statements to the police (Morina 2019). However, since 2017, reported cases of domestic violence have increased every year reaching 1,915 cases in 2019²⁴, a trend that could be an indicator of lower social tolerance to domestic violence and higher trust in judicial institutions.

Just like other countries, during the COVID-19 pandemics Kosovo* has registered an increase of cases of domestic violence²⁵: data collected by the police attained 1,571 reported cases between January and September 2020. Although the violence was mostly perpetrated in the context of intimate relationships between partners (698 cases), during this time domestic violence cases also concerned fathers (197 cases) or mothers (124 cases) being violent against their children. Overall, the great majority of victims were female (1,222 cases), while a smaller number of men were exposed to this form of abuse (374 cases). During this period, the police sent 1,381 cases of domestic violence to prosecution²⁶.

Several factors seem to contribute to the prevalence of domestic violence. On top of women's economic dependence and limited opportunities for employment, attitudes and beliefs have a direct impact on society's acceptance of domestic violence. Traditional values can influence women's perception of intimate abuse, leading to justify violent conducts and accept abusive relationships due to the fear of social condemnation (Kelmendi 2015). One every four women in Kosovo* (26%) believes that it is a wife's obligation to have sex with her husband even if she does not feel like it and almost half the women (48%) believe that domestic violence is a private matter and should be handled within the family (OSCE 2019a, 23). Likewise, cultural beliefs holding that "men should be strong", coupled with insufficient educational and employment opportunities, may encourage men to assert their masculinity by perpetrating violence against women (KWN 2018). Conflict has also had an impact on men directly involved in the fighting. Research has shown that women are more likely to be exposed to several forms of violence – such as psychological abuse, intimidation and humiliation – when their partner was a former combatant (OSCE 2019a). Findings from the International Men and Gender Equality Survey have shown that gender-based violence is largely normalised as a legitimate disciplinary practice. Research has proved that gender inequality is deeply rooted also among women, which actively contribute in the transmission of traditional values: although most people know that Kosovo*'s judicial system contains legal provisions on domestic violence²⁷, almost half the population (48% of men and 58% of women) believes that such laws expose women to even more stigmatisation and pain (OSCE/UNFPA 2018).

23 Men, in particular elderly men, can also be the target of violence, mostly perpetrated by other male members of the family including fathers, sons and brothers (OSCE 2019a).

24 The police recorded 1269 cases in 2017, 1541 cases in 2018 and 1915 cases in 2019.

25 Pristina Insight, "Reports of domestic violence increase in 2020", at: <https://prishtinainsight.com/reports-of-domestic-violence-increase-in-2020/>

26 Data provided by the police in November 2020. Among 1571 reported cases of domestic violence, 1596 victims were involved, since "one case" can involve several victims. As concerns the age of the victim, most victims had between 20 and 30 y.o. (409) or between 30 and 40 y.o. (407), a smaller proportion concerned victims between 50 and 60 years old (137).

27 About 68% of men and 56% of women.

Furthermore, cultural norms can influence professionals' response to domestic violence, including the work of law enforcement agents, judges, health-care providers and social workers. A lack of understanding of the gendered dimension of domestic violence also leads to victim-blaming attitudes, resulting in efforts towards reconciling the victim and the perpetrator (KWN 2015). Shortcomings in the institutional response also include scarce reaction, inefficient co-ordination and weak implementation of the roles and responsibilities foreseen under the SOP by the Kosovo Police, Centres for Social Work and other parties involved, including by the prosecutorial services (Qosaj-Mustafa and Morina 2018).

The recently launched Kosovo Program for Gender Equality (2020-2024) acknowledges that in today's Kosovo*, coordination, inter-institutional cooperation and risk management are still inadequate (AGE 2019). The KPGE identifies several issues hindering women's rights and women's access to justice and security, such as the lack of a follow-up mechanism for monitoring gender-based violence cases; deferment in enforcing and issuing protection orders in cases of domestic violence; the imposition of minor penalties by the courts or even no penalties at all in cases of domestic violence; the lack of programs for psycho-social treatment of perpetrators and for the reintegration of victims of domestic violence (AGE 2020, 10). The main goal for the next four-year programme is to ensure that gender equality is placed at the centre of the transformation processes in Kosovo*, involving all agencies, civil society, the private sector and the donors' community. The KPGE also acknowledges that initiatives targeting perpetrators of domestic violence are insufficient, despite the secondary legislation envisaging psychosocial treatment measures. Whereas assistance to women victims of domestic violence has improved over the years, much needs to be done regarding the rehabilitation and reintegration of offenders (AGE 2020, 56). At the moment, the KPGE does not include any specific actions in this area.

4. Perpetrator programmes in Kosovo*

In Kosovo, perpetrators either just go to jail or are treated as psychopaths*

International organisation officer

Perpetrators are human beings.

It can be the father, the brother, someone close.

We only talk about the victims, but perpetrators won't change if we don't work with them.

Everyone needs to be involved.

Psychiatrist

4.1 Legal and policy measures targeting perpetrators of domestic violence

In 2011, the first Kosovo Programme and Action Plan against Domestic Violence (2011-2014) already foresaw the establishment of "Support, Treatment and Reintegration activities" for perpetrators of domestic violence, with the aim of "finding ways to assist perpetrators in order to fully integrate them into society" (MoJ 2015, 11). Accordingly, Specific Objective 3 concerning "Services" included the building and strengthening of social services for both victims and perpetrators of domestic violence. Since then, two administrative instructions targeting perpetrators were adopted: Administrative Instruction n. 12/2012, defining the location and methods of psychosocial treatment for perpetrators of domestic violence and Administrative Instruction n. 02/2013, offering indications on the mandatory treatment for offenders with alcohol and drug addictions²⁸. These sub-legal acts also called for the creation of certified NGOs and/or government agencies providing court-ordered mandatory treatment for perpetrators by developing appropriate infrastructure at the municipal level²⁹.

In 2015, the evaluation of the implementation of the Kosovo Program against Domestic Violence and Action Plan (2011-2014) reported that the enactment of these two administrative instructions had remained limited in practice, both at the central and local levels, due to "a complete lack of infrastructure" (MoJ 2015, 17). To respond to this minimal implementation, the evaluation recommended to allocate the necessary funding and/or infrastructure and to include the activity in the next National Strategy and Action Plan against Domestic Violence (2016-2020). The Strategy adopted in 2016 thus confirmed the need to set up perpetrator programmes in line with the Istanbul Convention, along with the implementation of adequate punitive measures. In the Strategy, the existing consultation services and treatment programmes for domestic violence perpetrators are considered "insufficient" (MoJ 2016, 32). By listing "Rehabilitation and Reintegration" among the main priorities and challenges for the period, local authorities expected to establish by 2020 "mandatory and efficient programs for rehabilitation of perpetrators, provided by specialised institutions" (MoJ 2016, 42). The Action Plan also offered detailed indications on specific actions, financial resources, partner institutions and outputs expected for each objective. The Kosovo Programme for Gender Equality (2020-2024), launched in June 2020,

²⁸ Such measures were already indicated in article 4 and 9 of the Law on Protection of Domestic Violence, to be issues in combination with other protective measures foreseen by the law. See Qosaj-Mustafa and Morina (2018, 38).

²⁹ See Article 8, paragraph 3 of the AI Nr. 12/2012, quoted in MoJ (2015, 17).

mentions once again the lack of initiatives aimed at the psycho-social treatment of perpetrators among the urgent challenges that need to be addressed for the next four-year period (AGE 2020).

Even though the need to set up programmes targeting perpetrators of domestic violence has been constantly mentioned in policy documents since 2012, previous analysis have found that perpetrator programmes, as defined by the Istanbul Convention, do not exist in Kosovo* (COE 2017). Along the same line, most interlocutors contacted for this research affirmed that “nothing has been done in Kosovo*” to this regard. Nevertheless, this study has identified two initiatives targeting perpetrators of domestic violence and assessed the actual implementation of legal and policy measures targeting this population.

4.2 Experimental practices for the treatment of perpetrators

This first part of the chapter will describe two experimental initiatives: the pilot project started by the Safe House in the municipality of Gjakova and the programme set up by the Sit Centre in Pristina. These programmes emerge as isolated exceptions in the local scene and only a few respondents consulted for this research were aware of their existence. Although they tend towards the requirements established by international standards, these are still project-based experiences, not systematically funded and apart from a uniform and harmonised system. The origins and functioning of these two initiatives will be illustrated here, while some specific aspects will be discussed further, in the detailed analysis of actual implementation of perpetrator programmes across Kosovo*.

The Safe House in Gjakova

Founded in Gjakova in 1999, the “Shtepia e Sigurte” (Safe House) is one of the oldest shelters in Kosovo* and one of the first that have been licenced (OSCE 2019a). The Ministry of Labour and Social Welfare has accredited its work in the area of social and family services and over the years it has gained recognition for its work with women victims of domestic violence. Today the Safe House is a member of the Kosovo Women Network and an important gear of the coordination mechanism in the Municipality of Gjakova. The court, the police, the probation service and the Safe House are part of the local coordination mechanism, which seems very active in offering a harmonised response to violence against women. In particular, two judges are specifically devoted to cases of domestic violence and have been repeatedly supporting the shelter with legal advice. Since 2018, the local probation service has also started to work in co-operation with the Safe House.

As established by Article 4 of Administrative instruction 12/2012, shelters – as well as other institutions “with an expertise in this field” – can provide psychosocial treatment to perpetrators of domestic violence³⁰. During more than twenty years of experience supporting women victims, shelter staff has noted high impunity rates for perpetrators and at the same time has acknowledged the limits of a punitive approach towards domestic abusers. In 2019, the Safe House launched a pilot project funded by the Norwegian Embassy in cooperation with the Kosovo Foundation for Civil Society, with the aim of undergoing specific training for the treatment of domestic abusers. The training was provided by the organisation Total Family Coaching, based in the UK. The organisation mostly deals with family conflict and trauma and offers the “Freedom programme”, a training curriculum aimed at working with men perpetrators together with women and children victims of domestic violence³¹. Following the training sessions, a group of female professionals from the Safe House, together with a male student in psychology, initiated an experimental programme for perpetrators.

On the basis of the decision of the Basic Court of Gjakova, which also covers Rahovec and Malisheva municipalities, perpetrators sentenced with alternative measures have been referred to the local office of the National Probation Service, which in turn redirects the cases requiring supervision and mandatory psychological treatment to the Safe House. Once the counselling sessions are completed, professionals have to fill-in a report and eventually include specific recommendations for the Probation Service. The report is then added to the perpetrator’s case-folder and sent back to the Court. According to the information provided by the local probation officer, a formal agreement will shortly be signed in order to allow systematic referral of perpetrators towards the Safe House, as well as arrangements with the Municipalities of Gjakova, Rahovec and Malisheva to refer perpetrators sentenced with alternative measures.

30 Article 4 « Place of performance of psychosocial treatment », para 1, mentions health institutions, social institutions, and non-governmental organizations that have an expertise in this field and with this population.

31 More information is available at: www.totalfamilycoaching.co.uk. Information on initiatives developed in Kosovo* can be found at: <https://www.totalfamilycoaching.co.uk/volunteering-in-kosovo>. It is not clear whether a risk assessment is realised before involving women and children.

In 2019, during a period of nine months, six men attended a programme based on individual meetings and group-work. Most of them were perpetrators of domestic violence without any specific mental health issue or problem of addiction, whereas two men were referred to specialised health services following an individual evaluation. During the pilot programme, meetings with perpetrators were held in a separate building provided by the women NGO network “Qeliza” in Gjakova. A psychologist and psychosocial advisor conducted each session using a cognitive-behavioural approach and role-play games taken from the Duluth Model. Participants to the programme were expected to identify and remodel their use of power and control tactics, to hold themselves accountable for their acts, with the main aim of changing their attitudes and behaviours towards their wives and children. Staff of the Safe House has felt the need to adapt the “Freedom programme” to their context and included a few more meetings with perpetrators and in some cases involved other family members in the treatment. From the information provided, it is not clear whether the meetings with the partner and children were established on the basis of a previous risk assessment. Although the programme in Gjakova does not foresee systematic contact with the victim, on two occasions professionals asked for the woman’s feedback on perpetrator’s change, in order to monitor the evolution of his behaviour. Overall, professionals consider having observed a substantial decrease in violent behaviours.

