



MAPPING SUPPORT SERVICES FOR VICTIMS OF VIOLENCE AGAINST WOMEN

**Council of Europe project “Reinforcing the fight
against violence against women and domestic
violence – Phase II”**

COUNCIL OF EUROPE



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MAPPING SUPPORT SERVICES FOR VICTIMS OF VIOLENCE AGAINST WOMEN IN KOSOVO*

Council of Europe project
“Reinforcing the fight against
violence against women and
domestic violence in Kosovo*”

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*All reference to Kosovo, whether to the territory, institutions or population, in this text shall be understood in full compliance with United Nations Security Council resolution 1244 and without prejudice to the status of Kosovo.

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List of abbreviations

AGE	Agency for Gender Equality
AI	Administrative procedure
CC	Criminal Code
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CSW	Centre for Social Work
DVIU	Domestic Violence Investigation Units
EIGE	European Institute for Gender Equality
EPO	Emergency Protection Order
EU	European Union
GREVIO	Group of Experts on Action against Violence against Women and Domestic Violence
ICITAP	International Criminal Investigative Training Assistance Program
KFPI	Kosovo Forensic Psychiatric Institute
LGBT	Lesbian, gay, bisexual, and transgender persons
LGE	Law no. 05/L-020 on Gender Equality
LPD	Law no.05/L-021 on the Protection from Discrimination
LPDV	Law no.03/L-182 on Protection against Domestic Violence
MLSW	Mistry of Labour and Social Welfare
NATO	North Atlantic Treaty Organization
NCDV	National Co-ordinator against Domestic Violence
NGO	Non-Governmental Organisation
NSPDVAP	National Strategy on Protection from Domestic Violence and Action Plan 2016-2020
OHRGE	Offices for Human Rights and Gender Equality
OSCE	Organization for Security and Co-operation in Europe
PO	Protection Order
RCC	Rape Crisis Centre
SVRC	Sexual Violence Referral Centres
SOPs	Standard Operation Procedures for Protection from Domestic Violence in Kosovo
TEPO	Temporary Emergency Protection Order
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNMIK	UN Interim Administration Mission in Kosovo*
VA	Victim Advocate
VAAO	Victim Advocacy and Assistance Office
WAVE	Women Against Violence Europe

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1. Overview of the overall system and approach to violence against women

1.1. General background

Located in the heart of the Balkans, Kosovo* covers 10,908 km². With a population of almost 1.8 million people, Kosovo* is still undergoing a process of post-conflict rehabilitation and reconciliation after the armed conflict in 1998. Its severe humanitarian, economic, political and social consequences are still palpable today.

Key facts and figures ¹	
Total population (2015 est.)	1,771,604
% population by gender (2015 est.)	50.2% female, 49.8% male
% population aged 15-29 years old (2011)	27.5%
Main ethnic groups (2011)	Albanian (91%), Serbian (3.4%), Other (5.6 %, Bosniak, Gorani, Roma, Ashkali, Egyptian, Turkish)
Main languages	Albanian (official), Serbian (official), Bosnian, Turkish
% population living in rural areas (2011)	61.7%.
Average life expectancy (2011)	79.4 years for women, 74.1 years for men
GDP per capita (2014)	€ 3,084
Human Development Index 2015	0.739
Unemployment rate (2015)	32.9%
Illiteracy rate for population aged 15 years and older (2015)	6.1%
% population living in poverty (2011)	29.7 %
% population living in extreme poverty (2011)	10.2%
Administrative divisions	7 regions/districts and 38 municipalities
Legal age of marriage	18 years old, dropping to 16 years old if parental consent is given

Kosovo* is member of the Venice Commission² and the Council of Europe Development Bank, and has been involved on an ad hoc basis in selected Council of Europe bodies and monitoring mechanisms. A number of co-operation programmes, including regional ones, have been implemented by the Council of Europe in Kosovo, focusing inter alia on the judiciary; the fight against corruption; human rights

¹ Kosovo Agency of Statistics (2016). *Statistical yearbook of the Republic of Kosovo 2016*. Prishtinë/Priština; Kosovo Agency of Statistics (2016). *Women and Men in Kosovo*. Prishtinë/Priština.

² The European Commission for Democracy through Law (Venice Commission) is the Council of Europe's advisory body on constitutional matters. The Commission provides legal advice to its member states and, in particular, to help states wishing to bring their legal and institutional structures into line with European standards and international experience in the fields of democracy, human rights and the rule of law. It also provides constitutional aid to states in democratic transition, beyond Europe's borders.

awareness-raising; freedom of expression and of the media; minority protection; and inclusive education. Indeed, entering into force in 2008, the Constitution stipulates that international human rights standards such as the European Convention on Human Rights are directly applicable in its territory.

Today, Kosovo* remains one of Europe's poorest economies. Characterised by high rates of unemployment, about one third of its population lives below the poverty line, and roughly one in eight in extreme poverty³. Despite gradual improvement since 2008, its disputed status, dependence on foreign aid and remittances, as well as large-scale out-migration, have all represented barriers to quick economic growth. When compared to European and neighbouring countries, Kosovo* also lags behind in terms of quality of and access to education, healthcare coverage, and living standards⁴. Although Kosovo* has made progress towards gender equality in the past two decades, women continue to fare less well than men in all of these areas.

1.2. Women's situation in Kosovo*

In Kosovo*, patriarchal customs, traditional attitudes and historical gender roles have limited women's right to contribute politically, economically and socially⁵. This does not mean that Kosovo* lacks a comprehensive set of laws and institutional mechanisms for tackling gender discrimination. Quite the contrary, since the end of the conflict in 1999, several regulations promoting women's rights were developed and mechanisms were put in place under the auspices of the UN interim administration mission in Kosovo* (UNMIK) and as a result of lobbying efforts from women's civil society groups. Kosovo* authorities subsequently built the gender equality legal and policy framework on these instruments. Kosovo's Constitution establishes equality between women and men as a fundamental right. It also enshrines CEDAW in its Article 22, meaning that the treaty precedes Kosovo*'s legislation. Direct and indirect forms of gender discrimination are also prohibited and addressed by *Law no. 05/L-020 on Gender Equality* (LGE) and *Law no.05/L-021 on the Protection from Discrimination* (LPD), both adopted in 2015⁶. The expired *Kosovo Programme on Gender Equality (2008-2013)* further sets the general framework for integrating the principle into laws, policies and public services⁷. In terms of institutional mechanisms, the Agency for Gender Equality (AGE) was established in 2006 under the Office of the Prime Minister and mandated to oversee the implementation of Kosovo*'s legislation and policies in this field and support gender mainstreaming within the government and across line ministries. Officers for Gender Equality are also assigned in each ministry and in each municipality in order to mainstream gender issues into municipal policies, legislation and budgets⁸.

Yet despite these efforts, women in Kosovo* continue to face *de facto* social discrimination and barriers to accessing justice, and outcomes for women continue to be poor, both in absolute terms and in comparison to men⁹. For example, women are

³ UNDP (2016). *Kosovo Human Development Report 2016*.

⁴ Idem.

⁵ USAID (2016). *Kosovo Gender and Power Dynamics Assessment*.

⁶ Law no.2004/2 on Gender Equality and the Anti-discrimination Law no.2004/3 were both repealed by these two new pieces of legislation.

⁷ At the time of writing, a new draft programme is currently under preparation.

⁸ OSCE Mission in Kosovo (2012). *Implementation Measures for Legislation Impacting Human Rights in Kosovo*, pp. 13-14.

⁹ Orgut Consulting (2014). *Kosovo Country Gender Profile*, Prishtinë/Priština na; UNDP (2016). *Kosovo Human Development Report 2016*; Kosovo Agency of Statistics (2016). *Women and Men in Kosovo*. Prishtinë/Priština.

overrepresented in unpaid domestic care work, and the informal economy. Only 12% of women of working age were employed in 2015 (39% for men), and they continue to be discriminated against in terms of lower pay¹⁰. Although women and men have equal ownership and inheritance rights to property, in 2014, women accounted for only 8% of property owners (83% for men). The electoral code sets binding gender percentages for the composition of political parties' lists (each gender must be represented in at least 30%). However, women continue to face barriers to full political participation despite the LGE also calling for 50% minimum representation in all branches of government and public institutions¹¹. Specific groups of women such as single, rural and disabled women, as well as women from non-Serb minority groups such as Roma, Ashkali and Egyptian communities suffer the most all these forms of discrimination¹². The worst manifestation of women's discrimination in Kosovo*, however, is violence against women.

1.3. Prevalence of violence against women

In Kosovo*, social, judicial, administrative and service-based data collection practices are extremely weak in relation to all forms violence against women¹³. This represents a challenge when attempting to measure the scale and nature of the problem. Sporadically collected government statistics as well as surveys conducted by women's organisations show, however, that the phenomenon is widespread.

Domestic violence against women and children represents the most prevalent form of violence, with the vast majority of perpetrators being current or former male partners and/or spouses. Police data indicates that in 2016 women accounted for 80% of 1247 cases of domestic violence reported to the police¹⁴. Authorities and women's organisations estimate the number of victims to be much higher. The AGE estimated that up to 90% of cases went unreported in 2008¹⁵. Widespread views of domestic violence as a private matter, combined with social stigma, fear of retaliation, lack of trust in competent authorities, and economic dependence on the perpetrator, all contribute to underreporting. According to a survey conducted by the Kosova Women's Network¹⁶, 41% of women and 20% of men stated that they suffered some form of domestic violence, including physical, psychological and/or economic violence in 2014; 68% of women and 56% of men also stated that they had suffered domestic violence in their lifetime¹⁷. The survey also revealed that 21% of Kosovars find it acceptable for a husband to sometimes hit his wife, and 32% think that "it is natural that physical violence sometimes happens when a couple argues".

The picture is less clear for other forms of violence covered by the *Council of Europe Convention on preventing and combatting violence against women and domestic violence* (Istanbul Convention). Sexual violence, including rape, occurring both within

¹⁰ Kosovo Programme for Gender Equality 2008-2013, Section 2.2.7.

¹¹ National Democratic Institute (2015). *Kosovo: Overcoming Barriers to Women's Political Participation*. Washington.

¹² Kosovo Center for Gender Studies (2008). *Position of Roma, Ashkali and Egyptian Women in Kosovo*. Prishtinë/Priština.

¹³ European Commission (2014). *Kosovo* Progress Report*.

¹⁴ Statistics provided by the AGE.

¹⁵ Agency for Gender Equality (2008). *Security begins at home*. Prishtinë/Priština.

¹⁶ Kosova Women's Network (2015). *No more Excuses. An Analysis of Attitudes, Incidence, and Institutional Responses to Domestic Violence in Kosovo*. Prishtinë/Priština.

¹⁷ Practically the entirety of men respondents having suffered domestic violence in their lifetime, stated having done so at the hands of their parents and other family members, excluding partners/spouses. In the case of women respondents the vast majority of perpetrators were parents or partners/spouses.

and outside the family or domestic unit, is rarely reported by victims. The social stigma surrounding this form of violence means that victims that come forward expose themselves to social isolation, divorce, rejection from family members and being deemed unmarriageable¹⁸. Such stigmatisation, coupled with a lack of recognition and reparation from authorities, has also prevented many women victims of conflict-related sexual violence from seeking services and justice¹⁹. Although no official statistics exist, non-governmental survey data shows that an estimated 64% of women have experienced some form of sexual harassment in their lifetime²⁰. The fact that 74% of Kosovars believe that women bring sexual harassment on themselves by dressing or acting provocatively, or that 41% think that young women like to be harassed, highly contributes to creating a victim-blaming and enabling environment for this type of violence.

According to UNFPA data from 2012²¹, the phenomenon of child and early marriages in Kosovo* is relatively rare but continues to be prevalent among Roma, Ashkali and Egyptian communities; and among other communities, for example in rural and diaspora communities. Here again, accurate statistics are hard to obtain, in particular since most of the weddings are not registered immediately with authorities for fear of criminal penalties. It is also difficult to assess how many of these marriages are in reality forced, as well as what is the incidence of forced marriages among adults. One thing that is certain is that early marriage tends to disproportionately affect girls, in particular from poor households²². Other forms of violence against women covered by the Istanbul Convention such as stalking, female genital mutilation, forced abortion and sterilisation, and crimes committed in the name of so-called “honour”, are also insufficiently documented.

1.4. Legal and policy framework

In the past 15 years, Kosovo* authorities have taken significant steps to establish a legal and policy framework addressing violence against women in a bid to improve victim protection and support. Despite the progress achieved, developments have focused primarily on responding to domestic violence, with other forms of violence against women being dealt with marginally or absent altogether from policy-makers’ agenda.

In Kosovo*, there is no comprehensive law or strategy addressing all forms violence against women or gender-based violence. Violence on the grounds of gender is nevertheless prohibited and defined in the LGE. According to Article 3 (1.18) such violence covers “acts of violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”. Article 4 (2) further states that “gender-based violence is a form of discrimination that seriously inhibits women’s and men’s ability to enjoy rights and freedoms on a basis

¹⁸ Schuster, A. (2015). *Kosovo : violence contre les femmes et retour des femmes seules*. Organisation suisse d’aide aux réfugiés OSAR : Bern.

¹⁹ UN Women (2016). *The Conflict Did Not Bring Us Flowers: The need for comprehensive reparations for conflict-related sexual violence in Kosovo*.

²⁰ Kosova Women’s Network (2016). *Sexual Harassment in Kosovo*. Prishtinë/Priština.

²¹ UNFPA (2012). *Child marriage in Kosovo*.

²² Orgut Consulting (2014). *Kosovo Country Gender Profile*, Prishtinë/Priština; UNDP (2016). *Kosovo Human Development Report 2016*; Kosovo Agency of Statistics (2016). *Women and Men in Kosovo*. Prishtinë/Priština.

of equality and is prohibited". Article 4 (2) however appears to overlook the fact gender-based violence is a phenomenon that overwhelmingly affects women and girls and is both a cause and a consequence of an unequal distribution of power between women and men, which results in women's subordinate position in all spheres of society. The different forms of violence against women covered by the Istanbul Convention are manifestations of gender-based violence, which is violence that is directed against a woman because she is a woman or that affects women disproportionately. As such, it should not be considered as abuse experienced individually by women but needs to be understood as a social mechanism to keep women in a subordinate position. This does not apply in the same way to men, although it is recognised that they, too, experience violence and abuse in public or in private life. Consequently, the LGE overlooks the structural nature of gender-based violence, a fact that is indicative of Kosovo's gender-neutral approach to violence affecting women, in particular to domestic violence. Finally, neither the LGE nor any other laws in Kosovo* recognise violence against women as a human rights violation.

Under criminal law, forced abortion (Art.184(2)), stalking (Art.186)²³, rape (Art.230) and forced marriage (Art.246) constitute specific offences. Higher penalties are foreseen for stalking committed against a former or current domestic partner or a former or current family member (Art.186 (2)). The Criminal Code (CC) no.04/L-082 also describes a series of non-consensual acts that fall under sexual assault (Art.232)²⁴. Higher penalties are foreseen in cases where "the perpetrator shares a domestic relationship with the person and such person is between the ages of 16 and 18 years" (Art.230 (4.8) and Art. 232 (3.9)). Marital rape and sexual violence against spouses and partners are however not explicitly mentioned in the CC. Forced sterilisation is defined as an offence, but only in the context of crimes against humanity (Art.149 (1.7)). Although domestic violence, psychological violence and female genital mutilation are not defined in the CC *per se*, they can in principle be covered under its different provisions and qualify as crimes as long as they fulfil the constituent elements of these offences. With regard to domestic violence, more specifically, the CC further stipulates that criminal proceedings may be initiated *ex officio* in cases of light bodily injury, grievous bodily injury, conditions similar to slavery, forced labour, rape and sexual assault when committed in the context of a "domestic relationship"²⁵. Failure to report child abuse and domestic violence also constitutes a criminal offence under Article 384. Finally, offenses committed against a person because of their gender and sexual orientation are defined as aggravating circumstances (Art.74 (2.12)).

Sexual harassment is defined and prohibited under Kosovo*'s anti-discrimination and equality legislation²⁶. Legal sanctions are foreseen in the form of civil fines, and violations that amount to criminal offences are handled in accordance with the CC.

²³ The Criminal Code does not use the term "stalking", but rather "harassment". The definition included in the Criminal Code, corresponds, however, to the pattern of behaviour that is captured by Article 34 of the Istanbul Convention.

²⁴ These include sexual assault; degradation of sexual integrity; sexual abuse of persons with mental or emotional disorders or disabilities and of persons under 16 years of age; and sexual abuse by abusing position, authority or profession.

²⁵ Criminal Code, Chapter XVI "Criminal offences against life and body". The term "domestic relationship" is narrower in scope than the definition provided under the Law on Protection against Domestic Violence and covers two individuals who are: engaged, married or cohabiting without marriage; family members cohabiting, related by blood or adopted; and parents of a common child (Art. 120 (23)).

²⁶ Article 4 (1.3) LPD and Article 3 (1.12) LGE.

In recent years, Kosovo* has also taken significant steps²⁷ towards the provision of reparations for survivors of conflict-related sexual violence namely by: adopting an action plan for the implementation of UN Security Council Resolution 1325, which includes as one of its three outcomes the provision of redress to survivors of conflict-related sexual and gender-based violence; establishing the *National Council on the Survivors of Sexual Violence During the War in Kosovo*, in charge of ensuring a coordinated response; and approving Law no.04/L-172²⁸ which legally recognised the status of civilian victims of sexual violence during the armed conflict. Other developments in this regard include the enactment of Regulation no. 22/2015 *On Defining the Procedures for Recognition and Verification of the Status of Sexual Violence Victims During the Kosovo Liberation War*.

Overall, and excepting domestic violence, no targeted laws or strategic documents exist with regard to other forms of violence against women as covered by the Istanbul Convention. In consequence, such forms of violence have not been addressed comprehensively, considering the prevention, protection and prosecution pillars that the Istanbul Convention enshrines.

Domestic violence

Drawing substantially on regulations adopted during the UNMIK administration²⁹, Kosovo* institutions have undertaken important developments with respect to tackling domestic violence since 2008. Entered into force in 2010, *Law no.03/L-182 on Protection against Domestic Violence* (LPDV) regulates protection measures for victims, establishes psychological and substance abuse treatment for perpetrators, and defines obligations for competent authorities. The LPDV also provides a detailed list of behaviours that amount to domestic violence including physical, sexual, psychological and economic acts of violence (LPDV, Art 2 (1.2)). In line with the Istanbul Convention, all members of the family or domestic unit, including current or former spouses or partners, regardless of whether they share or have shared a residence in the past, are entitled to protection and support (LPDV, Art 2 (1.3)). Same-sex partners are however not explicitly covered by the definition, although could technically be entitled to protection under the LPDV if cohabiting or if having cohabited in the past.

The LPDV is a civil law, meant primarily for ensuring the protection of victims and not to prosecute and penalise criminally. As such, no criminal sanctions are provided in the LPDV against the perpetrator, except in cases where a protection order is violated³⁰. It foresees three types of orders available to victims of domestic violence: protection order (PO), emergency protection order (EPO), and temporary emergency protection order (TEPO). POs and EPO's may be issued by the basic court where the victim resides, while the police has the power to issue TEPOs outside of the court's working hours and regular sessions. Measures of protection include, among others, psychosocial and substance abuse treatment for perpetrators, prohibition of

²⁷ UN Women (2016). *The Conflict Did Not Bring Us Flowers: The need for comprehensive reparations for conflict-related sexual violence in Kosovo*.

²⁸ Law no. 04/L-172 On Amending and Supplementing the Law no. 04/L-054 On the Status and the Rights of the Martyrs, Invalids, Veterans, Members of Kosovo Liberation Army, Sexual Violence Victims of the War, Civilian Victims and Their Families

²⁹ See for instance UNMIK regulation 2003/12 on Domestic Violence.

³⁰ In case of breach of a protection order, the offence is prosecuted *ex officio* with the perpetrator being fined up to EUR 2'000 or facing imprisonment of up to six months (LPDV, Art.25 (1)). Repeated breaches are also considered as aggravating circumstances (LPDV, Art.25 (2)).

approaching or harassing the victim, temporary child custody for the victim, and removal of the perpetrator from a common residence³¹.

Despite being progressive in nature, the LPDV has been criticised for its gender-neutral approach by failing to acknowledge that domestic violence affects women disproportionately and that it constitutes a violation of human rights and a form of discrimination³². Furthermore, the law details measures with a view to treat and rehabilitate perpetrators³³, yet it does not explicitly mandate the different forms of assistance victims of domestic violence must be entitled to. Neither does it detail clearly the responsibilities of competent governmental or non-governmental institutions responsible for providing support services to victims. As a result, the LPDV places perpetrator's needs for rehabilitation on an equal footing with victims' needs and suggests that psychological disorders and alcohol and drug abuse are a root cause of domestic violence³⁴.

In order to fulfil the obligations established under the LPDV and give further meaning to its provisions, *Standard Operation Procedures for Protection from Domestic Violence in Kosovo* were adopted in 2013. The SOPs detail the legal and institutional roles and responsibilities of individual governmental and non-governmental institutions, courts and prosecution offices, rights and services victims are entitled to, and include instruments and checklists for improving coordination, risk assessment and risk management in domestic violence cases. Minimum standards, as well as, by-laws and internal regulations have also been adopted in order to further regulate service provision by health services, shelters, social workers, and VAs, among others.

In addition, two strategies setting detailed actions for institutions working in the field of domestic violence have been developed: the *Kosovo Programme and Action Plan against Domestic Violence 2011-2014*, adopted in 2011, and the *National Strategy on Protection from Domestic Violence and Action Plan 2016-2020* (NSPDVAP), approved on 30 December 2016. Drafted by an inter-ministerial working group with input from civil society and international organisations such as UN Women, the NSPDVAP is based on the results and recommendations of an evaluation of the previous programme³⁵. The evaluation revealed, among others, the following shortcomings in Kosovo's domestic violence intervention system:

- weak implementation of existing legislation and standards, including limited use and follow-up of protection measures foreseen by the LPDV;
- lack of efficient co-ordination and information sharing mechanisms among relevant agencies and institutions;
- lack of specialised/standardised services for domestic violence victims and passivity on the part of social services when dealing with such cases;
- financial unsustainability and understaffing of services, including shelters;
- lack of empowerment programmes for women victims;

³¹ Kosovo* police may only issue the following measures through a temporary emergency protection order: prohibit the perpetrator from approaching the victim, prohibit the harassment of the victim, removal of the perpetrator from the common residence of the perpetrator, and confiscation of the items with which violence has been committed or threatened to be committed.

³² OSCE Mission in Kosovo (2012). *Adjudication of petitions for protection orders in domestic violence cases in Kosovo*.

³³ The measures are further detailed and regulated through Administrative Instruction no.12/2012 in determining the place and ways of psychosocial treatment for perpetrators of domestic violence, and Administrative Instruction no. 02/2013 on treatment methods for perpetrators of domestic violence.

³⁴ Please refer to Section 4.8 on perpetrator programmes for a more detailed explanation.

³⁵ Ministry of Justice (2015). *Evaluation report of the Kosovo Program against Domestic Violence and Action Plan 2011-2014*. Prishtinë/Priština.

- lack of perpetrator programmes;
- lack of systematic data collection by police, the judiciary and health and social services;
- reconciliatory and victim-blaming attitudes from professionals working closely with victims.

As a result, the NSPDVAP lays down four pillars of action: 1) prevention and awareness-raising; 2) protection and co-ordination; 3) legislation, investigation and prosecution; and 4) rehabilitation and reintegration of victims. The NSPDVAP is accompanied by an action plan with concrete, measurable and applicable objectives, including costing and financing sources provided for each measure. Under the first pillar, foreseen measures include conducting yearly awareness-raising campaigns, regularly training all relevant professionals, integrating information on domestic violence in educational curricula, and disseminating information on services and legal measures through different media outlets and research. Under the second pillar, existing policies, programmes, procedures and standards are to be reviewed, a common database for domestic violence cases is to be established, and municipal coordinating mechanisms are to be extended where they do not exist in order to enhance multi-agency co-operation. The third pillar combines the amendment or approval of legislative acts with the specialisation of professionals involved in investigation and judicial proceedings in order to improve risk assessment procedures, the handling of cases, and focus on victim's needs. Most importantly, domestic violence will be criminalised in accordance with the LPDV and a working group including specialised NGOs will be appointed with a view to harmonising legislation with international standards such as the Istanbul Convention. Finally, the fourth pillar envisages, among others, the establishment of rehabilitation, reintegration and counselling services for victims of domestic violence, opening a shelter for boy and men victims, training shelter staff to improve accessibility for LGBT persons and minority communities, allocating funding to shelters from municipal budgets, and improving treatment programmes for perpetrators. Finally, it is also important to note that the NSPDVAP contains several references to specific articles of the Istanbul Convention, and several of its key definitions are included as an Annex to the strategy, signalling in this way the commitment of Kosovo* authorities to align standards with the treaty.

1.5. Institutional structures, mechanisms and actors responding to violence against women

In spite of Kosovo*'s relatively recent legislative and policy framework, several institutional mechanisms and actors currently operate at national, regional and municipal levels in order to address violence against women. Nonetheless, Kosovo*'s intervention system caters almost exclusively to victims of domestic violence.

Under the LPDV, the Ministry for Labour and Social Welfare (MLSW), Ministry of Health, Ministry of Justice, Ministry of Internal Affairs, Ministry of Culture, Youth and Sports and the Ministry of Education have the obligation to co-operate and to establish the necessary structures and infrastructure in order to meet the needs of domestic violence victims. The competence for coordinating measures and policies in the field of domestic violence in the whole territory of Kosovo* presently falls on the Office of

the **National Co-ordinator against Domestic Violence (NCDV)**³⁶, with AGE acting as Deputy National Coordinator. Selected by default as the person serving as the Deputy Minister of Justice, the NCDV is charged with co-ordinating, monitoring and reporting on the implementation of policies, activities and actions foreseen in the NSPDVAP and the Programme and Action Plan against Domestic Violence 2011-2014. The NCDV also co-ordinates the work of the **Inter-Ministerial Working Group on Domestic Violence**, which consists of representatives of relevant ministries and other institutions involved in the intervention system, including NGOs and observers from international organisations.

At municipal and/or regional level, the responsibility for addressing violence against women, as well as providing victim support services, is shared among the following main institutions and actors:

Institution/actor	Description
Kosovo* police	Kosovo* police investigate crimes, provide protection and refer victims to support services. Domestic Violence Investigation Units (DVIU) have been established in every municipality, consisting of a male and female police officer specifically trained to deal with such cases.
Office of the State Prosecutor (OSP)	Prosecutors assess cases of domestic violence, including violations of protection orders, or cases of other forms of violence covered by the Criminal Code (see Section 1.4) in order to determine whether there is sufficient proof to prosecute perpetrators. Prosecutors oversee the collection of evidence by the police and DVIUs. In case of violation of protection orders and for a number of offenses committed within a domestic relationship, prosecutors have the authority to initiate criminal proceedings <i>ex officio</i> . According to information provided by the AGE, the Kosovo Prosecutorial Council has appointed domestic violence co-ordinators from the OSP and their terms of references are being developed in co-operation with the US Embassy.
Victim Advocacy and Assistance Office (VAAO)/ Victim Advocates (VAs)	Located within the Office of the State Prosecutor, the VAAO is an independent entity in charge of ensuring the rights and access to justice and services of all victims of crime. Through seven regional offices, the vast majority of victims supported by VAs are women victims of domestic violence ³⁷ . According to the LPDV and the SOPS, VAs play a key role in protecting the rights of victims of domestic violence during criminal proceedings and are responsible, in particular, for initiating procedures for protection measures, participating in all court sessions, and monitoring court proceedings. The VAAO also operates a territory-wide, free of charge, 24/7 telephone helpline for victims of domestic violence, sexual violence, trafficking in human beings, as well as other for other victims of crime. For more information on the role of VAs, please refer to Section 4.9.

³⁶ See Decision of the Kosovo Government and Terms of Reference on the Appointment of the National Co-ordinator against Domestic Violence, approved on 11.07.2012, by decision Nr. 04/83.

³⁷ According to information provided by AGE, in 2017 VAs supported 1355 new cases of victims of crime of which women are 1158 and men 197, and of which 1148 were Adults and 207 minors. Between September 2015 and August 2016, VAs dealt with 1061 victims of domestic violence out of 1415 total cases (http://www.psh-ks.net/repository/docs/Zyra_e_Kryeprokurorit_te_Shtetit_ZMNV_ve___Buletini_nr_3_en.pdf).

Shelters	Contracted by the MLSW, nine NGO-run shelters currently operate in Kosovo*: seven for women victims of domestic violence and their children, one for women victims of trafficking in human beings, and one for children victims. A publicly run shelter also provides services to victims of trafficking. For more information on shelters, see Section 4.3).
Centres for Social Work (CSWs)	CSWs operate in all 38 municipalities providing social and family services to victims of domestic violence and their children. Through their cases workers, CSWs are also responsible for identifying and co-ordinating existing services with a view to empower victims and reintegrate them into society. Case workers also refer women to other available services such as shelters. ³⁸
Legal Aid Offices	Under <i>Law no.04/L-017 on Free Legal Aid</i> , victims of violence are entitled to free legal aid if they cannot afford legal representation. Currently there are five government funded Legal Aid Offices providing legal aid in administrative, civil and criminal law cases. Initially there were 13 offices, but 8 closed in 2015 due to dependence on external donors. Legal Aid Offices provide support, assistance and advocacy to victims outside of the criminal justice system, particularly in civil procedures such as divorce, child custody disputes, civil suits, etc.
Ombudsperson	With 7 regional offices, the Ombudsperson deals with accusations of human rights violations by the authorities. Victims of violence against women may address this institution if they have subjected to mistreatment by authorities, or said authorities have failed in fulfilling their obligations in providing protection, support and access to justice.
Public Health Institutions and Centres for Mental Health	According to the SOPs, public health care providers are first obliged to provide health and psychological services for victims of domestic violence free of charge, and subsequently report such cases to the police. Health practitioners are also obliged to prepare medical reports to be used during investigation and legal proceedings. By law, public health institutions are in charge of providing court-imposed drug and alcohol addiction treatment to perpetrators of domestic violence.
Educational Institutions	Municipal Education Directorates are responsible for providing education to victims of domestic violence and support the education of children during their stay in shelters. Based on the victim's/child's needs, education plans are developed in co-operation with shelters, and CSW case managers. A System for Management of Information on Education has also been introduced in schools in order to report school or domestic violence.
Vocational Training Centres (VTCs) and Employment Offices	Regional employment Offices are responsible for offering career guidance and counselling, mediation in employment procedures, and informing registered jobseekers about training opportunities, among others. Eight VTCs, including six mobile training centres offer vocational training to interested persons referred by Employment Offices. CSWs and shelters have established co-operation with these centres so that shelter victims can benefit from their services in accordance with actions foreseen in the NAPs.
Multi-agency cooperation mechanisms	Supported by UN agencies as well as the OSCE, there are currently thirteen municipalities that have set-up multi-agency co-operation mechanisms or municipal working groups between police, NGOs, shelters, the judiciary and other institutions proving protection and support to victims of domestic violence. For more information please refer to Section 11.

³⁸ In 2016, social services were provided for 423 cases of domestic violence, out of whom 237 were women, and 186 were children. Office of the Primer Minister (2016). *Global Annual Work Report 2016*.

Basic courts

As part of the civil procedure, basic courts are obliged to decide over protection orders within the legal timeframes stipulated in the LPDV and to treat domestic violence cases with priority. Following a decision of the Kosovo Judicial Council, the seven basic courts have appointed civil court judges to prioritise cases of domestic violence and expedite the issuing of protection orders. However, there have been reports of delays when specialised judges are on leave or enter pension.³⁹ Cases of light or heavily bodily injury taken by the prosecutor go to criminal court.

2. Background to study and methodology

2.1. Study

This study was developed within the framework of the Council of Europe project “Reinforcing the fight against violence against women and domestic violence in Kosovo*³⁹”. The project is aimed at strengthening Kosovo’s* institutional capacities to prevent and counter violence against women and domestic violence in line with the standards of the Istanbul Convention. The project’s specific objectives are:

- to promote Council of Europe standards to improve the prevention of violence, the protection of victims, and the prosecution of perpetrators;
- to map existing services for women victims of all forms of violence covered by the Istanbul Convention.

This study addresses the availability and accessibility of support services responding to violence against women in Kosovo* in relation to the standards set out in the Istanbul Convention. It follows the structure and methodology developed in the framework of a previous cooperation framework initiated by the Council of Europe and UN Women to map specialist services for women victims of violence in South East Europe, as part of the on-going partnership⁴⁰ between the two organisations to promote the signature, ratification, and implementation of the Istanbul Convention. The work was conducted as a partnership between independent research consultants from the United Kingdom (Child and Woman Abuse Studies Unit, London Metropolitan University) and national researchers based in Albania, Bosnia and Herzegovina, Georgia, the Former Yugoslav Republic of Macedonia, Montenegro, Serbia and Turkey and was based on a review of existing service mapping tools, including the EIGE/WAVE study on support services for women survivors of domestic violence, the EIGE/EWL study mapping data and resources on sexual violence against women, and the *Recommendation Rec(2002)5 on the protection of women against violence* monitoring framework. Consultations were also organised with Council of Europe and UN Women, as well as national researchers from the above-mentioned countries who provided input and advice about their national contexts. The resulting research instruments were an online survey tool to be completed by service providers and an interview guide for follow-up discussions.

