

NEEDS ASSESSMENT REPORT QUALITY GUIDELINES FOR CENTRES FOR SOCIAL WORK IN SUPPORT OF VICTIMS OF VIOLENCE AGAINST WOMEN AND DOMESTIC VIOLENCE



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NEEDS ASSESMENT REPORT QUALITY GUIDELINES FOR CENTRES FOR SOCIAL WORK IN SUPPORT OF VICTIMS OF VIOLENCE AGAINST WOMEN AND DOMESTIC VIOLENCE IN KOSOVO*

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Council of Europe

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

“Needs Assessment Report Quality guidelines for Centres for Social Work in support of victims of violence against women and domestic violence”

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List of Acronyms

CSW	Centres for Social Work
ChwD	Children with Disability
DSPF	Department of Social Policies and Family
DHSW	Directorate for Health and Social Welfare
EC	European Commission
FGD	Focus group discussion
KII	Key Informant Interview
NGO	Non-Governmental Organisation
MLSW	Ministry of Labour and Social Welfare
SSIS	Social Services Information System
PwD	Person with Disability
PwID	Person with Intellectual Disability

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Introduction

1.1 Overview

The Needs Assessment Report for Centres for Social Work in Kosovo* serves as a guide for supporting social workers' practice in line with Kosovo*'s commitments for implementation of the Council of Europe's Convention on preventing and combating violence against women and domestic violence, known as the Istanbul Convention. This report identifies the main challenges faced by Centres for Social Work (CSWs) in providing services for victims of violence against women and domestic violence. It also describes both the research, its findings, good-practice principles and minimum standards from the Council of Europe as well as a set of recommendations for the Centres for Social Work.

This assessment analysed current practice in cases of violence against women (VAW) and domestic violence (DV). The assessment focused on: the extent to which a gendered understanding of domestic violence and a victim-centred approach underpinned service provision by CSWs; data gathering and quality assurance practices within the CSWs; the main challenges of CSWs in providing quality services for victims of VAW and DV; current practice in cases with child victims and witnesses; and capacity building needs for CSWs in VAW and DV case management.

This report also provides recommendations for the development of quality guidelines to improve the quality of specialised services for victims of violence against women and domestic violence, in line with the Istanbul Convention, and other relevant international standards and good practices.

1.2 Background: The Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence

On 25 September 2020, the Assembly of Kosovo* adopted an amendment to the Constitution that “gives direct effect to the Council of Europe Convention on preventing and combating violence against women and domestic violence - Istanbul Convention” (Council of Europe, 2020). The Istanbul Convention is the most far-reaching international treaty to tackle violence against women. This convention creates a legal framework across Europe that aims to protect women against all forms of violence and to prevent and prosecute violence against women and domestic violence, and protect victims, by way of coordinated policies.

Article 3.a of the Istanbul Convention defines violence against women as “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” (Council of Europe, 2011, p 3). Included, therefore, are domestic and sexual violence, sexual harassment, crimes committed in the name of so-called ‘honour’, female genital mutilation, forced marriages, forced abortion or forced sterilisation. For this study, Article 20 is especially relevant, as it addresses the provision of general support services:

1 Parties shall take the necessary legislative or other measures to ensure that victims have access to services facilitating their recovery from violence. These measures should include, when necessary, services such as legal and psychological counselling, financial assistance, housing, education, training and assistance in finding employment.

2 Parties shall take the necessary legislative or other measures to ensure that victims have access to health care and social services and that services are adequately resourced, and professionals are trained to assist victims and refer them to the appropriate services (Council of Europe, 2011, p.8).

The convention is based on four pillars: Prevention, Protection, Prosecution, and Coordinated Policies. This research and report focus on Kosovo*’s work under the Protection pillar. Under the convention, the safety and needs of victims and witnesses must be the highest priority when implementing convention provisions. The Council of Europe (2008) published proposed minimum service standards to be adopted across Europe. These standards included core minimum standards for all services and service-specific standards.

The minimum standards most relevant for the Centres for Social Work relate to those for advocacy (2008, pp 44-45), as that role is the closest approximation to the role performed by staff in the CSWs. The minimum standard for training identifies the core competencies that staff should demonstrate:

Advocate training should include a minimum of 30 hours and cover:

- a gendered analysis of violence against women
- crisis intervention techniques
- confidentiality
- communication skills and intervention techniques
- how to make appropriate referrals
- information on trauma, coping and survival
- an overview of criminal and civil justice systems
- an update and review of relevant state laws
- the availability of state and community resources
- non-discrimination and diversity
- empowerment

The minimum standard for training for counsellors, whose role overlaps somewhat with staff in CSWs, is also relevant:

Counsellor training should include a minimum of 30 hours and cover:

- a gendered analysis of violence against women
- crisis intervention techniques
- trauma, coping and survival
- current understandings of well-being and social inclusion
- confidentiality
- communication skills and intervention techniques
- an overview of criminal and civil justice systems
- an update and review of relevant state laws
- the availability of state and community resources
- non-discrimination and diversity
- empowerment

1.3 From the Desk Review: Social services in Kosovo*

Domestic violence and violence against women are widespread phenomena in Kosovo*, and are caused by gender inequalities. According to a survey conducted by the Kosovo Women's Network, 41% of women and 20% of men 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 lifetime. The Kosovo Women's Network 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" (Kosovo Women's Network, 2015). The justification of the violence reveals the effect of social norms and attitudes reflecting stereotypical gender roles.