To date, the Safe House does not follow any specific standard for the work with perpetrators. Internal guidelines only consist in the list of steps initially indicated by trainers. Interviewed staff have shown interest in developing further work with perpetrators of domestic violence, improving inter-institutional coordination and developing data collection and research.

The Sit Centre in Pristina

The Sit Centre is a non-governmental organisation based in Pristina³². Founded in 2008, its core activities are counselling, social service and research. The centre also promotes advocacy, awareness raising, peer-to-peer education in schools and training of professionals at the local level. Since 2017, the Sit Centre integrates the promotion of gender equality in interpersonal relationships with the prevention of violence. In particular, the Centre offers professional counselling to perpetrators of domestic violence.

The Sit Centre is the only organisation in Kosovo* working with men on the basis of self-referral, instead of court-ordered cases or perpetrators with mental health issues or with problems of addiction. Staff is currently working on agreements with the Ministry of Justice, the Correctional and Probation Service and the Kosovo Police, to inaugurate mandatory programmes and thus increase the number of participants. At the moment, it only offers individual counselling sessions to voluntary attendees. Group-work with perpetrators has not been implemented mostly due to confidentiality concerns with respect to perpetrators’ personal information and data³³. Among its future projects, the Sit Centre envisages undergoing the licencing process³⁴ required to work with convicted perpetrators in custody and to ensure follow-up support programmes for perpetrators of domestic violence that have been released from prison.

Current counselling sessions at the Sit Centre are mostly based on a cognitive-behavioural approach, which also includes psycho-educative work and role-play activities. Treatment is aimed at providing practical guidance and techniques for emotional self-management and improvement of interpersonal communication skills. Each session takes place once a week for about 40 minutes. Professionals estimate that meetings should be held for a minimum of 3 up to 24 sessions, for a period of about six months, in order to minimise the risk of recidivism and accomplish lasting changes in perpetrators’ attitudes and behaviours. Staff estimates that a follow-up programme after release from jail would require 10 to 15 mandatory sessions. In all cases, adequate financial resources should be allocated. Funding should also sustain data collection as well as regular evaluations of the programme’s efficacy. Although most clients enrolled in the programme are men, the Sit Centre also accepts female perpetrators of peer violence and domestic violence. When dealing with men perpetrators, professionals regularly make efforts to identify the connections between the individual behaviour, structural gender inequalities and social expectations about gender roles. However, it is not clear to what extent the programme systematically adopts a gender perspective.

Over the years, professionals working for the Sit Centre have received several trainings provided by international organisations, such as the International Training Programme (ITP), which included a specialisation on

32 More information is available on the website, at : <http://www.sit-ks.org/>

33 According to international standards (see paragraph 4.3.3.), in some cases perpetrators programmes can consider restriction on participants’ confidentiality rights.

34 As established by the Administrative Instruction n. 17/2013, “for the licencing of the legal entity/organisation that provide social and family service”.

how to prevent and respond to GBV³⁵. Specific competences and knowledge on how to deal with perpetrators of domestic violence have been developed through participation in trainings offered by the Swiss organisations Agredis.ch³⁶ and Iamaneh³⁷, which support several initiatives in the Balkans. Some Sit Centre employees also took part in the “Training of professional counsellors with young men and boys to end violence” which was held in Albania in 2018. Following the training, a formal cooperation was established between the Sit Centre and the Counselling Line for Men and Boys both in Tirana and Shkodër, with the aim of exchanging knowledge and practice.

At the local level, the Sit Centre has taken an active role in improving the inter-institutional co-operation, case-management and capacity building among several institutions, to foster an effective implementation of existing legal provisions. The centre has also urged to include the prevention, rehabilitation and reintegration of perpetrators into municipal coordination mechanisms. This advance would also allow for adopting systematic procedures in contacting perpetrators’ female partners, on the basis of established protocols with shelters and women support services. At the moment, no systematic protocol for victim-contact has been set up.

Since its foundation, the Sit Centre also participated in several international networks, such as the Young Men Initiative project, Men Engage and Men Care International, promoting gender equality from a men’s perspective. It is the only organisation in Kosovo* which is a member of the Work with Perpetrators European Network.

4.3 General implementation of perpetrator programmes across Kosovo*

This second part of the chapter analyses the general implementation of perpetrator programmes across Kosovo* and will focus on three thematic areas: (1) Access to perpetrator programmes; (2) Coordinated policies and co-operation with women support services; (3) Gender perspective and minimum standards for practice. Each one of these sections will first recall the applicable international standards and guiding principles for practice, it will then illustrate specific examples drawn from GREVIO’s reports, and finally, it will assess the current situation in Kosovo*, including gaps and shortcomings.

Access to perpetrators’ treatment

Access to perpetrators’ treatment

- Develop a national legislation supporting perpetrator programmes
- Promote the geographical distribution of the programmes
- Ensure that different types of programmes are available
- Diversify pathways for referral in order to ensure wider levels of attendance
- Provide adequate funding

i. International standards and guiding principles

If correctly implemented, perpetrator programmes can contribute to protect women and children from further violence. According to the Explanatory Report of the Istanbul Convention (paragraph 103), national authorities are required to “establish or support the establishment of programmes, where they do not exist, or support any existing programmes for perpetrators of domestic violence”.

Most experts agree that both voluntary and mandatory programmes should be available. Initiatives targeting perpetrators should provide both individual sessions and group work and minimum standards should apply to all types of perpetrator programmes, with specific adjustments and with the possibility to apply sanctions for non-attendance. Perpetrator work should explicitly integrate both the cultural and clinical approach to domestic violence and facilitators should encourage, lead and promote change in participants. It is of paramount importance that programmes are not used as an alternative to criminal proceedings (Council of Europe 2008).

35 The training was provided by the Swedish International Development Agency (SIDA) in co-operation with the Swedish Police and the Kvinna till Kvinna Foundation also contributed to the training.

36 For more information, the official website is available at: <https://www.agredis.ch/>

37 For more information, the official website is available at: <https://www.iamaneh.ch/en/about-us/>

ii. *Sample practices from GREVIO's reports*

In several reports GREVIO has pointed to the importance of making perpetrator programmes available nationwide³⁸. GREVIO has encouraged the development of a national legal framework concerning perpetrators' treatment and has pointed to the importance of ensuring sufficient financial and human resources to warrant the programmes' sustainability³⁹. In many reports GREVIO has also emphasised the need for wider levels of attendance to the treatment and, to this regard, it has suggested diversifying pathways for referral⁴⁰. The Committee has stressed that referral to perpetrator programmes can be done at different stages of the proceedings, namely in cases of adoption of emergency barring and protection/restraining orders, and in judicial proceedings to determine child custody and visitation rights⁴¹. In a few cases, GREVIO has suggested to incorporate such programmes into the criminal justice system, including in probation services, as a tool to reduce recidivism⁴². When confronted with data on high dropout rates, GREVIO has noted the importance of maximising the programmes' completion by working on perpetrators' motivation to change since early stages of participation⁴³.

GREVIO has emphasised that national authorities should not only expand the number of services, but also the types of service available⁴⁴, providing both voluntary and mandatory programmes, in custodial and non custodial settings⁴⁵. Ensuring different programmes for perpetrators of several forms and degrees of abuse can contribute to prevent the risk of an escalation of violence⁴⁶. For instance, GREVIO has welcomed programmes that are also aimed at boys who were previously exposed to violence and thus reproduce violent patterns of behaviour⁴⁷. Since domestic violence is often under-reported and in most countries conviction rates are still low, GREVIO has noted that mandatory programmes only reach a minority of perpetrators, leaving out a significant number of violent men who are not being referred to any treatment. In the case of Malta GREVIO has noted with concern that, even when compulsory participation is imposed by the court, no measures are taken if the person refuses to submit to the programme⁴⁸. Elsewhere, the Committee has recommended that preventive intervention and treatment programme should be available also on the basis of self-referral⁴⁹. Where treatment is available only on a voluntary basis, GREVIO has strongly encouraged national authorities to consider the possibility of imposing an obligation to attend the programmes⁵⁰. In addition, it is important that the duration of the programmes allows enough time to foster an authentic change in the abusers' behaviour⁵¹.

In those countries where perpetrators' treatment can be court-ordered, GREVIO has emphasised that it is of paramount importance that mandatory participation to the programme is not used as an alternative to criminal proceedings. Compulsory participation has to be conceived as a preventive measure *in addition to* criminal sanctions⁵² and should not replace prosecution, conviction or sentencing⁵³. For instance, in the report on Albania, the Group of Experts took note of the apparent low propensity of courts to adopt protective measures requiring perpetrators to enrol in rehabilitation programmes⁵⁴. In countries like Belgium and Spain, where perpetrator programmes can be imposed as alternative measures to prison, GREVIO has encouraged state parties to accurately determine under which circumstances it can happen, to foresee a risk assessment procedure, and to ensure that alternative measures for perpetrators are not limited to any form of community service⁵⁵.

38 GREVIO, Baseline Evaluation Report: Italy (GREVIO/Inf(2019)18); GREVIO, Baseline Evaluation Report: France (GREVIO/Inf(2019)16); GREVIO, Baseline Evaluation Report: Spain (GREVIO/Inf(2020)19).

39 GREVIO, Baseline Evaluation Report: Italy (GREVIO/Inf(2019)18); GREVIO, Baseline Evaluation Report: Belgium (GREVIO/Inf(2020)14); GREVIO, Baseline Evaluation Report: Malta (GREVIO/Inf(2020)17), para 85.

40 GREVIO, Baseline Evaluation Report: Austria (GREVIO/Inf(2017)4), paras 82-87; GREVIO, Baseline Evaluation Report: Denmark (GREVIO/Inf(2017)14), paras 87-95; GREVIO, Baseline Evaluation Report: Finland (GREVIO/Inf(2019)9), paras 74-81; GREVIO, Baseline Evaluation Report: Italy (GREVIO/Inf(2019)18), paras 108-117.

41 GREVIO, Baseline Evaluation Report: Italy (GREVIO/Inf(2019)18), para 112.

42 GREVIO, Baseline Evaluation Report: Finland (GREVIO/Inf(2019)9), para 79; GREVIO, Baseline Evaluation Report: Netherlands (GREVIO/Inf(2019)19), para 107.

43 GREVIO, Baseline Evaluation Report: Spain (GREVIO/Inf(2020)19), para 106.

44 GREVIO, Baseline Evaluation Report: Portugal (GREVIO/Inf(2018)16), para 105.

45 GREVIO, Baseline Evaluation Report: Spain (GREVIO/Inf(2020)19); GREVIO, Baseline Evaluation Report: Malta (GREVIO/Inf(2020)17).

46 GREVIO, Baseline Evaluation Report: Denmark (GREVIO/Inf(2017)14), para 88.

47 GREVIO, Baseline Evaluation Report: Andorra (GREVIO/Inf(2020)18), para 82.

48 GREVIO, Baseline Evaluation Report: Malta (GREVIO/Inf(2020)17), para 85.

49 See for example GREVIO, Baseline Evaluation Report: Austria (GREVIO/Inf(2017)4), paras 82-87; GREVIO, Baseline Evaluation Report: Turkey (GREVIO/Inf(2018)6), paras 123-131; GREVIO, Baseline Evaluation Report: Monaco (GREVIO/Inf(2017)3), paras 55-58; GREVIO, Baseline Evaluation Report: Portugal (GREVIO/Inf(2018)16), paras 101-106.