³⁹ Ministry of Justice (2015). *Evaluation report of the Kosovo Program against Domestic Violence and Action Plan 2011-2014*. Prishtinë/Priština, pp. 19.

⁴⁰ The multi-country study was a joint initiative of UN Women Europe and Central Asia Office and the Council of Europe in 2014-2015. This partnership is based on the Exchange of Letters between the Council of Europe and UN Women for cooperation in areas of interest (2012).

The Kosovo* mapping study is based on survey data collected and interviews conducted by two local consultants. An international consultant subsequently analysed the data and drafted the study. Both the local and international consultants were trained on the research tools by one of the independent researchers responsible for developing the methodology during a meeting at the London Metropolitan University on 30 January 2017. The findings and recommendations of the study are meant to be shared with Kosovo* authorities as well as civil society experts. The active support of AGE has been very important in facilitating the process of data collection and analysis.

2.2. Istanbul Convention and standards for violence against women

The Istanbul Convention is the first legally binding instrument in Europe and the most far-reaching international treaty creating a comprehensive legal framework to tackle this serious violation of human rights. The Convention defines and requires States Parties to criminalise or otherwise sanction various forms of violence against women: domestic violence (physical, sexual, psychological or economic violence), stalking, forced marriage, female genital mutilation, forced abortion and forced sterilisation, and sexual violence, including rape and sexual harassment. Furthermore, States Parties to the Istanbul Convention have the option of applying the convention to all male victims of domestic violence as well. A monitoring mechanism has been established to assess and improve the implementation of the Convention by Parties. It consists of two pillars: an independent expert body, the *Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO)*, and a political body, the *Committee of the Parties* - which are composed of representatives of the Parties to the Istanbul Convention. The first ten members of the GREVIO were elected on 4 May 2014. In the future, their number will increase to fifteen members, following the 25th accession to the Istanbul Convention.

The Istanbul Convention is a comprehensive and complex treaty. It is at the same time a human rights treaty, a criminal law treaty and an instrument for greater gender equality. Through its eighty-one articles, sixty-five of which are substantive, it makes unprecedentedly detailed provisions for measures that should be taken by States Parties to prevent violence against women and domestic violence, protect the victims and punish the perpetrators.

With the ultimate goal of protecting women from violence, the Istanbul Convention provides guidelines and standards for a range of support services to empower women victims and enable them to recover from various forms of gender-based violence⁴¹, specifying not only the types of support services that should be made available or supported by states but also the approach to be taken when providing such services. Since the Istanbul Convention is based on the understanding that violence against women is a violation of human rights and a form of discrimination against women (Article 3), it requires that support services should be based on a gendered understanding of violence against women and domestic violence and should focus on the human rights and safety of the victim (Article 18, paragraph 3).

⁴¹In the scope of this study, a methodological decision was taken to focus only on support services that respond to various forms of violence against women. Therefore, this section does not include a discussion of the extent to which male victims may be covered by the provisions on support services.

The Istanbul Convention distinguishes between *general* and *specialist support services*. General support services (Article 20) refer to “help offered by public authorities such as social services, health services and employment services, which [...] are not exclusively designed for the benefit of victims only but serve the public at large” (paragraph 125 of the Explanatory report). Specialist support services (Article 22), on the other hand, “have specialised in providing support and assistance tailored to the [...] needs of victims of specific forms of violence against women or domestic violence and are not open to the general public” (paragraph 125 of the Explanatory report). Furthermore, the Explanatory report clarifies that, “while [specialist support services] may be services run or funded by government authorities, the large majority of specialist services are offered by NGOs” (paragraph 125).

Furthermore, the Istanbul Convention introduces specific and comprehensive standards for each of the two categories of services. It also requires that adequate and timely information on available support services should be available to victims in a language they understand (Article 19).

In terms of general services, victims should have access to services facilitating their recovery from violence, including legal and psychological counselling, financial assistance, housing, education, training and assistance in finding employment (Article 20). Professionals working in these services should receive appropriate training on the prevention and detection of violence against women, equality between women and men, the needs and rights of victims, and how to prevent secondary victimisation (Article 15).

When developing the provisions to set up specialist support services, the drafters of the Istanbul Convention integrated the knowledge and experience developed by the women’s movements in many member states of the Council of Europe and beyond. Women’s organisations and women’s groups were often the first to set up refuges, rape crisis centres, counselling centres, and other safe spaces where women who had suffered domestic violence, sexual violence, and other forms of violence from men could find support.⁴²As these services have specialised and professionalised, one of their main goals remains to challenge and change the dominant gender stereotypes and patterns of behaviour that perpetuate violence against women. This means that, in addition to supporting the victim, specialist support services often contribute significantly to the creation of a context of public support for women who have been victims of gender-based violence. Support services often work with communities and professionals to raise awareness of the trauma of gender-based violence and build empathy towards the victim.

To respond to the specific needs of women victims of gender-based violence, the Istanbul Convention requires the setting up of shelters, telephone helplines, and rape crisis centres or sexual violence referral centres. Shelters are necessary in order to provide “safe accommodation for and to reach out proactively to victims” (Article 23). In practice, in most member states of the Council of Europe, shelters have a central role in the specialised response, especially to domestic violence and trafficking. The Istanbul Convention requires that they should be available in sufficient numbers and easily accessible, and the Explanatory report, in paragraph 135, further recommends

⁴²See also Council of Europe (2008). *Combating violence against women: minimum standards for support services*. Strasbourg: Council of Europe, pp. 8.

that one family place for domestic violence services be available per 10,000 people. In addition, state-wide telephone helplines must be able to respond to all forms of violence against women and domestic violence should be available around-the-clock (24/7) and free of charge. The Istanbul Convention further requires the setting up of appropriate, easily accessible rape crisis or sexual violence referral centres for victims in sufficient numbers to provide for medical and forensic examination, trauma support, and long-term counselling for victims (Article 25). The Explanatory report, in paragraph 142, recommends that one such centre be available per every 200,000 inhabitants and that their geographical spread should make the centres accessible to victims in rural areas as well as cities. All support services to women victims of violence are to take due account of the rights and needs of child witnesses of violence against women.

While not included in the scope of protection of women victims of violence, but defined rather as a preventive measure, perpetrator programmes are often connected to specialist services for women victims. Article 16 of the Istanbul Convention requires States Parties to set up to support two separate types of programmes: those targeting domestic violence perpetrators (Article 16, paragraph 1) and others designed for sex offenders (Article 16, paragraph 2). Article 16 also outlines that these programmes must ensure the safety and support of victims and that specialist support services such as women's shelters or rape crisis centres should be turned to for cooperation in this regard.

Importantly, the Istanbul Convention recognises that specialist support services, such as shelters or rape crisis centres, are best provided by women's organisations, which have experienced staff with in-depth knowledge of gender-based violence and capabilities to address the multiple, specific needs of women victims of gender-based violence. The work of the NGOs providing specialist support services should be recognised, and, more importantly, supported. States Parties should also make available appropriate financial resources for the work carried out by non-governmental organisations and civil society to implement the measures to prevent and combat violence against women foreseen by the Istanbul Convention (Article 8).

Women victims of gender-based violence are particularly vulnerable during investigations or criminal proceedings, when they may have to face the perpetrator in a confined space. The Istanbul Convention asks that measures be taken to support victims of gender-based violence through the legal process. Article 55, paragraph 2 outlines "the possibility for governmental and non-governmental organisations and domestic violence counsellors to assist and/or support victims, at their request, during investigations and judicial proceedings." Furthermore, States Parties should "provide victims with appropriate support services so that their rights and interests are duly presented and taken into account" (Article 56, paragraph 1(e)). In some member states of the Council of Europe, such support services are provided in the form of independent domestic violence advisor.

The Istanbul Convention not only describes the type of support services that should be available for women victims of gender-based violence, but it also sets standards for how such support services should be provided. In Article 18, paragraph 3, the Istanbul Convention requires support services: be based on a gendered understanding of violence against women and domestic violence, and focus on the human rights and

Requirements of the Istanbul Convention

Type of service	Brief description
Shelters (Article 23)	Safe accommodation and central role in specialised response to violence against women
Telephone helplines (Article 24)	State-wide, round-the-clock, free of charge, all forms of violence against women and domestic violence
Support for victims of sexual violence (Article 25)	Rape crisis or sexual violence referral centres for victims; medical and forensic examination, trauma support, counselling
Protection and support for child witnesses (Article 26)	Support services are to take the rights and needs of child witnesses into account; age appropriate psychological counselling
Support during the legal process (Article 55, para 2; Article 56, para1(e))	Domestic violence counsellors to assist and/ or support victims during investigations and judicial proceedings Providing victims with appropriate support services so that their rights and interests are duly presented and taken into account
Perpetrator programmes (Article 16)	Two separate types of programmes: those targeting domestic violence perpetrators and others designed for sex offenders

safety of the victim; be based on an integrated approach which takes into account the relationship between victims, perpetrators, children, and their wider social environment; aim at avoiding secondary victimisation; aim at the empowerment and economic independence of women victims of violence; be located, when appropriate, on the same premises; and address the specific needs of vulnerable persons, including child victims, and be made available to them. Furthermore, the provision of services shall not depend on the victim's willingness to press charges or testify against any perpetrator (Article 18, paragraph 4).

The Istanbul Convention includes an extensive non-discrimination clause on the implementation of all provisions. Article 4, paragraph 3 lists nineteen specific impermissible grounds for discrimination, as well as "other status". This is a central principle of the Istanbul Convention and it implies that, in the case of support services, protection should be offered without discrimination on any grounds, including race, language, association with a national minority, property, sexual orientation, gender identity, migrant status, or refugee status. With respect to the latter ground, gender-sensitive support services should be available for asylum seekers (Article 60, paragraph 3).

2.3. Survey

As explained in Section 2.1, the study is based on two tools for mapping support services generated in the framework of the Council of Europe and UN Women partnership. The first was a survey questionnaire, which was built around the provisions within the Istanbul Convention that relate to support services. The survey was translated into Albanian and Serbian, and consisted of 135 mainly quantitative items, often with tick-boxes or pre-set response lists, alongside many qualitative fields (see Annex I) for the survey questionnaire). Originally, the survey was designed to be

completed online by a staff member of each support service. Following advice from the two local consultants, it was however decided that sending the survey questionnaire by e-mail in Word format and asking respondents to fill it out electronically would elicit more responses from service providers. Respondents were also given the choice of completing the questionnaire by hand and returning it by post or completing it over the phone in order to maximise participation. Local consultants subsequently entered survey data manually into a database. To keep the task of approaching and dealing with survey responses manageable, the decision was taken for the survey to be directed at specialist services or those within mainstream services offering a significant degree of provision of services related to violence against women.

Based on the study's main goal and the methodology agreed upon during the London meeting, the local consultants prepared a list of possible respondents to the survey questionnaire. The following selection criteria were employed by the local researchers: a) NGOs providing support services to victims of violence against women; b) public services where there are dedicated workers/services who specialise in different forms of violence against women; c) geographical coverage of Kosovo's* regions and municipalities, as well as of rural and urban areas d) ethnic composition (Albanian/Serbian). Table 1 below shows the type and number of institutions/organisations that were invited on the basis of the sampling, as well as the final number that took part in the survey.

Table 1: Institutions/organisations participating in the survey			
		Invited	Participated
NGO-run	Shelter	9	7
	Women's NGOs	3	2
	Other	4	3
Government-run	CSW	38	21
	Forensic services	2	2
	Health	8	4
	Helpline	1	1
	OHRGE	6	2
	Police DVIUs	All ⁴³	6
	Shelter	1	
	VA	14	5
TOTAL		86⁴⁴	53

All 38 CSWs that operate at municipal level were invited to take part in the survey. All seven regional VA offices, as well as seven VAs working in rural municipalities were also contacted. Other invitees from public authorities include the domestic violence and trafficking in human beings helpline operated by the Victim Advocacy Assistance

⁴³ In Kosovo* there are specialised domestic violence police units in all 38 municipalities.

⁴⁴ In addition to 86 institutions and organisations, all specialised police units were invited to participate in the survey.

Office, as well two institutions providing forensic services in Kosovo⁴⁵. Although this study focuses on violence against women as covered by the Istanbul Convention, a publicly run shelter for victims of trafficking in human beings was also included, given that it provides services to trafficked women that have been subjected to violence and abuse. All police Domestic Violence Investigation Units (DVIUs) in Kosovo* were also sent emails to participate through a contact at the Office on Domestic Violence, Ministry of Internal Affairs. Furthermore, since the number of potential participants from health institutions would prove too large for the timeframe and resources of this study, a sample from these institutions was selected. The sample included five Centres for Mental Health (which provide among others treatment for perpetrators), two Regional Hospitals, as well as one Emergency Unit from a Main Family Medicine Centre. Finally, although they do not provide direct support services to victims of violence against women, it was also decided to include six Offices for Human Rights and Gender Equality, on account of their awareness-raising and advocacy work and on the basis of their geographical spread.

In relation to NGO-run services, all shelters active in Kosovo* were invited. These included seven shelters for women victims and their children, one for children and one focusing on women victims of trafficking in human beings. Three women's NGOs working as women's advice/counselling/solidarity centres were also contacted, as well as four NGOs providing counselling and/or rehabilitation services to specific groups of beneficiaries such as persons with physical and mental disabilities or torture victims.

The survey questionnaire was open for completion from mid-February to mid-March 2017. Reminders were subsequently sent by email and some participants were also contacted by phone in order to encourage participation. In total, 53 institutions and organisations responded to the survey and all were considered during data analysis. Among the respondents, 41 (77%) public institutions and 12 (23%) NGOs completed the questionnaire. In terms of gender composition, 25 respondents were female and 28 were male.

2.4. Interviews

As a second stage of the data collection, follow-up interviews were conducted with a sub-sample of survey respondents. A few service providers that did not take part in the survey, as well as individuals with good knowledge of the local context were also interviewed. As mentioned in Section 2.1, a semi-structured qualitative interview guide (see Annex II) was designed with thirty-seven items reflecting the themes of the survey. The questions were designed to elicit evidence and explanation of how aspects of the Istanbul Convention are understood and implemented, and to enable interviewers to ask participants to elaborate more detailed responses going beyond what the survey allowed for.

The following criteria were applied in choosing the sample of interviewees: a) geographical spread (regional, urban/rural); b) variety of types of services and service providers; c) ethnic composition (Albanian/Serbian); and d) critical and mainstream voices. A total of 24 service providers and individuals were invited to take part in the interview process, including: five NGOs (two shelters, one NGO working with women

⁴⁵ The Institute of Forensic Medicine (Ministry of Justice) and the Kosovo Forensic Psychiatric Institute (Ministry of Health).

from Roma and other minorities, one focusing on mental disabilities, and a youth organisation); seven CSWs; three police institutions; three health institutions (one mental health centre, one regional hospital and one community health centre); two VA offices; one Office for Free Judicial Help; the domestic violence and trafficking in human beings helpline; one representative from the MLSW; and a university professor from the European College Dukagjini active in the field of gender-based violence. Of these 24 potential participants, 20 accepted the invitation to participate in the second stage of the study. Two police institutions, the helpline and one health institution did not participate.

The interviews were conducted between 20 February and 22 March 2017. All interviews were conducted face-to-face (with the exception of one which was conducted over the phone) in Albanian and Serbian. Interview data is included throughout this study in order to complement survey findings. For some of the sections of this study the interview data collected did not provide a solid basis to produce definitive in depth conclusions on service provision.

3. Local Context

As mentioned in Section 1, in recent years Kosovo* has managed to introduce a fairly comprehensive legal framework in order to address violence against women, in particular domestic violence. In relation to the local context, survey participants were asked a series of questions aimed at measuring their awareness of the existence of laws, policies and standards as well as their satisfaction with such instruments.

Among all 53 survey respondents, 75% indicated that there are laws and policies on violence against women, whereas 25% did not know or did not reply to the question (see Figure 1 below). The main laws mentioned by survey respondents as supporting their work with victims were: the *Constitution of the Republic of Kosovo**; *Law No.03/L-182 on Protection against Domestic Violence (LPDV)*; *Criminal Code of the Republic of Kosovo* No. 04/L-082*; *Criminal Procedure Code No. 04/L-123*; *Juvenile Justice Code No. 03/L-193*; *Law No.02 /L-17 on Social and Family Service*; *Family Law of Kosovo No. 2004/32*; *Law No.04/L-076 on Police*; *Law No. 05/L-020 on Gender Equality (LGE)*; *Law No.05/L-021 on the Protection from Discrimination (LPD)*; *Law No.04/L-125 on Health*; *Law No.05/L-025 on Mental Health*; and the *National Strategy on Protection from Domestic Violence and Action Plan 2016-2020 (NSPDVAP)*. No other specific laws or strategies covering other forms of violence against women were mentioned, simply because these do not exist in Kosovo*. Amid the above-mentioned instruments, the LPDV (41.5%) and the NSPDVAP (26.4%) were most commonly cited by respondents. Such low percentages point to a knowledge gap, in particular since these two instruments form the backbone of Kosovo*s domestic violence intervention system.

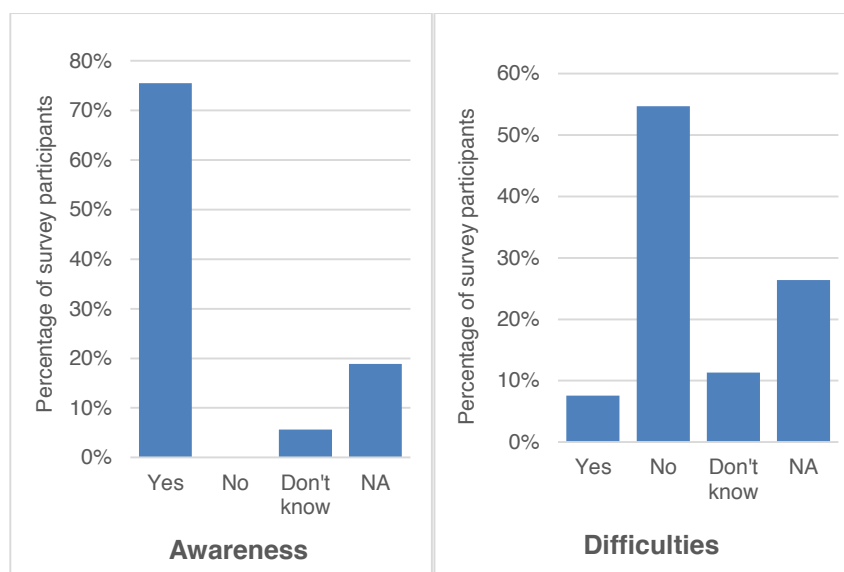


Figure 1: Awareness of violence against women laws/policies and experienced difficulties

Survey findings also show that one third⁴⁶ of participants consider that there are issues in the implementation of these laws and policies, stating among others the failure to properly enforce the LPDV, the inability of judges to impose psychosocial treatment for perpetrators of domestic violence, as well as inadequate sentences for first time perpetrators deserving maximum penalties. One respondent in particular raised the fact that although the NSPDVAP was approved on 30 December 2016 its implementation has been delayed. Although no specific question was asked in relation to the legislative framework, the need to criminalise domestic violence was also raised during in-depth interviews. However, only four respondents (8%)⁴⁷ believe that there are laws and policies that make their work with victims of violence against women more difficult (see Figure 1 above). When asked how these regulations impede their work, the following obstacles were mentioned: a lack of specialisation of support services; issues in the government policy for subsidising NGOs; and a lack of specific budget lines for the rehabilitation and reintegration of victims. One respondent regarded sanctions foreseen for failing to inform police when coming into contact with a victim of domestic violence as making their work harder.

As Figure 2 below shows, 64% of respondents consider that relevant standards have been developed for the type of services they deliver. Worth noting is that 27% of survey participants have been directly involved in standard development by providing expertise and participating in working groups. Among these respondents, five belong to the NGO sector and nine work for publicly run services, mainly CSWs. When asked to name relevant standards, the *Standard Operation Procedures for Protection from Domestic Violence in Kosovo (SOPs)*, as well as minimum standards for service quality developed by the MLSW, were most commonly referred to by surveyed service providers.

⁴⁶ 32% responded positively to the question “are there any issues in the implementation of laws and policies that affect your work on violence against women”, whereas 68% did not respond.

⁴⁷ 54.7% participants responded “No” to this question, 11.3% “Don’t know”, and 7.5% provided no answer.

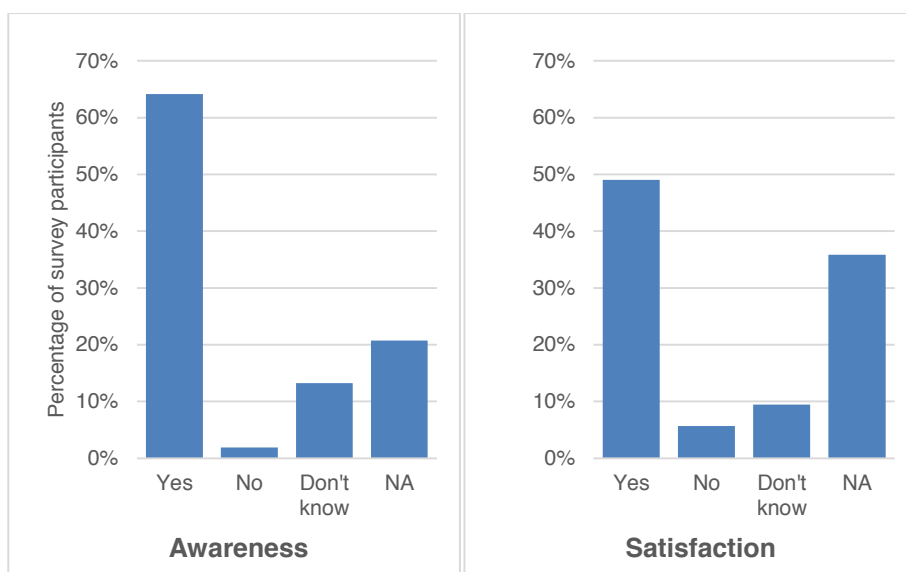


Figure 2: Awareness of standards for service providers and respondents level of satisfaction

Survey results show that approximately half (49%) of all service providers are satisfied with the standards currently in place, and only (6%) reported feeling unhappy. Given the large number of participants that did not express an opinion (45%) it is difficult to assess the overall level of satisfaction. Unsatisfied respondents cited “difficulties in implementing the standards”, “lack of funds promised to shelters”, as well as “shelters not having good conditions and standards” as reasons to improve current rules and regulations. During the interviews, one senior official working on domestic violence at the ministerial level mentioned that existing standards should be reviewed so as to include specific timelines for each category of support service.

With regard to international standards, a total of 14 out of 20 interview participants reported being aware of the Istanbul Convention, although none offered a detailed evaluation or view on the treaty. The fact that most interviewees had heard about the treaty during trainings can be interpreted as an indication that its standards are being taken into account as a reference for improving service provision.

4. Services

4.1. General/specialist services (Articles 20 and 22 of the Istanbul Convention)

Support services ensure access to safety and justice for women victims of violence and provide them with the necessary emotional, medical and material assistance to rebuild their lives. As seen in Section 2.2, the Istanbul Convention distinguishes between specialist and general support services, while requiring that both be available and accessible to victims of all forms of violence against women and their children. Specialist services come in a wide variety of types and may include women’s shelters, specialised helplines, rape crisis centres, trauma support and counselling services, to name a few. What sets specialist services apart, however, is that they are exclusively

designed for the benefit of women victims and their children and contain within them specific knowledge and expertise in order to address their immediate, short and long-term needs. General services on the other hand, are universal in nature, in that they are accessible to the general public. General services are provided by public authorities such as social, health and employment services.

In practice, the distinction between specialist and general services is not always clear-cut. For example, although the overwhelming majority of specialist services are provided by NGOs, these may also be run by governmental authorities. In other cases, specialist services may be available within general services offered by public authorities. Figure 3 below shows how respondents classified their services. While CSWs and NGOs described themselves accurately, this is not the case for a number of services falling within the categories “part of a more general service”, “specialised entity established by the government” or “something else”.⁴⁸ This is most likely the result of a lack of understanding of how specialist and general services are defined by the Istanbul Convention⁴⁹.

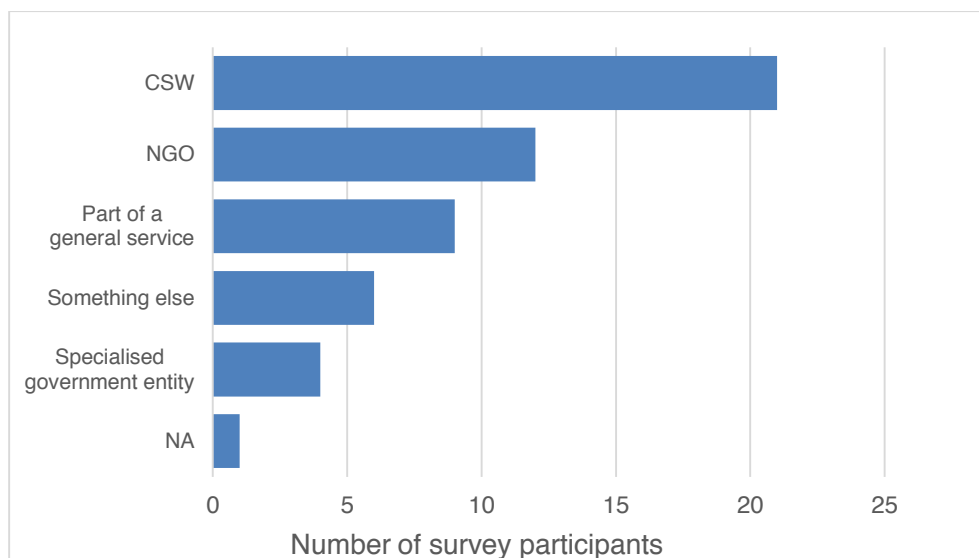


Figure 3: Which of the following best describes your service?

⁴⁸ For example, 3 police DVIUs classified themselves as part of a general service while 3 chose “something else”. In the case of VAs, 2 described themselves as something else, while 3 correctly chose “specialised entity”.

⁴⁹ A definition of both specialist and general support services was provided in the survey questionnaire in order to avoid confusion.

In view of this, survey participants have been coded as “specialist”, “general” and “other” on the basis of their responses to various survey questions and the categories presented below.

Table 2: Specialist and general services		
Specialist service	Shelter	7
	Helpline	1
	Women’s NGO	1
	VA	5
	Police DVIUs	6
General service	Health	4
	CSW	21
	Forensic services	2
Other	Women’s NGO	1
	OHRGE	2
	Other NGO	3
TOTAL		53

According to this study’s classification, 20 out of 53 services participating in the survey can be classified as a specialist service. Among such services, we find seven NGO-run shelters, one women’s NGO, the domestic violence and trafficking in human beings helpline, as well as six Domestic Violence Investigation Units (DVIUs). After careful consideration, all five VAs have also been classified as specialist⁵⁰. A total of 27 participating institutions offer general services. These include 21 CSWs, two institutions providing forensic services and four health institutions. Finally, six services have been categorised as “other” since they provide some degree of services despite women victims not being their primary target group. These include a women’s organisations network, two municipal Offices for Human Rights and Gender Equality (OHRGE)⁵¹, one organisation working with torture victims, as well as two NGOs working with disabled persons. Attention needs however to be brought to the fact in Kosovo* specialist and general services work for the most part with women victims of domestic violence. This is further explored in Section 5 of this study. The proportion of work undertaken directly with victims of violence against women by both specialist and general services is presented in Figure 4.

⁵⁰ Hesitation to classify this service as “specialist” derived from the fact the VAs remit was expanded in 2013 to cover other forms of crime. Responses to survey questions revealed however a high level of specialisation: VAs reported working over 75% of their time on cases of violence against women, with all staff being specially trained to work in this field and working exclusively or predominately with women victims of violence. Moreover, in 2015 and out of 1215 total cases, VA’s managed 1061 cases of domestic violence, 72 of human trafficking, and 85 cases of sexual violence, including rape. By law, each time a domestic violence victim reports violence, the case is referred to the VA

⁵¹ ORGHE’s have not been classified as general since they do not offer direct services to victims of violence against women, but are involved in awareness-raising and advocacy work.

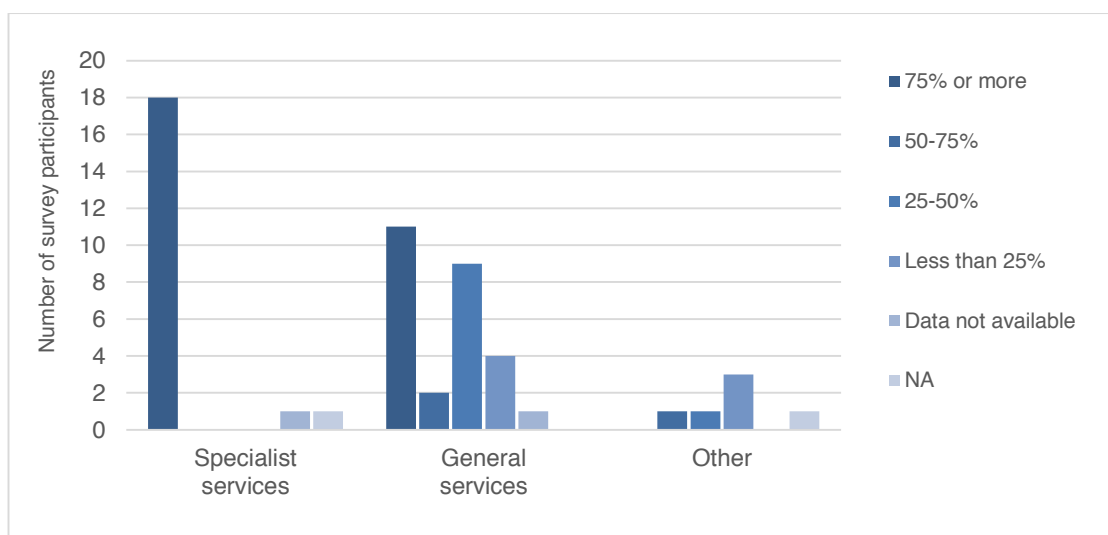


Figure 4: Please estimate the proportion of work your service undertakes that is directly with victims of violence against women

For more than half of all 53 services surveyed (55%), the estimated proportion of work undertaken directly with victims of violence against women is around or over 75%. The vast majority of specialist services (18 out of 20) allocate over 75% of their staff's time to working with victims of violence against women (see Figure 4)⁵². The situation is more spread out for general services, in particular CSWs. 11 CSWs estimate their proportion of work as being equivalent or higher than 75%, two have staff engaged at 50 to 75%, nine at 25 to 50%, and one at less than 25%. This distribution is not related however to whether CSWs work in rural or urban areas. The proportion for other general services such as health institutions or forensic services ranges between 25% to 50% or less.

Responses on the total number of paid staff ranged from one to 109 persons, with most staff working full-time, and only seven service providers declaring having between four and one part-time employees. Unsurprisingly, the biggest employers of paid staff are government-run institutions. However, most public institutions (such as the police), provided information regarding the total number of staff working for their institutions, making it difficult to grasp how much paid staff in total is involved with violence against women cases. NGOs employ from four to 22 paid staff, with specialist NGO-run services averaging eight paid employees, while a small number resort to volunteers⁵³. Volunteers are involved in activities such as assisting with children-specific activities, providing psychosocial treatment for victims and their children, as well as providing computer and drawing courses. In general, the prevalence of volunteerism in Kosovo* remains generally low, with 3.8% of Kosovar citizens declaring having volunteered for civil society organisations in 2015⁵⁴. Finally, no NGO specialist support services reported contracting employees from public agencies.

⁵² The national helpline did not answer the question, while one shelter reported not having available data, which might be linked to the fact that it provides shelter to children victims of domestic violence, or to children over 12 years old which cannot stay in women's shelters

⁵³ 5 NGOs and 1 CSWs reported working with volunteers. The low participation of volunteers was also confirmed during the interviews.

⁵⁴ Hoxha et. al (2016). *The Kosovar Civil Society Index 2016*. Prishtinë/Priština, pp. 55.

A total of 43 services also provided information on the proportion of their staff that works exclusively or predominantly with victims of violence against women (see Figure 5). Out of all 53 survey respondents, 42% claimed to have all staff working with women victims, while 40% stated that most staff worked on such cases. Here again, the majority of specialist services (80%)⁵⁵ reported having all or most of their staff working with women victims of violence. The percentage for general services with all or most staff engaged in violence against women work is 85%⁵⁶, with 20 out of 21 CSWs stating so. Clarifications provided in open-ended questions and interviews indicate however that although most or all social workers working in CSWs might indeed be involved in violence against women work, not all of them necessarily work exclusively or predominately on such cases. The same can be said about the two health institutions that replied “most”.