50 GREVIO, Baseline Evaluation Report: Italy (GREVIO/Inf(2019)18), para 117.

51 GREVIO, Baseline Evaluation Report: France (GREVIO/Inf(2019)16), para 118.

52 GREVIO, Baseline Evaluation Report: Denmark (GREVIO/Inf(2017)14), para 92: "The importance of effective perpetrator programmes in addition to any criminal sanction cannot be understated, nor can their relevance for (further) prevention".

53 As in the following reports: GREVIO, Baseline Evaluation Report: Albania (GREVIO/Inf(2017)13); GREVIO, Baseline Evaluation Report: Portugal (GREVIO/Inf(2018)16); GREVIO, Baseline Evaluation Report: Turkey (GREVIO/Inf(2018)6).

54 GREVIO, Baseline Evaluation Report: Albania (GREVIO/Inf(2017)13), para 71.

55 GREVIO, Baseline Evaluation Report: Belgium (GREVIO/Inf(2020)14), para 95 seems to apply only to perpetrators with mental health issues to community service; GREVIO, Baseline Evaluation Report: Spain (GREVIO/Inf(2020)19), para 107.

In some countries, national authorities have defined a legal framework for the implementation of perpetrator programmes and regularly allocate financial resources to civil society organisations in charge of running the service⁵⁶. This is also the case of Albania, where the recent Law “On measures against violence in family relations” (Law No. 966/2006) establishes the responsibility of the Ministry of Social Welfare and Youth to support and supervise the set-up of rehabilitation centres for perpetrators of domestic violence. The Albanian Law also stipulates that domestic authorities have the duty of “establish[ing] social and rehabilitation centres for victims and perpetrators and co-ordinat[ing] efforts with existing ones, giving priority to specialised centres in respective fields”⁵⁷.

iii. *The situation in Kosovo**

Despite the important steps taken towards the development of a legal framework and in favour of initiatives targeting perpetrators of domestic violence, the number of services for perpetrators available in Kosovo* seems to be limited and attendance to the programmes is still very low. Following the increase of domestic violence cases during the COVID-19 pandemic, several interlocutors have pointed to the urgent need to contain men’s violence against women by working directly with perpetrators in different phases, starting at early stages of the abusive and controlling behaviour, up to the moment of perpetrators’ reintegration into family and society after release from prison. The importance of limiting the consequences of harmful masculinity has been largely acknowledged as an institutional priority.

In Kosovo* civil court judges may impose psychosocial treatment up to six months and alcohol and substance abuse treatment for up to two years, in pursuance of Administrative Instructions n. 12/2012 and n. 02/2013 (Qosaj-Mustafa and Morina 2018). All people interviewed for this research agreed in criticising the limits of such provisions. On one hand, most stakeholders have emphasised the need to work with *all* perpetrators of domestic violence since, in practice, men with problems of addiction or with mental health issues seem the only categories of perpetrators covered by the two Administrative instructions. On the other hand, several interviewees have pointed to the fact that even existing measures do not seem to be effectively implemented.

Referral to perpetrator programmes could take place at different stages. In many cases the Kosovo* Police is the first entity to be contacted by women victims and it plays a crucial role in collecting the victim’s statement, gathering circumstantial evidence, making an accurate risk assessment, and defining an effective safety plan. In this process, the perpetrator is often arrested and taken into pre-trial detention for about 24 hours, a time during which the prosecutor should interrogate the abuser. As reported by some stakeholders, in practice the police often release the man after a couple of hours without any appropriate investigation. At this stage of the process, specific measures targeting the perpetrator could be taken in order to prevent new acts of violence, for instance combining perpetrator programmes with protection orders or other preventive measures, as suggested by some interviewees. Obstacles to a correct implementation of protection orders include the fact that often neither the perpetrator nor the victims have anywhere to go. Several interlocutors have confirmed that in many cases women continue being exposed to violence even when a protection order is issued and are compelled to share the same apartment with the abuser (AGE 2019).

In Kosovo* perpetrators’ treatment can also be imposed as a complementary “protective measure” imposed with a TEPO issued by the police or by judges as the result of criminal proceedings. Data from the State prosecutor office show that only 3,8% of sentenced perpetrators was referred to mandatory treatment in 2019 (35 men out of a total of 917 sentences cases).

Court imposed mandatory treatment measures for perpetrators of DV ⁵⁸		
Year	Total DV cases receiving a guilty verdict	Measure for Mandatory Treatment
2015	901	23 (2.6%)
2016	1055	17 (1.6%)
2017	776	11 (2.4%)
2018	537	30 (5.6%)
2019	917	35 (3.8%)
2020 (Jan-Sept)	385	23 (5.9%)

56 For instance, it is the case of Austria, Denmark and Finland.

57 GREVIO, Baseline Evaluation Report: Albania (GREVIO/Inf(2017)13), note 78.

58 Statistics provided by the State Prosecutors Office, July 2020.

The low number of referrals to treatment can be interpreted as partially connected to the low conviction rates for domestic violence. Several stakeholders have also reported that, even though it is foreseen in the law, psychological counselling for perpetrators is rarely used (KWN 2018). In practice, additional protective measures are issued only when the perpetrator has problems of addiction (alcohol or drug abuse) or some sort of mental health issue, instead of being systematically considered as an option, on the basis of a risk assessment. By focusing exclusively on these specific categories of perpetrators, current legislation and practice prevent the large majority of perpetrators from accessing any kind of treatment.

Other stakeholders have also emphasised that in most cases sentences for perpetrators of domestic violence entail low penalties. Although the National Strategy on Protection from Domestic Violence (2016-2020) clearly states the need to ensure “adequate punishment for perpetrators” (MoJ 2016, 9), perpetrators of domestic violence often incur in minor penalties and even recidivistic cases often only go through fines or house arrest, measures imposed by judges instead of detention⁵⁹. According to prosecutors, such minor sanctions negatively affect their work and the efficiency of the co-ordinated efforts in dealing with domestic violence cases (AGE 2019, 127). Even if the criminal code has been recently reformed, allowing for more severe sanctions, it is often the case that perpetrators are sentenced with a short penalty and, once released, they retaliate against their partners. In most cases the risk of recidivism is really high, as confirmed by the Ministry of Justice.

Limited information is available on treatment options for convicted perpetrators of domestic violence in custodial and non-custodial settings. The Gender Equality Officer at the Ministry of Justice has recently recommended that correctional services introduce specific programmes for perpetrators of domestic violence while they are still in prison. Since 2019, the Correctional Service of Kosovo has inaugurated the Unit for Evaluation and Classification of Prisoners (UECP), which operates in the Detention Centre of Pristina. The purpose of this entity is to correct, re-socialise, and reintegrate convicted prisoners into society. Professionals from the UECP have been initially trained by the Helsinki Committee for Human Rights in 2013 and, since then, they have been “training the trainers” in several male and female prisons across Kosovo*. Facilitators offer anger-management programmes both in adult and juvenile correctional centres, without any distinction between ordinary prisoners and convicted perpetrators of domestic violence. The effectiveness of these efforts has not yet been evaluated. It should be noted that these programmes target the general population of prisoners and lack a gender perspective and a specific focus on gender-based violence (see paragraph 4.3.3). The lack of knowledge on how to adequately implement the programmes and the lack of training of professionals in this area seem to hinder a concrete response. In addition, it is not clear whether these initiatives are available across the territory of Kosovo* or only in some prisons, such as in Pristina and in the detention centre in Lipjan. As emerges from several interviews with stakeholders, some non-governmental organisations have recently developed ad-hoc programmes in co-operation with the correctional service, but at the moment they are not formally institutionalised, they do not comply with international standards and do not envisage enough time to achieve a real change⁶⁰.

Even when the court imposes mandatory treatment to a perpetrator, the practical implementation of the decision remains a challenge (AGE 2019). In conformity with the two above-mentioned Administrative Instructions and in accordance with the Law on Protection against Domestic Violence, the Ministry of Health has the mandate to develop and ensure the subsidiary and necessary infrastructure to support the provision of perpetrators’ treatment (MoJ 2016). At the municipal and/or regional level, the responsibility for addressing the issue falls on public health institutions and centres for mental health (COE 2017).

With regard to alcohol and substance abuse, treatment is provided by Main Family Medicine Centres (primary healthcare), regional hospitals, Mental Health Centres (secondary healthcare) and institutions such as the Kosovo Forensic Psychiatric Institute (KFPI). The KFPI treats cases that are referred by a judge, the prosecutor, or the police. Once the person is accepted in the hospital, health professionals are responsible for the treatment, while the Correctional Services ensures the general security. The KFPI offers a residential accommodation for convicted perpetrators and has about 36 places, divided between cases where the court has ordered a psychiatric evaluation (12 beds) and cases of perpetrators undergoing mandatory psychiatric treatment (24 beds). Some stakeholders have pointed to the insufficient number of beds, if compared to the number of perpetrators in need of treatment and have raised concerns as to the short duration of the therapy, which may vary from a few sessions to several months.

59 Statistics provided by the State Prosecutors Office, July 2020.

60 NGOs willing to intervene in the custodial setting need to be licenced by the Ministry of Labour and Social Welfare, as established by the Administrative Instruction n. 17/2013, “for the licencing of the legal entity/organisation that provide social and family service”.

Regarding the psychosocial treatment, it can be offered by licenced professionals in health and social institutions as well as by NGOs (COE 2017) ⁶¹. In a few cases, as in the pilot project run by Safe House Gjakova, shelters can also provide this kind of treatment, although perpetrators are received by shelter workers in a separate building and with the support of a dedicated psychologist. To date, the Sit Center in Pristina seems the only organisation offering counselling sessions to men that have not been through judicial proceedings. Both in the case of mandatory or voluntary participation, in the judicial setting as well as in the health sector, the limited duration of the programmes seems to be mostly related to the limited financial resources allocated to this purpose. Without diverting resources from victim support services, programmes for perpetrators should be allocated adequate funding in order to ensure a sufficient number of sessions with professionals specifically trained in this field.

Aware of the limits of the current situation, in the context of the European Union IPA (Instrument for Pre-Accession) 2014-2020, the Gender Equality Officer of the Ministry of Justice has worked on a project proposal, aimed at opening a Rehabilitation Centre for Perpetrators of Domestic Violence in Kosovo*, with a view to reduce the risks of recidivism and the number of cases resulting in fatality. At the moment, no more information is available on the outcomes of the project.

Coordinated policies and co-operation with women support services

Coordinated policies and cooperation with women support services
<ul style="list-style-type: none"> ➤ Adopt a comprehensive approach ➤ Involve all relevant statutory agencies and administrative entities ➤ Establish a close cooperation with women support services ➤ Develop instruments for inter institutional cooperation, including protocols and agreements

i. *International standards and guiding principles*

One of the four pillars of the Istanbul Convention is the implementation of coordinated policies. In pursuance of the articles contained in Chapter II “Co-ordinated policies” (Art. 7 - Art. 11), states are required to establish appropriate mechanisms providing for effective co-operation among the judiciary, public prosecutors, law-enforcement agencies, local and regional authorities and NGOs. Accordingly, all partners involved in a coordinated response to violence against women, including non-governmental organisations, should be adequately funded and should actively participate in the monitoring and evaluation of the strategies implemented. These provisions also concern perpetrator programmes.

While holding perpetrators accountable for their acts, perpetrator programmes must prioritise the needs, the safety and the wellbeing of women and children exposed to domestic violence. With this purpose, it is important that programmes operate in close cooperation with other agencies, such as child protection, social services and courts, so to offer an integrated community response. The engagement of all relevant statutory agencies and administrative entities – including municipality and social service workers, law enforcement agents, prosecutors and judges – can contribute to informing the perpetrator about the existence of the programmes and on the opportunity to attend them. In particular, close links have to be established with women support services and local shelters. A comprehensive intervention system focusing on the victims’ needs, together with the development of inter-institutional co-operation protocols, can promote a more effective response to domestic violence, based on risk assessment and risk management. As emphasised in the guidelines elaborated by the WWP EN, inter-agency alliances must be acknowledged by policy makers and should be therefore properly funded, so to avoid inter-service competition for financial resources.

According to the Council of Europe minimum standards for support services for victims of violence against women (Council of Europe 2008), once a perpetrator is enrolled in a programme, there should always be an attached or associated women’s support service available for the victim. Clear protocols between services should be encouraged, to ensure an effective exchange of information and shared procedures for evaluation of risk and progress (WWP EN n.d.). Agreements with women support services can also entail restrictions in perpetrators’ confidentiality rights. Before being enrolled in a programme, the perpetrator has to accept specific conditions such as providing address of current and former partners and signing an agreement on

61 See Administrative instruction 12/2012, article 5.

the release of confidential information, especially in the case of increased risks for the victims' safety. Partners should always be informed if the perpetrator leaves the programme, if he is suspended for treatment, and if there are any concerns regarding women and children's wellbeing (Council of Europe 2008).

With a view to reinforcing the links between women support services and perpetrator programmes, the WWP EN also suggests including representatives from women's support services as experts in steering committees or advisory boards of perpetrator programmes. The WWP EN guidelines underline that it is of responsibility of the perpetrator programme workers to establish such collaborations and that constant efforts have to be made in this process (WWP EN n.d.).

ii. *Sample practices from GREVIO's reports*

GREVIO reports have repeatedly underlined that an effective and systematic co-operation with women's support services is pivotal in the work with domestic abusers. Where this partnership was missing, GREVIO has clearly recommended implementing perpetrator programmes in close collaboration with specialised support services in order to prioritise the victims' safety⁶². The Committee considers that these agreements can reduce the risk of secondary victimisation and guarantee the protection of victims' human rights.

GREVIO has commended protocols adopted in Austria between the national network of women support service and the probation service, as well as the practice of including a "partner's contact person" in charge of communicating and co-operating with the victim, as adopted by the Swedish prison and probation services' programmes⁶³. It has also noted that this collaboration on the one hand enhances opportunities to propose treatment to abusive partners, while on the other hand it secures women to be regularly notified of the level of co-operation of their partner attending a programme – knowing that changes in perpetrators' behaviours can include progress, but also increasing risk of recidivism and dropouts.

iii. *The situation in Kosovo**

In Kosovo*, authorities have promoted a strategic approach in favour of decentralisation, with the purpose of making services available at the local level and encouraging cooperation among local agencies. The adoption of SOP and the set-up of Memoranda of Understanding in each municipality have represented fundamental steps towards the concrete implementation of coordinated policies in the prevention and response to violence against women in each community. In this process, municipalities have gained specific competences, such as the possibility of financing service providers, including shelters (MoJ 2016).

The municipal coordination mechanisms have a considerable potential in promoting multi-agency cooperation and the development of a common inter-disciplinary approach to domestic violence, which also concerns the rehabilitation of perpetrators. However, several stakeholders have pointed to numerous obstacles in the actual implementation of the decentralisation process, resulting in a lack of co-operation among stakeholders and in an ineffective response to domestic violence. As a matter of fact, only a small number of municipalities in Kosovo* have established coordination mechanisms and in most cases these instruments are still quite weak, due to financial sustainability issues, to insufficient human resources and to a lack of understanding of the provisions of the SOP. According to several stakeholders, decentralisation has been developed very rapidly and professionals on the ground did not have enough time to undergo adequate training nor build the essential capacities for assuming new tasks. In practice, these shortcomings lead to numerous problems of coordination among service providers, which reflect in a weak information sharing, poor case management and inaccurate risk assessment, entailing the danger of jeopardising women's safety and human rights. Some stakeholders have mentioned that a new database on domestic violence will soon be available and they trust that it will improve coordinated case management among services⁶⁴.

62 GREVIO, Baseline Evaluation Report: Belgium (GREVIO/Inf(2020)14), para 95 seems to apply only to perpetrators with mental health issues referred to community service; GREVIO, Baseline Evaluation Report: Spain (GREVIO/Inf(2020)19), para 111.

63 GREVIO, Baseline Evaluation Report: Austria (GREVIO/Inf(2017)4); GREVIO, Baseline Evaluation Report: Sweden (GREVIO/Inf(2018)15).

64 The four-year project was established throughout a EU funded programme in co-operation with UN women and it was developed through consultations with several institutions at the central and local level, including judges, prosecutors, social service and health service providers, shelters.

INSIGHT 1

A case of domestic violence involving professionals of several institutions

Interview n. 11, family doctor and trainer on GBV for health professionals

“As a family doctor, I met once a pregnant woman, who just came for a regular check up during her pregnancy. She was a woman from Albania married with a man from Kosovo*. As she was talking, I noticed that she was worried and alarmed. She started mentioning domestic violence. In Kosovo*, family doctors have this service of home visits for mothers and children and thus I spoke to two nurses so that they could go visit this particular family. During the visit they met the husband and noticed that he was a security guard at the kindergarten of one of the nurse’s children. They recognised him, spoke to him slowly, and saw that even if the family was protecting the woman, he was extremely violent. However, the nurses managed to bring the man here, to the clinic. I talked to him, he looked like a normal person. He was very jealous, had gender stereotypes, affirmed that his wife needs to do everything he says, and he had physically abused his wife and children”. [...]

=The woman finally reported to the police. The man retaliated against her by not letting her go visit her family in Albania, because in Kosovo* it is not acceptable to have the police coming to your house and speak about domestic violence, which is still considered as a private matter. [...] The police had a talk with him. Usually, when they consider that there is a real danger of repeated acts of violence, they put the perpetrator in pre-trial detention. However, this particular man has never been arrested. He was very good at minimising what he did and kept repeating that he ‘just grazed her’, but I could tell that the emotional and verbal violence had been incredible. She was really depressed. [...]

The couple eventually divorced and she left. She could take one of the kids but the man kept the other two children: the perpetrator used them to blackmail her, by saying ‘Go ahead, leave, get divorced, but you will never see your children again’. [...] I think it would be very important that the perpetrator attends a community-based programme. If we do not work with perpetrators you cannot control GBV in Kosovo*. Even if we have protection orders, we have so many cases where the woman is killed *even with a protection order*. I think that Centres for Social Work as well as the police and health professionals need to be involved in such trainings, since they deal directly with perpetrators. All these professionals need to be involved in order to have successful community-based response”.

If correctly functioning, municipal mechanisms could include perpetrator programmes facilitators and their participation in regular meetings with judges, lawyers, law enforcement agents, social workers and specialist support services, to deal with each case of domestic violence and to investigate what works in practice and what causes problems. Decentralisation and multi-agency cooperation at the district level could play a crucial role also in the correct implementation of perpetrator programmes, with particular regard to prevention, rehabilitation and reintegration. Systematic cooperation with the correctional and probation services and with the prison directorate would be desirable and could operate at different stages of the procedures⁶⁵. At the moment, no specific agreements with these services have been signed. Although in some cases referral protocols do exist, it is not clear how support services and local institutions concretely engage with perpetrators and to what extent perpetrators’ treatment is envisaged in the context of municipal co-ordination mechanisms. So far, the SOP do not foresee any specific procedures targeting perpetrators. While most initiatives have rightly been focused on women victims of violence, interventions with perpetrators, which could contribute to ensuring the victims’ safety and protection, have been disregarded.

Protocols or agreements with women’s support services, aimed at ensuring the victims’ safety and protection, seem to be missing. The sole exception is the Safe House in Gjakova, where a co-operation between shelter workers and the local probation office has been initiated in the context of the pilot project aimed at perpetrators’ rehabilitation. Some stakeholders have suggested that, if a perpetrator enrolls in a programme, municipal coordination mechanisms could support victim-contact procedures in order to offer protection to women and follow-up on the perpetrator’s behaviour. As emphasised by several stakeholders, shelter workers in Kosovo* are among the few professionals that in the last twenty years have developed a specific knowledge, have gained experience in dealing with domestic violence and in providing an institutional response. The collaboration of shelters and women support services in designing and implementing perpetrator programmes would be of paramount importance.

65 See the report published by the WWP EN (2019) on probation and prison-based programmes.

Gender perspective and minimum standards for practice

- Adopt a gender perspective
- Prioritise women and children's safety and human rights
- Avoid obligatory mediation and reconciliation
- Treatment should not be reduced to alcohol and substance abuse, anger management, medication
- Establish safe victim-contact procedures
- Conduct systematic risk assessment and risk management, in co-operation with other services
- Provide adequate training of professionals
- Collect data on perpetrators attending the programme
- Realise regular evaluations of the programmes
- Define an accreditation process and licencing criteria
- Support the development of a national network, including national standards and guidelines

i. *International standards and guiding principles*

The Istanbul Convention requires State parties “to include a gender perspective in the implementation and evaluation of the impact of the provisions of the Convention” (Art. 6, “Gender-sensitive policies”). This also applies to perpetrator programmes, since the work with perpetrators can contribute to a wider process of cultural and political change, “towards abolishing gender hierarchies, gendered violence and gender discrimination” (Council of Europe 2014). As suggested by the WWP EN guidelines, programmes should incorporate an understanding of the interconnections between violence, structural inequalities and power relations between women and men, and with the underlying historical and social constructions of masculinity and femininity (WWP EN, n.d.).

The adoption of an ecological model (Hagemann-White *et al.* 2010), which considers the complex interplay between individual, relationship, community, and societal factors, allows understanding the components influencing perpetrators' conducts. Even though programmes do not necessarily produce change at every level, research suggests that initiatives targeting perpetrators should take into consideration all these layers as well as their impact in enabling or preventing perpetrators from holding themselves accountable for their acts (Council of Europe 2014). While examining each of these elements, programmes should guide a man in interrupting his chosen abusive behaviour and support his decision in adopting individual, alternative, non-violent practices, with a view to develop healthy relationships based on respect and notions of equality (WWP EN, n.d.).

Just like other support services, programmes for perpetrators have to consider domestic violence as a public and not a private matter. A gender sensitive approach fosters the understanding of women's rights as the right of individuals – not just as wives or mothers of children. Notably, the Council of Europe minimum standards emphasise that the safety and welfare of women and children need to be prioritised over attempts to maintain the family unity at all costs (Council of Europe 2008). Accordingly, mandatory family counselling, mediation or reconciliation, are not considered appropriate responses in the work with perpetrators, and neither do programmes focusing exclusively on substance abuse treatment or anger management. Article 48 of the Istanbul Convention prohibits mandatory alternative dispute resolution processes or sentencing. The Explanatory Report of the convention warns about the negative effects of mediation in the cases of family disputes marked by violence, especially when such procedures are imposed on the victim. The power asymmetry between the parties can make this method disadvantageous for women and lead to secondary victimisation. Regarding alcohol and substance abuse, several organisations across Europe consider serious addiction problems and antisocial personality disorders as exclusion criteria to the enrolment in a perpetrator programme, since these issues merit specialised interventions and should be handled separately from treatment of domestic abuse (WWP EN 2019, 7).

Programmes in line with international standards are expected to encourage perpetrators to examine their attitudes and beliefs towards women. To this end, service providers should receive adequate training on domestic abuse as a form of gender-based violence (Istanbul Convention, Explanatory Report). Furthermore, perpetrator programmes should consider the intersections of gender with other issues, such as race, class, religion, age, nationality and disability.