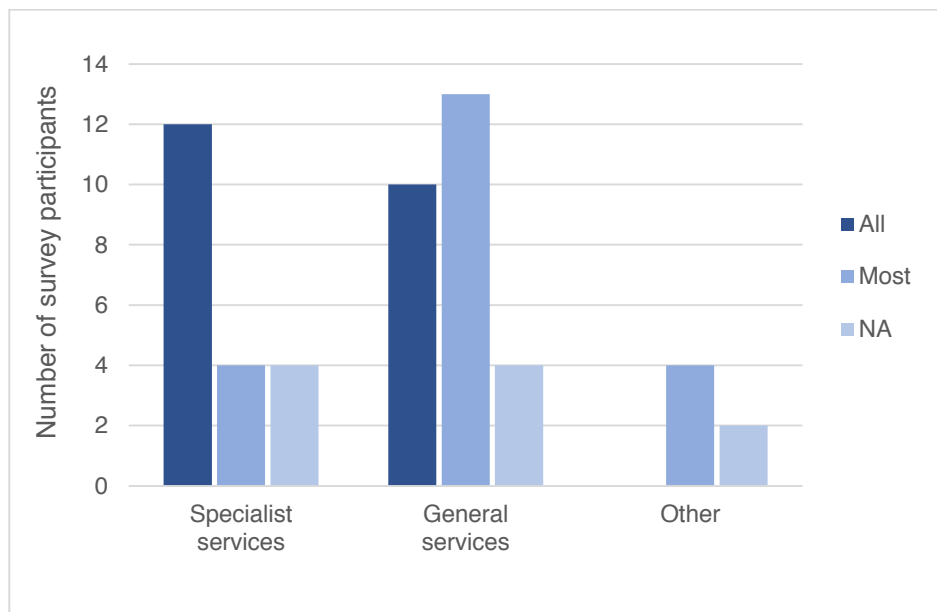


Figure 5: How many of your staff work exclusively or predominantly on violence against women?

4.2. Type of service

The survey questionnaire included a set of specific questions assessing broad categories of services provided by institutions and organisations. Detailed definitions on the basis of the Istanbul Convention were also included for each type of broad service in order to ensure a common understanding.

⁵⁵ 16 out of 20 specialist services.

⁵⁶ 23 out of 27 general services.

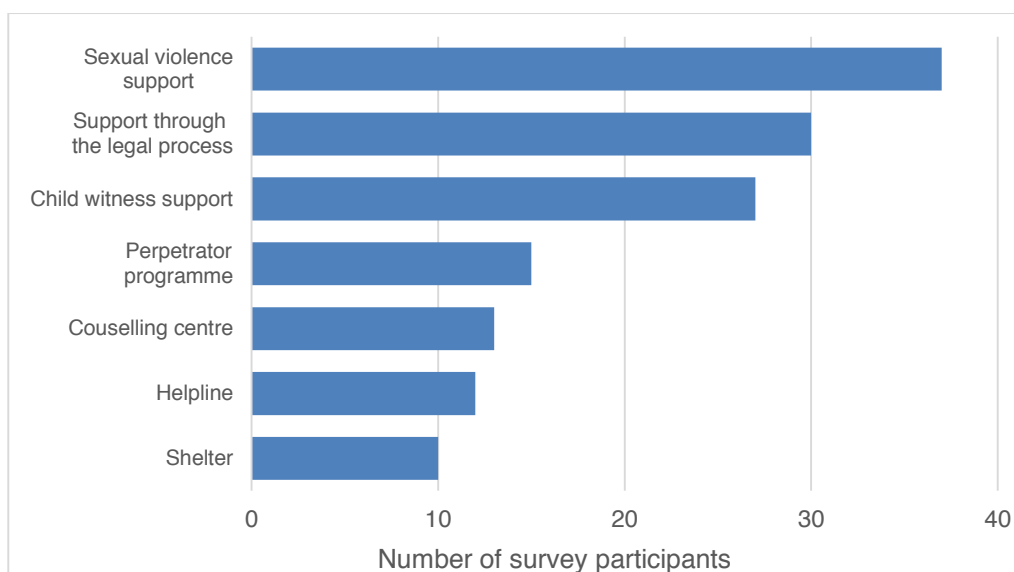


Figure 6: Broad category of services provided by survey participants⁵⁷

As presented in Figure 6 above, the following broad categories of services were referred to by respondents: 10 services mentioned shelter (19%); 12 mentioned a telephone helpline (23%); 37 mentioned services for victims of sexual violence (70%); 27 mentioned services for child witnesses (51%); 13 mentioned counselling crisis centres (25%); 15 mentioned perpetrator programmes (28%); and 30 mentioned the provision of support through the legal process (57%). Upon closer inspection, percentages are in reality much lower for all broad categories of services. Analysis of survey responses and interviews reveals the following misunderstandings⁵⁸:

- Some respondents selected shelters when in reality they only refer victims to such services or to temporary housing. As a result these services have been excluded from the analysis in Section 4.3.
- Several respondents confused the existence of a service telephone number with a helpline which is Kosovo*-wide, free of charge, operates 24/7, and is specifically tailored to victims of violence against women.
- A large number of respondents defined themselves as providing support to victims of sexual violence. One institution provides forensic examinations while others work with such victims without necessarily providing specialised support. None, however, can be classified as rape crisis centres or sexual violence referral centres as referred to in the Istanbul Convention.
- The majority of services declaring to be working as counselling/crisis centres for all forms of violence against women do not fit the standards of the Istanbul Convention. The majority of these services provide emotional support or counselling as part of a wide palette of services, and therefore cannot be considered as specialist. The majority also focus on domestic violence.
- The overwhelming majority of services declaring that they provide perpetrator programmes refer to services they offer in general. Although a few health institutions provide psychological and addiction treatment, there are no

⁵⁷ Figure 6 shows respondents' perceptions of the services they offer which are not necessarily aligned with services as outlined in the Istanbul Convention.

⁵⁸ These issues are discussed in more detail under each specific service category in sections 4.3 to 4.9.

programmes for domestic violence perpetrators and sex offenders as defined by the Istanbul Convention.

- There is a general misunderstanding among respondents as to what is meant by “support through the legal process”, with several participants confusing such service with legal aid and representation, as well as to services provided to victims in general.

Institutions and organisations participating in the survey also offer a wide range of different detailed services, as presented in Figure 7 below. The definitions of what each activity entails as required by the Istanbul Convention were provided in the survey. Respondents were also allowed to select several among all possible options.

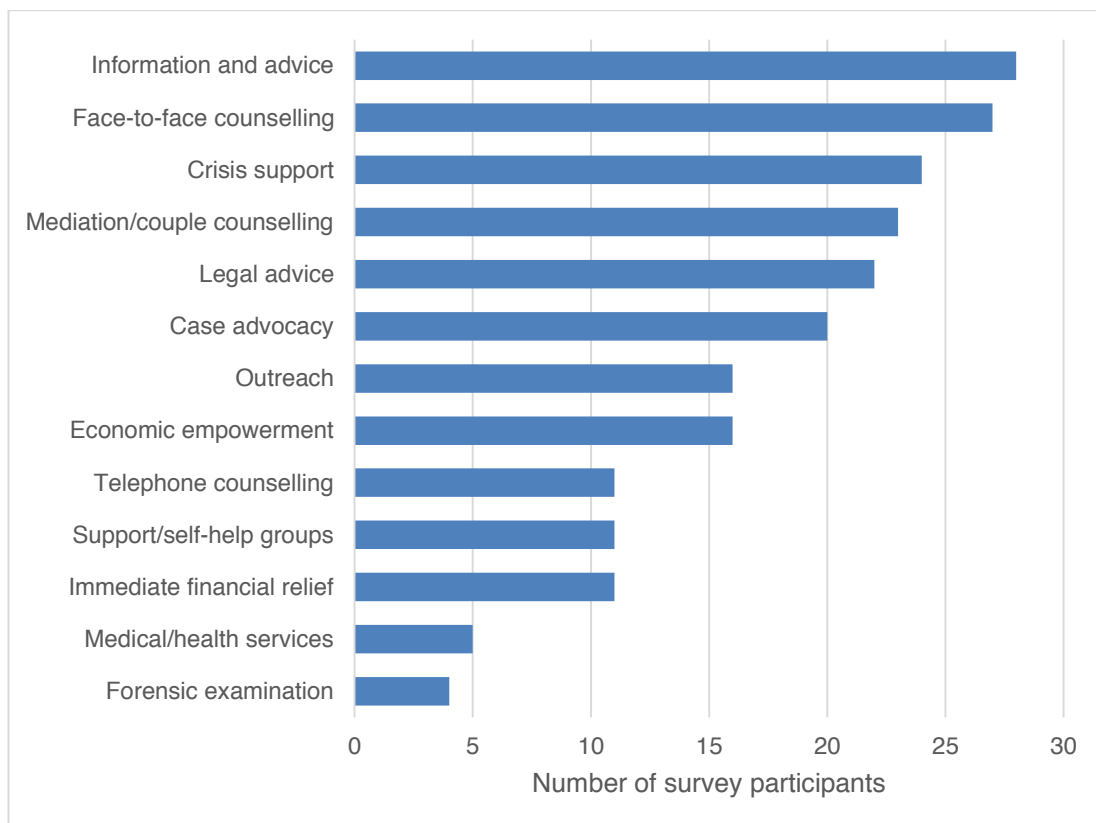


Figure 7: Which of the following form part of your direct services to victims (types of detailed services provided)?

Information and advice (53%) as well as face-to-face counselling (51%) are the most common forms of detailed service provision, with a little over half of all service providers fulfilling this function. Less than half of services are also focused on providing crisis support (45%), mediation/couple counselling (43%), and legal advice (42%). This is followed by case advocacy which was reported by 38% of participants. About one third services make outreach (30%) and economic empowerment services (30%) available to victims. Telephone counselling, immediate financial relief and support/self-help groups are all available in 21% of surveyed institutions and organisations. Finally, the types of support least provided are forensic examination (8%) and medical/health services (9%).

Figure 8 details the operating hours per each category of detailed services. In general, very few institutions provide these services 24/7.

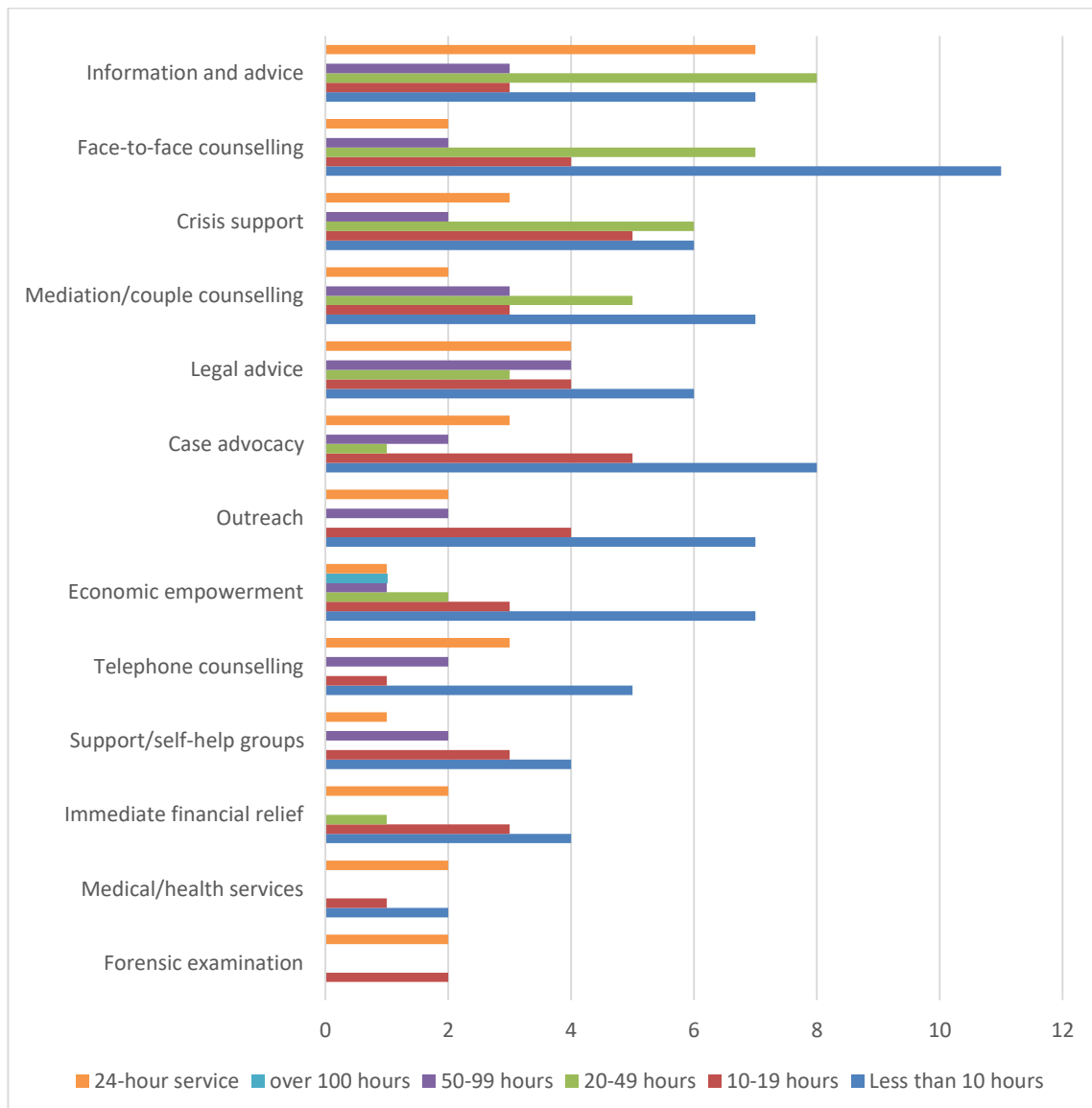


Figure 8: Weekly operating hours per category of detailed services

4.3. Shelters (Article 23 of the Istanbul Convention)

Women’s shelters in Kosovo* play a central role in the provision of specialised support to victims of violence against women, in particular domestic violence. Historically, women’s shelters were set-up in the late 1990s and early 2000s in order to support victims of conflict-related sexual violence. Gradually, and with the support of international donors, the shelters expanded their services to victims of other forms of violence, focusing for the most part on domestic violence. In 2008, the *Kosovo Shelter Coalition* was created with the aim to represent the interests of women’s shelters and improve standards and service provision. Today women’s shelters have become an integral part of the intervention system, and cover all seven regions in Kosovo*. In fact,

no government-run shelters focusing on women victims of violence exist in Kosovo* since *Law no.02/L-17 on Social and Family Services* allows for the possibility for the MLSW and municipalities to contract social and family services out to non-governmental organisations (Article 8).

Out of the nine existing NGO-run women's shelters in Kosovo*, seven participated in the survey. Five focus on women victims and their children, one provides services to girls and boys aged three to 18 (including boys over 12 years old who cannot stay in the other shelters), and one targets women victims of trafficking in human beings. With regard to their geographical location, the seven shelters cover the following regions, Priština/Prishtinë (three shelters), Prizrenit/ Prizren, Pejës/ Peć, Mitrovicës/Mitrovica, and Gjakovës/Đakovica.

The primary aim of a shelter is to rapidly secure physical safety from the perpetrator by providing immediate, preferably around-the-clock, access to safe accommodation. Combined, the seven shelters can accommodate a total of 110 persons⁵⁹. In case of emergency, two shelters can host an additional 14 persons. European minimum standards for shelters set the level of provision at one family place per 10,000 inhabitants⁶⁰. Despite not having data from the two women's shelters that did not participate in the survey, it is safe to assume that shelter provision in Kosovo* does not meet this minimum standard. In fact, Kosovo* would need to have 177 family places available in order to ensure satisfactory shelter provision⁶¹. According to participants, in 2016, a total of 240 women were accommodated in five shelters, and 170 children were accommodated in six shelters.

Kosovo*'s legislation does not establish a minimum or maximum accommodation period, it consequently depends on internal regulations. According to surveyed shelter operators the accommodation period ranges from 3 to 6 months to 7 to 12 months. In general, women and children cannot stay for an unlimited period of time, however one operator stated that on one occasion a woman was accommodated for four years shelter due to lack of options. The operator from the children's shelter further stated:

“The first placement is designed for six months; however, if at the end of six months, no strategy in place for the child to leave the place is available, the placement may be extended. There are cases where children stay in a shelter for years”

Overall, rejection numbers for both women and children due lack of space are low⁶². These results should however be interpreted with caution given Kosovo*'s very low reporting rates, as well as conciliatory attitudes on the part of public authorities and service providers which likely contribute to women not seeking help (for more on this, see Section 10). Furthermore, the lack of options for victims after their stay in a shelter was raised by several institutions in the survey and during interviews. The lack of economic opportunities and the failure of municipalities to develop social housing for sheltering women victims and their children, leave many women with no other option

⁵⁹ The term person is used here since respondents used terms such as “persons”, “children” (in the case of the children's shelter) and “beds”.

⁶⁰ Council of Europe (2008). *Combating violence against women: minimum standards for support services*. Strasbourg: Council of Europe, pp. 18. A family place is defined as an adult plus the average number of children within a State.

⁶¹ Calculated on the basis of the 2015 estimate (1,771,604 inhabitants) provided by the *Kosovo Agency of Statistics*.

⁶² In 2016, 13 women were turned down by two shelters and three children were not housed by one shelter.

than to go back to the perpetrator⁶³. This gap has been highlighted in particular by the UN Special Rapporteur on adequate housing⁶⁴. Promisingly, the NSPDVAP places an obligation on municipalities to allocate a certain number of social housing units to women victims and their children who have escaped violence. Whether this measure will be sufficient to meet victims' demand remains to be seen.

Whilst all women's shelters offer safe accommodation, many provide some combination of other services. The most common types of support provided by shelters include information and advice, face-to-face counselling, support and self-help groups, outreach, case advocacy economic empowerment, and legal advice⁶⁵. Less common were crisis support, telephone counselling, mediation and couple counselling, as well as the provision of medical or health services⁶⁶. Only one shelter declared the provision of immediate financial relief.

In terms of accessibility, all shelters reported that support is provided free of charge to all service users, in accordance with the standards of the Istanbul Convention. The following admission criteria were also reported: five shelters require that victim status be granted through formal procedures⁶⁷, one requires the approval of an identification commission, and another shelter limits access to geographic location. The children's shelter only accommodates low risk cases. Four shelters deny access to women with severe mental disorders. When asked about women with disabilities, five shelters declared they are accessible, one is not and one did not provide an answer. Although all six shelters providing services to women victims allow them to bring children with them, they also all restrict access to boys older than 12 years despite there being no legal obligation to do so. Regarding women with substance abuse problems, none of the shelters mentioned having any restrictions⁶⁸. Few restrictions to the rights of women staying in the shelters were also declared: three shelters limit women's freedom of movement, in order to safeguard their physical safety by requiring that they are accompanied by police or shelter employees when leaving the premises.

4.4. Telephone helplines (Article 24 of the Istanbul Convention)

Over the past two decades, Council of Europe member states have increasingly set-up telephone helplines that provide support and information on different forms of violence against women, including domestic violence. Today, the provision of at least one national women's helpline is considered to be the bare minimum for a country's intervention system.⁶⁹ Telephone helplines are particularly important in rural areas, and outside the operating hours of support services. Telephone helplines should also cover all forms of violence against women.

⁶³ Kosova Women's Network (2015). *No more Excuses. An Analysis of Attitudes, Incidence, and Institutional Responses to Domestic Violence in Kosovo*. Prishtinë/Priština.

⁶⁴ Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context on her mission to Serbia and Kosovo, 26 February 2016.

⁶⁵ Four shelters answered positively per each category of support.

⁶⁶ Two shelters answered positively per each category of support.

⁶⁷ One of this shelters offers services to women victims of trafficking against human beings. It is also very likely shelters had geographic location as a restriction in mind when answering this question since victims can approach shelters directly.

⁶⁸ Two shelters mentioned not having had any cases of women with drug/alcohol addiction problems, while the shelter specialising in trafficking mentioned that dependence on light drugs is tolerated.

⁶⁹ Council of Europe (2008). *Combating violence against women: minimum standards for support services*. Strasbourg: Council of Europe.

According to survey findings, 12 services operate helplines, out of which nine are specialist services. However, not all helplines fulfil the elements of the definition provided in the Istanbul Convention, which requires that such services operate 24/7, be free of charge, provide advice to callers, confidentially or with due regard for their anonymity, and cover all the territory. Most importantly, helplines must ensure integrated provision across all forms of violence against women covered by the Istanbul Convention, whether it is through one dedicated national helpline or through a set of helplines that specialise on specific forms⁷⁰.

In reality only one such helpline in Kosovo* fits this definition, albeit not in its entirety. Established in 2005, and functional since 2011 with support from the OSCE, a helpline⁷¹ (0800 11112) is operated by the VAAO under the State Prosecutor and provides free of charge, 24/7 assistance to victims of domestic violence and trafficking in human beings. Although no survey data was provided related to the type of services offered by the helpline, information provided by the VAAO mentions the provision of a confidential mechanism enabling victims and the public to report abuse, the provision of information on victim's rights and on existing support services, as well as referral to relevant services⁷². "Consultations" are also mentioned, although it is not clear what this service entails and whether it is of a legal, emotional or practical nature. Although originally set-up to target trafficking in human beings, domestic violence and sexual violence, the mandate of the helpline was extended (along with VAs) to cover all victims of crime⁷³ following the entry into force of the *Criminal Procedure Code no.04/L-213* in 2013. Nevertheless, according to survey answers the helpline devotes 80% of its time to domestic violence, 3% to sexual violence and rape, 3% to childhood sexual assault and 8% to trafficking in human beings. Crimes in the name of so-called "honour", forced marriage, and sexual harassment were also mentioned, however no percentage was indicated for these forms of violence. According to the helpline operator, in 2016, 90% of callers were women, 3% were girls, 5% were men and 2% were boys.

On average, an individual user contacts the helpline more than three times. From October 2011 to June 2014, the helpline received 1,105 calls related to domestic violence⁷⁴. The respondent estimated that 10% of calls received in 2016 were anonymous. When receiving a call for the first time, the helpline asks for personal details such as the caller's name, gender, nationality, municipality and telephone number. The information is then entered into an electronic database where it is safely stored. As reported, internal regulations oblige the helpline to share the caller's information with VAs who, in turn, and depending on the needs of the victim and the case, share personal information and the caller's location with police, prosecutors, courts, CSWs, and shelters.⁷⁵

⁷⁰ Some Council of Europe member states have opted for having a specialist telephone helpline that provides support and information on all forms of violence, while others have in addition set-up dedicated helplines for specific forms (for example, stalking, forced marriage and honour killings, and female genital mutilation national helplines in the United Kingdom).

⁷¹ Presently, the national helpline is fully funded by the government.

⁷² State Prosecutor (2004). *12 years serving victims of crime*. Bulletin no. 1 – year 2014.

⁷³ Ibid.

⁷⁴ Ibid.

⁷⁵ Please refer to Section 10 dealing with safety and confidentiality.

With regard to the Istanbul Convention's requirement in that helplines have a widely advertised public number, the helpline reported using the following media: website, television, radio, as well as street adverts. Although not indicated in the survey, leaflets with the number are also distributed. The helpline is also widely advertised during Crime Victims' Rights Week, which is organised in October of every year by the VAAO⁷⁶.

Looking closer at survey data as well as information obtained through a desk review, some gaps emerge with respect to the requirements of the Istanbul Convention. The representative of the helpline responded that services are offered throughout the territory of Kosovo*. Yet, as noted in the NSPDVAP, the northern part of Kosovo* remains uncovered. In order to remedy this, the NSPDVAP seeks to address linguistic gaps by increasing the number of Serbian-speaking operators, as well as operators speaking languages of other minorities living in Kosovo*, and extending it to all the territory (measure 2.3.3, under Strategic Objective 2 – Protection and Co-ordination). Survey findings also show that helpline staff, which are all female, have been specially trained to work directly with victims of violence against women. Although this is certainly a good sign, it is difficult to ascertain from survey responses to what extent the helpline operates from a gender-based understanding of violence, and what specialised support is provided for each form of violence against women mentioned by the respondent⁷⁷. Given the extension of the helpline in 2013 to cover all victims of crime, it is also not clear whether the focus is on providing information and support in relation to legal measures and services available to women, or whether operators are also capable of providing emotional support and crisis counselling based on the complex needs of women calling the service. Another gap identified concerns the helpline's inability to mask calls in caller's phone records. Ensuring that calls are untraceable is key to safeguarding the victims' safety, in particular in cases of domestic violence. Many perpetrators regularly monitor victim's activities by looking at phone records. As such, the victim could risk being exposed to retaliation if the perpetrator discovers that she has tried to seek help or report abuse.

4.5. Support for victims of sexual violence (Article 25 of the Istanbul Convention)

Sexual violence, including rape⁷⁸ can have particularly harmful, devastating and long-lasting physical and emotional consequences on victims. For many women in Kosovo*, talking about sexual violence is still largely considered a taboo and victims often experience victim-blaming attitudes from their families, communities, and even institutions meant to provide them with protection and support⁷⁹. As noted in a recent

⁷⁶ For more information, see Section 12.

⁷⁷ The helpline did not respond to the request for a follow-up interview.

⁷⁸ Article 36, paragraph 1 of the Istanbul Convention defines sexual violence, including rape as: "a) engaging in non-consensual vaginal, anal or oral penetration of a sexual nature of the body of another person with any bodily part or object; b) engaging in other non-consensual acts of a sexual nature with a person; causing another person to engage in non-consensual acts of a sexual nature with a third person. Paragraph 2 further stipulates that "consent must be given voluntarily as the result of the person's free will assessed in the context of the surrounding circumstances". Article 36 also requires that such acts be recognised by internal law when committed against former or current spouses or partners.

⁷⁹ Ministry of Justice (2015). *Evaluation report of the Kosovo Program against Domestic Violence and Action Plan 2011-2014*. Prishtinë/Priština, pp. 33.

Council of Europe Commissioner for Human Rights Memorandum, “perceived, or actual community attitudes towards victims of sexual violence have led to several deaths by suicide, while some have died from domestic violence, in incidents that are considered to be honour crimes”⁸⁰. As a result, receiving competent and sensitive care from support services that is tailored to their specific needs, can contribute greatly to the overall healing of victims. Effective collection of evidence is also crucial to successfully prosecuting perpetrators.

The Istanbul Convention requires States Parties to set-up easily accessible rape crisis centres (RCCs) or sexual violence referral centres (SVRCs) for victims in sufficient numbers. There are some differences between the two types of centres⁸¹.

Rape crisis centres	Sexual violence referral centres
<ul style="list-style-type: none"> ▪ respond to recent and historic sexual assault and provide support as long as needed; ▪ provide long-term victim-based support, including advocacy; ▪ work on awareness-raising and prevention in their communities; ▪ typically provide some combination of telephone helpline, face-to-face counselling, support groups, accompaniment to court, advocacy with statutory agencies; ▪ work with a gender and empowerment based approach; ▪ provide a safe, women-only space free from male violence; ▪ work with victims who may choose or not to report to police; ▪ may provide a holistic service by also involving victim’s family members, partners and other supporters; ▪ have staff specially trained to work with sexual violence victims. 	<ul style="list-style-type: none"> ▪ aim at improving forensic response to victims of sexual violence, including rape; ▪ are usually based in hospital settings; ▪ work with victims who have been recently assaulted; ▪ may provide short-term counselling, advocacy and case tracking; ▪ refer to other specialised support services; ▪ offer some combination of crisis intervention with respect to recent sexual violence, forensic medical examinations, and immediate medical care and follow-up tests; ▪ offer telephone support; ▪ work with those who do not wish to be examined and require support or other medical tests only; ▪ in case the victim is unsure about reporting, can store evidence for subsequent legal proceedings; ▪ have staff that are specially trained to work with sexual violence victims.

Given that they serve different purposes, ideally both types of centres should be set-up. However, some Council of Europe member states have opted for services that offer a combination of both. Minimum European standards set the level of provision at one RCC per 200,000 women, and one SVRC per 400,000 women. Based on survey data collected, none of the respondents can be classified as RCCs or SVRCs, since

⁸⁰ Council of Europe Commissioner for Human Rights (2017). Memorandum following the Commissioner’s mission to Kosovo* from 5 to 9 February 2017, page 2.

⁸¹ Information taken from: Explanatory Report of the Istanbul Convention (paragraphs 138-142); Final activity report of the Council of Europe Task Force to Combat Violence Against Women (2008), pp. 53-54; Council of Europe (2008). *Combating violence against women: minimum standards for support services*, pp.13. 19, 50-51; Not either/or but both/and: Why we need Rape Crisis Centres and Sexual Assault Referral Centres: https://www.sericc.org.uk/pdfs/4445_rapecrisissarc.pdf.

none specialise exclusively on such victims and respond to their unique needs⁸².

Despite being provided with the Istanbul Convention's definition of both such centres in the questionnaire, 70% of service providers defined themselves as providing services for victims of sexual violence⁸³. Out of the 20 specialist services participating in the survey, 14 mentioned supporting victims of sexual violence. This was also the case for 22 out of 27 general services. One organisation out of the six categorised as "other", also reported such provision⁸⁴.

As mentioned earlier, respondents might not have an accurate understanding of all the requirements of the definition of RCCs and SVRCs, and might have referred to services they provide to victims in general such as counselling, psychosocial treatment, empowerment, and referral. This is evidenced by the fact that percentages of direct work with sexual violence victims provided by respondents range between 1% and 30%, showing a low degree of specialisation in this form of violence. The only service provider that gave 50-70% as a response is in fact a non-specialist NGO that works with victims of torture. Furthermore, in line with Kosovo*'s general approach to violence, the majority of support services focus on victims of domestic violence. Such an approach can leave out women who have been subjected to sexual violence at the hands of friends, acquaintances, neighbours, colleagues or strangers, for example, and who as a result may not be able to access specialist services.

Despite the fact that *strictu sensu* no RCCs or SVRCs exist in Kosovo*, and that data was incomplete or inconsistent, it is still interesting to look at respondents' answers.

The survey asked service providers to estimate the proportion of service users attending for sexual violence that is recent/current (in the past year), historic (more than a year ago) or war/conflict related. From the results obtained, only one⁸⁵ of the respondents understood the question as focusing exclusively on sexual violence victims. As a result, all the other respondents provided percentages with regard to all victims they work with. In any case, responses indicate that the proportion of sexual violence victims approaching support services is low. In the case of services provided to victims of recent/current (in the past year) sexual violence, responses ranged from 0% to 10%, with 16 services not providing a response. Percentages for historic (more than a year ago) cases ranged from 0% to 20%, with 23 services not responding. Whereas in the case of war or conflict-related sexual abuse, only one institution provided a percentage (3%), another mentioned "no such cases", five did not have any data and 30 did not respond to the question.

Forensic medical examinations of victims of sexual violence in Kosovo* are only performed by the Institute of Forensic Medicine at the request from investigation and judicial authorities. The Institute is also able to perform such examinations on disabled

⁸² This is line with findings from the WAVE report 2015.

⁸³ 37 out of 53 surveyed services responded "Yes", 12 respondents stated "No" and four did not reply to the question.

⁸⁴ The breakdown by type of institutions/organisations that responded affirmatively includes: 16 CSWs; two institutions providing forensic medical services (the Institute of Forensic Medicine and the Kosovo Forensic Psychiatric Institute); four health institutions (two centres for mental health, one regional hospital, and one emergency unit); five shelters; four VAs; four police DVIUs; one women's NGO; and an NGO focusing on victims of torture.

⁸⁵ One service mentioned 100% of cases of sexual violence were of recent/current nature.

women. In line with good practice, victims are asked to complete and sign a consent form before any exams are performed. It is however concerning that forensic practitioners within the service are not specially trained in sexual offences examinations, which can result in the secondary victimisation of the victim, as well as the inadequate collection of evidence. The fact that only one institution is able to perform forensic examinations in Kosovo* and that victims cannot access its services directly reveals a significant gap in the provision of support to victims of sexual violence.

If a victim of sexual violence needs medical care, seven service providers declared having the capacity to treat injuries, while twelve also provide documentation of injuries. Given that only one regional hospital and one Main Family Medical Centre participated in the survey, and that many services who responded in reality only refer victims to other competent services, data is insufficient to assess service provision. Both regional hospitals in Kosovo* and Main Family Medicine Centres have the capacity to treat injuries and provide documentation that can be used as evidence in courts.

In terms of accessibility (see Figure 9), 24 out of 37 support services who reported providing services to victims of sexual violence are available to victims who do not wish to undergo a forensic medical examination. Previous reporting to the police is also not necessary to access 21 service providers. Any restrictions posed by the services run contrary to the Istanbul Convention which establishes that support services should be made available regardless of the victim’s willingness to report violence (Art.18(4)).