In order to support perpetrators' accountability and women's pathways to empowerment, programmes should be associated with support services targeting the partner or ex-partner. It is recommended that professionals working with the perpetrator contact his partner or ex-partner, to inform her about the goals, the content and the limitations of the programme, as well as to advise her on how to access specialised support services. Staff should be aware of the fact that perpetrator's enrolment in a programme may influence the victim's decision to stay with or leave the abuser, or give her false hopes and expectations. The victim should never feel forced to participate, under any circumstances. Whether she is willing to cooperate, programmes should proficiently use the information provided. Victims should also be warned about the possibility that the perpetrator can take advantage of his attendance to manipulate or further control her (Council of Europe 2014).

Before admission to the programme, perpetrators' suitability and motivation should be assessed. Accepted participants should agree on restrictions of their confidentiality rights, such as the possibility for facilitators to contact the perpetrator's partner or law-enforcement agencies, in case of increased risk of new acts of violence against women or children. To this regard, it is of paramount importance that programmes continually conduct risk assessments – such as, for instance, the Spousal Assault Risk Assessment (SARA) and that they coordinate with other services and institutions for an adequate risk management. The WWP EN guidelines recommend to resort to risk assessment and risk management procedures, to be undertaken and documented at the moment of admission, as well as at set times, during the course of the programme and whenever the perpetrator's behaviour or the situation indicates a possible change in risk (WWP EN, n.d.). All professionals involved should acknowledge that risk can constantly change over time, due to numerous variable elements (Gondolf 2012). On the basis of regular evaluations, facilitators may adopt safety plans to ensure the protection for women and children as well as they may refer the perpetrator to other services, to address his specific needs (i.e. programmes for addiction treatment). Emerging risk factors may include substance misuse, high-risk situations or victim vulnerabilities (WAVE 2017). Multi-agency assessment of such factors can effectively contribute to the work of other professionals, namely employees in women's support services, in the health sector or in children's services, it can help understanding the dynamics of a relationship and therefore provide an adequate response (WWP, n.d.).

The Council of Europe minimum standards (2008) also offer indications regarding the professional education of facilitators, which should undergo at least 30 hours of specialised training. The curriculum should include, among other topics, a gendered analysis of violence against women, notions on risk assessment and risk management, the understanding of women's perspectives and children's experience, as well as an appreciation of perpetrators' patterns of minimisation and manipulation. The WWP EN guidelines also provide an extensive list of staff competences comprising specific knowledge, skills and values and emphasise the importance of the ability to manage tensions and challenging group dynamics (WWP EN, n.d.)⁶⁶.

In order to meet the requirements set by the Istanbul Convention on "Data collection and research" (Art. 11), initiatives targeting perpetrators should also engage in systematic data collection as well as regularly document and evaluate their practice. To this regard, the WWP EN promotes the use of the Impact Toolkit, which includes questionnaires aimed both at men participants and at their partners, and is aimed at collecting information at several evaluation phases, during and after the programme (WWP EN, n.d.). Finally, programmes targeting perpetrators should not operate in isolation: the creation of a national network of perpetrator programmes, together with the development of clear licencing criteria and with the adoption of national standards and guidelines, enables to operate on the basis of shared practices and principles, in line with international standards.

ii. *Sample practices from GREVIO's reports*

GREVIO has repeatedly underlined that perpetrator programmes should be based on a gendered understanding of violence and consistently incorporate the deconstruction of sexist stereotypes. The Committee has raised strong criticism toward the adoption of a gender-neutral approach⁶⁷.

66 See in particular paragraph B5 "Staff competences".

67 GREVIO, Baseline Evaluation Report: Netherlands (GREVIO/Inf(2019)19), para 106. See also GREVIO, Baseline Evaluation Report: Belgium (GREVIO/Inf(2020)14), para 95.

On several occasions GREVIO has recalled the importance of implementing uniform minimum standards aimed at prioritising women and children's safety and human rights⁶⁸. To this end, in the report on Albania, the Committee has expressed concern about practices including family therapy, mediation and reconciliation in the context of perpetrator programmes⁶⁹. In the case of Belgium, GREVIO has noted "a strong trend towards 'tandem mediation'" in the context of perpetrator programmes. It has thus strongly encouraged national authorities to limit recourse to this practice and to ensure that victims give free and informed consent before participating⁷⁰.

In the case of other countries, while affirming the need for a gendered understanding of domestic violence, the Committee has stated that programmes focusing exclusively on anger management, on mental health issues and on addiction treatments are not considered in compliance with the Istanbul Convention. In the report on Montenegro, GREVIO has encouraged national authorities "to move away from perpetrator programmes based exclusively on medical treatment for substance abuse and mental health problems"⁷¹, while in the report on Turkey the Committee has pointed to the fact that both courts and health-care institutions "tend to equate [perpetrator programmes] to medical treatment for psychological disorders or problems of addiction"⁷². In the case of Turkey, GREVIO has also raised concerns as to the provision of compulsory medical treatment for sex offenders, emphasising that perpetrators treatment should always be respectful both of the human rights of the victim and those of the offender⁷³. The Committee has made clear that, although some perpetrators can have several overlapping problems, these issues need to be addressed separately and by different categories of professionals. According to the Group of Experts, a correct implementation of the programmes should primarily "encourage perpetrators to take responsibility for their actions and examine their attitudes and beliefs towards women"⁷⁴.

Along these lines, GREVIO has welcomed the accreditation process developed by the Italian national network Relive, based on international standards and best practices, as well as the initiatives launched in Finland and Austria, aimed at establishing quality standards and coherent guidelines for perpetrator programmes nationwide. GREVIO has often encouraged national institutions to endorse this harmonisation process⁷⁵ and has pointed to the importance of ensuring adequate training of professionals, systematic data collection and constant evaluation of the programmes. In particular, the Committee has repeatedly stressed the importance of assessing the short- and long-term impact of the programmes by analysing participation and reoffending rates with a view to measure their effectiveness in preventing new and more severe acts of violence⁷⁶.

iii. *The situation in Kosovo**

Although in the last few years Kosovo* has developed important knowledge in the field of violence against women and domestic violence, interviews with stakeholders have revealed a lack of understanding of the purpose and functioning of perpetrator programmes: what they are, how they should be implemented, and what is their role in a co-ordinated response to domestic violence. Several actors have noted a lack of specialised institutions working with perpetrators of domestic violence, and disapprove the present approach, where treatment only targets persons with mental health issues and with alcohol or drug problems (AGE 2019)⁷⁷.

Current legislation and policies focusing on perpetrators lack both a gender perspective and a comprehension of domestic violence as a public matter. Administrative Instructions n. 12/2012 and n. 02/2013 do not provide an understanding of violence as interconnected to structural inequalities and power relations between women and men nor as an important element in the social construction of masculinity. According to numerous stakeholders, in Kosovo* men's violence against intimate partners is still commonly considered as the result of alcohol and drug abuse or of mental health issues and it is often associated with unemployment, illiteracy and poverty. Although some of these elements can be examined as contributing risk factors, domestic violence has to be intended as "a form of violence that affects women disproportionately and which is therefore distinctively gendered" (Istanbul Convention, Explanatory Report, para 42). Likewise, perpetrators should be treated as men who intentionally use violence to exert power and control over their partners, regardless of other factors.

68 GREVIO's reports often refer to the Council of Europe minimum standards for support services (Council of Europe 2008). See for example GREVIO, Baseline Evaluation Report: Serbia (GREVIO/Inf(2019)20); GREVIO, Baseline Evaluation Report: Albania (GREVIO/Inf(2017)13).

69 GREVIO, Baseline Evaluation Report: Albania (GREVIO/Inf(2017)13), para 70.

70 See also GREVIO, Baseline Evaluation Report: Belgium (GREVIO/Inf(2020)14), para 95.

71 GREVIO, Baseline Evaluation Report: Montenegro (GREVIO/Inf(2018)5), para 91.

72 GREVIO, Baseline Evaluation Report: Turkey (GREVIO/Inf(2018)6), para 124.

73 GREVIO, Baseline Evaluation Report: Turkey (GREVIO/Inf(2018)6), para 130.

74 GREVIO, Baseline Evaluation Report: Montenegro (GREVIO/Inf(2018)5), para 91.

75 As in the following reports: GREVIO, Baseline Evaluation Report: Portugal (GREVIO/Inf(2018)16); GREVIO, Baseline Evaluation Report: France (GREVIO/Inf(2019)16); GREVIO, Baseline Evaluation Report: Sweden (GREVIO/Inf(2018)15).

76 GREVIO, Baseline Evaluation Report: Andorra (GREVIO/Inf(2020)18), para 84; GREVIO, Baseline Evaluation Report: Malta (GREVIO/Inf(2020)17), para 86; GREVIO, Baseline Evaluation Report: Belgium (GREVIO/Inf(2020)14), para 95.

77 This information in particular results from interviews with judges (AGE 2019, 133).

Cooperation between judges and health-care professionals is fundamental in determining whether a mental health treatment must be imposed or not. Courts can order mandatory treatment on the basis of a medical expertise. The Kosovo Forensic Psychiatric Institute (KFPI) is in charge of conducting a psychiatric evaluation of cases referred by a judge, by the prosecutor or the police, and establishes the offender's psychiatric state at the time the crime is committed. Among the whole number of cases, domestic violence perpetrators only represent a small component of a wide group of offenders. In this context, KFPI professionals assess whether mental disorders can be considered at the root of intimate partner abuse or not. Depending on the findings, the evaluation team can propose measures for custodial mandatory treatment in the KFPI premises or non-custodial treatment in a Centre for Mental Health. If deemed unnecessary, the KFPI team can also propose no treatment at all. In this event, the court decides over the case and can just opt for detention. If the perpetrator does not have any mental health issue or any problem of addiction, he is most likely not referred to any programme, which could entail several risks for the victim – either if the perpetrator serves a prison sentence or if he gets released, following a period of pre-trial detention.

In the event that the court imposes compulsory medical treatment, public health institutions and centres for mental health, including the KFPI, are then in charge of supplying the therapy, which mainly consists of medication. The assessment undertaken by the Agency for Gender Equality found that these measures have not been implemented to a wide extent (AGE 2019). However, the report could not determine whether scarce application of the treatment depended on medical staff or on the lack of imposition of this measure by courts. To this regard, doctors seem to act on an *ad hoc* manner when dealing with cases of domestic violence and do not have a specific referral system for such cases within their institution (AGE 2019).

When a perpetrator is admitted to the KFPI, a team of professionals assesses the person's needs and sets up an individual treatment plan. In the event that the therapy is successful and the person shows a positive change, staff can submit a request to the court, in order to put an end to mandatory treatment in a closed custodial environment and therefore pursue in an open non-custodial setting. Once the court has evaluated the request and decided over the case, patients allowed to leave the KFPI are placed in a Centre for Mental Health, which becomes the institution responsible for the treatment and takes on the duty to regularly report on the person's mental state to the court.

INSIGHT 2

A perpetrator of domestic violence treated at the KFPI

Interview n. 10, psychiatrist, Kosovo Forensic Psychiatric Hospital

"In one case we had to deal with a young man, a university graduate, 29 years old, married, father of two little kids. He had been accused of beating his wife and then also his father and the court proposed a mandatory psychiatric treatment at the KFPI. Staff made an assessment and concluded that the violence was the result of a mental disorder and of psychotropic substance abuse. In the past, the man had already received a previous psychiatric treatment during a year, but once he had stopped his therapy, his state worsened. At the KFPI, he was treated for 8 months with medication and received psychosocial treatment at the Institute. He could also benefit of a few 'therapeutic weekends' with the family, as a sort of 'group therapy'. In the end he was relatively stable with notable improvements. KFPI staff has proposed to change the treatment from custodial mandatory treatment to treatment in freedom and we are currently waiting for the court decision on this."

Several interlocutors have raised concerns as to the effectiveness of medical therapy, which can be provided for several weeks, months or even years, without any assessment or follow-up as to the changes in perpetrators' attitudes, beliefs and behaviours towards women. KFPI staff has also declared that court's decisions over a case can be a lengthy process, resulting in the perpetrator finding himself stuck in the institute for a very long time.