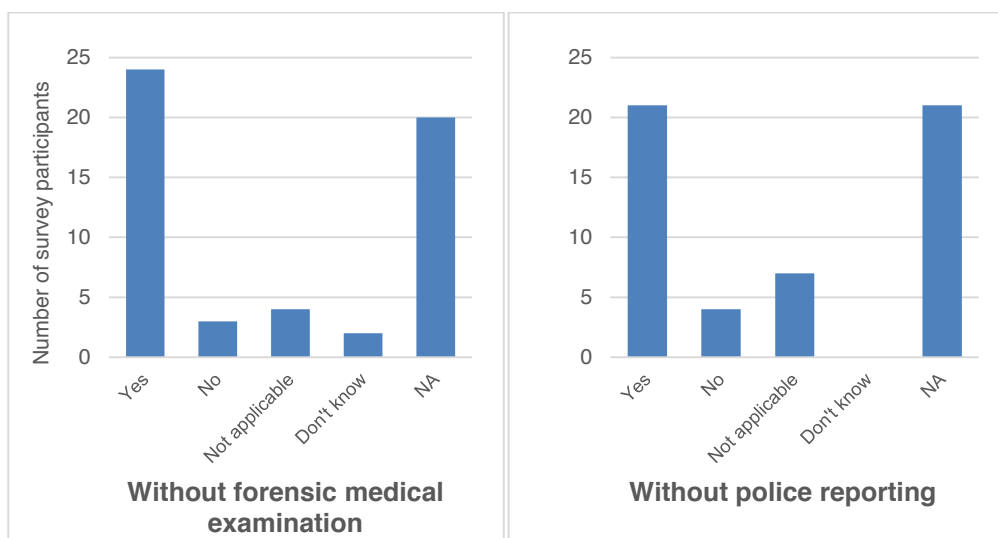


Figure 9: Access to victims who do not wish to undergo a forensic medical examination or report to the police

4.6. Support for child witnesses (Article 26 of the Istanbul Convention)

While it is important to recognise that most victims of violence against women, including domestic violence, are women, it is equally important to recognise the impact that such violence can have on children⁸⁶. In some cases, the violence is directed at both, women and children. In other cases, children are not targeted themselves but witness violence against their mothers, carers or relatives. Support services must be equipped to deal with children witnesses of all forms of violence: it is not enough to offer them a place to stay or ensure their physical safety. Rather, specialist, supportive and psychosocial measures that are age-appropriate and take into account the best interest of the child, also need to be made available (Art. 26, Istanbul Convention, paragraph 2).

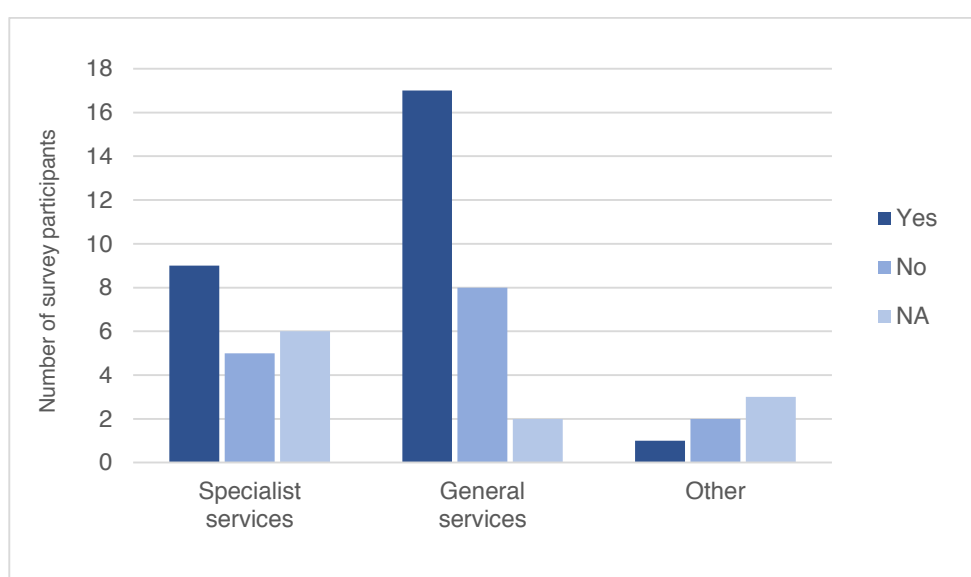


Figure 10: Does your service include support for child witnesses of violence against women?⁸⁷

Overall, 51% of all survey respondents indicated that they provide support to child witnesses⁸⁸ (see Figure 10). A small fraction of specialists provide such support: three are shelters, four are police DVIUs, one is a VA and one is a women’s NGO. Additional details provided by survey participants show however that the question might not have been understood by all respondents. For example, three of the specialist police DVIUs interpreted provision of support for child witnesses as strictly guaranteeing the child’s personal safety and providing other police services rather than any specialist psychosocial support. From general services, 17 CSWs provide such support child witnesses either directly through therapists working at the centres, or by referring child witnesses to other institutions such as shelters. Regarding the six institutions categorised in this study as “other”, only one (an ORHGE) responded that they provide

⁸⁶UNICEF (2006). *Behind closed doors: The impact of domestic violence on children*.

⁸⁷ Figure 8 represents survey participants’ responses and does not reflect actual provision of support for child witnesses as defined by the Istanbul Convention.

⁸⁸ “The term “child witnesses” refers not only to children who are present during the violence and actively witness it, but to those who are exposed to screams and other sounds of violence while hiding close by or who are exposed to the long-term consequences of such violence” (Explanatory Report of the Istanbul Convention, paragraph 144).

support to children who witness violence. In this case too, the institution only ensures referral to other services.

When asked to describe the types of support provided, psychosocial and emotional support as well as counselling were most commonly mentioned (16 service providers, two of which mentioned that such support is age-appropriate). As one shelter representative explained:

“The aim is to help cut stress for children being witnesses to violence, with such stress being present during the crisis, as well as enhance a child's capacity for coping with the actual situation.”

Two representatives of CSWs elaborated further:

“Children, who have been witnesses to violence, are removed from the location where they have been staying, and are accommodated in safe places; counselling is offered by the case manager, and if relevant, a therapist is involved, whose work is to provide training to, and ensure rehabilitation of a child from the consequences of violence.”

“In the Centre, the work is built on a multidisciplinary approach; hence, psychological support to a child, who has been a witness to violence, is also provided by the social worker, the therapist, the teacher, and if relevant, also by the lawyer.”

Regarding other types of support, two respondents also mentioned the provision of assistance to children in police stations and in courts, and one mentioned support during testimony. Finally, recreational activities, support for continued education and the appointment of a Legal Custodian to represent the legal interests of the child were indicated by one respondent each.

Although no specific question was included on the Istanbul Convention's requirement that the rights and needs of child witnesses be taken fully into account in the provision of protection and support services to victims (Art. 26, paragraph 1), the following general obligation exists for governmental and non-governmental organisations delivering social and family services: “in all matters concerning the provision of services to children and to families the best interest of the child shall be the first and paramount consideration” (Art. 9, Law no.02/L-17 on Social and Family Services). Moreover, the NSPDVAP recognises that “even if a child is not physically harmed, violence leaves deep scars and they may have problems of emotional nature determining their behaviour in the future” and refers to Article 26 of the Istanbul Convention. As a result, a specific measure has been included requiring the “enhancement of services for children witnesses of domestic violence” and allocating government funding for the establishment of such services by municipalities and NGOs. Although this is certainly a step in the right direction, the government's and service provider's focus on domestic violence⁸⁹, is indicative of a potential gap with regard to support provided to child witnesses of other forms of violence against women that fall outside the remit of domestic violence.

⁸⁹ See Section 5 focusing on the coverage of different forms of violence against women.

4.7. Counselling/crisis centres

Counselling centres are non-residential⁹⁰ services that provide day support, including information, advice, counselling and practical support, to women victims of violence and their children. These include intervention centres providing practical and emotional help to women in the community. Many counselling centres also provide proactive support and outreach to women who have limited access to services. In some cases, counselling centres operate as stand-alone services, while in others such services can be provided by women’s shelters.

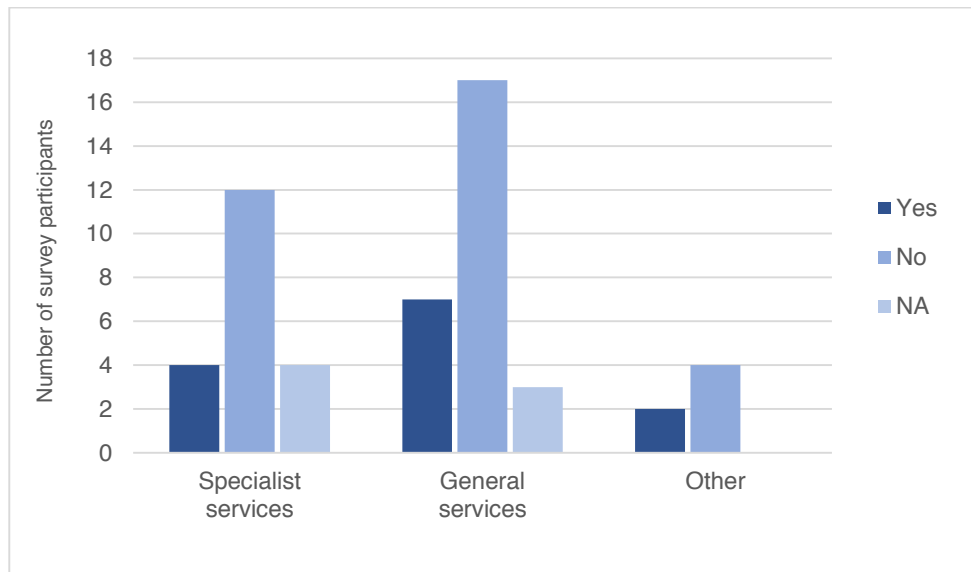


Figure 11: Does your service include a counselling/crisis centre?⁹¹

In total, 13 organisations (25%) replied that their service includes a counselling/crisis centre. Among these service providers, four are specialist, seven are general, and two belong to the category “other”⁹². If we take into consideration the Istanbul Convention’s requirements that support provided to victims must be specialised, based on a gender-based understanding of violence, with specially trained staff that are equipped to address the specific needs of all forms of violence against women, the number is in reality much lower. Among specialist services, only one organisation, a women’s NGO, fits the description of stand-alone counselling/crisis centre. Two women’s shelters also provide such services to women who do not stay at their shelters. Only one VA of all five participating in the survey indicated they operate as a counselling/crisis centre. Given that not all VAs participated to the survey and of those that did only one provided data, it is not possible to ascertain whether this practice is generalised across all VAs.

Seven CSWs were included among general services stating that their service includes a counselling centre. Despite their usefulness to victims of violence against women, they do

⁹⁰ The term “non-residential” refers to support provided to women and their children who are not in shelter accommodation.

⁹¹ Figure 8 represents survey participants’ responses and does not reflect actual provision of support for child witnesses as defined by the Istanbul Convention.

⁹² One NGO focusing on victims of torture and one OHRGE were counted among “other”.

not fulfil the specialisation criteria due to the fact that they are general services available to the general public.

Given Kosovo*'s very low number of non-residential counselling centres covering all forms of violence against women, it is safe to say that the Istanbul Convention's requirement that such services be sufficiently spread throughout the territory is not fulfilled (Article 22, Istanbul Convention). Ideally, there should be a minimum of one specialist counselling centre focusing on all forms of violence in every regional city and one per every 50,000 women⁹³. For Kosovo* this represents a total of 17 counselling centres⁹⁴. Moreover, it is important that such services and their staff be capable to address the different types of violence against women that occur outside the realm of domestic violence. Counselling centres should also be able to provide short- and long-term support to victims.

4.8. Perpetrator programmes (Article 16 of the Istanbul Convention)

Although a wide range of approaches exist in terms of scope, time duration and intensity, perpetrator programmes commonly focus on helping perpetrators change their abusive behaviour with the aim to avoid recidivism and protect victims. The Istanbul Convention requires that two specific types of perpetrator programmes be set-up: those targeting domestic violence perpetrators (Art. 16, paragraph 1) and those designed for sex offenders (Art. 16, paragraph 2)⁹⁵. Regardless of whether participation is mandatory or voluntary, such programmes should not be regarded as an alternative, but rather a supplement to effective, proportionate and dissuasive legal sanctions (Art. 45, Istanbul Convention).

Articles 4 and 9 of the LPDV 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 law⁹⁶. The measures have been further regulated through Administrative Instructions (AIs) no.12/2012 and no. 02/2013⁹⁷. According to the current framework in place, civil court judges may impose alcohol and substance abuse treatment for up to two years, and treatment is to be 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). Psycho-social treatment lasts up to six months, and is provided by licenced professionals in health and social institutions as well as NGOs, with the exception of perpetrators with a history or psychotic diagnosis who must be treated in health institutions.

According to the evaluation of the 2011-2014 Programme, the implementation of these sub-legal acts at central and local level has been limited, with few perpetrators

⁹³ Council of Europe (2008). *Combating violence against women: minimum standards for support services*. Strasbourg: Council of Europe.

⁹⁴ Calculated on the total number of women estimated in 2015 (869,612). Kosovo Agency of Statistics (2016). *Women and Men in Kosovo*. Prishtinë/Priština.

⁹⁵ For detailed information on the obligations contained in Article 16 of the Istanbul Convention, please refer to: Hester, M. and Lilley, S-J (2014). *Domestic and sexual violence perpetrator programmes: Article 16 of the Istanbul Convention. A collection of papers on the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence*. Strasbourg: Council of Europe.

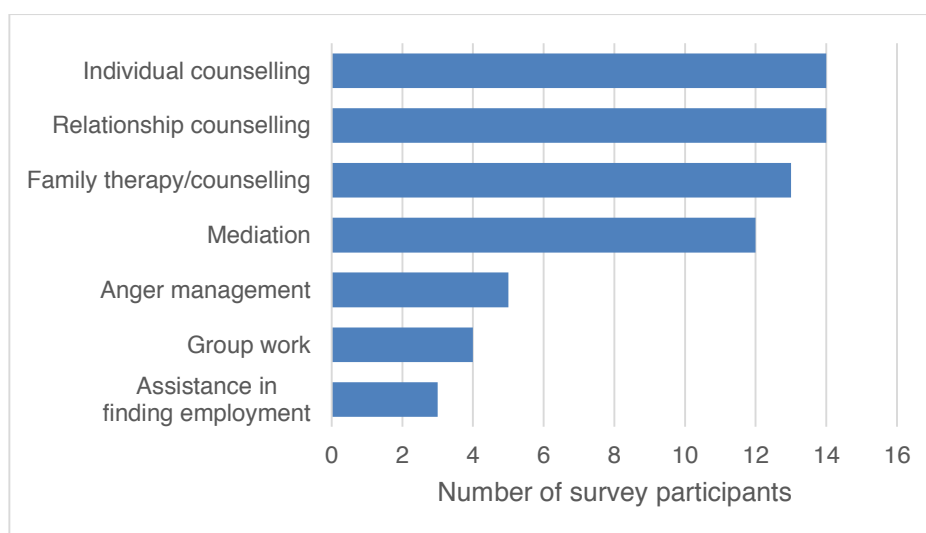
⁹⁶ See Section 1.4 for more on protective measures foreseen in the LPDV.

⁹⁷ Administrative Instruction no. 12/2012 in determining the place and ways of psychosocial treatment for perpetrators of domestic violence, and Administrative Instruction no. 02/2013 on treatment methods for perpetrators of domestic violence against which there is imposed the measure for mandatory medical treatment for alcoholism and addiction to psychotropic substances.

receiving treatment due to “a complete lack of infrastructure”⁹⁸. Due to this unavailability of programmes, judges rarely prescribe this protective measure⁹⁹. Most importantly, the LPDV and sub-legal acts have been criticised for their focus on substance addiction and psychological disorders as root causes of domestic violence, rather than addressing gender dynamics and challenging male perpetrators’ perception of entitlement to control and dominate their partners¹⁰⁰.

This study’s findings resonate with the gaps highlighted by the above-mentioned evaluation. Although 15 service providers (28%) stated that they offer perpetrator programmes for domestic violence¹⁰¹, participants mainly referred to work they undertake with perpetrators as part of their general services. Among those declaring working with perpetrators, 11 are CSWs, two are Mental Health Centres, and one is the KFPI. Only one specialised service, a women’s shelter, also reported doing so. No evidence was however provided of perpetrator programmes with clear curricula, guidelines, protocols and standards. As a result, it is safe to assume that perpetrator programmes, as defined by the Istanbul Convention, do not exist in Kosovo*. Still, survey and interview findings need to be discussed as they shed light on how support services engage with perpetrators.

Referral of perpetrators to work with support services is court-mandated for the KFPI, while it is voluntary in the case of the shelter. For 12 government-run service providers, referral is both court-mandated and voluntary. Moreover, 13 participants also reported that there are referral protocols in place for working with perpetrators and mentioned the following instruments: the LPDV, Administrative Instructions no. 12/2012 and no.02/2013, the Criminal Procedure Code, and general protocols for social services. Work with perpetrators involves mainly domestic violence: none of the participants mentioned perpetrator work designed specifically to treat sex offenders. There is no legislation or specific standards on intervention or treatment programmes for sex offenders in Kosovo*.



⁹⁸ Ministry of Justice (2015). *Evaluation report of the Kosovo Program against Domestic Violence and Action Plan 2011-2014*. Prishtinë/Priština, pp.17.

⁹⁹ Ibid.

¹⁰⁰ Kosova Women’s Network (2015). *No more Excuses. An Analysis of Attitudes, Incidence, and Institutional Responses to Domestic Violence in Kosovo*. Prishtinë/Priština.

¹⁰¹ 27 service providers (51%) reported that they do not provide perpetrator programmes, and 11 service providers (21%) did not provide an answer.

Figure 12: What services do you offer to perpetrators of violence against women?

Figure 12 above, provides information on the types of services that are offered to perpetrators. Support is for the most part provided on an individual basis (14 services), with only four institutions providing group support. Respondents' answers also show that there is a clear focus on relationship counselling and family therapy/counselling, with 14 and 13 services providing such support respectively. Mediation is also offered by 12 services, including the women's shelter. The least common form of support is anger management, group work and assistance in finding employment. Only the women's shelter provided a description which would be more in line with the type of support that is envisioned by perpetrator programmes, by stating perpetrators are encouraged to change their attitudes and behaviours, as well, as claim responsibility for their actions, and by helping them control their reactions toward women¹⁰².

The majority of participants declaring they work with perpetrators (12 out of 15), also reported that they work with victims and perpetrators together. In fact, according to Administrative Instructions (AIs) no. 12/2012 and no.02/2013 (Art. 8(9) and Art 6.(5)), if the victim agrees, they may be involved and cooperate in both the perpetrator's psychosocial and addiction treatment. The modalities of this cooperation and involvement are however not explained in the AIs. In their explanation on how perpetrators and victims work together, four CSWs¹⁰³ mentioned that they provide mediation or counselling services with a view to restore family relations. Two other CSWs mentioned mediation and group work, but without a reference to family reconciliation. Three institutions (two CSWs and the KFPI) mentioned counselling and psycho-social treatment, but it is not clear from their answers whether these are joint sessions. The KFPI further stated that information on the perpetrator's treatment is provided to the victim, along with short-term counselling. One CSW specified that they work with the victim and perpetrator together if divorce and/or child custody proceedings have been initiated, or if a protection order has been issued, while another CSW mentioned that discussions may be held with both parties in order to determine whether the family is affected by domestic violence. Finally, although initially declaring that they do not work with victim and perpetrator together, the women's shelter operator mentioned that meetings are organised between the victim and the perpetrator in the shelter's premises or in another location selected by the perpetrator, as part of their mediation and relationship counselling activities.

It is important to highlight that none of the services mentioned working with victims and perpetrators together in order to maximize the victim's safety, at least not in the context of intervention and treatment work with perpetrators. Despite that six interviewees mentioned cooperating with specialist support services in the running of perpetrator programmes (as required by Article 16, paragraph 3 of the Istanbul Convention), their answers did not provide more insight as to the aim and modalities of such co-operation.

With the aim of addressing provision gaps highlighted by the evaluation of the 2011-2014 Programme, the NSPDVAP recognises the need for rehabilitating perpetrators of domestic violence and defines as a specific objective the establishment of rehabilitation institutions and counselling centres that provide mandatory programmes

¹⁰² Explanatory Report of the Istanbul Convention, paragraph 104.

¹⁰³ Two more CSWs that had not responded to the question on whether they provide perpetrator programmes also mentioned that they mediate in order to restore family relations.

for perpetrators of domestic violence¹⁰⁴. Such a development is welcomed, as it provides the opportunity to align standards with the Istanbul Convention, as well as best practice in this field considering that currently there are no domestic violence perpetrator programmes in Kosovo* as defined by the treaty¹⁰⁵. In addition, Kosovo* authorities should foresee the setting-up of intervention and treatment programmes for convicted sex offenders, both outside and inside prison. Most importantly, programmes need to go beyond treating perpetrators for psychological or addiction problems, and ensure specific individual and group activities that explore with perpetrators the consequences of their abusive behaviour in terms of its impact on victims, aim to increase empathy, accountability and motivation to change, and challenge gender stereotypes and hostile attitudes towards women.

4.9. Support through the legal process (Articles 55 and 56 of the Istanbul Convention)

Support through the legal process involves victim organisations, specifically trained domestic violence counsellors or other types of support/advocacy services who may assist and support victims during investigations and judicial proceedings. The aim is to empower victims and to encourage them to go through criminal proceedings. This type of service is not of a legal, but a practical/psychological nature. It includes psychologically/emotionally preparing victims to endure testifying in front of the accused, accompanying victims to court and/or assisting them in any other practical and emotional way.

Out of 53 participants, 30 services (57%) reported that they provide support through the legal process. From these 30 organisations, 12 are specialist support services, 16 are general, while two belong to the category “other”. Judging from participants’ responses, there seems to be some confusion with regard to this specific type of support. Some respondents, namely those located within the legal system, confused support through the legal process as constituting legal aid and/or legal representation and support¹⁰⁶. Others, for example, referred to types of services provided to victims in general, such as financial support or reintegration. Consequently, these results might not reflect actual service provision of support through the legal process.

Eleven out of 30 service providers mentioned that referral to their service is voluntary while for 18 it is mandatory. However, due to misunderstandings explained above, some answers most likely refer to referral in general and not specifically for the provision of assistance through the legal process.

Among general services, some CSWs declared providing emotional support, psycho-social support, counselling, and guidance, while several referred to their services in general¹⁰⁷. A few also mentioned taking part in police interviews, and accompanying victims to courts or other institutions. One health institution and one forensic institution

¹⁰⁴ Strategic objective 4.4.

¹⁰⁵ For specific guidance on the implementation of Article 16 please see: Hester, M. and Lilley, S-J (2014). *Domestic and sexual violence perpetrator programmes: Article 16 of the Istanbul Convention. A collection of papers on the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence*. Strasbourg: Council of Europe, pp. 16.

¹⁰⁶ As with all other forms of support examined by the questionnaire, a definition of support through the legal process was provided to participants.

¹⁰⁷ A total of 14 CSWs claimed they provide support though the legal process.

also answered positively, although in reality they do not provide support through the legal process at all. Such responses again hint at a misunderstanding of what constitutes legal process support.

Among the 12 specialist services, all five VAs as well as the helpline that participated in the survey responded that they support victims through the legal process. Moreover, in their description of what this support entails, all five VAs mentioned the provision of legal advice and support, while two additionally declared accompanying victims to court, police offices and prosecutor's office. As explained in Section 1.5, VAs play a key role in advocating for victim's rights and needs. VAs support all victims of crime, but deal primarily with victims of domestic violence, sexual violence and trafficking in human beings¹⁰⁸. In line with Article 56 (1.e) of the Istanbul Convention, the primary aim of VAs is to assist victims in securing rights, remedies and support services, as well as ensuring that their interests are considered during investigation and criminal court proceedings¹⁰⁹. VAs not only offer legal representation¹¹⁰, but in cases where the victim is "unfamiliar with the court system and process" they have the duty to inform the victim of her rights and "(educate) the victim about court procedures and (communicate) the court's requirements to the victim"¹¹¹. VAs may also accompany the victim to police offices and the prosecutor's office, and are required to participate in all court sessions. According to VA SOPs, additional services provided by the VAs may include the provision of crisis counselling and emotional support which can be provided on an on-going basis¹¹². On the basis of this information, VAs seem to fit the closest the description of support through the legal process as required by the Istanbul Convention. However, no VAs mentioned the provision of psychological/emotional support in order to help victims be prepared for and cope with investigation and judicial proceedings. This suggests that the provision of emotional support depends on individual VAs. Preparation of the victim to go through trial proceedings or testify before the perpetrator in court was also not indicated.

In relation to police DVIUs, it should be noted that although some police officers might be equipped to provide emotional support, this is usually limited to the context of the provision of police services¹¹³. The accompaniment of victims to courts is also limited to ensuring their physical safety. Police units in general do not fulfil the role of preparing the victim to withstand trial or testify before court.

Among three women's shelters and one women's NGOs that provide such support, only one women's shelter mentioned that in the absence of a lawyer, a psychosocial counsellor accompanies the victim to court. Nevertheless, it is confirmed that NGOs do provide psychological support and victim accompaniment to court, and provide legal support in the absence of lawyers and victim advocates.

On the basis of survey and interview responses, it is unfortunately not possible to say with certainty how many survey participants provide support through the legal process, as defined in the Istanbul Convention. In any case, data shows that such function is

¹⁰⁸ Standard Operation Procedures for Victim Protection and Assistance Office Articles 13, 14 and 15.

¹⁰⁹ Ibid, 2013.

¹¹⁰ Under the SOPs for domestic violence, VAs are obliged to provide advice on the initiation of procedures and the issuance of protection measures, and supports them in filing a request for a protection order. During criminal proceedings, VAs are the attorney for the victim as the injured party.

¹¹¹ Standard Operation Procedures for Victim Protection and Assistance Office (2013), Article 22(5).

¹¹² Ibid, Article 28.

¹¹³ Information provided by the national experts participating in this study.

not fulfilled by one specific institution or organisation. Rather, victims may rely on different service providers, namely VAs, NGOs and CSWs, which provide different types of support through the legal process. Respondents' lack of understanding regarding what this type of support entails and the focus on legal rather than emotional/psychological aspects could be indicative of a gap in provision. In order to fulfil the requirements of the Istanbul Convention, clear obligations should be set for relevant service providers, enabling as such victims of all forms of violence against women to access more comprehensive assistance during investigation and court proceedings.

5. Approach to violence against women (Article 3 of the Istanbul Convention)

Violence against women is an umbrella term for “all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”¹¹⁴. It constitutes a violation of human rights and a form of discrimination against women¹¹⁵. According to the Istanbul Convention, such acts may cover, but are not limited to, domestic violence, psychological violence, physical violence, sexual violence, including rape, stalking, sexual harassment, forced marriage, female genital mutilation, forced abortion and forced sterilisation and crimes in the name of so-called “honour”.

As depicted in Figure 13¹¹⁶, the overwhelming majority of participants are focused on providing direct services to victims of domestic violence (91%), followed by rape/sexual assault (77%), trafficking in human beings (72%), childhood sexual abuse (70%) and sexual harassment (68%). Around half of service providers also work with victims of forced marriage (57%) and stalking (49%). The forms of violence least covered by service providers include crimes in the name of so-called “honour” (30%), forced abortion and sterilisation (21%) and female genital mutilation (11%). A total of 19% also mentioned working with other forms of violence such as economic violence, psychological violence, deprivation of liberty, restriction of freedom of movement, obligation to work, incest, expulsion, and not meeting a spouse's basic needs.

¹¹⁴ Article 3(a), Istanbul Convention

¹¹⁵ Ibid.

¹¹⁶ The Istanbul Convention's definitions of all these forms of violence were included in the survey questionnaire.

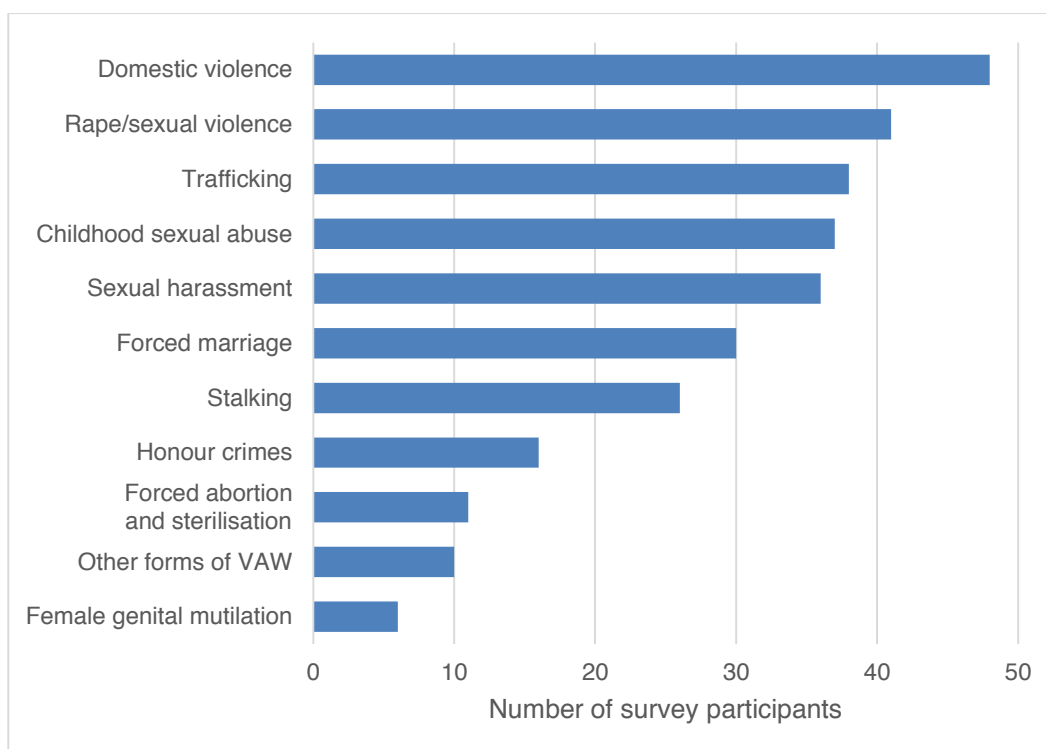


Figure 13: Which forms of violence against women does your direct service work with?

At first glance, these results show that all forms of violence against women as covered by the Istanbul Convention are addressed, albeit to varying degrees. Nevertheless, looking at the proportion dedicated to each form of violence paints a very different picture. Detailed information on the number of service providers and the estimation of what percentage of their work is dedicated to each form of violence against women is presented in Table 3:

Forms of violence against women	Total number of service providers	Proportion of work											Depending on the case/need
		≤ 5%	≤ 10%	≤ 20%	≤ 30%	40%	50%	≤ 60%	70%	80%	90%	100%	
Domestic violence	38	1			5	2	3	4	3	11	5	2	2
Rape/sexual vssault	29	15	6	3	2				1	1			1
Child sexual abuse	20	16	2	1									1
Stalking	16	13	1	1				1					
Crimes in the name of "honour"	6	5	1										
Female Genital Mutilation	3	3											
Forced marriage	15	12	1	1									1
Sexual harassment	20	15	2	1				1					1
Trafficking	24	10	7	4	2							1	
Forced abortion and sterilisation	5	3	1	1									

Table 3: Please estimate the proportion of your direct work with victims that is devoted to each form of violence against women

Figures show that service providers devote the largest amount of their work to domestic violence, with a total of 18 participants estimating the proportion of work between 80% and 100%. Percentages for all other forms of violence are much lower, ranging for the most part between 30% and 0%.

Despite the fact that between 77% and 68% of participants mentioned addressing rape/sexual assault, child abuse and sexual harassment, the proportion of work allocated to each is low, with most respondents devoting less than 5% of direct work on these forms. In the case of rape/sexual assault, the organisation declaring 80% also provided the same percentage for domestic violence, which could very well mean that the service supports domestic violence victims who have been sexually abused. The organisation estimating the proportion of work at 70%, is an organisation working with all victims of torture. The lower proportion of work dedicated to sexual violence and rape could be also attributed to the lack of specialised support services for victims in Kosovo*, such as sexual violence referral centres and rape crisis centres (see Section 4.5). Furthermore, when asked if there were any forms of violence where there was too little provision, five interviewees mentioned sexual violence and rape, four mentioned trafficking in human beings and two mentioned child sexual abuse.

Definitions of violence against women

As mentioned in Section 1, there is no definition of violence against women in Kosovo*'s legislative or policy framework. The approach has been to deal with different forms of violence separately, namely through criminal law, with an almost exclusive focus on domestic violence. Some forms of violence such as sexual violence, including rape, forced marriage, stalking, forced sterilisation and forced abortion, psychological violence, crimes in the name of so-called "honour", and female genital mutilation have been absent altogether from targeted policy interventions.