Other interviewees have pointed to the risk of violating the perpetrators' human rights by confining the offender in a psychiatric ward and forcing him to a medical treatment. In a general hospital, where psychiatrists deal with many different issues, perpetrators of domestic violence may become the object of judgement and stigma. Some stakeholders have also raised doubts on whether the person is put in condition to accept the treatment based on an informed consent form. According to the information received, although medical treatment can be temporarily effective, by calming down the offender and limiting his aggressive behaviour, in the case of perpetrators of domestic

violence nothing seems to be done to address the abuse as a chosen behaviour directed against the partner. Some interviewees have emphasised the need for a real long-term psychotherapy with perpetrators, dealing with them individually and in group-sessions, including both early interventions and high-risk cases. Consulted stakeholders have also emphasised that clinical staff providing the treatment does not necessarily undergo specific trainings on GBV and DV and have to provide treatment to perpetrators on top of their regular workload.

According to the information received, even when professionals declare to apply a risk assessment evaluation, it does not seem to be focused on the specific characteristics of GBV and DV. It is even more alarming to note that, as a consequence of the switch towards non-custodial medical treatment, some patients can benefit of “therapeutic weekends” with the family, without any assessment of the changes occurred in the relationship nor any evaluation of the risk of more violence against the partner. It is not clear whether the Historical Clinical and Risk assessment tool (HCR) adopted by the KFPI takes into consideration specific aspects related to domestic violence. As established by international standards, it is of paramount importance that perpetrator programmes do not encourage reconciliation and it is even more crucial that they do systematic risk assessment at set times to estimate the current situation, in cooperation with other services, such as women support services.

As concerns programmes for perpetrators in the custodial setting, participation to anger management trainings can be proposed by the Correctional Service and takes place in prison on a voluntary basis. Professionals working at the Unit for Evaluation and Classification of Prisoners (UECP) use a cognitive-behavioural approach in order to make the offender (male or female) more conscious of his/her emotional state and teach him/her to control his/her behaviours. The aim is to increase the offender’s responsibility and make him/her aware of his/her expectations and blaming attitudes towards other people. The anger management programme is structured in several modules and, although it is based on international standards and on a specific methodology, the curriculum does not include a gender perspective nor does foresee any particular approach aimed at perpetrators of domestic violence. Attitudes and beliefs around gender roles and women’s place in society are not discussed in the programmes nor make the object of specific modules. On the basis of a positive evaluation on personal change, participants could enjoy several benefits, including “weekends at home” or conditional release. However, such decisions seem to be based only on a “moral development” risk assessment form, while no specific risk assessment tools for perpetrators of domestic violence seem to be in use. Based on cooperation agreements, the Kosovo Centre for the Treatment of Trauma (KCTT), a private institution, ensures that the programme’s effectiveness is regularly monitored. However, it is not clear to what extent issues related to gender-based violence are taken into account. Staff working for the UECP agrees on the need to introduce a specific programme to deal with perpetrators of domestic violence. Professionals also consider that this specific population should be treated in a group, since they have similar characteristics: the great majority of domestic violence perpetrators are men, who minimise their abuse and normalise violence against their wives and partners as an acceptable behaviour.

International standards and guidelines offer very detailed indications as to the training of facilitators dealing with perpetrators of domestic violence. According to the information received, in Kosovo* only a few professionals at the Safe House in Gjakova and at the Sit Centre in Pristina have participated in trainings on the specificities of the work with this population. Besides the initial introduction to the topic, all professionals in charge of the work with perpetrators should be offered several training modules, aimed at tackling fundamental issues such as how to include a transversal gender perspective, how to establish procedures to contact female partners, and how to conduct adequate risk assessments.

As reported by several stakeholders, most professionals operating in the police, in probation and correctional services, as well as in the prison system and in the health sector, are not aware of the dynamics of an abusive relationship and are not prepared to deal with perpetrators of domestic violence. The work with perpetrators is often undertaken as part of their general services, without a specific focus on gender-based violence and without relying on specialised and experienced staff. In particular, CSW workers seem to disregard intimate partner abuse and its consequences on women and children, since their practices are often aimed at fostering couple reconciliation and “rehabilitating” the family union. To this regard, the Agency for Gender Equality has emphasised that programmes aimed at the treatment of perpetrators of domestic violence should not be based on family counselling, mediation, or reconciliation (AGE 2019, 154).

In general, training should challenge widespread patriarchal attitudes among different categories of professionals. Some interlocutors have reported cases of judges, law-enforcement agents and social workers, operating on the basis of conservative ideas on men and women’s place and role within the family. This is particularly the case of child custody decisions in divorce proceedings, where the perpetrator, notwithstanding his abusive behaviour towards the wife and children, can obtain full custody depending on his recognised role as “family head” and main breadwinner.

INSIGHT 3

Lack of risk assessment in decisions over children custody

Interview n. 8, psychiatrist, University Clinical Centre

“I have dealt with different cases of domestic violence. One of them is the case of a couple where the husband was a businessman and the woman a housewife. He was violent and the poor lady thought that she had to stay at home to take care of the children, not because she loved the man. She finally decided to get a divorce but, during the proceedings, the judge was telling her that she did not have enough money to keep the children with her. The poor lady found herself at a dead end: on one side she had her husband, which was threatening and physically abusing her, while on the other side she had the judge, who was telling her that children’s custody would be given to her husband because of his economic position. The judge did not consider the fact that the husband was being violent against the woman. And this is not just one case; we have many cases like this, where the judge does not decide on the basis of a risk assessment but only in virtue of the fact that the husband has a job and owns the house, while the woman has no facilities nor enough money to feed and take care of the children”.

It is of paramount importance that professionals in different institutions undergo specific training on the understanding of domestic violence, and on how to deal with perpetrators, how to conduct a risk assessment, how to participate in a multi-agency response to contain perpetrator’s violence and prevent new forms of abuse. Frontline professionals in the health sector – such as general physicians, paediatrics, nurses, gynaecologists and obstetrics – as well as municipal social workers, could play a crucial role in identifying a perpetrator, refer him to a specialised service, monitor the perpetrator’s behaviour and the impact on the family unit, after he has finalised a programme or once he is released from jail⁷⁸. In this respect, CSW workers are key figures, since they are in charge of supervising and evaluating the rehabilitation and reintegration of women and children who have been exposed to domestic violence.

Inter-institutional cooperation between services should be based on a gendered understanding of violence and on minimum standards for practice, in particular on information sharing and risk assessment. All professionals involved should be aware that the situation can rapidly evolve from low risk to high risk. To this regard, it is important to consider that multi-agency response to perpetrator’s violence can be particularly delicate in small communities, where frontline professionals are often too scared to report cases of domestic violence, since they fear retaliation by the offender and insufficient protection by law enforcement agents. The lack of knowledge on domestic violence, together with the absence of a gender perspective and scarce competences on how to deal with perpetrators, can often lead to inadequate risk assessments entailing dangerous consequences for the victims’ safety.

4.4. Conclusions

All the elements above seem to contribute to the limited and inaccurate implementation of domestic violence perpetrator programmes in Kosovo* and to the low number of perpetrators undergoing treatment. Neither anger management programmes in detention centres, nor mental health treatment offered in psychiatric hospitals, seem to meet the standards for perpetrator programmes, as established by international standards and best practice. Existing experimental programmes targeting perpetrators of domestic violence, such as the pilot project initiated by Safe House in Gjakova or the counselling sessions proposed by the Sit Centre in Pristina, have developed in isolation and should also ensure conformity to the standards.

Government institutions like the Ministry of Justice and the Agency for Gender Equality, together with local civil society organisations, could play a role in transforming and harmonising existing practices, with the aim of (1) agreeing on a shared approach, (2) developing knowledge and competences on perpetrators’ treatment, (3) defining licencing criteria for the organisations in charge, (4) ensure adequate training of professionals and (5) adopting consistent guidelines across the territory of Kosovo*. Further, it would be crucial to integrate the work with perpetrators in the Standard Operating Procedures. In addition, effective strategies to collect and share data on perpetrators should be implemented, in order to regularly monitor progress and shortcomings. To this regard, the new Kosovo* database on domestic violence could be used as a tool to monitor perpetrators’ conducts and risks of recidivism.

⁷⁸ To this regard, check the “Roadmap for frontline professionals interacting with male perpetrators of domestic violence and abuse” developed by ENGAGE (2018) and available here: https://www.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/Projects/ENGAGE/Final_roadmaps/engage_EN_191127_web.pdf

5. Programmes and practices from the Balkan region

In the last few years, several initiatives targeting perpetrator programmes have developed in the Balkans. This chapter brings into focus the implementation of such programmes in Albania and in Croatia. It also provides a list of organisations working with perpetrators of domestic violence in the region (Bosnia and Herzegovina and Serbia) and members of the Work With Perpetrators European Network⁷⁹. These initiatives can serve as examples to illustrate the conception and practical implementation of perpetrator programmes elsewhere, although they do not necessarily represent recognised best practices fully complying with international standards.

ALBANIA

The Counselling Line for Men and Boys

The Counselling Line for Men and Boys⁸⁰ was established by the Counselling Line for Women and Girls, the national hotline for victims of domestic violence, and is the first programme for perpetrators in Albania. Today the CLMB works in co-operation with the courts, probation service and other statutory agencies. It is dedicated to offering counselling to perpetrators, as well as fostering prevention and educational activities to help create a community in which violence is not tolerated. The CLMB is a member organisation of the WWP EN.

Since 1994, the Counselling Line for Women and Girls (CLWG) has provided support services to women victims of domestic violence in Tirana. The hotline was one of the leading civil society organisations promoting the adoption of the Law No. 9669/2006 “On Measures against Violence in Family Relations”. In 2010, the CLWG decided to develop a separate service aimed at the rehabilitation of perpetrators of domestic violence. Initially, professionals started receiving male partners of women that were accommodated in their shelter and offered individual counselling sessions with a psychiatrist. This pilot experimental practice showed the potential of working with those who perpetrate the abuse and consequently developed a fully-fledged project started in 2010 and supported by Iamaneh Switzerland⁸¹. First, the CLWG realised a national need assessment, to identify the concrete requirements expressed by local services and institutions with regard to perpetrators’ treatment. In 2011, several professionals – mostly psychologists and social workers – underwent a two-year training focusing on the work with perpetrators, provided by Iamaneh Switzerland and including study-visits to the Swiss centres of Basel and Zurich. In November 2012, the Counselling Line for Men and Boys (CLMB) was officially inaugurated in Tirana.

In addition to offering counselling sessions to perpetrators on a voluntary basis, over the years the CLMB has worked with the courts and with the Ministry of Justice to ensure a referral system to mandatory perpetrator programmes on the basis of a judicial sentence. Today, perpetrators from several Albanian districts can be directed to a court-ordered programme at the CLMB. In addition, *ad hoc* agreements have been signed with the Probation Office and with the General Directorate of Prison Centres to allow perpetrators’ treatment inside

79 Information available on the WWP EN list of network members, at: <https://www.work-with-perpetrators.eu/about-us/members/list-of-network-members>

80 More information is available at: <https://hotlinealbania.org/>

81 More information is available at: <https://www.iamaneh.ch/en/>

the penitentiary system. Perpetrators enrolling in a programme have to participate in a minimum of 16 weekly sessions up to 30 sessions. Preventing dropouts and ensuring consistent participation both in custodial and non-custodial settings have been identified as serious challenges, as well as the need to follow-up when a perpetrator is released from jail, in order to avoid recidivism.