In the survey questionnaire, participants were asked how their service defines violence against women¹¹⁷. Definitions provided contained different and sometimes intersecting components which make it difficult to classify answers. Violence against women was defined as a violation of human or women's rights by twelve survey participants (23%)¹¹⁸. Only one service provider, a women's NGO, mentioned discrimination and one CSW mentioned gender equality, without necessarily explaining how these contribute to violence against women. A second group of six respondents (11%) equated violence against women with domestic and family violence, and included three CSWs, two police DVIUs, and one women's shelter. Eight respondents (15%), including two women's shelters and one women's NGO defined the term as covering psychological, sexual, physical and economic violence without providing a comprehensive definition of violence. Finally, a minority of respondents (including the domestic violence helpline) also defined violence against women as a crime or as violence prohibited by law, a social issue, a reproductive health issue, and as violence against persons with one women's shelter declaring that:

¹¹⁷ 35 respondents provided a definition, however not all were relevant to violence against women and as such some were not considered.

¹¹⁸ Respondents defining violence against women as human rights violation in the survey include 3 CSWs, one OHRGE, two VAs, one health institution and one forensic institution. An additional four survey participants mentioned the same definition during the interviews, and therefore have been included here.

“Violence is a phenomenon occurring among all segments of population, irrespective of the age, gender, religion, education, and so on”

In-depth interviews also provided the opportunity to explore victims’ understanding of the relation between violence against women and human rights. Out of a total of 20 persons interviewed, only six referred to violence against women as a human rights violation, including one women’s shelter, two NGOs (one dealing with minorities and a youth organisation), two CSWs and one VA. Another VA further elaborated:

“Human rights constitute rights rooted in legislation, national and international conventions, and their relation to violence against women is quite significant, given that all the guaranteed human rights must also be guaranteed to the victims of violence.”

One shelter representative further linked the concept of violence against women to discrimination:

“Any judgmental, discriminating action, affected by gender stereotypes, leads to gender-based violence.”

Six other interviewees focused on the concept of women’s rights as human rights without making an explicit link to violence against women. And a further three service providers also spoke about human rights in gender-neutral terms, with one NGO focusing on mental disabilities stating:

“Primary in man’s life is the right to live without violence.”

From these elements, some conclusions can be drawn. Definitions provided by survey and interview participants suggest that they operate for the most part on the basis of a gender-neutral definition of violence against women, with none explicitly defining it as a form of discrimination, and only a small number defining it as violation of human rights. None of the respondents mentioned, for example, international standards such as the 1993 *Declaration on the Elimination of Violence against Women*, *CEDAW General Recommendation 19*, the *Istanbul Convention*, or definitions contained therein. Contrary to what would be expected, women’s shelters and women’s NGO participating in the interview did not articulate a more profound understanding of the term but due to the limited number of interviews this finding cannot be generalised. The wide variety of definitions across different types and within each category of services providers also insinuates that there is no shared understanding of violence against women.

Main messages conveyed to service users

Analysis of the main messages services communicate upon initial contact with victims¹¹⁹ show that confidentiality (20 respondents), safety (19) and information on services provided (18) emerge as main themes. This is followed by information on victims' rights (10), reporting possibilities and obligations (7); emotional support and counselling (6); and information about legislation (3). Several service providers also communicate messages that aim at establishing a relationship of trust, showing zero tolerance to violence, showing empathy and instilling a sense of hope in the victim:

- *"It's not your fault"*.
- *"I will help you, I will support you"; "We are here to help you out"; "We are in your service"; "...trust me"; "Have faith in the institution": "Reliability"*.
- *"Have faith in yourself"; "You are capable of living a life free of violence in the future"; "There is a solution to (your) problem"; "Encouraging (the victim) to overcome the situation"*.
- *"Violence is not tolerated"; "(Victims) must not tolerate violence"; "No one has the right to perpetrate violence against anyone"*.
- *"You can talk to me about your problems"; "What kind of help do you think you need?"; "Checking whether (the victim) needs health services"*.

Although it is difficult to pinpoint a general approach across and within all services, responses stressing confidentiality, victim safety and information, whether it relates to services or victim's rights, all represent core principles of service provision as required by the Istanbul Convention. These are discussed in more detail under Sections 10 and 12 of this study. In terms of gaps, messages that victim's requests are prioritised and that actions will not be taken without the victim's consent are however missing from responses¹²⁰. This suggests a misalignment with the Istanbul Convention's empowerment approach as foreseen by Articles 6 and 12. This is discussed in more detail under Section 7.

6. Rights and equalities (Article 4 of the Istanbul Convention)

6.1. Discrimination and equalities

The Istanbul Convention is based on the principle of non-discrimination and equality between women and men (Article 4). This means that any measures taken to support and protect victims of violence against women must promote equality, including by abolishing any regulations or practices that discriminate against women. It also means that support services need to be delivered without any form of discrimination, regardless of a women's background and individual circumstances, including their race, language, religion, ethnicity, sexual orientation, gender identity, health status, disability, migrant or refugee status, or other status.

¹¹⁹ A total of 42 survey respondents replied to the question "What are the three main things to communicate to women when they first contact your service?"

¹²⁰ In reality, one women's shelter reported communicating victim's right to choose.

Training plays a key role in building the capacity of professionals to provide culturally-sensitive support services that address women’s specific needs and respond appropriately to multiple forms of discrimination. According to survey results (see Figure 14 below), out of the 53 participants, over half (58%) work for services that provide training for staff on discrimination and equalities. A total of 12 out of 20 of specialist services and 16 out of 27 general services provide such training to their staff. Almost all shelters (five out of seven) and all women’s NGOs (two) do so. Topics or content covered by such trainings include: gender equality/gender-based discrimination; empowerment of women; international conventions and local legislation such as the LGE; awareness and lobbying against gender discrimination and/or discrimination; human rights; equal treatment regardless of gender, race, language, religion, national origin, race, colour, political opinion, etc. Out of the 20 interviewees, 13 mentioned that their staff receives additional training in order to improve work with marginalised groups. Only three interviewees mentioned which groups were covered by the training: LGBT persons, persons with mental health disorders, and disabled women. The fact that 42% of service providers declared not training their staff on discrimination and equalities points to a need for training and capacity-building in this regard.

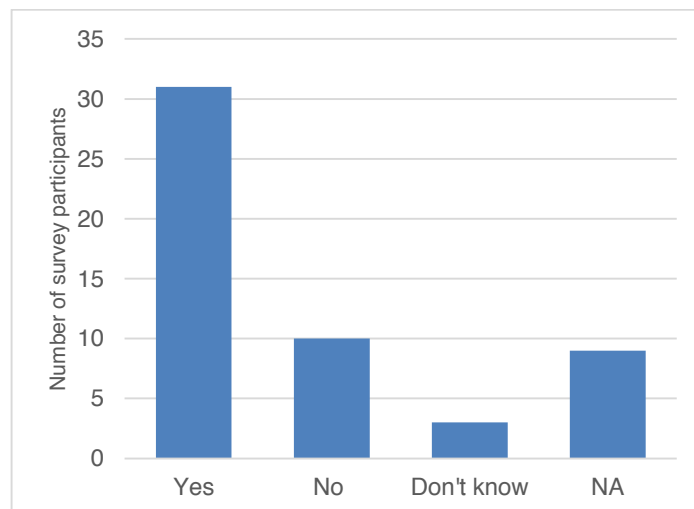


Figure 14: Do you provide training for staff on discrimination and equalities?

A total of 15 out of 20 interviewees mentioned that their service has a workplace equalities policy. However, respondents did not provide additional details or referred mainly to laws and regulations in Kosovo* governing equal treatment in the workplace.

Providing a platform for service users to express their views on support received is also a good indicator of an inclusive approach to service provision. As a result, survey participants were asked to indicate which means they use to elicit views from victims on service delivery. The most common mechanism is feedback forms (43% of all survey participants). Victims are also involved in focus groups and reflective discussions in 21% of services. Only 11% of participants reported that victims are represented on the institutions/organisation’s board or management team, including three of five women’s shelters. In-depth interviews also provided some more information on complaint mechanisms for victims to report any mistreatment on the part of service providers. Complaint boxes were more commonly mentioned, followed by the possibility for victims to make complaints directly to service managers/directors

and relevant ministries and judicial institutions. With the exception of representation in boards and management¹²¹, specialist services do not use feedback mechanisms to a larger extent than general services¹²². Amongst specialist services, the use of feedback mechanisms seems to be more common in women’s shelters. The fact that public specialist and general services, provided different survey and interview answers even within same sub-categories of services, also suggests a lack of standardisation with regard to feedback and complaint mechanisms. As such the use of such mechanisms seems to depend largely of individual institutions. The variety of responses could also be indicative of a lack of knowledge among service providers of complaint and feedback procedures available to victims.

6.2. Human Rights

A human rights-based approach to violence against women places the victim’s rights as the centre of focus of service delivery by recognising that States, and service providers, have a primary responsibility to respect, protect and fulfil these rights. A human rights-based approach implies, among others, making sure that victims are familiar with their rights and entitlements so that they can make informed decisions in a supportive environment that treats them with dignity, respect and sensitivity¹²³.

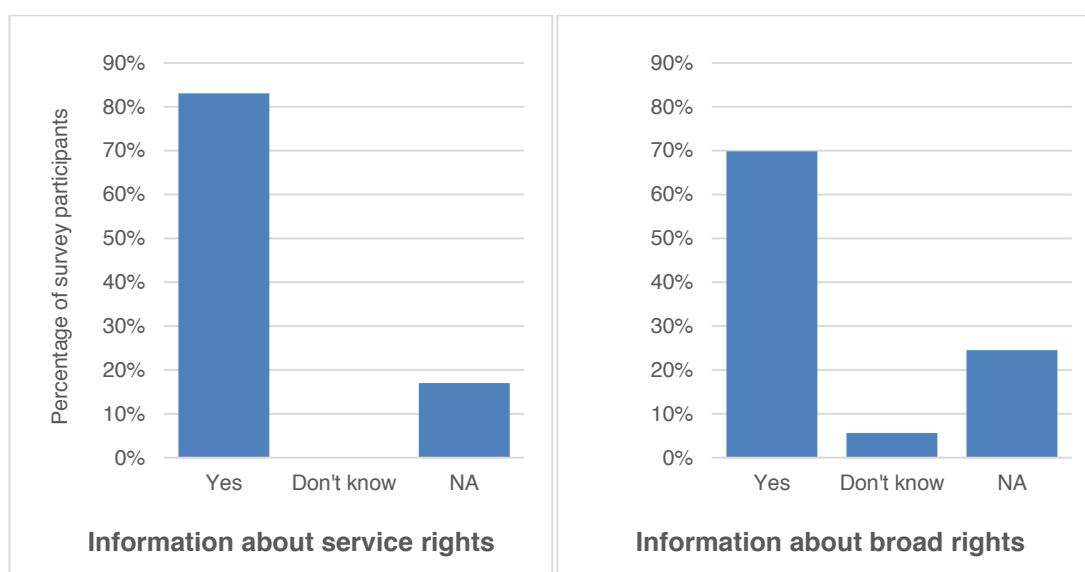


Figure 15: Are victims informed about their rights to the service and about their rights more broadly?

As shown in Figure 15, a majority of survey respondents (83% of 53) mentioned that they provide information to victims about their right to the service. A total of 70% of participants also declared informing victims about their rights more broadly. Responses show however that participants confuse both types of information, referring to both interchangeably. Overall, services provide either information on the types of

¹²¹ Four specialist services and two general services indicated victims’ representation in board or management teams.

¹²² 45% of all specialist services and 44% of all general services regarding the use of feedback forms, and 20% of all specialist services and 19% of all general services for the use of focus groups. Calculated on the basis of 20 specialist and 27 general services.

¹²³ Explanatory Report, of the Istanbul Convention, paragraph 118.

support and assistance that will be provided by the service (including information on internal procedures) and by other institutions, as well as information on legal rights and procedures under Kosovo*'s laws and regulations. A few service providers also mentioned the following:

- the right to confidentiality and data protection;
- the right to be assisted by a female staff member;
- the right to equal treatment and non-discrimination;
- the right to choose which services they want;
- rights guaranteed by international conventions;

One women's shelter provided a more detailed description on information provided to victims about their rights more broadly:

“The right to a life free of violence, the right to the free movement, the right to health services (the right to participation in trainings about sexually transmitted diseases, and information about breast cancer diseases), to legal services (the right to the family legacy, the right to look after, bring up, and educate the children) to education, professional training, the right to psycho-social counselling, the right to economic self-sufficiency.”

The SOPs establish as a guiding principle the protection of the rights and fundamental freedoms of victims of domestic violence as the centre of all interventions. They further establish the right of victims to be treated with dignity and not be re-victimised. In Kosovo*, institutions and organisations involved in the intervention system have the obligation to provide information on human rights, the rights of victims of violence on the basis of the law, and existing services the victim is entitled to. While it is encouraging to see that the majority of services provide information on rights to their service as well as to their rights more broadly, further capacity-building activities are needed in order for services to live up to their obligations as contained in the SOPs and to cover victims of all forms of violence against women.

A human-rights based approach is also about empowering victims so that they are able to avail themselves the rights to which they are entitled to. Empowerment does not only mean respecting victims' right to make their own choices, but it is “also evident in processes for participation and consultation¹²⁴. Victims can for instance be invited to participate in a service's awareness-raising actions or volunteer for certain activities. Almost half of all survey respondents (51%) declared that victims can participate in services if they wish to. Details provided by participants on ways which victims are involved, show however that this practice is not common in Kosovo*. In all cases¹²⁵, service providers confused victim involvement with the provision of services, with the victims' right to make decisions regarding service delivery, or the reporting of abuse. This confusion, combined with the fact that almost half of respondents do not involve or do not know if they involve victims in their services indicate the need for interventions in order to address this gap.

¹²⁴ Council of Europe (2008). *Combating violence against women: minimum standards for support services*. Strasbourg: pp. 23.

¹²⁵ Only one service (a women's NGO) out of 20 respondents providing more details mentioned that victims are involved “in the delivery of activities” without further specification.

6.3. Access and availability

According to the standards established by the Istanbul Convention, support services need to be physically, economically and linguistically accessible. As mentioned under Section 6.1 they also need to be provided indiscriminately so that they are available to women from all backgrounds.

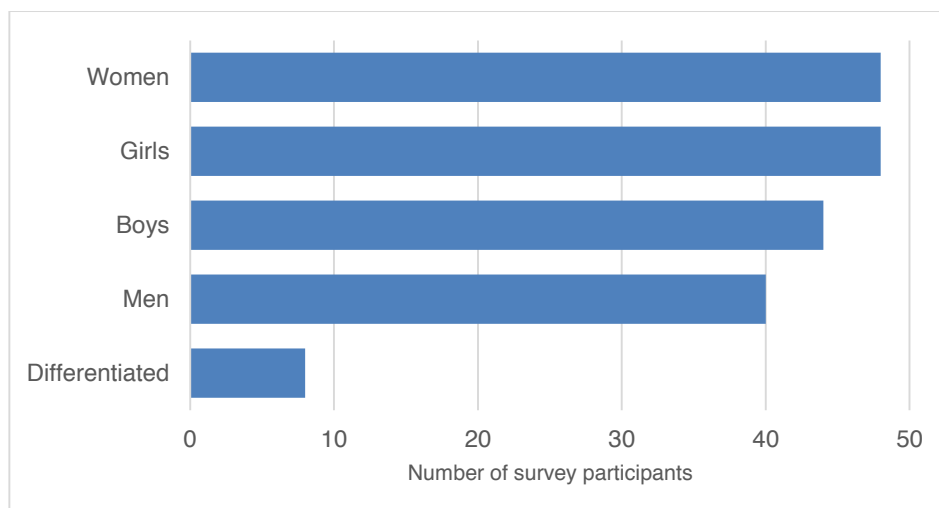


Figure 16: Who is your service available to ?

As per Figure 16, 48 service providers (91%) work with women, while another 91% also provide support to girls. In the case of men the total is 40 institutions/organisations (75%), while 44 provide services to boys (83%). Unsurprisingly, the majority of participants reporting providing services to men work in general services (45%). Among the 13 specialist services (65%) reporting working with men, five are VAs, five are police DVIUs and one is the helpline. These institutions all have a mandate to work with all victims of domestic violence, although they work mostly with women victims. Two NGO services also work with men but only in the framework of support provided to women victims. With regard to boys, services are provided by 23 out of 27 general services (43%) and 17 out of 20 specialist services (32%). Among specialists, one is a children’s shelter and five are women’s shelters, however all women’s shelters indicated working with boys under the age of 12. The remainder institutions are VAs (all five that participated in the survey), police units (five out of six), and the helpline. Finally, eight respondents out of 53 (15%) indicated that different services are available to different groups¹²⁶.

Table 4 below provides details on the number of service users which accessed services in 2016. Although these results should be interpreted with caution, given that the same victim may access different services, they are interesting since they show that women and girls represent the bulk of service users. Figures also show that both general and specialist services cater mostly to women and girls. In relation to the proportion of men service users, it may seem counterintuitive that specialist services supported a higher percentage of men compared to general ones. This can be explained by the fact that the mandate of specialist services such as VAs, police DVIUs, as well as the helpline covers all victims of domestic violence. The high number of survey respondents that did not provide data on service users also suggests the

¹²⁶ Apart from one general service, all other seven respondents had also provided information on the other groups.

need to improve and systematise data collection practices across all service providers, as required by Article 11 of the Istanbul Convention.

		Total number accessing services in 2016	Percentage per group of service users
All support services	Women (34)	4764	63%
	Men (22)	1930	26%
	Girls (30)	537	7%
	Boys (25)	290	4%
	Total	7521	100%
Specialist services	Women (15)	3942	62%
	Men (12)	1791	28%
	Girls (12)	356	6%
	Boys (12)	220	4%
	Total	6309	100%
General services	Women (18)	822	68%
	Men (10)	139	11%
	Girls (16)	181	15%
	Boys (12)	70	6%
	Total	1212	100%

Numbers in parenthesis indicate survey participants providing data

Table 4: Please estimate how many from each group accessed your service in 2016

The principle of accessibility also implies addressing the needs of women from different backgrounds or those made vulnerable by particular circumstances (Article 18(3), Istanbul Convention). Survey participants were asked whether they provide services that are tailored to the specific needs of vulnerable groups of such as pregnant women, disabled persons, Roma, migrants, LGBT, sex workers, or persons living in remote areas, among others. Only five services out of the total 53 mentioned providing services adapted to the needs of such groups, while 20 explicitly mentioned they did not. This does not mean that services have not supported victims from such groups. According to survey responses services were accessed by vulnerable groups and to the largest extent by: disabled persons (20¹²⁷); women who are pregnant or have young children (19); persons of national/ethnic minority background (19); elderly persons (18); persons in rural/remote areas (18); children (16); and Roma (16). Services were accessed to a lesser extent by: homeless persons (11); substance abusers (10); women in prostitution (9); and migrants, both undocumented and refugees) (7). Services were poorly or not at all accessed by: internally displaced women (3); asylum seekers (2); HIV positive persons (1); gay men (1); lesbians (1); and transgender persons (0); bisexual persons (0). Systematic data collection across service providers and further research are needed in order to evaluate the actual needs of vulnerable and marginalised women. The fact that only 9% (5 service providers) of all surveyed services provide adapted support to these groups also reveals an urgent need for targeted measures as well as cross-sectoral training in order to equip service providers with tools for recognising the differential impacts of violence on different groups of women and communities.

¹²⁷ Number of survey respondents.

For 12 service providers, additional criteria must be met in order for victims to access their services. For example, in order to access VA and police services, users need to be victims of violence. For two women’s shelters, victims can only be accommodated if they have been subjected to domestic violence. Moreover, victims can only access the services of forensic institutions by order of the court or the public prosecutor’s office.

An overarching principle of victim support is that provision should be available free of charge, be linguistically accessible, and be equally distributed geographically¹²⁸. As shown in Figure 17 below, services are provided free of charge to all service users by 41 institutions and organisations (77%). This number includes all specialist services, except one police DVIU that did not provide an answer. Six services are free of charge to most service users (11%), including three health institutions, one CSW and one forensic institution. One CSW mentioned providing free of charge support to some services users, and another reported that it depends on the services provided. Only one organisation, an NGO focusing on disabled persons, mentioned that their services are not free of charge.

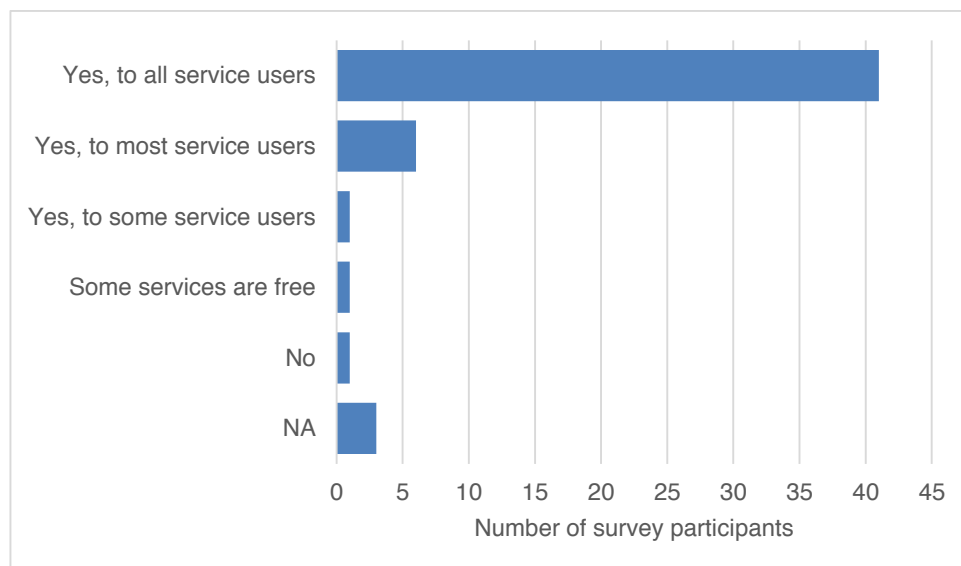


Figure 17: Is your service free of charge?

Concerning linguistic accessibility, 43 service providers (81%) offer multilingual services. 17 out of 20 specialist services do so. Languages spoken include for the most part Albanian and Serbian. Other service providers mentioned English (6), Turkish (4), Bosnian (3), and official languages (4). Two respondents stated they provide services in “the language which the victim understands”, while a women’s shelter mentioned that they receive cases from other countries. These three organisations did not mention however having recourse to interpreters.

The limited participation of certain categories of services impedes a complete assessment of geographical coverage of support services. In any case, there is one

¹²⁸ Council of Europe (2008). *Combating violence against women: minimum standards for support services*. Strasbourg: Council of Europe.

women’s shelter and VA office per region, and police DVIUs and CSWs have been set-up in all 38 municipalities. Although the helpline is operated Kosovo*-wide, there are coverage issues in the northern parts. Forensic medical examinations are also only available in Priština/Prishtinës. For other forms of violence other than domestic violence, it is safe to assume that geographical coverage is insufficient, given the lack of specialised support.

In 2016, a total of 11 service providers (21%) were unable to support women victims of violence due to lack of space, capacity or resources. The inability to provide support affected only CSW (9) and shelter (2) participants. Among CSWs, reasons stated included: lack of social placement, lack of shelters, unavailability of social housing, lack of capacity for the rehabilitation and reintegration of victims, including employment opportunities. As one CSW stated:

“We have difficulties with finding accommodation/housing for the victims, as in the area where we work we don’t have social housing. We have also difficulties concerning the re-integration of the victims, and more specifically with the professional training and employment which would facilitate their empowerment and economic independence.”

The two shelters also mentioned the inability to provide support to mothers whose children are over 12 years old, as well as a lack of financial support from the MLSW and the government.

Generally speaking, surveyed participants provide a mix of immediate/crisis support and long-term support, with a larger proportion of direct work devoted to long-term recovery. The proportion of work devoted to each type of support is presented in the figure below:

Type of service	Type of support	Total number of service providers	Estimated proportion of work			
			10% - 30%	40% - 60%	70% - 90%	100%
All services	Crisis support	34	15	13	5	1
	Long-term support	34	5	14	13	2
Specialist services	Crisis support	10	6	2	2	
	Long-term support	13	2	5	5	1
General services	Crisis support	20	9	7	3	1
	Long-term support	20	3	8	8	1

Table 5: Please estimate what proportion of your work with service users is immediate/crisis support and what proportion is longer term

The majority of all surveyed service providers (30) mentioned that there are no limits on the length of time they work with an individual service user, while ten stated that it is the case. A further 13 did not provide an answer. As seen in Section 4.3, women’s shelters usually limit the length of time to six months, with the possibility to extend an additional six months. Some shelters mentioned however that there have been cases

where a few victims had to be accommodated several years due a lack of suitable solutions to their situation. CSWs also tend to work with victims in the long-term, depending on their needs and usually until the victim feels rehabilitated.

As seen in Section 4.2, few types of detailed services (e.g., counselling, information and advice, case advocacy, crisis support, etc.) are offered round-the-clock. Interviews reveal that options available to victims contacting services outside of operating services depend largely on the service. For example, eight interviewees¹²⁹ mentioned that a social worker or counsellor is on call 24/7. Other options were also indicated but many of them are insufficient and/or unsuitable to guarantee round-the-clock access. These include: calling the 24/7 helpline or the possibility mentioned by five interviewees from NGO-run services, that if the situation merits it, they continue working outside their professional hours. The latter is not only unsuitable but can lead to staff burn-out and limit the capacities of professionals to provide quality assistance. It might also be an indication of understaffing. The fact that only a handful of surveyed services provide 24/7 crisis support as well as information and advice suggests a gap in accessibility. Support services, in particular in a crisis situation or if the safety of the victim is immediately compromised, should be available 24 hours per day, 365 days per year¹³⁰. Where not possible, effective mechanisms should be in place enabling victims to safely contact services through other means.

7. Gender perspective (Article 6 of the Istanbul Convention)

The measures of the Istanbul Convention are firmly based on the premise that violence against women cannot be eradicated without investing in greater equality between women and men and that in turn, only real equality between women and men and a change in power dynamics and attitudes can truly prevent violence against women. The Istanbul Convention's focus on gender inequality and discrimination, as both a cause and a consequence of violence against women, requires that service providers ensure that gender sensitive and responsive policies and practices be put in place. Adopting a gender-based understanding of violence implies, among others, addressing the differential impact of all forms of violence against women, placing women's needs at the centre of all measures, and operating within a culture of women's empowerment that supports women in making their own decisions.

Data from the survey reveals that only a handful of service providers define violence against women as a form of discrimination (see Section 5). When asked how gender is relevant to their work the most common answer among interviewees (7)¹³¹ was that equal treatment is a guiding principle and/or that no difference is made between women and men in the provision of services. Four interviewees clearly stated that gender is not relevant to their work, including a senior official working for the MLSW in the field of domestic violence. A small number of interviewees (3) also related the question to there being a greater proportion of women victims, while three other service providers mentioned that they prioritise women victims or work exclusively with

¹²⁹ Seven CSWs and one shelter.

¹³⁰ Council of Europe (2008). *Combating violence against women: minimum standards for support services*. Strasbourg: Council of Europe.

¹³¹ Out of 20 persons interviewed in total.

women. Two organisations made general remarks on women's rights and one referred to gender mainstreaming being a guiding work principle without further specification. Only one interviewee mentioned prescribing to a feminist approach, however they are not involved in service delivery and had been interviewed for contextual purposes.

During the interviews, six participants indicated that they subscribe to an empowerment perspective, three of which linked it to women or to gender equality explicitly. One shelter operator in particular stated:

"We sympathize with women and help them achieve their goals which will have an impact for them to overcome the violence and progress towards empowerment"

The term "empowerment" was also mentioned by a small number of survey participants yet empowering victims seems to be more about increasing women's employment opportunities and economic independence, and less about promoting women's agency and voice so that women can be in control of their decisions. Looking at whether service providers use the term "victim" or "survivor" can provide some more insight about service providers' approach to empowerment. According to feminist discourse, the term "victim" has a legalistic connotation and portrays images of women as helpless, powerless and passive¹³². Women's organisations tend to prefer the term "survivor" of violence, since it refers to women's capacity to make choices and adheres to an approach where women are made to feel able to help themselves and ask for help. From interview responses, there is a clear divide between government-run services and NGOs. While the majority of government-run services use the term "victims"¹³³, all interviewed NGO-services prefer the term "survivor". As one interviewee from a shelter focusing on women trafficking victims described:

"The term 'survivor' of trafficking has a positive connotation, thus highlighting the beneficiaries' strength and potentials to deal with a terrible and highly traumatic life experience."

¹³² Gupta. R (2014). "Victim" vs "Survivor": feminism and language. Available at: <https://www.opendemocracy.net/5050/rahila-gupta/victim-vs-survivor-feminism-and-language>

¹³³ One interviewee mentioned the term "beneficiary", while another indicated "abused client".

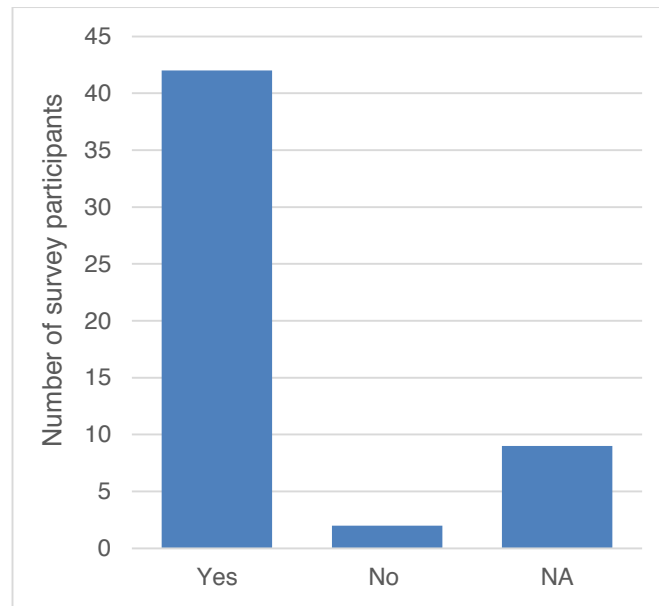


Figure 18: Can you provide a female staff member if requested by a service user?

A positive initial contact with support services is crucial for women victims of all forms of violence, in particular to establish a relationship of trust. This can be ensured, for example, by providing victims with a female staff member upon request¹³⁴. As illustrated in Figure 18 above, 80% of services (42) allow for this possibility, including 17 out of 20 specialist services¹³⁵. According to Council of Europe minimum standards, some services such as shelters should also be operated by an all female staff¹³⁶. This is the case for all five women’s shelters that participated in the survey, as well as the shelter for women victims of trafficking. The domestic violence and trafficking helpline is also exclusively staffed by women.

While it is promising that the majority of services can provide female staff, this does not necessarily guarantee that staff adopt a gender-based understanding of violence in their work. No survey and interview responses addressed, for example, traditional gender roles, patriarchal values or the fact that gender stereotypes shape the general public’s and service provider’s attitudes towards women. Although 14 out of 53 survey participants reported they provide training on gender equality to their staff, the above findings clearly show the need for enhanced capacity-building in order to integrate a gender-based understanding of violence into service providers’ work. Nevertheless, these results cannot be read in isolation to the local context. As discussed under Sections 3 and 5, Kosovo’s normative framework for dealing with violence experienced by women has been mainly constructed on the basis of gender neutral terms, with an almost exclusive focus placed on domestic violence (see Section 1.4). In Kosovo* there is no legally-binding definition of violence against women as a human rights violation and a form of discrimination against women, as required by the Istanbul Convention. Although Article 4(2) of the LGE defines gender-based violence as a form of discrimination, it does so with regard to both women and men. Such a definition disregards gender-based power relations within society that expose women at a much

¹³⁴ Explanatory Report of the Istanbul Convention, paragraph 258); Council of Europe (2008). *Combating violence against women: minimum standards for support services*. Strasbourg: Council of Europe, pp. 41.

¹³⁵ Two police units as well

¹³⁶ Ibid, page 47

higher risk than men for some forms of violence, and sexual violence in particular. The LPDV and SOPs, which regulate procedures for dealing with domestic violence, are also devoid of such gender considerations. While capacity-building and training of professionals is essential, it needs to be based on specific tools that set the standards that staff are expected to follow.

8. Funding (Article 8 of the Istanbul Convention)

Sustainable funding is an essential requirement of quality services. For this reason, Article 8 of the Istanbul Convention places the obligation on States Parties to ensure the allocation of appropriate financial and human resources for activities carried-out by both state and NGO-run service providers.