The CLMB has made important efforts in training different professionals also outside of Tirana. With the support of several international donors⁸², the CLMB has offered numerous trainings to prison and probation officers all over the country. Between 2017 and 2018, it has developed a joint project together with the Counselling Centre for Men and Boys (ZDB) founded in Shkoder in 2014, to train new counsellors in the region⁸³. On the basis of a previous partnership, the founder of the SIT Centre in Pristina was also invited to take part in this training project. More recently, the CLMB has also identified the need to offer specific training modules on addictive behaviours – including alcohol and drug addiction, gambling, etc. – so that these issues can be addressed separately and perpetrators may be oriented towards specialised rehabilitation centres. Future training modules will also focus on the work with sexual offenders, which will be integrated in ongoing judicial reforms and new policies aimed at addressing sexual violence and rape in Albania. While initially all counsellors dealing with perpetrators were men, the CLMB has started to train female professionals.

Regarding legislation, recent changes in the law “On Measures against Violence in Family Relations” incorporate new measures concerning perpetrators. The amendments adopted in November 2020 allow the police to order the immediate eviction of the perpetrator from his residence without having to resort to a court decision. In addition, they establish that the perpetrator will have to take part in psychosocial rehabilitation programmes, which can be taken in consideration during risk assessments and evaluated in decisions over visitation rights or reduced sentences.

A draft of the national standards for the work with perpetrators has recently been completed by an inter-institutional working group lead by the CLMB and CLWG, which included the Ministry of Health and Social Protection, the General Directorate of Prisons and Probation Office, as well as academics from the University of Psychology and Social Sciences in Tirana. This draft will be first discussed with the newly established services for perpetrators in several Albanian cities and then submitted for examination to other civil society organisations and statutory agencies until its final adoption. The CLMB has also signed new agreement protocols with the Ministry of Health and Social Protection and is currently in the process of producing specific guidelines for prison and probation officers on how to work with perpetrators.

Since its foundation, the CLMB is part of the WWP EN and actively participates in annual meetings and study visits. Over the years it has also developed informal exchanges and joint partnerships with other programmes in neighbouring countries, such as Bosnia and Herzegovina. Sharing good practices is considered of vital importance to discuss challenges and possible improvements in the work with perpetrators of domestic violence, to comply with the standards of the Istanbul Convention.

CROATIA

Custodial and non-custodial mandatory programmes for perpetrators⁸⁴

Since the end of the years 2000s, Croatia has recognised the importance of the work with perpetrators of domestic violence and sexual offenders. In compliance with the Law on the Protection from Domestic Violence⁸⁵, male or female perpetrators can be required to participate in a programme, which can be either held in the community or in custody, depending on whether the case is classified as a misdemeanour or as a criminal offence. Perpetrators who committed gender-based crimes in Croatia represent a small group of offenders over the total population. However, important efforts have been taken towards this group in order to curb the con-

82 Save the Children, Norwegian Embassy, EU Commission, SIDA and Iamaneh Switzerland.

83 The organisation Woman to Woman (WtW) established the Counselling Centre for Men and Boys (ZDB) to contribute to the reduction of domestic violence and safety of the victims by offering specialised services to perpetrators. More information available at: grujatekgruja.com

84 This section is based on two presentations held during the WWP Annual Conference 2020 “Prison, probation & perpetrator programmes – Collaboration for change”, 2-3 September 2020. The intervention of Senka Damjanović (Dom Duga Zagreb, Croatia), “Workshop 5: The Croatian model of perpetrators programmes – Similarities, differences and challenges of programmes in the community and prison system”, is available at: <https://youtu.be/Y3h6E0A6Yok>. The keynote speech made by Jana Spero, Assistant Minister at the Directorate for Prison and Probation and Vice President of the Confederation of European Probation (CEP), “Work with offenders of gender-based violence in the Croatian criminal justice system”, is available at: <https://www.youtube.com/watch?v=OnY048pTnJQ&list=PLRmYyMTndST4QdrWYs1pMtdWDn0zZbsWx&index=1>

85 The Law was adopted in 2003 and was amended in 2009: Croatian Parliament, Law on Protection from Domestic Violence Articles 1(2), Zagreb (November 6, 2009).

sequences of gender-based violence for victims and for society in general. In most cases, courts order a psychosocial treatment programme as a complement to the penal sentence and specific cognitive-behavioural treatment is provided both on probation and in prison.

The community-based PSTN programme

Founded in 2007, Dom Duga Zagreb is the first organisation in Zagreb offering counselling and support to women and children victims of domestic violence⁸⁶. Since 2009 it also inaugurated the PSTN programme (psychosocial treatment of perpetrators), which only applies to perpetrators charged with misdemeanour and is conducted in a non-custodial setting. Today, it is a member organisation of the WWP EN.

If a perpetrator is referred to the programme, he has to go through three different phases. The initial phase consists in two to four individual meetings, where facilitators get to know the person and the situation, evaluate the level of motivation and systematically contact the victim. The second phase is the most important part of the programme. Perpetrators participate in group-work sessions every week, for about two hours, during 16 weeks. During this period, staff proposes several modules to illustrate different forms of violence and their consequences, to encourage the recognition of abuse as a chosen behaviour. Facilitators also work on responsibility, communication and social skills, and on the adoption of positive, respectful and equal relationships. The evaluation phase starts right after the completion of the programme and lasts about six months. The court receives immediate notice of the results and eventual recidivism of the perpetrator. Experts from the Ministry of Justice are in charge of supervising the outcomes of the programme. The victim is also systematically informed and is invited to participate in a meeting where staff will assess changes in perpetrator's attitudes and behaviours. During this evaluation phase, professionals monitor perpetrators' conduct and possible new acts of violence.

The PSTN programme is not limited to men perpetrators of intimate partner abuse, since it also accepts female perpetrators and perpetrators of different forms of family violence, such as violence against elderly parents or against minors. In each of these cases service providers have to adjust the modules to the type of offender. It is important to note that the programme does not accept persons with severe mental health disorders, with problems of addiction, or with a low motivation to change.

Ensuring the victim's safety is one of the pillars of the programme and for this purpose the victim is contacted at several stages. At the beginning of the PSTN treatment, the victim can offer her perspective on the relationship and on the abuse; she receives information about her rights and on support services available; she is invited to communicate any relevant change in the perpetrator's behaviour. Female partners are also contacted after completion of the programme or if the perpetrator withdraws from it; in this case, the police will also be notified. Several institutions participate in supporting the victims, in compliance with the national "Protocol on dealing with cases of Domestic Violence". The work with perpetrators is considered as part of a comprehensive and integrated approach in the response to domestic violence.

The programme "You can do it differently" run by the Probation Service

The programme "You can do it differently" has inaugurated in 2018 and is implemented by the Probation Service with a specific focus on the treatment of perpetrators of domestic violence. The programme has been developed within the framework of EU support programmes for the development of probation services. In particular, peers from the "General Directorate of Open Regime and Alternative Sentences and Measures" at the Ministry of Interior in Spain have provided specific training on rehabilitation measures for perpetrators of gender-based violence. Most service providers have a background in psychology, social work and pedagogy.

The programme is based on group-work (groups between 8 to 10 participants), but in case of a small number of perpetrators, individual counselling sessions can be offered instead⁸⁷. The main goal of "You can do it differently" is to reduce GBV. Other objectives include limiting the risk factors, changing sexist attitudes and promoting new healthy concepts of masculinity. As the PSTN programme, it is structured in three phases: a motivational phase, an intervention phase, and a monitoring phase. During the motivation phase (three individual meetings), professionals assess the offender's personal situation, raise awareness on the consequences and implications of perpetrator's behaviour, encourage motivation for change, define individual goals with

⁸⁶ More information available at: www.duga-zagreb.hr

⁸⁷ For instance, group-work was possible in 2018, but in 2019 the programme only offered individual meetings.

the person and develop a plan for future work. The intervention phase includes 24 meetings covering several topics (emotional intelligence, self-control, anger management, empathy, jealousy, psychological violence, healthy relationships, child protection, prevention of new acts of violence). Finally, a follow-up phase is aimed at monitoring the perpetrator's change in attitudes and behaviours during about a month.

Since the first group of offenders showed great satisfaction with the programme, institutions are planning on developing specific research project to regularly evaluate the effectiveness of the programme.

BOSNIA AND HERZEGOVINA

Association of Citizens "Buducnost" Modrica

The Association of Citizens "Buducnost" is a non-governmental organization established in 1996. In addition to lobbying and advocacy, "Buducnost" works on prevention of domestic violence and protection of survivors, supporting women in public and political life, raising awareness of women and the general public about their rights as well as various other deviant behaviors and problems in society, with the overcoming of ethnic barriers and contributing to the peace building process in Bosnia and Herzegovina. Its main activities are: protection of human and social rights; education of citizens especially women and youth, prevention of violence against women and children in cooperation with relevant institutions and bodies through the provision of legal services and advocacy (SOS lines, safe house - shelter for women and children); psychosocial work with perpetrators and educational work with young boys; emotional, psychological and humanitarian support; humanization of relations between the sexes; improving health care for women; humanitarian work to support and assist disadvantaged individuals and groups.

Vive Zene - Tuzla, Citizen Association Tuzla

Vive Zene is a non-governmental organisation established in 1994 during the war, supported by women from Dortmund, Germany. The main focus is on pscho-social assistance and support to victims of war, torture and violence, and to strengthen the capacity of other organisations and institutions and represent a multidisciplinary, democratic and participatory approach in working with traumatized families and individuals. With their multi-disciplinary team, Vive Zene provides an effective psychosocial support through treatment family therapy, individual and group psychotherapy, medical care, social and legal consultation and teaching, in the centre and community.

SERBIA

OPNA - Nacionalna mreža za tretman počinitelaca nasilja u porodici Kragujevac

OPNA is the national network for the treatment of perpetrators of domestic violence. The organisation is a Serbian informal network of 8 organizations, established in 2015. The member organisations are situated in 8 cities in Serbia and deliver treatment for men who use intimate partner violence. All member organisations follow the same programme standards.

Recommendations

Prevention

- Prevention is one of the four pillars of the Istanbul Convention (Chapter III) and represents the background for the establishment of perpetrator programmes (Istanbul Convention, Article 16).
- Kosovo* is still a gender-unequal society and traditional views on men and women's roles and duties are largely widespread. Sexist attitudes and gender stereotypes are at the root of violence against women and have a direct impact on the perception of domestic violence. Cultural norms often nurture tolerance to VAW, for instance perpetrators minimising their violent behaviours, victims tolerating intimate partner abuse and professionals overlooking the magnitude and consequences of such violations. Gender-related stereotypes also hinder the development of girls and boys' full potential.
- Preventing men's violence against women concerns society as a whole and requires a variety of intervention strategies, including initiatives targeting boys and men. Sexist attitudes and violent conducts among young men and boys, including students, are still recurrent. Shelter workers have also pointed to several cases of boys, hosted in shelters with their mothers, showing a potential as future perpetrators. Prevention strategies should be aimed at promoting equal non-violent relationships at early stages, before any boy or man becomes a perpetrator.

Recommendations

- Develop **awareness raising initiatives** to promote gender equality and inform the general public of the different forms of gender-based violence and their impact on victims and on society as a whole (Istanbul Convention, Article 13). Civil society, international organisations, the private sector and the media could actively contribute to the design of specific campaigns targeting men and boys, aimed at questioning traditional gender roles and promoting non-violent respectful masculinities (Istanbul Convention, Article 17).
- Encourage gender equality initiatives at **all levels of education**, from preschool to university (Istanbul Convention, Article 14). Support projects both **in formal and informal settings**. Acknowledge the importance of teachers, coaches, peers, religious and community leaders as **role models** for alternative and more equal forms of masculinity.
- Provide **training opportunities** (initial and in-service trainings) to all categories of professionals, including frontline professionals, dealing with both victims and perpetrators (Istanbul Convention, Article 15). Training should focus on gender equality, on the specifics of domestic violence and on the importance of risk assessment and risk management. A particular focus on how to identify and deal with perpetrators of domestic violence would be of paramount importance.