There is no law in Kosovo* specifically mandating funding for violence against women support services. Funding for specific measures and activities linked to preventing and combatting domestic violence is allocated on the basis of the expired 2011-2014 Programme and the 2016-2020 NSPDVAP. Government institutions offering general services, as well as specialist services such as the helpline, VAs and police DVIUs, are absorbed by institutions' existing budgets. There is no specific law securing funding for victim services provided by NGOs or shelters. Interestingly, when asked if there is a specific law securing funding for their service, 31 respondents (59%) responded affirmatively, indicating a lack of awareness of funding obligations.

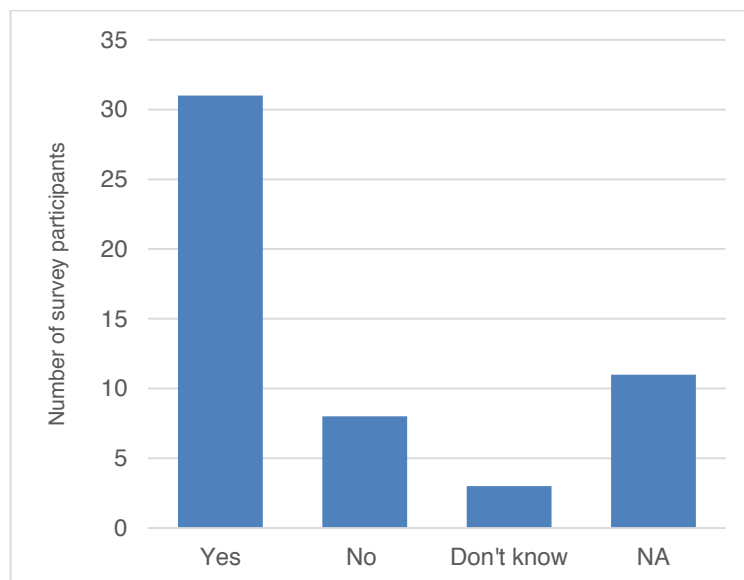


Figure 19: Is there a law in Kosovo* securing funding for your service?

Survey participants referred to pieces of legislation such as *Law no.02/L-17 on Social and Family Services*, *Law no.03/L-147 on Salaries of Civil Servants*, *Law no.03/L-149 on the Civil Service of the Republic of Kosovo*, as well as laws governing public finance and local government, among others. These laws however deal with general service provision, and do not include specific clauses with regard to the financing of services

for victims of violence against women. References were also made to the LPDV although the law contains no obligations with regard to the funding of specialist support services for victims of domestic violence.

	Funding source	Total survey participants indicating a funding source	Total survey participants providing data on %	5%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
All support services (53)	National government	37	36					3	3	1	4	4	3	18
	Municipalities	17	16		6	6	3							1
	Foreign donors	10	8		3	1		2		1				1
	National NGOs	2	1		1									
	Other	1	1	1										
NGO-run services (12)	National government	7	7					3	3	1				
	Municipalities	4	4		3	1								
	Foreign donors	9	7		2	1		2		1				1
	National NGOs	2	1	1										
	Other	1	1	1										
State-run services (41)	National government	30	29								4	4	3	18
	Municipalities	13	12		3	5	3							1
	Foreign donors	1	1		1									
	National NGOs	0	0											
	Other	0	0											

Table 6: Who provides funding for your service and what proportion of your overall funding did they provided in 2016?

Findings in Table 6 also show that in general the government is the primary source of funding (70% of 53 survey respondents). This is followed by municipalities (32%) and foreign donors such as UN and EU institutions (19%)¹³⁷. Differences in funding sources become apparent when distinguishing between NGO and public services. Public services mostly depend on national government funds, with 18 institutions indicating the proportion to be 100%, including specialist services such as VAs and the domestic violence and trafficking helpline. A smaller number of public institutions also mentioned depending on municipal budgets, with proportions varying between 10% and 30%. Only one public institution, a CSW, reported receiving 10% from foreign donors. NGOs, on the other hand, depend on a wider variety of funding sources. Since the highest proportion of funding from government received is 60%, NGOs also depend to larger extent on foreign donors, with one NGO reporting being entirely funded by this source. Such findings are in line with results of the 2011-2014 Programme evaluation, according to which "...shelter providers, as licensed service providers by the Ministry of Labour and Social Welfare, continue to object to the minimal coverage of expenses by the government. The financial assistance does not sufficiently cover the salaries of the professional staff, leaving NGOs that run shelters dependent on the donor community to pay for staff, utilities and other costs"¹³⁸.

Lack of funding, in particular for the rehabilitation and reintegration of victims, was a recurring theme among both government-run services and NGO service providers, regardless of their degree of specialisation. In total, 28% of 53 surveyed service

¹³⁷ Donors that were mentioned include: UNDP, OSCE, EU Office in Kosovo*, Advocacy Training and Resource Centre/USAID, US Embassy, Reggio Terzo Mondo, Austrian Caritas,

¹³⁸ Ministry of Justice (2015). *Evaluation report of the Kosovo Program against Domestic Violence and Action Plan 2011-2014*. Priština/Priştinës, pp. 20.

providers¹³⁹ highlighted limited financial resources as an obstacle to their work, with a few CSWs suggesting the setting-up of a fund for emergency domestic violence cases. Some of the statements made by participants included:

*“We had cases where the woman had to return to the abusive husband because we were not able to pay the rent or to find a long term job.”
(women’s shelter operator)*

*“We do not have sufficient funds to provide support to the women victims of violence, given that the Ministry of Social Policy and Welfare contributes with only 50% of the funds, and there is no way for us to empower the women, except offer them temporary accommodation.”
(women’s shelter operator)*

“Often, difficulties are attributable to the lack of finances in emergency situations, where it is impossible for us to help children in particular, and this is a matter of great concern to us.” (CSW representative)

“The only CSWs that are responsible for (violence against women) cases are those that do not benefit from funding.” (CSW representative)

The NSPDVAP, enlists a budgetary breakdown for activities in the areas of prevention and awareness-raising, protection and co-ordination, legislation and prosecution, and rehabilitation and reintegration, foreseeing support from both government and donor sources. The total costs for the full implementation of the NSPDVAP are estimated at EUR 10.3 million, however based on calculations included in the document, available financial resources can cover up to 71% of the total expenditure of the plan¹⁴⁰. The NSPDVAP recognises that some activities, in particular in the area of rehabilitation and reintegration, might be jeopardised due to lack of budget funds and if donor funding is not secured. While it is promising to see that proposals for the introduction and financing of measures aimed at ensuring the long-term rehabilitation and reintegration of victims have been taken on board, the dependence on donors threatens the sustainability of service provision, in particular by NGOs and women’s shelters. Delays in the implementation of the NSPDVAP¹⁴¹ might further hamper implementation and add to estimated costs.

9. Training (Article 15 of the Istanbul Convention)

Training and capacity-building ensure that professionals in all relevant sectors have the competency to deal with the complexity of all forms of violence against women. Article 15 of the Istanbul Convention recognises the importance of training in ensuring that service providers have the capability required to fulfil their roles and responsibilities, to effectively identify victims, to apply a gender-based understanding of violence and to co-operate effectively in order to deliver quality services. Training is

¹³⁹ The issue of lack of funding was raised by survey participants either in the survey or during interviews.

¹⁴⁰ NSPDVAP (English version), pp. 47.

¹⁴¹ Although the NSPDAP was adopted at the end of December 2016, it was officially launched and presented to stakeholders in mid-April 2017 (<https://xk.usembassy.gov/launching-ceremony-kosovo-national-strategy-domestic-violence-2016-2020/>)

also a key tool in addressing professionals' preconceptions, stereotypes and victim-blaming attitudes which can lead to secondary victimisation, where the victim is re-traumatised by the very professionals and institutions responsible for assisting her.

According to survey results, a total of 25 out of 53 service providers (47%) indicated that all their staff are specially trained to deal directly with victims of violence against women. A further nine service providers (17%) declare that most of their staff have received such training, while seven institutions (13%) stated that this is the case for only some of their staff. In total, 12 service providers (23%) did not provide data on the proportion of trained staff. Although Article 15 of the Istanbul Convention gives the freedom to States Parties to organise trainings as they deem fit, a key requirement is that all professionals who are in contact with victims or perpetrators of violence against women be trained. The fact that only 64% of 53 survey respondents mentioned that all or most of their staff is trained to work directly with victims shows a significant gap in this regard. The need to increase the number of staff with professional training as well the need for additional training, including on international law and conventions, was in fact raised by five out of 20 interviewees.

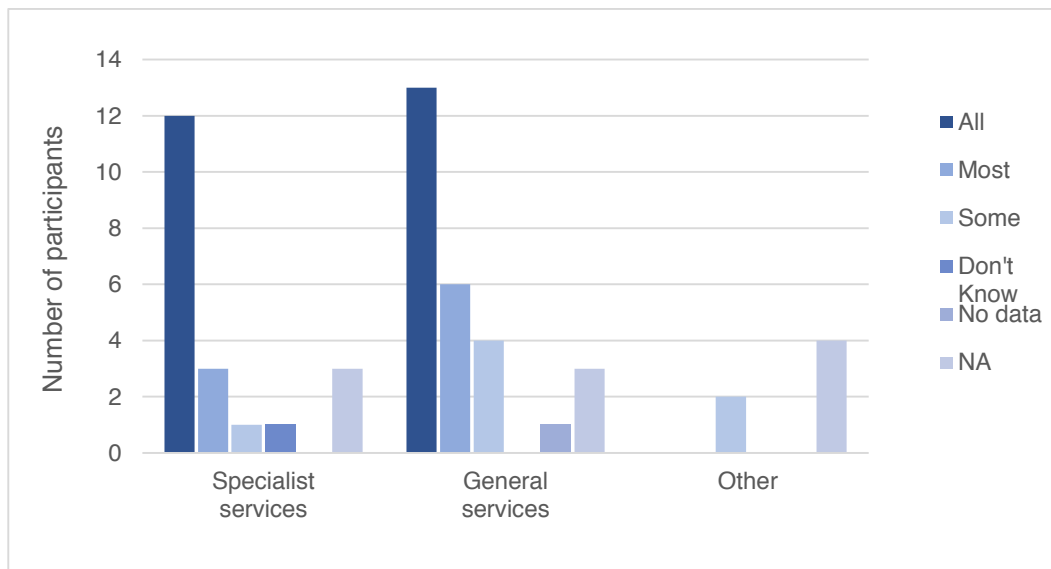


Figure 20: How many of your staff are specially trained to work directly with victims of violence against women?

Figure 20 above, provides a breakdown by type of service provider. Among the 20 specialist services participating in the survey, 75% (15) work with staff that have all or most been trained. This includes the helpline, all five VAs, three police DVIUs, five women’s shelters and one women’s NGO. Among the 27 general services participating in the survey, 70% (19) declared that all or most of their staff have been specially trained to deal with victims of violence against women directly. All of them are CSWs, plus one health institution.

Information provided by 38 out of 53 survey participants shows that training on violence against women is conducted by a wide variety of actors, with differences observed across the same type of service. International organisations and foreign institutions

were mostly cited by participants (20) such as the OSCE, ICITAP, the United States Embassy and UNDP, among others. While involving international and foreign actors in the delivery of trainings is key for the sharing of best practice and thus should be encouraged, such trainings are usually organised on an *ad hoc basis* depending on the availability of donor funding. NGOs were also commonly referred to (19 respondents). Public institutions such as the MLSW (10), as well as the Ministry of Health (6) and institutions such as the Kosovo Prosecutorial Council (2) and the Kosovo Police Service School (2) were mentioned but to a lesser extent. According to information provided by the local experts participating in this study, nearly all VAs in Kosovo* have taken part in trainings in the United States, given that the role of VAs in Kosovo* has been inspired by the Victim's Defender model at the United States public prosecutor's office.

In terms of content, a small number of participants mentioned different aspects such as information on the causes and types of violence against women and trafficking in human beings, how to deal with the consequences of violence, trauma and its impact on women and children, discrimination, gender and gender equality. A few interviewees such as police, also declared receiving "basic training", without further information on topics covered. Nevertheless, definitions of violence against women provided by participants suggest that a gender-based understanding of violence is missing across service providers (see Sections 5 and 7 for detailed findings). Other training content covered by Article 15 such as the detection of all forms of violence against women, the needs of victims, multi-agency co-operation and the appropriate handling of referrals, as well as how to prevent secondary victimisation were not mentioned by any survey or interview respondents. The fact that only 58% of service providers declared not training their staff on discrimination and equalities also points to a need for training and capacity-building in this regard (see Section 6.1). Such findings support information provided in the NSPDVAP: "Some persons, though not all of them, have not been trained adequately by the institutions, especially regarding legal responsibilities, the importance of confidentiality and the proper approach to working with persons suffering from domestic violence trauma".¹⁴²

Basic education and training in violence against women should be supported by further training to foster the sensitivity and skills required to respond appropriately and effectively on the job. Survey participants were asked to indicate how many hours of basic and further training do staff receive. Among 11 specialist services that responded¹⁴³, the amount of hours declared for both basic and further training ranged from 16 to 300 hours. A breakdown by type of organisation also reveals a big variety in responses within specific categories of specialist services. VAs, for example, receive between 20 and 60 hours of basic training and 20 to 80 hours of further training, while police DVIUs' hours range between 290 to 300 hours of basic training and 180 to 220 further training. A women's NGO which offers counselling to victims mainly of domestic violence indicated that staff spend 160 hours in basic training and 80 additional hours in further training, going well beyond the minimum 30 hours European best practice standard for counselling professionals¹⁴⁴. Significant variation is also revealed in

¹⁴² Ministry of Justice (2015). *Evaluation report of the Kosovo Program against Domestic Violence and Action Plan 2011-2014*. Prishtinë/Priština, pp. 33.

¹⁴³ Specialist services providing information on basic training included: the national helpline, 2 police DVIUs, 3 women's shelters, 4 VAs and 1 women's NGO. Those providing data on further training included: 2 VAs, 5 women's shelters, 2 police DVIUs, and 1 women's NGO.

¹⁴⁴ Council of Europe (2008). *Combating violence against women: minimum standards for support services*. Strasbourg: Council of Europe, pp. 47.

relation to the number of hours of training received across and within categories of general services¹⁴⁵, with answers ranging from 10 to 80 hours for basic training and 15 to 80 hours for further training, and some reportedly receiving only basic training. In particular, CSWs basic training varies from 10 to 72 hours and continued training ranges between 30 and 80 hours. The wide variety in the number of hours of training within same categories of service providers is indicative of a lack of standardisation. It is however not clear from the data whether this variation is due to the geographical location of services or if there are other underlying reasons such as access to funding. Whichever the reason, good practice requires that training be systematic across same categories of service providers so that victims have access to the same standard of support across Kosovo*'s territory.

Training certainly provides an opportunity for service providers to build their skills and expertise and ensure that their knowledge remains up to date, however, it cannot replace professional qualification. A total of 39 service providers (74%) report that they are legally required to hold a professional qualification (e.g. relevant degree, professional certificate or licence). The remaining 14 participants did not provide data. VAs, for example, must hold law degrees and training certificates. Shelters employ staff from different professional backgrounds such as therapists, counsellors, lawyers, teachers, and sociologists, and all must hold university degrees in their respective fields. Since they provide social and family services to victims on behalf of municipalities, shelter staff need to be licensed by the MLSW are and registered in the register of General Social and Family Services Council, as stipulated in *Law no.02/L-17 on Social and Family Services*. Police officers mentioned needing diplomas in relevant studies, be licenced police officers and have undertaken trainings in their respective fields. Staff working in CSWs need to be licensed social workers as mandated by Law no.02/L-17, in addition to holding diplomas in fields such as social work, psychology, education/pedagogy, sociology, law, as well as having undertaken additional trainings in their respective fields of specialisation. Finally, health professionals need to hold degrees in medicine, nursing, psychiatry and clinical psychology and be licensed to practice in their respective fields.

Promoting staff well-being in the face of a variety of challenging situations is also key in ensuring quality delivery of services. Survey participants were asked if their staff has access to additional support such as supervision, anti-stress programmes and flexible working hours¹⁴⁶. In order to be effective, supervision and stress management programmes need to be provided by experienced professionals. Survey findings show that only 21% of 53 participants indicated being supported through supervision. The proportion is even lower in the case of anti-stress programmes (17%). Only 21% of service providers reported being able to work flexible hours. Overall, such practices seem to be most common among women's shelters¹⁴⁷. Such low figures suggest that such practices are not widespread among service providers in Kosovo* and draw attention to the need to enhance current practices and develop policies aimed at

¹⁴⁵ General services providing information on basic training included: 12 CSWs, and four health institutions. Those providing data on further training included: 8 CSWs and 2 health institutions.

¹⁴⁶ Supervision and stress management are particularly helpful tools to minimize vicarious trauma and compassion fatigue. For more information, please see: <https://www.domesticshelters.org/domestic-violence-articles-information/when-domestic-violence-takes-a-toll-on-the-helpers#.WSseNBOGPjA>

¹⁴⁷ There shelters support staff through supervision, three provide anti-stress programmes and four allow their staff to work flexible hours.

improving the wellbeing of professionals working directly with victims of all forms of violence.

10. Safety and confidentiality (Article 18 of the Istanbul Convention)

Confidentiality is a key principle of victim support. Inappropriately disclosing information about victims may endanger them or persons close to them and lead to re-victimisation. Inobservance of service users' right to confidentiality may also jeopardize the safety of professionals providing support. Ensuring that the victim has the right to choose when, how and what personal information is shared can also contribute greatly to establish a relationship of trust with service providers. As a result, and to the extent possible, services should be delivered in a way that respects victim's right to confidentiality, protects their privacy and where information is disclosed only with the victim's informed consent¹⁴⁸.

The survey questionnaire and the interview guide included a series of questions aimed at assessing service provider's understanding of confidentiality and use of data protection and data sharing practices. In total, 38 out of 53 service providers (72%) explained how they understand the concept of data protection in relation to service users. The vast majority of service providers that responded seem to have a good awareness of the importance of protecting victims' personal data. In total, 18 participants (34%) interpreted it as an issue of confidentiality. For 12 service providers (25%), data protection implies sharing information on the victim only with authorised persons and institutions. A further five participants defined data protection as a legal obligation, while three consider it as crucial for safeguarding the victim's safety. Interview respondents also seem to have a good understanding of the concept of confidentiality, with almost all stating that confidentiality is explained to the victim upon initial contact. Some illustrative responses of how interviewed services understand confidentiality include:

“Communication between the service provider and the victim and all the information are kept confidential; the principle of confidentiality is also provided for in the legislation and the SOPs.” (police representative)

“That all the information received during the interview and the conversation with the victim are credible, and cannot be used without the victim's consent, unless they are required by the court, and it is for the victim's benefit.” (CSW representative)

“This is the basic principle underlying the daily work of the VAAO, which implies that all the issues relating to the case are kept confidential.” (VA representative)

¹⁴⁸ Council of Europe (2008). *Combating violence against women: minimum standards for support services*. Strasbourg: Council of Europe.

“Protection of the beneficiary's personal information during and after the assistance she receives.” (shelter operator)

“All women have the right to maintain confidentiality and we do not make concessions on the issue.” (shelter operator)

Despite such answers, according to research conducted by the Kosova Women’s Network ensuring confidentiality remains a challenge across institutions¹⁴⁹. Such findings, coupled with the fact that almost 30% did not provide a response, reveals the need for additional efforts aimed at ensuring a heightened level of awareness of service providers across all sectors with confidentiality policies and rules.

According to survey results 85% of service providers have lockable/protected files for written service users’ records¹⁵⁰. An additional 79% record service users’ personal details on a database or other electronic system¹⁵¹, and for 77% access is secured (e.g., password protected)¹⁵². In terms of who can access service users’ records, 70% of services limit access to authorised persons within their own service¹⁵³. When asked if service users can choose not to have their personal information recorded, only 25% of all survey respondents indicated that this is a possibility, 41% mentioned that service users do not have a choice and the remainder 34% did not know or did not reply. Although the above results show that the majority of service providers have adopted safe data protection practices, a significant number of respondents did not provide information. This can mean that: either such practices have not been adopted by these service providers, or respondents are not aware of data protection practices in their services. Regardless, this is a gap that needs to be addressed properly so that all services, whether general or specialist, have the tools, practices and knowledge to protect service users’ personal data.

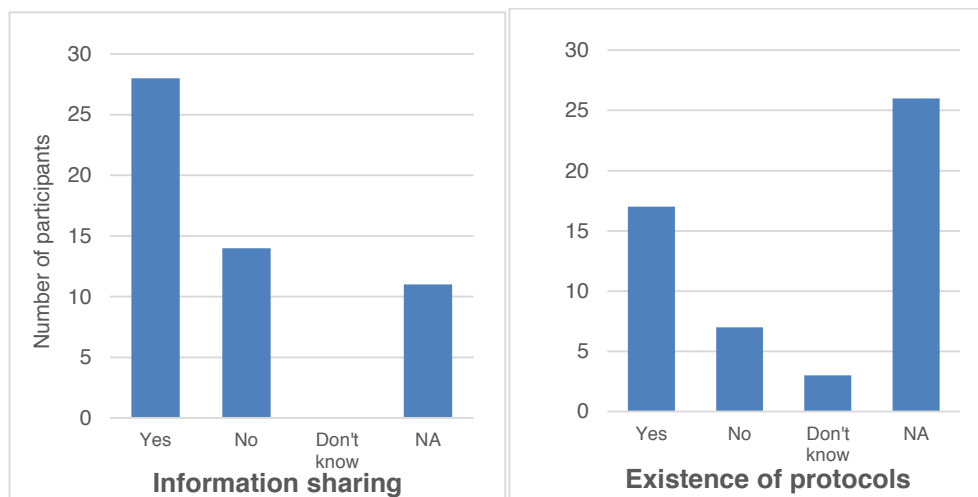


Figure 21: Number of services sharing personal information with other agencies and having signed information protocols

¹⁴⁹ Kosova Women’s Network (2015). *No more Excuses: An Analysis of Attitudes, Incidence, and Institutional Responses to Domestic Violence in Kosovo*. Prishtinë/Priština, pp. 62.

¹⁵⁰ 45 service providers out of 53 answered “Yes” and eight provided no answer.

¹⁵¹ 42 service providers out of 53 answered “Yes”, four answered “No” and seven provided no answer.

¹⁵² 41 service providers out of 53 answered “Yes”, and twelve provided no answer.

¹⁵³ 37 participants provided such information, one mentioned they do not have such a system and 15 did not answer.

Survey participants were asked whether they regularly share service users' personal information with any other agencies (e.g., by phone, email, fax, verbally) and if it is the case, whether an information sharing protocol has been signed with them. As shown in Figure 21 above, 28 out of 53 service providers (53%) mentioned that the victim's personal information is shared, 26% indicated that it is not shared, and 21% did not provide an answer. There is no significant difference between general services and specialist services¹⁵⁴, and only a smaller proportion of NGO-run services declared not sharing personal information¹⁵⁵. Only 17 out of 28 of all services declaring that they disclose victims' personal information to other institutions have signed an information sharing protocol. According to survey results, the practice of signing such protocols seems to be more widespread among specialist than general services¹⁵⁶, as well as among NGO-run than public services¹⁵⁷. There are also differences within each specific service type, which suggest there is no institutionalised approach to signing interagency information sharing protocols and even that the percentage of institutions having signed such protocols might be lower than reported in survey responses¹⁵⁸. While effective information sharing is key to successful multi-agency working, personal or sensitive information must be disclosed responsibly with due regard given to service users' confidentiality and to maintaining their safety¹⁵⁹. Drawing up information sharing protocols can help agencies work under a common understanding of who has access to which information and under what conditions/situations it can be shared with other institutions. It also enables service providers to make sound decisions backed by clear guidance.

Article 18(3) of the Istanbul Convention requires that support services prioritise the safety of service users. Such an obligation not only implies guaranteeing the physical protection of the victim, but it also requires the establishment of an environment where victims feel safe to disclose experiences of violence, where they are believed and where they have the possibility to explore options¹⁶⁰. On this aspect, a total of 22 out of 53 service providers stated that they have safe/comfortable rooms for interviewing/talking to the victim including, 12 CSWs, one forensic and two health institutions, three police DVIUs, two women's shelters, one VA and one NGO working with disabled persons. According to one CSW providing victims with a female member of staff has contributed to victims feeling more comfortable to open up about their experiences. Other respondents mentioned that their professional experience helps them in establishing a relationship of trust and a sense of emotional safety, while some indicated that they convey the message to the victim that all information is confidential or have the victim sign a specific form guaranteeing confidentiality.

In-depth interviews also provided the opportunity to inquire further about methodologies used by service providers in order to enhance women's safety and well-being. Eight interviewees out of 20 mentioned that they conduct risk assessments. One women's shelter operator elaborated further:

¹⁵⁴ 12 out of 20 specialist services (60%), and 16 out of 27 general services (59%).

¹⁵⁵ 5 out of 12 NGO-run services (42%), and 23 out of 41 government-run services (56%).

¹⁵⁶ 9 out of 20 specialist services (45%) and 8 out of 27 general services (36%).

¹⁵⁷ 5 out of 12 NGO-run services (41%), and 12 out of 41 government-run services (29%).

¹⁵⁸ Only five services explicitly stated having signed information-sharing agreements with other agencies.

¹⁵⁹ Article 18 (3) of the Istanbul Convention and paragraph 336 of the Explanatory Report.

¹⁶⁰ Council of Europe (2008). *Combating violence against women: minimum standards for support services*. Strasbourg: Council of Europe.

“Risk Assessment reports and declarations from our supportive partners, then protection procedures inside and outside the shelter are developed....Physical safety with the alarm system, support from the police and the system of cameras throughout the facility”.

Other means of ensuring victim safety that were indicated by interviewees include: co-operation with other agencies, limiting contact between victim and perpetrator, as well as teaching the victim techniques on how to cope with risky, challenging, and stigmatising situations.

According to the evaluation of the 2011-2014 domestic violence programme¹⁶¹, “one of the greatest obstacles to change in Kosovo is the present mind-set that domestic violence is a family problem”. As further stated in the NSPDVAP, “some (professionals) try to “reconcile families which is not the responsibility of most institutions, because it can compromise their responsibilities in ensuring protection or justice”¹⁶². Several survey and interview responses confirm a reconciliatory approach to domestic violence, in particular from CSWs¹⁶³. As seven out of 21 surveyed CSWs further explained, the aim of working with perpetrators and victims together is to return the women and their children to their families and restore family relationships. For some CSWs, family reconciliation also represents a successful intervention:

“There was a case involving a victim of violence with two children. Through an intensive work done with the victim and the perpetrator, we succeeded in restoring the family relationships, resulting in their coming together. In this case, violence was not repeated.”

“We have dealt with cases, where the mother (mother of two children) experienced domestic violence perpetrated by her husband. Thanks to counselling, awareness raising, and professional work, we were able to help restore the family relationships, and ensure the reintegration of a four member family.”

Such an approach to domestic violence is of great concern since it contravenes the Istanbul Convention’s guiding principle that safety should be the paramount consideration in all interventions addressing violence against women (Article 18 (3)). European minimum standards for work with perpetrators also establish that family counselling, mediation or reconciliation are not appropriate responses in domestic violence services in general¹⁶⁴.

¹⁶¹ Ministry of Justice (2015). *Evaluation report of the Kosovo Program against Domestic Violence and Action Plan 2011-2014*. Prishtinë/Priština, pp. 63.

¹⁶² National Strategy on Protection from Domestic Violence and Action Plan 2016-2020 (NSPDV), pp. 33.

¹⁶³ 13 CSWs out of 21 provide relationship counselling, 14 provide family therapy/counselling and 12 offer mediation.

¹⁶⁴ Council of Europe (2008). *Combating violence against women: minimum standards for support services*. Strasbourg: Council of Europe, pp.19.

11. Multi-agency collaboration (Article 18 of the Istanbul Convention)

The purpose of multi-agency collaboration is to ensure the effectiveness and consistency of measures addressing all forms of violence. When co-ordination among relevant actors is lacking, different and diverging priorities, principles and standards are applied, resulting in the duplication and sometimes contradiction of actions. A multi-agency response to violence against women is based on inter-institutional partnership and co-operation among governmental and non-governmental actors active at all territorial levels, as required by Article 18(3) of the Istanbul Convention. Such a response may take the form of a coordinated community response, where different sectors work together to respond to victims' needs, or a forum for agency representatives at policy-making level such as a coalition, committee, task force or partnership involving a range of agencies/sectors.

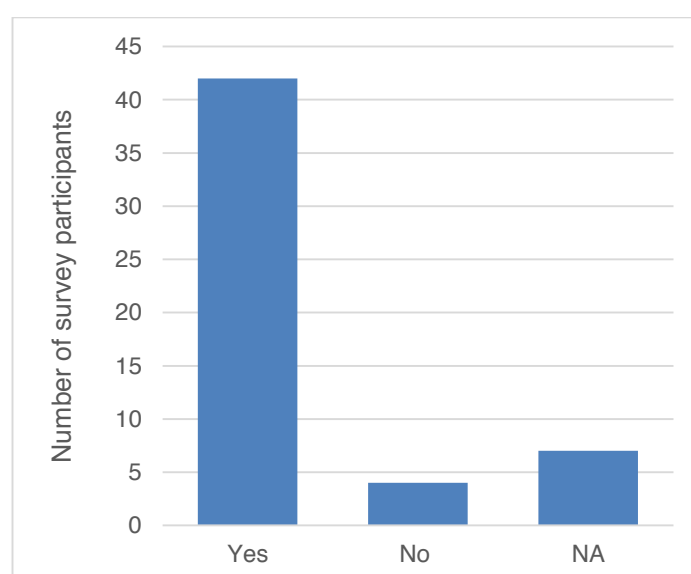


Figure 22: Is multi-sectoral collaboration obligatory for your service/sector?

As illustrated in Figure 22, 42 out of 53 survey participants declare that multi-sectoral collaboration is mandatory for their service (80%). According to 21 survey respondents (40%) this obligation emanates from legislation¹⁶⁵, despite the fact that there is no specific law mandating multi-agency co-operation in the delivery of violence against women support services¹⁶⁶. Only six respondents referred to the SOPs which do establish guiding principles as well as specific responsibilities for actors responding to domestic violence, and which according to the Kosova Women's Network have contributed to improving co-operation since their adoption in 2013¹⁶⁷. Such a small number of respondents highlights a need for further awareness-raising of the SOPs among all categories of service providers. Despite the fact that two participants

¹⁶⁵ Pieces of legislation mentioned by participants included: *Constitution of the Republic of Kosovo**, *Law No.03/L-182 on Protection against Domestic Violence (LPDV)*, *Family Law of Kosovo No. 2004/32*, *Law No.02 /L-17 on Social and Family Service*, *Criminal Code of the Republic of Kosovo* No. 04/L-082*, *Criminal Procedure Code No. 04/L-123*, *Law No.04/L-125 on Health*, *Law No.05/L-025 on Mental Health*, *Law No.04/L-076 on Police*, *Juvenile Justice Code No. 03/L-193*, *Administrative Instruction no. 12/2012*, *Administrative Instruction no. 02/2013*.

¹⁶⁶ The LPDV only contains a general obligation for key line ministries to co-operate in order to establish the necessary support structures and infrastructure for victims of domestic violence.

¹⁶⁷ Kosova Women's Network (2015). *No more Excuses: An Analysis of Attitudes, Incidence, and Institutional Responses to Domestic Violence in Kosovo*. Prishtinë/Priština, pp 16.

(CSWs) mentioned that multi-agency co-operation is mandated by protocols, survey responses suggest that such instruments are not commonplace.

In total, 10 service providers mentioned having signed memorandums of understanding or being part of municipal coordination mechanisms, including six CSWs, one OHRGE, one shelter and two VAs. According to the Kosova Women's Network, some municipalities have signed memorandums of understanding with shelters. Since 2012, local coordination mechanisms have also been established or are in the process of being established in 13 municipalities with support from international donors such as UN Women and the OSCE¹⁶⁸. Apparently, municipalities that have such mechanisms have been more active in responding to domestic violence, and as a result the NSPDVAP foresees specific measures in order to strengthen and replicate such models in other municipalities¹⁶⁹. Such replications efforts are very encouraging, yet in order to be in line Article 18(2) such mechanisms should be extended across all municipalities in order to create an effective intervention chain for all forms of violence against women. Dependence on donor funding for such initiatives can limit their long-term sustainability.

Survey participants were also asked to rate the quality of their cooperation with other institutions. Results in Figure 23 below indicate that participants seem to be most satisfied with their cooperation with police, followed by specialist NGOs (which include shelters and women's NGOs), courts, prosecution and health services¹⁷⁰. In particular, the good cooperation with the women's shelters was highlighted during the interviews. As one CSW representative pointed out:

“We feel very comfortable with the shelters through bilateral coordination, because cooperation enhances the delivery of services.”

This is in line with Articles 7, 9 and 18(2) of the Istanbul Convention which require States Parties to fully involve and co-operate with NGOs and civil society organisations when responding to violence against women, and is a testament to the key role that NGO-run shelters play in Kosovo*'s domestic violence intervention system.

¹⁶⁸ NSPDVAP pp. 24, and Strategic Objective 2.2.