Legislative and policy framework on perpetrator programmes

- Since 2004 Kosovo* authorities have taken significant steps to establish a legislative and policy framework addressing VAW to improve victims' protection and support. However, current legislation on perpetrator programmes does not comply with the requirements of the Istanbul Convention. In practice, Administrative Instructions n. 12/2012 and n. 2/2013 only concern specific categories of perpetrators, namely offenders with mental health issues or with alcohol or drug addiction problems, and fail to intercept a wider spectrum of domestic abusers.

- At present, the Standard Operating Procedures do not foresee specific guidelines for the work with perpetrators of domestic violence.
- Although several policy documents foresee the set-up of perpetrator programmes, such services have not been implemented due to a lack of knowledge, funding and infrastructure.
- Services dealing with perpetrators of domestic violence do not form part of existing Municipal Coordination Mechanisms.

Recommendations

- Develop a specific **legislation** aimed at the establishment of both mandatory and voluntary perpetrator programmes across Kosovo*.
- Include specific measures targeting perpetrators of domestic violence in the **amended version of the Law on Protection from Domestic Violence**.
- Elaborate an accurate **policy framework** to develop the work with perpetrators at the institutional level and to ensure a correct implementation of the programmes, in line with international standards and best practices.
- Include specific measures targeting perpetrators of domestic violence in the new **Strategy against domestic violence** and make sure of setting realistic timeframes for attainable goals. In addition, ensure monitoring procedures to verify the concrete application of policy measures in this area.
- Introduce specific guidelines for action in the **SOP** to guarantee that the work with perpetrators is taken into consideration within the inter-institutional response to domestic violence.

Access to perpetrator programmes

- To date, specific programmes for perpetrators of domestic violence are available only in Pristina (Sit Centre) and in Gjakova (Safe House), on the basis of self-referral or through the probation service in application of a sentence. These initial experiences remain unknown to most people and need to be further developed according to international standards.
- According to current legislation, perpetrators' referral to treatment can only be done on the basis of a court order or as a protective measure. At present, the estimated number of perpetrators attending compulsory treatment is low.
- Anger management programmes for convicted offenders are available in some detention centres in Kosovo*. However, no specific programmes targeting perpetrators of domestic violence are offered in the prison system.
- Public health institutions, such as the Kosovo Forensic Psychiatric Institute, are responsible for providing treatment to perpetrators. Access to health institutions is limited and not complying with the standards.

Recommendations

- Encourage the **geographical distribution** of the programmes, making small centres available at the municipal level on the Kosovo* territory, rather than just one central service for perpetrators.
- Ensure **different kinds of perpetrator programmes** (voluntary and mandatory; in custodial and non-custodial settings), according to different types of offence.
- Ensure that **referral** to the programmes **concerns all perpetrators** of domestic violence, not limited to specific categories of offenders. Whether the person presents particular needs, such as alcohol and drug addiction or mental health issue, referral to other specialised services should be guaranteed.
- Allow **referral** to perpetrator programmes **at different stages**: during pre-trial detention, in civil proceedings, as a complement to a protection order, in criminal proceedings, in prison and as a follow-up after release. This comprehensive approach could encourage victims to report, since women would see changes in perpetrators behaviours even at early stages of the violence, before it escalates in more serious forms of abuse.
- Allocate sufficient **financial resources** for the development and constant functioning of perpetrator programmes, rather than short-term budgets for occasional projects. Encourage and acknowledge alliances between programmes for perpetrators and women support services to avoid competition for funding.
- Support the programmes initiated by the **Safe House** in Gjakova and by the **Sit Centre** in Pristina, providing adequate funding and technical support (training opportunities, co-operation with other institutions, participation in local and international networks, etc.). The experiences of these two local centres can be further developed and can serve as inspiration for other services in Kosovo*.

Coordinated policies and co-operation with women support services

- Although municipal coordination mechanisms on domestic violence exist in Kosovo*, their effective implementation is still a challenge. The unsuccessful cooperation among services has been identified as a major obstacle to an adequate response to domestic violence.
- To date, the work with perpetrators is not integrated into the inter-institutional response to domestic violence.
- Organisations such as the Sit Centre in Pristina and the Safe House in Gjakova have developed experimental practices targeting perpetrators and have made important efforts in co-operating with other organisations. However, formal agreements between services and specific procedures to contact the woman victim have not yet been established.

Recommendations

- Adopt a **comprehensive approach** in the response to domestic violence, by focusing on women, children and perpetrators.
- Encourage the development of **specific agreements between programmes for perpetrators and other institutions**.
- Improve existing coordination mechanisms to ensure an effective **referral system, information exchange, and coordinated risk assessment** among services. Health institutes, CSW, the probation and correctional service, the prison directorate and the police should all be involved in containing men's violence and monitoring perpetrators' behaviour.
- Set-up *ad hoc* **protocols between perpetrator programmes and women support services**, to assure an effective coordinated response to domestic violence and to monitor the changes in perpetrator's behaviour. Shelter workers represent strategic allies in the task of coordination, since they know by experience the specific dynamics of power and control underlying the perpetration of violence.
- Ensure **coordinated data collection** on cases of perpetrators of domestic violence between services.
- Regularly **evaluate the impact** of the programme in preventing new and more severe acts of violence.

Gender perspective and compliance with international standards

- In Kosovo* men's violence against intimate partners is still commonly considered as the outcome of alcohol and drug abuse or of mental health issues. Further, it is often associated with unemployment, illiteracy and poverty.
- Several professionals working in different services and institutions do not have a comprehension of DV as gender-based violence and lack an appreciation of perpetrators as men who purposely resort to violence to exert power and control over their partners, regardless of other factors.
- Treatment currently available in Kosovo* for perpetrators of domestic violence is not based on a gendered understanding of domestic violence. Perpetrators of domestic violence shall not be equated to other common offenders. Whether the treatment is provided in the context of probation and correctional services, in the prison system or in public health institutions, programmes need to address the specifics of this population and link them to existing structural gender inequalities. Accordingly, programmes targeting perpetrators should not be reduced to alcohol and substance abuse, anger-management, or medication.
- Perpetrator programmes must not aim at reconciling partners or at offering mediation between spouses. The containment of men's violence has to be coupled with the protection of victims' human rights and safety. Violence against women in the context of intimate relationships is a chosen behaviour and perpetrators need to hold themselves accountable for their acts.

Recommendations

- Promote **awareness raising initiatives** on gender equality, violence against women and domestic violence, in line with the requirements of the Istanbul Convention.
- Encourage the **development of specific knowledge and competences** on perpetrator programmes, according to international standards and best practices. Training opportunities could involve decision makers and statutory agencies as well as different professional categories at the central and local level.
- Establish specific procedures for **risk assessment and risk management** to be conducted at set times, in the course of perpetrators' participation into the programme.
- Enhance the capacity of **frontline professionals** involved in the provision of services to perpetrators, including both initial training and in-service training
- Offer **trainings** to professionals providing programmes for perpetrators, with a specific focus on domestic violence as gender-based violence.
- Support **study visits, training exchanges and meetings** with professionals from other countries or with organisations members of the WWP EN.
- Resort to the experience and **support of the WWP EN**.

Local standards and guidelines

- Currently in Kosovo* uniform standards and guidelines for the work with perpetrators do not exist. Professionals dealing with perpetrators in several institutions do not follow specific protocols for action, which entails several risks for the victims.
- Isolated experimental initiatives targeting perpetrators, such as the Sit Centre in Pristina and the Safe House in Gjakova, took inspiration from different internationally recognised approaches. However, professionals working in these two services have not shared their experiences nor have elaborated common guidelines for practice.

Recommendations

- Realise a **need assessment** among services directly or indirectly dealing with perpetrators of domestic violence, to identify the practical requirements expressed by local services and institutions with regard to perpetrators' treatment. By working in close contact with victims, women support services have historically developed important competences in this field and should be actively involved in this process.
- Encourage the creation of a **working group** to develop standards, to define guidelines, and to establish licencing criteria for the work with perpetrators of domestic violence. Under the coordination of the Ministry of Justice, the National Coordinator on Protection from Domestic Violence, and the Agency for Gender Equality, the working group should be composed of civil society, including women support services, Kosovo* institutions and international organisations.
- Develop **standards** to harmonise existing experiences in the work with perpetrators across Kosovo*, inspired by international practices and adapted to the specific context of Kosovo*.
- Define **specific guidelines** and **structured curricula** for the concrete set-up of perpetrator programmes, which would include a multi-dimensional approach to perpetrators and a gender perspective. The content of the modules would need to adjust to the setting, the type of offense, the degree of violence, the level of motivation of participants.
- Establish transparent **licencing criteria** for perpetrator programmes.
- Support the establishment of a **network of perpetrator programmes** and services across Kosovo*.
- Systematically **collect data** in order to evaluate the impact of the programmes and measure recidivism.
- Favour **exchanges of information and practices** in the context of Kosovo* and with other countries in the region.

Appendix I: Framework on gender equality and violence against women

Main legislation

- Constitution of Kosovo. Through Article 22 of the Constitution several International Conventions are directly applicable in Kosovo* and have priority over national legislation. This includes the Convention on the Elimination of All Forms of Discrimination Against Women. Also, as of September 2020, the Kosovo* Assembly has approved Constitutional amendments that enable direct applicability of the Council of Europe Convention on preventing and combating of violence against women and domestic violence - Istanbul Convention.
- Law no. 05/L-020 on Gender Equality, 2015, defines and prohibits gender based violence (Article 4)
- Law no.03/L-182 on Protection against Domestic Violence (2010). Articles 4 and 9 regulate psycho-social as well as alcohol and drug abuse treatment for perpetrators of domestic violence, to be issued in combination with other protective measures foreseen in the law
- Criminal Code of Kosovo No. 04/L-082. The recent reform of the Criminal Code on 14 April 2019 (Article 248) defines domestic violence as follows: "1. Whoever commits a physical, psychological or economic violence or ill-treatment for the purpose of violating the dignity of another person within a family relationship is punishable by a one and up to three years of imprisonment"
Law no. 04/L-172. Regulation no. 22/2015 On Defining the Procedures for Recognition and Verification of the Status of Sexual Violence Victims During the Kosovo* Liberation War
- Administrative Instruction No. 12/2012 determining the location and methods of psychosocial treatment for perpetrators of domestic violence
- Administrative Instruction Nr. 02/2013 establishing alcohol and substance abuse treatment

Standards and guidelines

- Standard Operating Procedures (SOP) for Protection from Domestic Violence in Kosovo* (2013), published by the Agency for Gender Equality
- Kosovo Sentencing Policy Guidelines issued by the Supreme Court of Kosovo* in 2018

Strategies

- Kosovo Programme and Action Plan against Domestic Violence 2011-2014 (2011)
- National Strategy on Protection from Domestic Violence and Action Plan 2016-2020 (2016). One of the main pillars of the Strategy is "Rehabilitation and reintegration" (Pillar 4), which foresees to "establish rehabilitation institutions and consultancy centres with mandatory programs for the perpetrators of domestic violence" (Specific Objective 4.4.)
- Kosovo Programme for Gender Equality (2020 – 2024)

Appendix II: List of consulted entities

National authorities

- Ministry of Justice
- Agency for Gender Equality
- Ministry of Labour and Social Welfare

Public bodies

- National Probation Service, office of Gjakova
- Forensic Psychiatry Institute
- Correctional Service, unit for the Evaluation and Classification of Prisoners

Non-governmental organisations and civil society

- Kosovo Women's Network
- Safe house, shelter in Gjakova
- SIT Centre
- Kosovo Institute for Policy Research and Development
- Work with Perpetrators European Network
- Counselling Line for Men and Boys, Tirana

International human right organisations

- UN Women
- UNFPA

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