¹⁶⁹ Ministry of Justice (2015). *Evaluation report of the Kosovo Program against Domestic Violence and Action Plan 2011-2014*. Prishtinë/Priština, pp. 24

¹⁷⁰ Given the large difference in the number of non-respondents for each category, the ranking has been based on the number of services with the largest number of “excellent” responses.

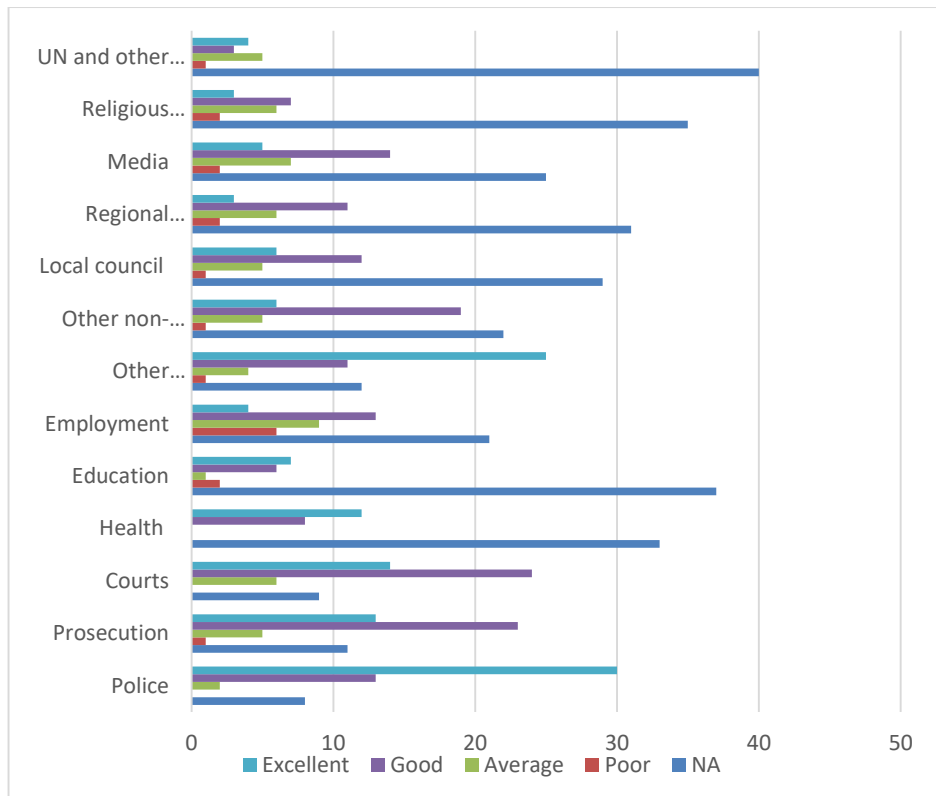


Figure 23: Where you work in close co-operation with any of the following, please rate the quality of the collaboration

According to survey participants, co-operation with other non-specialist NGOs, the media and local authorities have for the most part been qualified as good. The poorest quality of cooperation is estimated with employment services which received the highest number of “poor” and “average” responses. This is not surprising given that the lack of reintegration and employment opportunities for victims was frequently mentioned as a specific challenge by service providers in both survey responses and during the interviews (see Section 6.3 for more details).

When asked about the quality of collaboration with all services in general, seven survey respondents (13%) stated that it is either good or excellent, while the remainder did not provide a response. All seven services are however active in municipalities where co-ordination mechanisms have been set-up including: Priština/Prishtinës, Prizrenit/Prizren, Dragashit/Dragaš, Mitrovicës/Mitrovica, Skënderjat/Srbica and Vushtrisë/Vučitrn¹⁷¹. Such responses are backed by answers from in depth interviews of services participating in functioning inter-agency mechanisms, which certainly make the case for extending such practice.

Nevertheless, among of poor co-ordination the following were mentioned: the evasion of responsibility and failure to carry out activities by some services, lack of time accuracy, failure from courts to provide information on time or to take cases of domestic violence seriously, long waiting periods for court sessions, lack of co-

¹⁷¹ According to the Kosova Women’s Network, Municipal Coordination Mechanisms have been set-up in Priština/Prishtinës, Pejës/ Peć, Gjakovës/Đakovica , Gjilanit/Gnjilane, Vitisë/Vitina , Prizrenit/Prizren, Dragashit/Dragaš, Mitrovicës/Mitrovica, Gillogocit/Glogovac , Skënderjat/Srbica and Vushtrisë/Vučitrn.

operation at municipal level, inefficiency of police in apprehending perpetrators, and inability of public prosecutors to collect sufficient evidence.

“Referral mechanisms work on the basis of efficient lines of communication and establish clearly outlined referral pathways and procedures, with clear and simple sequential steps”¹⁷², facilitating as such multi-agency response to violence against women and better meeting the needs of victims. Results on the existence of protocols or formal referral mechanisms are illustrated in Figure 24 below:

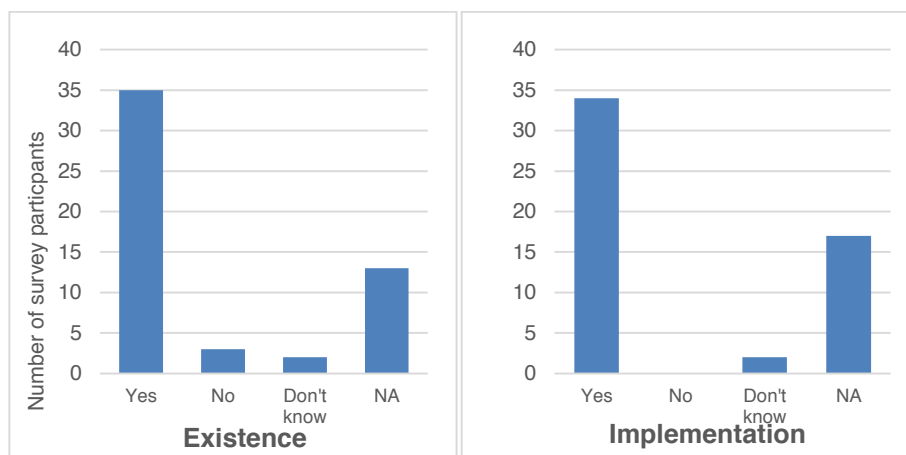


Figure 24: Do you have protocol or other formal mechanism for referring victims of violence against women to alternative services they may need, and if yes, is this implemented?

In total, 35 service providers (66%)¹⁷³ mentioned that they have some form of mechanism or protocol to refer victims to other services, with 34 (64%) declaring that these instruments are implemented. There is no observable difference between specialist and general services with regard to existence of such instruments. However, the fact that the helpline did not provide an answer is concerning, given its primary role in referring victims to relevant authorities and services. The fact that 34% of services reported not having specific referral tools can compromise victims’ access to support and protection. Such a gap in the referral system has been highlighted by previous evaluations¹⁷⁴ and needs to be addressed in order to bring standards in line with the Istanbul Convention.

12. Provision of information (Article 19 of the Istanbul Convention)

Provision of information relates to the availability of information to the general public on support services for victims of all forms of violence against women, as well as on legal measures available to them. Providing information is essential to increasing awareness about support services and available options, but it is also an effective way

¹⁷² UNFPA and WAVE (2014). *Strengthening Health System Responses to Gender-based Violence in Eastern Europe and Central Asia: A Resource Package*, pp. 88.

¹⁷³ Three out of 53 participants responded “No”, while 15 stated not knowing or did not reply to the question.

¹⁷⁴ Ministry of Justice (2015). *Evaluation report of the Kosovo Program against Domestic Violence and Action Plan 2011-2014*. Prishtinë/Priština, pp. 14.

to increase awareness about violence against women. Information should be provided in a timely manner, meaning at a time when it is useful for victims, and as a minimum, in a country's official and minority languages (Article 19, Istanbul Convention)¹⁷⁵.

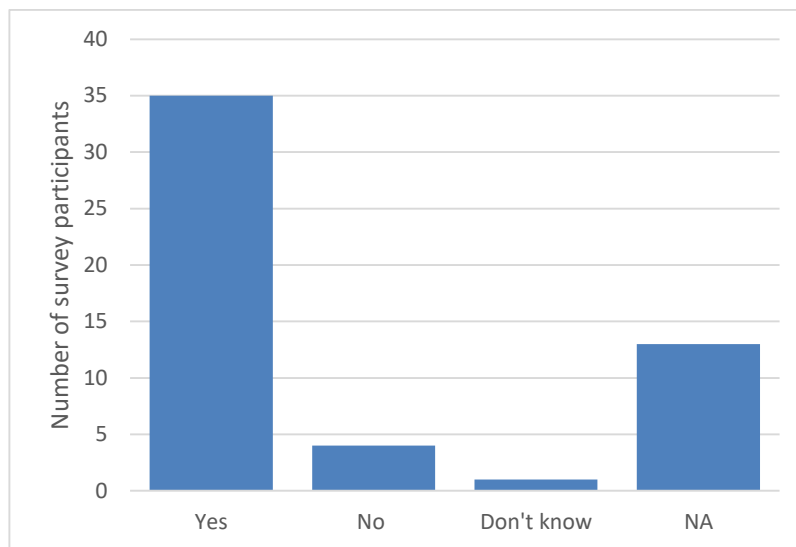
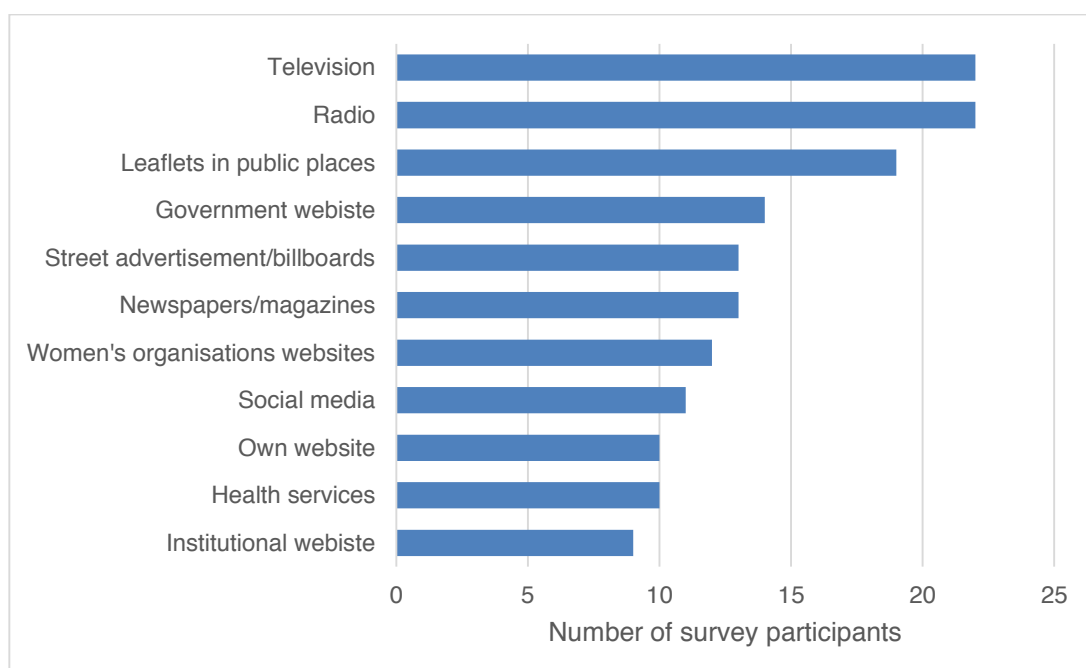


Figure 25: Do you provide public information on the services you offer to victims of violence?

In total, 66% of 53 service providers participating in the survey provided public information on their services. Specialist services provide information to victims to a much larger extent than general services¹⁷⁶, including all five women's shelters, a shelter for women victims of trafficking, a women's counselling NGO, four out of five VAs, the helpline, and four out of six police units.



¹⁷⁵ See also Explanatory Report of the Istanbul Convention, paragraph 124.

¹⁷⁶ 15 out of 20 specialist services and 18 out of 27 general services

Figure 26: If yes (you provide public information on your services), where is such information provided?

As depicted in Figure 26, service providers use a variety of means to disseminate information to victims on the type of assistance available to them. Television and radio (42% of all survey participants) are the most commonly used platforms, followed by the distribution of leaflets in public places (34%). Other means to promote access to services among the wider community that were mentioned during interviews include: organising or participating in school presentations, community/public meetings, and round-tables; fieldwork; and family visits. Every year in October since 2010 the VAAO organises “Crime Victims’ Rights Week”. The aim of the campaign is to increase awareness of rights guaranteed by Kosovo*’s legislation to victim of crime, in particular domestic violence, sexual violence, and trafficking in human beings¹⁷⁷.

In terms of language availability, a little over half (55%) of all survey participants mentioned providing public information about their service in languages other than the official languages. Albanian and Serbian were most commonly mentioned by participants, with only a handful indicating that information is available in English, Bosnian and Turkish. The fact that 45% of respondents did not indicate that they provide multilingual public information shows a significant gap with regard to the Istanbul Convention’s obligation under Article 19. Given Kosovo*’s multi-ethnic background, it is crucial that information on services be understood by all victims, in particular minority groups which are at higher risk of violence against women.

Informing victims about services in a language they understand also implies going beyond spoken and written means of communication. This might include any accessible formats that meet the needs of people with various sensory, physical, learning and other disabilities (e.g., Braille, large print, audio or digital text). Only nine of all service providers reported making information available in accessible formats. However, this number may be in reality lower since five organisations did not understand the question and the remaining four did not provide examples of which formats are used. On the basis of these findings, it is safe to assume that the use of specific formats enabling women with specific needs and/or disabilities to access information about services is far from a common practice in Kosovo*.

13. Tensions and challenges

Specific gaps between the Istanbul Convention and actual service provision in Kosovo* have been discussed in detail in previous sections of this study. Survey and interview findings point nevertheless to a series of cross-cutting issues that hamper implementation of the Convention’s requirements.

A main challenge identified in this study is the lack of recognition of violence against women at the legislative and policy level. As a result, Kosovo* lacks a comprehensive

¹⁷⁷ State Prosecutor (2016). Justice and Recovery for Victims. Bulletin no. 3, 2016.

and co-ordinated set of policies and tools offering a holistic response to all forms of violence against women, as required by Article 7 of the Istanbul Convention. Given that the entire intervention system is geared up to respond almost exclusively to domestic violence, essential services for other forms of violence covered by the Istanbul Convention are consequently missing, in particular for victims of sexual violence. Responses further suggest that training and capacity-building efforts have been insufficient to instil a gender-based and intersectional¹⁷⁸ understanding of violence in professionals working closely with victims, a fact that is perpetuated by gender-neutral legislation, procedures and standards. Another side-effect of inadequate procedures and training is the prioritisation by some service providers of family unity at the expense of the victim's safety.

The lack of periodical unified statistical data on all forms of violence, including domestic violence, was also revealed through a review of secondary literature and responses to survey and interview questions. Several service providers, in particular general and government-run services, did not provide general information on the number of service users, type of violence, proportion of victims from vulnerable groups, and number of victims unable to receive help. In their feedback to the survey questionnaire, a few participants also found some of the questions difficult to answer due to the lack of available data. Service-based client data are important for local and national monitoring and evaluation purposes, and a key requirement of the Istanbul Convention (Article 11). Insufficient data collection across and within all types of service providers consequently limits the development of the necessary knowledge base for the improvement of services and for addressing victims' needs.

The wide variety of survey responses among same service type, for example, on the existence of multi-agency co-operation protocols, hours and content of basic and further specialised training, as well as victim feedback and complaint procedures, also suggests a lack of standardisation of procedures and practice in particular among government-run services (both specialised and general). Ensuring that service providers within each type of service work under a common understating of violence against women, as well as a common framework of standards, procedures and practice guarantees a uniform response to all forms of violence against women. As a result, all women can access the same level of support and protection regardless of whether they reside.

Finally, the lack of sufficient funding from government budgets recurrently emerged as an obstacle to the availability and quality of support services. For some services, such as NGO-run shelters, financing is primarily obtained through international donors. A lack of sustainable funding means that these services remain vulnerable. Many training and municipal co-ordination initiatives have also depended on the availability of donor funding. Moreover, several providers expressed frustration at the inability to provide reintegration support and professional development activities with a view to empower victims due to insufficient funds. While it is understandable that Kosovo* faces fiscal constraints due to a vast number of priorities, recent costing studies show that the costs of inaction are significantly higher¹⁷⁹.

¹⁷⁸ An intersectional approach to violence considers the multidimensional impact on, and multiple discrimination faced by, certain groups of women.

¹⁷⁹ EIGE (2014). Estimating the costs of gender-based violence in the European Union. Luxembourg: Publications Office of the European Union.

14. Feedback on the survey

At the end of the questionnaire, survey participants were asked to provide some feedback on their experience completing it. A total of 34 service providers replied to the questions. Overall 19 participants were satisfied with the experience with one respondent highlighting in particular the importance of undertaking such an exercise in Kosovo*. Nine participants considered that it took too long to complete, while seven mentioned that it was too difficult. A small number of respondents (four) found it difficult to complete due to the inability to provide data or unfamiliarity with the answer. Three also considered that there were many questions that were unrelated to their work. A total of 16 respondents also considered that some questions were unclear, confusing or insufficiently explained. One thought many were irrelevant for their work. Among these respondents, some stated that the questions were very closed, others that concrete data had to be provided. Three participants that found the questions to be appropriate regretted not being able to provide concrete data.

Survey participants provided some suggestions to improve the questionnaire:

- include more questions about persons with disabilities, trafficking in human beings and difficulties faced at work;
- shorten the questionnaire's length;
- include a specific questions on where women who have experienced violence are accommodated (e.g., shelters, social housing, tenancy, with relatives, at home with the perpetrator);
- include questions by type of organisations rather than type of service.

15. Summary and recommendations

The main findings derived from this study are as follows:

Broad categories of support services

- **Shelter** provision is ensured free of charge and in sufficient geographical distribution across the territory, however, Kosovo* lags behind the European standard of one family place per 10,000 inhabitants. Lack of long-term housing options and economic opportunities often forces victims to return to the perpetrator. There are limited options for safe accommodation for women with boys older than 12 years of age.
- In line with Istanbul Convention's criteria, Kosovo* has a widely advertised, free of charge, 24/7, state-wide **telephone helpline** providing advice to callers confidentially, referring to other services and allowing the reporting of abuse. Findings suggest a gap with regard to the helpline's specialist coverage of all forms of violence against women, excluding domestic violence. The untraceability of calls is not ensured and coverage is limited geographically and linguistically in northern parts of Kosovo*.

- Survey data suggests that there are no specialist services focusing exclusively on victims of **sexual violence**¹⁸⁰, in Kosovo*, including rape crisis centres or sexual violence referral centres. Specialist and general services devote only a small proportion of their work to this form of violence. Social stigma faced by victims, coupled with low levels of reporting, highlight the need for increased outreach and awareness-raising activities. Access to forensic medical examinations is limited to one institution in all of Kosovo* and data suggests that a significant amount of services require the victim to file a report or undertake a forensic medical examination in order to access support services.
- Both specialist and general support services do not provide wide ranging support to **child witnesses** of violence against women, including domestic violence. A minority of services offer specialised and age-appropriate psychosocial support. Four out of seven shelters employ staff whose role is to support children.
- Non-residential **counselling/crisis centres** offering short and long-term support for all forms of violence are lacking in Kosovo*, with the criteria of one specialist counselling centre per 50,000 inhabitants and in every regional city not being met. Counselling services are generally provided as part of service providers' programmes and focus mostly on victims of domestic violence.
- No evidence was found of specific **intervention programmes for perpetrators of domestic violence and sexual offenders** as per standards and principles established by the Istanbul Convention. The overall approach to treating perpetrators is focused on addressing drug and alcohol addiction, as well psychological disorders, with previous research also indicating a lack of infrastructure for the provision of such treatment.
- **Support through the legal process** is mainly provided by VAs, NGOs and to some extent CSWs, in particular for victims of domestic violence. The type of support provided by VAs and CSWs varies depending on the individual capacities of professionals. Findings also point to a lack of thorough understanding among service providers regarding this type of support and a focus placed on offering legal services during investigation and court proceedings rather than emotional and psychological accompaniment.

¹⁸⁰ With over 75% proportion of direct work dedicated exclusively to this form of violence.

Recommendations

- ✓ Increase the number of family places in **shelters** in order to meet local needs, as well as minimum European standards. Provide sufficient transition and/or permanent housing options for victims and ensure access to safe accommodation for women with boys over 12 years old.
- ✓ Expand the **telephone helpline's** coverage to all forms of violence of violence against women. Ensure that helpline operators are equipped to address the specific needs of victims of each form of violence, respond in a gender-sensitive manner, and provide specialist crisis and emotional support in all languages spoken in Kosovo*. Adopt the necessary technology so that calls cannot be traced.
- ✓ Set-up accessible **rape crisis centres or sexual violence referral centres** in sufficient numbers. Enhance the capacities of existing general and specialist services to provide support to victims of sexual violence, outside the realm of domestic violence. Ensure all staff conducting medical forensic examinations are trained on the needs of sexual violence victims, and extent availability of forensic services to all Kosovo*. Implement regular awareness-raising and outreach activities specifically targeting sexual violence, including marital/intimate-partner rape.
- ✓ Ensure that all specialist services provide **support to child witnesses** of all forms of violence in the form of age-appropriate psychosocial support delivered by trained professionals. Ensure that all shelters have at least one qualified child care worker on staff.
- ✓ Set-up accessible **counselling/crisis centres** in sufficient numbers and/or ensure that existing specialist services have the capacity to provide specialised short and long-term counselling services to victims of all forms of violence against women.
- ✓ Set-up **programmes for domestic violence perpetrators and sex offenders** that prioritise victims' safety, promote perpetrator accountability, work in close co-operation with specialised support services and operate from a gender-based understating of violence. Treatment for drug and alcohol abuse as well as psychological disorders should be provided separately. Programmes should not engage in family counselling, mediation, reconciliation or anger management.
- ✓ Enhance the capacity of services providing **support through the legal process** for victims of all forms of violence against women, in particular the provision of emotional/psychological support.

Approach to violence against women and gender perspective

- **Coverage of all forms of violence against women** by both specialist and general support services lags behind support services for domestic violence victims. No dedicated specialist support services exist for other forms of violence covered by the Istanbul Convention, and victims are currently not systematically supported within the mandate of both specialist and general services.
- Kosovo**s legislation does not provide a **definition of violence against women** as a violation of human rights and as a form of discrimination, and no comprehensive strategy addressing all forms of violence has been adopted. The majority of service providers did not articulate a profound understanding of violence against women, and operate for the most part on the basis of a gender-neutral, domestic violence-based definition. Thorough understating of key international law instruments in this field, including the Istanbul Convention, can be improved.
- The majority of specialist and general services provide victims with a **female staff member upon request**. Women’s shelters as well as the domestic violence and trafficking helpline are all operated by an all-female staff.
- **Gender analysis** does not represent a cross-cutting aspect of the majority of government-run specialist and general service providers, while most NGO-run services work on the basis of a victim-centred and empowerment approach. The LPDV and SOPs are devoid of gender considerations and no evidence was found of specific protocols or guidelines across and within service providers stipulating the integration of a gender-perspective in the work of professionals in close contact with victims.

Recommendations

- ✓ Design a comprehensive strategy to prevent and combat all forms of violence against women, addressing the links between these forms in a coherent and consistent manner, as a human right rights violation and a form of discrimination.
- ✓ Adapt existing policies and tools so that they are gender-sensitive.
- ✓ Set-up geographically accessible specialist women’s support services in sufficient numbers, and/or extend the capacities of existing specialist services to cover all forms of violence against women. Services should be operated by specialist staff capable of understanding and responding to the needs of victims of each form of violence.
- ✓ Adopt specific protocols and guidelines for all relevant professionals (specialist and general) covering all forms of violence as defined in the Istanbul Convention, and ensuring the integration of a gender-based understanding of violence into service providers’ work. The adoption of any specific tools should be supported and reinforced by specialised training.

Discrimination, equalities and human rights

- Over half of service providers participating in the survey expressed that they do not **train their staff on equalities and discrimination**. Almost all NGO-run services report doing so. Specific training on the delivery of services to marginalised groups such as LGBT, disabled persons, Roma and women from minority communities is also limited.
- While the majority of specialist and general services provide **information about victims' right to their service, as well as on victims' rights more broadly**, further capacity-building is needed in order for all service providers to fulfil obligations under the SOPs.
- Few services provide **platforms for victims to participate in the evaluation and development of their service** (e.g., feedback forms, focus groups, victim representation at board/management level). Responses also suggest a lack of standardisation of complaint procedures within same categories of public specialist and general services. Both NGO-run and public services offer limited possibilities for victims to participate in their services if they wish to.

Recommendations

- ✓ Enhance equalities and discrimination training and capacity-building for all professionals working with victims of violence against women.
- ✓ Provide regular, appropriate and effective cross-sectoral training to address the specific needs of vulnerable groups of women to staff all specialised and general services.
- ✓ Support service providers in fulfilling their obligations to inform victims of their rights to the service and their rights in a broader context through information and capacity-building activities.
- ✓ Guarantee that all service providers across all sectors have specific and standardised tools and procedures for service users to provide feedback. Services should integrate service users' feedback in internal monitoring and evaluation processes.
- ✓ Ensure that there are clear and standardised complaint procedures within each sector and that both service staff and service users are aware of such procedures.
- ✓ Foster service users' participation in the planning and delivery of specialist support services as part of victim empowerment efforts.

Access, accessibility and provision of information on services

- Women and girls represent the bulk of **services users** for both specialist and general services. The majority of services are provided **free of charge** and in **multiple languages**. Services are mainly provided in Albanian and Serbian, while support offered in minority languages is rarer.
- Access to services for **vulnerable/marginalised groups** remains a challenge, with only 9% of services providing **services adapted to their specific needs**. Data also suggests that many vulnerable groups of women are underserved.
- Limits on the **length of time** services work an individual user are imposed by almost half of service providers. But cases were however highlighted where shelters accommodate victims for years due to a lack of suitable solutions.
- Only a handful of services provide **24/7 crisis support and information and advice** representing a significant gap in access.
- In 2016, 1/5 of services (CSWs and shelters) were **unable to support women victims of violence** due to lack of space, capacity, resources or social housing.
- Service providers use a wide variety of tools to **disseminate information about their services to the public**, in particular television and radio. Specialist support services are advertised to a larger degree than general services. Significant gaps were revealed with regard to the provision of **multilingual information to the public** as well as the use of **accessible formats** for women with specific needs and disabilities.

Recommendations

- ✓ Ensure that support is provided in both official and minority languages. Where necessary, provide for the possibility of employing qualified interpreters. Public information on available services should also be available in all relevant languages, as well as accessible formats such as Braille, large print, audio or digital text.
- ✓ Ensure that general and specialist services are physically and geographically accessible to vulnerable groups of women, and that staff are specialised in providing tailor-made assistance and protection.
- ✓ Ensure that services provide immediate, short and long-term support to victims of all forms of violence. Services should define the length of victim support on the basis of the victims' needs, as well as safety considerations.

- ✓ Guarantee that victims of all forms of violence have access to 24/7 crisis support and information and advice. Where a service is not able to operate round-the-clock, provide appropriate and effective alternatives.
- ✓ Equip specialist and general support services with specific knowledge and tools for the accurate recording of data on the number and background of users accessing services. Data should also be recorded on the number of victims that were not supported.

Funding

- Funding of support services for all forms of violence against women is not mandated by **Kosovo's legislation**. Only the financing of domestic violence measures is provided for in the NSPDVAP. Costs for services provided by public general and specialist services are absorbed by government institutions. Data shows a significant gap in service provider's knowledge of financing obligations and modalities.
- The government is the **primary source of funding** for public specialist and general services, while NGO-run services rely more heavily on a variety of financing sources, in particular international donors. Insufficient financial support is provided to shelters which are a main provider of specialised residential and non-residential support, especially for victims of domestic violence.
- The **lack of funding** was highlighted by a number of service providers, in particular CSWs and shelters, as an obstacle to victims' long-term rehabilitation, reintegration and empowerment. The dependence on donors not only threatens the sustainability of service provision and measures addressing violence against women, but also specific activities such as specialised training or municipal co-ordination initiatives.

Recommendations

- ✓ Improve awareness of funding obligations and modalities among relevant staff across all sectors.
- ✓ Increase government financing of NGO-run specialist services, in particular shelters, enabling them to build and sustain quality services.
- ✓ Allocate adequate government financial resources for the training of professionals and the development of integrated responses such as municipal co-ordination mechanisms.
- ✓ Ensure that sufficient funds are reserved for victims' rehabilitation, reintegration and economic empowerment programmes/activities.

Training and professional development

- Study results reveal a need to increase the number of **service providers with specialised training on all forms of violence against women** for both specialist and general services: only 64% of all services have staff that are specially trained to work directly with victims of violence against women.
- Trainings are conducted by a variety of actors in particular international and foreign institutions and local and international NGOs which increases the risk of inconsistent and/or unsustainable trainings.
- Data on **training content**, or lack thereof, suggests a need for enhanced professional specialisation on the detection of specific forms of violence, the needs of victims (including minority/vulnerable groups), multi-agency co-operation, the handling of referrals, and the prevention of secondary victimisation.
- Significant disparities exist across and within categories of service providers in relation to the number of hours allocated to **basic and further training**, suggesting a lack of standardisation and consistency of training requirements.
- The majority of staff working in both general and specialist services are required to hold **professional qualifications** by law. NGOs providing social and family services and CSWs must additionally be licensed by the MLSW.
- Only a small number of services have adopted practices promoting **staff well-being** as well as additional support such as supervision, anti-stress programmes and flexible working hours. Some service providers mentioned working overtime in order to provide assistance to victims.

Recommendations

- ✓ Establish minimum training standards for basic and further training for all categories of specialist and general services with a view to ensuring a consistent and systematic approach to training, as well as a uniform response to violence across Kosovo*.
- ✓ Enhance training curricula and training delivery so that it addresses among others: the continuum of violence against women within a human rights framework; all forms of violence; needs of marginalised women; risk assessment and victim safety; multi-agency co-operation and referral; existing legislation; protocols and standards; gender dynamics; and the prevention of secondary victimisation.

- ✓ All training initiatives should be supported and reinforced by clear protocols and guidelines that set the standards staff are expected to follow in their respective fields.
- ✓ Implement practices and policies within specialist and general services with the aim to improve the emotional and psychological well-being of staff working in close contact with victims.

Safety and confidentiality

- Service providers are generally aware of the importance of **confidentiality** in their work. Confidentiality is also one of the key messages communicated to victims upon initial contact with services. Previous research reveals however that ensuring confidentiality remains a challenge across institutions.
- There is room for improvement regarding **data protection practices**, notably the use of lockable/protected files for service users' records and secured electronic databases, in addition to limiting access to authorised persons. Over 2/3 of service providers do not record personal information at the request of the victim.
- Despite that over half of services report sharing personal information with other agencies, the signing of **information-sharing protocols** is not common across all types of service providers.
- Only 2/5 of services have **special rooms for interviewing victims** in their facilities.
- Data confirms findings from previous research revealing some professionals' reconciliatory attitudes to addressing domestic violence. Several service providers, mainly CSWs, offer mediation, as well as family and couples counselling with the aim of restoring family relationships.
- Service providers' understanding of safety and confidentiality in isolation from a gender-based understanding of violence against women and domestic violence, victims' rights, and empowerment presents a particular challenge.

Recommendations

- ✓ Ensure that all support services have clear, documented and secure systems for the collection, recording and storing of all information and data about service users.
- ✓ Guarantee that all support services are delivered in a way that protects victim's privacy, guarantees her confidentiality and discloses information only with her informed consent, to the extent possible.

- ✓ Provide sufficient capacity-building so that all staff understand and apply confidentiality rules and procedures.
- ✓ Ensure that personal and sensitive data on victims is only shared using agreed information-sharing protocols between agencies.
- ✓ Expand the practice of using special rooms for interviewing victims, especially in general services.
- ✓ Address professionals' reconciliatory attitudes through targeted training on victim safety.

Multi-agency co-operation

- Besides the SOPs, no evidence was found of **specific protocols establishing multi-agency co-operation** for domestic or other forms of violence. Only 1/5 of services participating in this study have signed memorandums of understanding with other agencies or are involved in municipal co-ordination mechanisms. Institutions that have been involved in such initiatives display higher levels of satisfaction with inter-agency co-operation.
- Service providers co-operate most effectively with police and NGO-specialised services such as shelters, while they seem to be less satisfied of their co-operation with employment services. Data suggests that services engage the least with UN and other development actors, education institutions, health services and regional authorities.
- Gaps exist with regard to existence to referral protocols or formal mechanisms, compromising as such victims' access to support and protection.

Recommendations

- ✓ Support and allocate sufficient resources to the development of multi-agency initiatives such as municipal co-ordination mechanisms and the signing of memorandums of understanding and protocols. Ensure all relevant actors are trained on the rules and procedures established under these instruments.
- ✓ Expand existing municipal co-ordination mechanisms to cover other forms of violence against women beyond domestic violence.
- ✓ Ensure that referral to other services is supported by clear protocols or formal mechanisms, that rules and procedures are known by all staff. The effectiveness of referral processes should be regularly monitored.

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Annex I

Survey questionnaire



Mapping violence against women and girls support services

The Council of Europe Convention on preventing and combating violence against women and domestic violence, also known as the Istanbul Convention, was adopted by the Council of Europe Committee of Ministers on 7 April 2011. It opened for signature on 11 May 2011 at the 121st Session of the Committee of Ministers in Istanbul. It entered into force on 1 August 2014.

The Convention is based on the understanding that violence against women is a form of gender-based violence that is committed against women because they are women, although parties to the Convention are also encouraged to apply the protective framework it creates to men, children and the elderly who are exposed to violence within the family or domestic unit. It is the obligation of the state to fully address such violence in all its forms and to take measures to prevent violence against women, protect its victims and prosecute the perpetrators.

While the ultimate aim of the Istanbul Convention is the prevention of all forms of violence covered by its scope, victims require adequate protection from further violence and support and assistance to overcome the consequences of violence and rebuild their lives. Support for victims of violence is often delivered by specialist support services that have specialised in providing support and assistance tailored to the – often immediate – needs of victims of specific forms of violence against women or domestic violence and are not open to the general public. While these may be services run or funded by government authorities, the large majority of specialist services are offered by NGOs. Specialist support services for victims may be available within general services offered by public authorities such as social services, health services, employment services, which provide long-term help and are not exclusively designed for the benefit of victims only but serve the public at large.

The purpose of this questionnaire is to collect data from all such services to assess the availability, accessibility and type of services providing protection and support to victims of violence, as required by the Convention.

If you have any questions about the survey or you need further information, please contact [national researcher + contact details].

Thank you for your participation.

GENERAL OR SPECIALIST SERVICE

1. What is your role? (Tick all that apply)

- Director/manager
- Project manager/coordinator
- Counsellor
- Social worker
- Psychologist
- Lawyer
- Helpline worker
- Finance Officer
- Legal advice workers
- Health worker
- Something else

If you selected something else, please tell us:

General services refer to help offered by public authorities such as social services, health services, employment services, which provide long-term help and are not exclusively designed for the benefit of victims of violence but serve the public at large.

Specialist services provide support and assistance tailored to the – often immediate – needs of victims of specific forms of violence against women or domestic violence and are not open to the general public. While these may be services run or funded by government authorities, the large majority of specialist services are offered by NGOs (Explanatory Report accompanying Convention, para 125).

2. Which of the following best describes your service?

- Non-governmental organization
- Centre for Social work
- Part of a more general service
- Specialised entity established by the government to work on VAW
(e.g. [insert for your country context])
- Something else

If you selected something else, please tell us:

3. If you are a non-governmental organisation, do you also have contract employees from state agencies?

- Yes
- No

4. If you are part of a more general service, please give details of which service and your violence against women work:

5. If yes, please say how many you contract, which state agency they work for, and in what capacity are they engaged by your organisation:

	Details
How many	
Which state agency	
How they are engaged by your organisation	

6. Please estimate the proportion of work your service undertakes that is directly with victims of VAW:

- Around 75% or more
- Around 50-75%
- Around 50-25%
- Less than 25%
- Don't know
- Data not available

7. How many paid staff do you have?

Total	
Full-time	
Part-time	

8. How many volunteers do you have at the moment?

9. If you have volunteers, please list their roles:

10. How many of your staff work exclusively or predominantly on VAW?

- All
- Most

If neither of the above, please estimate the proportion:

SHELTERS

The next section of the questionnaire is about what type of service you offer (e.g. shelter, helpline, support for sexual violence victims etc). Please answer Yes or No for each service type and you will be routed to the appropriate supplementary questions.

Shelters should provide immediate, preferably around-the-clock, safe accommodation for victims, especially women and children when they are no longer safe at home. Temporary housing alone or general shelters such as those for the homeless, are not sufficient. Specialised women's shelters are best equipped to address the multiple

interlocking problems victims face, as they provide women and their children with support, enable them to cope with their traumatic experiences, leave violent relationships, regain their self-esteem and lay the foundations for an independent life of their own choosing. They also play a central role in networking, multi-agency co-operation and awareness-raising in their respective communities (Explanatory Report accompanying Convention, para. 133).

11. Does your service include a shelter?

- Yes
- No

12. Are there any criteria that must be fulfilled for women to be admitted to your shelter? (Tick all that apply)

- Protection order in place
- Identification commission approval
- Victim status granted through formal procedures
- Age
- Geographic location
- Citizenship
- Something else

If something else, please say what

13. Do women have to fulfill any health criteria to access your shelter?

- Yes
- No
- Don't know

If yes, please say what

14. What type of service do you offer? Tick all that apply

- Shelter
- Telephone helpline
- Support for victims of sexual violence
- Support for child witness
- support through the legal process
- counseling centre
- Perpetrator program
- Something else

15. Does your shelter allow women to bring their children with them?

- Yes
- Yes, but there are some restrictions for older boys
- No
- Don't know

Please say what the restrictions are

16. Do you have specific staff at your shelter whose job is to support children?

- Yes
- No
- Don't know

17. How long can women and their children stay in your shelter?

Less than 1 week

- Up to 1 month
- Up to 3 months
- 3-6 months
- 7-12 months
- No limit
- Don't know

18. Is your shelter accessible to women with disabilities?

- Yes
- No

If yes, please say which;

19. Is your shelter accessible to women with mental health problems?

- Yes
- No

If yes, please say which:

20. Is your shelter accessible to women with addiction problems drugs/ alcohol?

- Yes
- No

If yes, please say which:

21. Are there any restrictions on women's rights whilst in the shelter (e.g. voting rights, freedom of movement, etc.)?

- Yes
- No

If yes, what restrictions?

22. How many family places for women and children can your shelter accommodate at any one time? *(If you do not know the exact number, please provide an estimate and state that it is an estimate.)*

23. Please estimate how many women were accommodated in your shelter/refuge in 2016:

24. Please estimate how many children were accommodated in your shelter/refuge in 2016:

25. Please estimate how many women could not be accommodated in your shelter/refuge in 2016 due to lack of space:

26. Please estimate how many children could not be accommodated in your shelter/refuge in 2016 due to lack of space:

HELPLINES

Telephone helplines should have a widely advertised public number and provide support, crisis counselling and referral to face-to-face services, such as shelters, counselling centres or the police. Helplines should be state-wide, available around the clock and free of charge (*Explanatory Report accompanying Convention, para 136*).

NB: Please DO NOT enter responses about generic helplines, such as those providing general advice to victims of crime or general psychological counselling/crisis support, in this section.

27. Does your service include a Helpline?

- Yes
- No

28. Do you have a way to ensure that calls to your helpline cannot be traced (e.g. so they do not appear in the caller's phone records)?

- Yes
- No

Please give details:

29. How many times, on average, does an individual service user contact your service?

- Once
- 2-3 times
- More than 3 times
- Don't Know

Data not available

30. Is every call to your helpline free of charge?

- Yes
- Only calls from certain providers are free of charge
- No
- Don't know

31. Do you ask for personal details when women call your service for the first time?

- Yes
- No
- Don't know

If yes, which details do you ask them to supply and how do you record these details

32. Please estimate the proportion of calls to your service that were anonymous in 2016;

	%
Proportion	

33. Do institutions/statutory agencies request that you share data?

- Yes
- No
- Don't know

Are demands to share information with these agencies common practice or is there a legal obligation to do so?

34. If you have to share any information on your service users with other agencies (e.g. names, addresses, or any anonymised data), what do you have to share and who with?

35. Do you have a confidentiality policy for callers to your service?

- Yes
- No
- Don't know

36. Please tell us how you keep the information confidential:

SUPPORT FOR VICTIMS OF SEXUAL VIOLENCE

Support for victims of sexual violence may take the form of a rape crisis centre or a sexual violence referral centre. Rape crisis centres typically offer long-term help such as face-to-face counselling, support groups and contact with other services. They also support victims during court proceedings by providing woman-to-woman advocacy and other practical help. Sexual violence referral centres may specialise in immediate medical care, high quality forensic practice and crisis intervention. They are sometimes established in a hospital setting to respond to recent sexual assault by carrying out medical checks and referring the victim to specialised community-based organisations for further services (Explanatory Report accompanying Convention, paras 140-141).

37. Does your service include support for victims of sexual violence?

- Yes
- No

38. What type of facility is your service based in?

- Hospital
- Other health setting
- Standalone facility
- Another location

If another location, please tell us:

39. Please estimate the proportion of your service users that are attending for sexual violence/abuse that is: (Please provide answer as percentage)

	Percentage %
Recent/current (in the past year)	
Historic (more than a year ago)	
War/conflict-related	

40. Can victims of sexual violence access your services if they do not wish to undergo a forensic medical examination?

- Yes
- No
- Don't know
- Not applicable

41. Can you undertake forensic examinations of women with disabilities?

- Yes
- No
- Don't know
- Not applicable

If yes, which disabilities?

42. Can victims of sexual violence access your services if they do not wish to report to the police?

- Yes
- No
- Don't know
- Not applicable

43. Can you provide treatment of injuries?

- Yes
- No
- Don't know
- Not applicable

44. Can you provide documentation of injuries?

- Yes
- No
- Don't know
- Not applicable

45. Do women undergoing a forensic medical examination at your facility have to complete and sign a consent form first?

- Yes
- No

- Don't know
- Not applicable

46. Are the forensic practitioners within your service specially trained in sexual offences examinations?

- Yes
- No
- Don't know
- Not applicable

SUPPORT THROUGH THE LEGAL PROCESS

Support through the legal process involves victim organisations, specifically trained domestic violence counsellors or other types of support/advocacy services who may assist and support victims during investigations and judicial proceedings. This type of service is not of a legal, but a practical/psychological nature. It includes psychologically/emotionally preparing victims to endure testifying in front of the accused, accompanying victims to court and/or assisting them in any other practical and emotional way (Explanatory Report accompanying Convention, para. 282).

47. Does your service include Support through the legal process?

- Yes
- No

48. Is your service:

- Located within the legal system
- An external organisation
- Something else

If something else, please give details;

49. Is referral to your service:

- Mandatory
- Voluntary

Please give details of the referral process:

--

50. Please explain what support you provide to victims (e.g. accompaniment, emotional support)

--

COUNSELLING/CRISIS CENTRES

Counselling centres are non-residential services that provide day support, including advice, counselling and practical support, to women victims of violence and their children. These include intervention centres providing practical and emotional help to women in the community.

NB: Please DO NOT complete this section if you are a general women's centre that supports women on other issues such as social inclusion, poverty, or gender equality.

51. Does your service include a counselling/crisis centre?

- Yes
- No

52. Please estimate how long on average you work with victims:

	Details
Number of sessions/length of time	

PERPETRATOR PROGRAMMES

Perpetrator programmes include preventive intervention and treatment programmes to help perpetrators change their attitudes and behaviour. Many models exist but all should be based on best practice and encourage perpetrators to take responsibility for their actions and examine their attitudes towards women. It is essential that

programmes closely co-operate with women's support services, law enforcement, the judiciary, probation and child protection or child welfare offices where appropriate.

Participation may be court-ordered or voluntary (Explanatory Report accompanying Convention, paras 102-104).

53. Does your service include a perpetrator programme?

- Yes
- No

54. Is referral to your service:

- Mandatory only
- Voluntary only
- Both

Please give details of the legal basis of referral:

55. Are there any referral protocols in place?

- Yes
- No

If yes, please give details:

56. What services do you offer perpetrators of VAW? (Tick all that apply)

- Individual counselling
- Relationship counselling
- Family therapy/counselling
- Mediation
- Group work
- Anger management
- Assistance in finding employment

Something else

If something else, please give details:

57. Please give further details of any of the services you offer:

58. Do you offer any support services to the female partners of perpetrators accessing your services?

- Yes
- No
- Don't know

If yes, please explain what they are:

59. Does your service ever work with victims and perpetrators together?

- Yes
- No

If yes, please explain in what way;

SUPPORT FOR CHILD WITNESSES

Protection and support for child witnesses includes "age-appropriate psychosocial counselling for child witnesses of all forms of violence covered by the scope of this Convention and shall give due regard to the best interests of the child (Istanbul Convention, Article 26)."

60. Does your service include support for child witnesses of violence against women?

- Yes
 No

61. Please describe the support for child witnesses that you provide:

TYPE OF SERVICE

Crisis support is short term, and centres on providing assistance, non-judgemental support and resources in the immediate aftermath of VAW or at a time of current crisis. The aim is to help reduce stress and improve the person's ability to cope with their current situation, as well as with future crises.

Mediation is a way of resolving disputes between parties with a third party acting as mediator to help them reach an agreement.

Couple counselling refers to counselling the parties of a relationship in order to recognise, manage or reconcile differences and repeating patterns of distress.

Outreach involves working with the wider community beyond the immediate physical confines of the service/centre, in order to reach people who need assistance but may not be able/confident to contact the service themselves or may not be aware of it.

Case advocacy involves ensuring individual victims know about and can obtain rights within a range of institutional contexts. This may concern assisting them to obtain help from institutions providing housing, financial assistance, legal protection, employment, social care, social and health protection etc, and can include accompanying them.

Legal advice involves providing information and advice about the legal process, rights and options and may include legal representation.

Economic empowerment involves instilling in victims a sense of control of their lives, which in many cases includes working towards financial security, in particular economic independence from the perpetrator (EF, para 118). This may be through

offering opportunities for training, access to education or personal development courses.

62. Which of the following form part of your direct services to victims (tick all that apply) and what are the operating hours per week for each element?

	Do you offer this	Operating hours per week
Information and advice		
Crisis support		
Telephone counselling		
Facetoface counselling		
Support/selfhelp groups		
Mediation/couple counselling		
Outreach		
Case advocacy		
Forensic examination		
Medical/health services		
Legal advice		
Immediate financial relief		
Economic empowerment (training/education/personal development)		

63. If you offer another service, please tell us what it is and what the operating hours are:

APPROACH TO VIOLENCE AGAINST WOMEN

Domestic violence means 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 (Article 3.b).

Rape/sexual assault includes non-consensual vaginal, anal or oral penetration of a sexual nature of the body of another person with any bodily part or object; other non-consensual acts of a sexual nature; or causing another person to engage in non-consensual acts of a sexual nature with a third person (Article 36).

Childhood sexual abuse means engaging in sexual activities with a child below the legal age for sexual activities; engaging in sexual activities with a child where use is made of coercion, force or threats, abuse of a recognised position of trust, authority or influence over the child, or abuse of a particularly vulnerable situation of the child, notably a mental or physical disability or a situation of dependence (see Lanzarote Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, Article 18, para 1).

Stalking is the intentional conduct of repeatedly engaging in threatening conduct directed at another person, causing her or him to fear for her or his safety, such as repeatedly following another person, engaging in unwanted communication with another person or letting another person know that he or she is being observed (Article 34).

Crimes in the name of 'honour' are any acts of violence or threat, including those covered by the Convention, where culture, custom, religion, tradition or so-called "honour" are used as a justification for such acts. This covers, in particular, claims that the victim has transgressed cultural, religious, social or traditional norms or customs of appropriate behaviour.

Female Genital Mutilation (FGM) is defined as excising, infibulating or performing any other mutilation to the whole or any part of a woman's labia majora, labia minora or clitoris (Article 38).

Forced marriage is the intentional conduct of forcing an adult or a child to enter into a marriage. The term "forcing" refers to physical and psychological force where coercion or duress is employed (Article 37).

Sexual harassment means any unwanted verbal, non-verbal or physical conduct of a sexual nature with the purpose or effect of violating the dignity of a person, in particular when creating an intimidating, hostile, degrading, humiliating or offensive environment (Article 40).

Trafficking is the recruitment, transportation, transfer, harbouring or receipt of persons by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include,

at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs (see Council of Europe Convention on Action against Trafficking in Human Beings, Article 4.a).

Forced abortion is performing an abortion on a woman without her prior and informed consent;

Forced sterilisation is performing surgery which has the purpose or effect of terminating a woman's capacity to naturally reproduce without her prior and informed consent or understanding of the procedure (Article 39)

64. Which forms of VAW does your direct service work with victims address (see definitions above)? (Tick all that apply)

- Domestic violence
- Rape/sexual assault
- Childhood sexual abuse
- Stalking
- Crimes in the name of 'honour'
- Female Genital Mutilation (FGM)
- Forced marriage
- Sexual harassment
- Trafficking
- Forced abortion and sterilisation
- Other forms of VAW

If other forms of VAW, please tell us what:

65. Please estimate the proportion of your direct work with victims that are devoted to each form of VAW. Please give your answer as a percentage proportion (%)

	Proportion (%)
Domestic violence	
Rape/sexual assault	
Childhood sexual abuse	

Stalking	
Crimes in the name of 'honour'	
Female Genital Mutilation (FGM)	
Forced marriage	
Sexual harassment	
Trafficking	
Forced abortion and sterilization	
Other forms of VAW	

66. What are the 3 most important things to communicate to women when they first contact your service?

Details	
1.	
2.	
3.	

ACCESS AND AVAILABILITY

“The implementation of the provisions of this Convention by the Parties, in particular measures to protect the rights of victims, shall be secured without discrimination on any ground such as sex, gender, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth, sexual orientation, gender identity, age, state of health, disability, marital status, migrant or refugee status, or other status (Istanbul Convention, Article 4.3).”

67. Who is your service available to? Tick all that apply

- Women
- Men
- Girls

- Boys
- Different services are available to different groups

Please give details:

68. Please estimate how many from each group accessed your service in 2016:

	Number
Women	
Men	
Girls	
Boys	

69. Are there any additional criteria people must meet in order to access your service?

- Yes
- No

If yes, please tell us what they are;

70. In which geographical area do you provide your service?

71. Please tell us the population and the size of this area:

--

72. Please estimate how many people from the following groups your service supported in 2016

	Estimated Number
Women who are pregnant/with young children	
Persons with disabilities	
Persons in rural/remote areas	
Substance abusers	
Women in prostitution	
Persons of national/ethnic minority background	
Roma	
Migrants (undocumented and refugees)	
Asylum seekers	
Internally Displaced Women	
Lesbians	
Gay men	
Bisexual persons	
Transgender persons	
HIV positive persons	
Homeless persons	
Children	
Elderly persons	

73. If you worked with another vulnerable group in 2016, please tell us who and estimate how many you worked with

74. Do you offer any services that are specifically tailored to the needs of any of the above groups?

- Yes
- No

If yes, please give details and say which group(s) they address ;

75. Do you offer multi-lingual services?

- Yes
- No

If yes, please give details of which languages and services:

76. Is your service free of charge?

- Yes, to all service users
- Yes, to most service users
- Yes, to some service users
- Some of our services are free and others are not
- No

77. Please tell us who has to pay and what the charges are:

78. Were there any women victims of violence that you were unable to support in 2016 due to lack of space/capacity/resources?

- Yes
- No
- Don't know
- Data not available

If yes, please tell us how many in 2016:

79. Please estimate what proportion of your direct work with service users is immediate/crisis support and what proportion is longer term

	Percentage (%)
Crisis	
Longer term	

80. Are there any limits on the length of time you work with an individual service user?

- Yes
- No

If yes, please tell us what they are;

FUNDING

81. Is your organisation legally regulated?

- Yes
- No
- Don't know
- Data not available

If yes how?

82. Is there a national/federal law securing funding for your service?

- Yes
- No
- Don't know
- Data not available

If yes, please provide details of the relevant law;

83. Who provides funding for your service and what proportion of your overall funding did they provide in 2016?

	Who	Proportion of funding they provided (%)
National government		
Local/Municipal government		
Foreign donor(s) including UN Organisations		

National charitable foundation(s)		
National NGO(s)		
Private company(ies)		

If you are funded by another body, please provide details:

--

**84. How frequently does your organisation conduct the following activities?
Please don't select more than 1 answer(s) per row**

	Never	Occasionally	Sometimes	Often
Primary prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness raising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campaigning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lobbying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organising seminars/training for Professionals ^{84.5}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating manuals on VAW for Professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collecting data on VAW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributing to state consultations on VAW or related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributing to alternative/shadow reports to UN bodies (e.g. CEDAW, CRC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

85. How much funding did you receive for this work in 2016 and from whom? (If funds were given jointly for several of the following activities, please state this in the answer boxes)

	From whom	How much funding in 2016
Primary prevention		
Awareness raising		
Campaigning		
Lobbying		
Organising seminars/training for professionals		
Creating manuals on VAW for professionals		
Collecting data on VAW		
Contributing to state consultations on VAW or related issues		
Contributing to alternative/shadow reports to UN bodies (e.g. CEDAW, CRC)85.9		

TRAINING

86. How many of your staff are specially trained to work directly with victims of VAW?

- All
- Most
- Some
- None
- Don't know
- Data not available

87. How many of your staff have conducted basic training and how many further training on VAW?

	Number of staff
Basic training	
Further training	

88. How many hours of training do they receive?

	Hours
For basic training	
For further training	

89. Who normally provides the training?

90. Are any of your staff legally required to hold a professional qualification (e.g. relevant degree, professional certificate or licence)?

- Yes
- No
- Don't know
- Data not available

If yes, please give details of which staff roles and the qualifications are required:

91. Do your staff have access to any of the following to help them in their work with VAW cases? (Tick all that apply).

- Supervision
- Anti-stress programmes
- Flexible working hours
- Don't know
- Something else

If something else, please tell us here;

GENDER PERSPECTIVE

"Parties shall ensure that measures taken pursuant to this chapter shall be based on a gendered understanding of violence against women and domestic violence and shall focus on the human rights and safety of the victim (Istanbul Convention, Article 18.3)."

92. How does your service define VAW?

93. Are your staff female?

- All female
- Majority are female
- Female and male
- Majority are male
- Don't know

94. Can you provide a female staff member if requested by a service user?

- Yes
- No
- Don't know

DISCRIMINATION AND EQUALITIES

95. Do you provide training for staff on discrimination and equalities?

- Yes
- No
- Don't know

If yes, what does it cover?

96. How do you ensure the views of service users are taken account of in your service delivery? (Tick all that apply).

- Feedback forms or similar mechanisms
- Represented on board/management team
- Focus groups/reflective discussions
- Something else
- None of the above
- Don't know

If something else, please tell us:

HUMAN RIGHTS/VICTIM'S RIGHTS AT THE CENTRE

"Parties shall ensure that measures taken pursuant to this chapter shall [...] focus on the human rights and safety of the victim (Istanbul Convention, Article 18.3)"

97. Are victims asked if they would prefer to see a female member of staff?

- Yes
- No

- Not applicable, as all staff are female
- Don't know

98. Are victims informed about their rights to the service?

- Yes
- No
- Don't know

99. Please tell us what they are told:

100. Are victims informed about their rights more broadly?

- Yes
- No
- Don't know

Please tell us what they are told:

101. Are there ways victims can become involved in your service if they wish to?

- Yes
- No
- Don't know

If yes, please say how:

PROVISION OF INFORMATION

“Parties shall take the necessary legislative or other measures to ensure that victims receive adequate and timely information on available support services and legal measures in a language they understand (Istanbul Convention, Article 19).”

This relates to the availability of information to the general public on support services for victims of VAW, such as brochures leaflets or information available in print, on TV or radio or through the internet in your country.

102. Do you provide public information on the services you offer to victims of violence?

- Yes
- No
- Don't know

103. If yes, where is such information available? (Tick all that apply).

- Your own website
- Government website (please say which department)
- Institutional website (please say which)
- Women's organisations/networks' websites
- Leaflets in public places e.g. libraries, community centres
- Health services e.g. doctors, hospitals
- On television
- On radio
- Newspapers, magazines
- Social media networks (Facebook, etc.
- Street advertisements/billboards

Please provide links to any websites;

104. Is such information about your service available in languages other than the official state language(s)?

This might be any regional and/or minority languages in addition to the primary national language(s).

- Yes
- No

Don't know

If yes, which languages?

105. Is such information about your service available in accessible formats? (This might be any accessible formats that meet the needs of people with various sensory, physical, learning and other disabilities. e.g. Braille, large print, audio or digital text.)

Yes

No

Don't know

If yes, which formats?

MULTI-AGENCY COLLABORATION

“Parties shall ensure that policies [...] are implemented by way of effective co-operation among all relevant agencies, institutions and organisations. Measures taken pursuant to this article shall involve, where appropriate, all relevant actors, such as government agencies, the national, regional and local parliaments and authorities, national human rights institutions and civil society organisations (Istanbul Convention, Article 7).”

“Good practice examples in some member states show that results are enhanced when law enforcement agencies, the judiciary, women’s non-governmental organisations, child protection agencies and other relevant partners join forces on a particular case, for example to carry out an accurate risk assessment or devise a safety plan. This type of co-operation [...] requires guidelines and protocols for all agencies to follow, as well as sufficient training of professionals on their use and benefits (Explanatory Report accompanying Convention, Para. 64).”

Multi-agency collaboration involves cooperation/collaboration with other sectors who have a key role to play in addressing VAW either locally, regionally/federally or nationally and may take the form of a coordinated community response, where different sectors work together to respond to victims’ needs, or a forum for agency representatives at policy-making level such as a coalition, committee, task force or partnership involving a range of agencies/sectors.

106. Is multi-sectoral collaboration obligatory for your service/sector?

- Yes
- No

107. If yes, please give details of the law or official protocol mandating this.

108. If no, is it based on good personal links between agencies?

- Yes
- No

If yes, which agencies?

109. Where you work in close cooperation with any of the following, please rate the quality of the collaboration.

	Poor	Average	Good	Excellent
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other specialist VAW NGOs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other non-specialist NGOs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UN and other development actors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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110. If you collaborate with another agency, please say which and rate the quality of the collaboration (from poor to excellent):

111. Please give further details about the quality of collaboration, if you wish:

112. Do you have a protocol or other formal mechanism for referring victims of VAW to alternative services they may need?

- Yes
- No
- Don't know

113. If yes, is this implemented?

- Yes
- No
- Don't know

Please say why you don't if no;

SAFETY AND CONFIDENTIALITY

"Parties shall ensure that measures taken pursuant to this chapter shall focus on the [...] safety of the victim (Istanbul Convention, Article 18.3)."

114. How do you understand the concept of data protection in relation to your service users?

115. Do you have lockable/protected files for written service user records?

- Yes
- No
- Don't know

116. Do you record service users' personal details on a database or other electronic system?

- Yes
- No
- Don't know

117. If yes, is this secure (e.g. password protected)?

- Yes
- No
- Don't know

118. Who has access to it?

119. Do you regularly share service users' personal information with any other agencies (e.g. by phone, email, fax, verbally)?

- Yes
- No
- Don't know

120. If yes, have you signed an information sharing protocol with these agencies?

- Yes
- No
- Don't know

If yes, please give details:

121. Can service users choose not to have their personal information recorded by you?

- Yes
- No
- Don't know

122. How do you create a space in which women feel able to disclose/discuss experiences of violence?

LOCAL CONTEXT

123. Are there national laws/policies that support the work you do on VAW?

- Yes
- No
- Don't know

If yes, please give details, including who developed them:

124. Are there any issues in the implementation of these laws/policies that affect your work on VAW?

125. Are there national laws/policies that make the work you do on VAW more difficult?

- Yes
- No
- Don't know

If yes, please give details:

126. Have national standards been developed for the type of work you deliver?

- Yes
- No
- Don't know

If yes, please give details:

127. Were you involved in their development?

- Yes
- No
- Don't know

If yes, please say how you were involved

128. Are you happy with these standards?

- Yes
- No
- Don't know

If unhappy, please say why:

CLOSING QUESTIONS

129. Is there anything else you want to say about support services for women victims of VAW?

130. How was the questionnaire to complete?

131. Were any questions unclear or confusing?

132. Are there any questions we should have asked but did not?

133. Is there anything else about the questionnaire you would change or add?

YOUR DETAILS

Please note: this information will not be made public but may be used by the researchers to contact you if we have any queries regarding your answers.

134. Your name **Required*

Are you:

- Male
- Female

135. Please provide your contact details:

	<i>Details *Required</i>
Organisation or institution	
Municipality	
Email address to contact you directly	
Phone number	

Annex II

Interview guide

Violence against women service mapping – interview guide

Do the consent procedure with each interviewee.

To respondents: Please answer on behalf of your service, its philosophy and procedures. If you want to express a personal opinion about these please make clear that this is your view, not that of the organisation.

Details of name and role of person being interviewed, region and the service

- 1. Can you describe your service – what forms of VAW it covers and what services you offer**

This section covers your overall approach to VAW

- 2. What are the core principles in your work with victims (perpetrators) and how do you implement them?**

3. What perspective(s) do you use/draw on?

NOTE FOR INTERVIEWERS: this might be a social work/feminist/empowerment perspective. If they mention these or other terms, ask how they understand and use them in their work

4. Is there a difference between your approach and that of other organisations that work with victims (or perpetrators)?

NOTE FOR INTERVIEWERS – make sure they explain what these differences of approach are and whose approach they are different to

5. How is gender relevant to your work?

6. How does your service understand the concept of human rights and its relationship to VAW?

7. Is your service aware of the Istanbul Convention?

NOTE FOR INTERVIEWERS: probe their understanding of the relevance to them of the Convention and the standards for support services it contains

8. Do you use the term ‘victim’, ‘survivor’ or ‘victim-survivor’ (‘perpetrator’ or ‘offender’) or something else to describe your beneficiaries? Why do you choose this term rather than others?

9. **FOR PERPETRATOR WORK ONLY** – how do you take the safety of female partners into account in your work? Do you make direct contact with them/offer them support?

10. **FOR PERPETRATOR WORK ONLY** – what cooperation do you have with women’s support services?

In this section we explore some of your policies, procedures and practices

11. How do you create a safe environment/space for victims to speak within your service?

12. What methodologies do you use to enhance women’s safety and well-being?

NOTE FOR INTERVIEWERS: respondents may mention things like risk assessment, safety planning, empowerment methods etc. Ask them to explain what they mean by these terms and how they implement them

13. What happens if women try to contact you out of operating hours?

NOTE FOR INTERVIEWERS: probe if there are follow-up procedures

14. How does your agency understand the concept of confidentiality?

15. How and when is this explained to women victim/survivors?

16. What specialist training on VAW do your staff receive?

NOTE FOR INTERVIEWERS: probe the content and length of the training, who delivers it, if everyone in the organisation has done it

17. Is there any additional training in order to improve work with marginalised groups?

NOTE FOR INTERVIEWERS: get the person to specify which groups and the content of the training

18. What steps do you take to promote access to your service among the wider community?

NOTE FOR INTERVIEWERS: probe whether this involves working directly with members of communities, which groups and how the co-operation works in practice

19. How much of the work of your agency is undertaken by volunteers?

NOTE FOR INTERVIEWERS: get clarity on which parts of provision and the proportion of work

20. Are there restrictions (by funders/managers/law) on how you deliver your service and who can access it?

NOTE FOR INTERVIEWERS: make sure you know what the limitations are and who imposes the limits)

21. Does your service have a workplace equalities policy and what does it cover?

22. Do you provide a description of your services and requirements to any victim who wishes to access your service?

NOTE TO INTERVIEWERS: probe about what it contains, does it include their rights, a consent procedure etc). Please explain the protocol/procedure for giving service users this information

23. What is the procedure if a victim wishes to make a complaint about the treatment they have received from your service?

24. How do you monitor/evaluate your service?

NOTE FOR INTERVIEWERS: probe about whether there are opportunities for self-reflection and also if service users are involved in any of the processes

This section is about cooperation with other agencies

25. We are interested in the partnerships you have with other agencies – which do you work most closely with and why?

26. Have you ever been part of a partnership project with other institutions? How did it work, what did you learn?

27. Can you provide an example of good collaboration with another agency?

28. Can you provide an example of poor collaboration with another agency?

29. Have professional standards been developed for your work on VAW?

NOTE FOR INTERVIEWERS: probe who developed them, a brief summary

30. Are they appropriate for your agency?

Our last set of questions

31. What are the strengths of your service?

32. What are its limitations?

33. Can you provide a brief example of a case where your service intervened successfully to support a victim?

NOTE FOR INTERVIEWERS: make sure you know what they actually did and why they think this was a success

34. Can you think of a case where your service could have acted differently to support a victim more effectively?

35. Which aspects of your service would you like to develop more in the future?

36. Are there forms of VAW where there is too little provision – in your agency and more widely in the region/country?

NOTE FOR INTERVIEWERS: probe with respect to:

- ▶ *Domestic violence*
- ▶ *Rape/sexual assault*
- ▶ *Childhood sexual abuse*
- ▶ *Stalking*
- ▶ *Crimes in the name of 'honour'*
- ▶ *Forced marriage*
- ▶ *Sexual harassment*
- ▶ *Trafficking and sexual exploitation*

37. Is there anything else you would like to say about your agency or support services for women victims of violence?

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