The Ministry of Finance, Labour and Transfers is the main body at central level that is mandated by law to oversee the implementation and delivery of social services. The mandate to manage, monitor and inspect social protection schemes is the responsibility of the Department of Social and Family Policy within the Ministry of Finance, Labour and Transfer. Kosovo* currently has 38 municipalities, the CSWs in each municipality act as the main social service providers.

The CSWs are the main institutions mandated to provide professional social services for VAW and DV cases. According to a 2021 study:

“The role, responsibility and competencies of the Centre for Social Work is regulated by various and numerous primary and secondary legislation, regulations and standards. There are 38 municipalities in Kosovo and each municipality has within its territorial competence one CSW, except Prishtina which has 3 units within the CSW Prishtina. In 2010 several other CSWs were established in the newly formed municipalities such as Junik, Mamush, Partesh, Klllokot and Gracanica. In 2009, a memorandum of understanding was signed between the Ministry of Labour and Social Welfare, the Ministry of Local Government Administration, the Ministry of Finances and the municipality for transfer of role and responsibility from the central level to the local level. The CSW has three departments, professional social services departments, social assistance scheme department and administration department” (Analysis of the role and responsibilities of the Centre for Social Work in Kosovo, 2021, p 8).

The study points out that an agreement (memorandum of understanding) was drafted in 2009 in which the relevant ministries agreed that local governments would provide social services, including those provided by CSWs. Although all social and family services are currently funded centrally, oversight is provided locally:

“The Municipal Directorates for Health and Social Welfare (MDHSW) oversee the planning and development of services. The Centres of Social Work (CSW) are responsible for service delivery, and currently 40 CSW offer social services across 38 municipalities in Kosovo. CSWs deliver a range of social and family services in the community as well as institutions” (Analysis of the role and responsibilities of the Centre for Social Work in Kosovo, 2021, p 3).

Legal Framework

Social service delivery to victims of VAW and DV is regulated primarily by the following Acts: Law on Family and Social Services No. 02/L-17; Law on amending and supplementing the Law No. 02/L-17 on Social and Family Services; Law No. 03/L-182 on Protection from

Domestic Violence in Kosovo, 2010; Government Administrative Instruction No. 17/2013 for the Licensing of the Legal Entity/Organisations that provide Social and Family services; and the Standard Operating Procedures for Protection from Domestic Violence (SOP).

In 2013, Kosovo* drafted the Standard Operating Procedures for cases of DV which define the roles of each institution dealing with those cases. Minimum standards, have also been adopted in order to further regulate service provision by health services, shelters, social workers, and victim advocates, among others. According to the Standard Operating Procedures in cases of DV, the role of CSWs include the following:

The CSW provides social and family services for all referred or identified victims on the basis of victim's needs assessment and is obliged to coordinate victim's social services up to his/her reintegration in society. A CSW appoints an officer as case manager for each case and provides support with services. The case manager takes over the responsibility for case supervision. The case manager assesses the social and economic position of the victims of domestic violence. This enables the CSW to identify victims' needs and to coordinate respective services. Home visits may be conducted with the aim of assessing the general position of the family, shelter, etc. In general, the case manager supports the victim and empowers him/her to make decisions in an independent and responsible manner for his/her life.

The CSW shall allow for the victim to complete a reflection period of 48 hours, except for extraordinary cases, prior to making the assessment of the victim and the development of the individual plan in co-operation with the victim. Social and family services shall be provided after the needs' assessment is conducted. The victim shall be informed of the terms and conditions to be fulfilled in order to be eligible for services. The case manager shall fill in the basic data form for the victim and coordinate activities with other actors to support and integrate the victim.

The Case Manager ensures that other actors inform the CSW in relation to the referrals of the case to social services. During the provision of services, the Case Manager is obliged to observe procedures and timelines on the basis of the legislation in force. The victim shall also be advised by institutions and NGOs on services available, which provide advocacy and recovery programmes for victims of domestic violence. The Custody Body, acting within the CSW, is obliged to respond at any time to all requests for the provision of professional opinions submitted by justice and enforcement bodies such as the court, prosecution and police. The officer assigned by the CSW, after assessing the victim's needs, provides the following social services to the victim:

- psychosocial counselling
 - domestic violence victims recovery and empowerment
 - custody [of children]
 - short-term accommodation, after the actors ascertain that that is needed to ensure the safety of the victim
 - social assistance if the criteria are fulfilled according to the legislation in force
 - assistance
 - implementation of the measures imposed by the court for psycho-social treatment
 - supporting the victim to obtain various personal documents and other administrative services, required by the shelter and/or by the victim
- (Standard Operation Procedures for Protection from Domestic Violence in Kosovo, 2013, p 41).

1.4 Methodology

Scope of the report

Data was collected from CSWs, shelters, and a victim who had experienced domestic violence. The data was analysed, and a set of findings produced, and outlined below, along with recommendations. This publication describes both the findings of the research, some good-practice principles and the minimum standards for support services from the Council of Europe (Council of Europe, 2008) as well as a set of recommendations for CSWs. The focus of the needs assessment was the individual and institutional responses to domestic violence and other forms of violence against women (VAW); however, the vast majority of data is related to domestic violence, which dominates the caseloads of those working in CSWs. The findings point to a set of report recommendations included as a guide to be used for improving services and their alignment with the Istanbul Convention.

Data collection and analysis

For the purpose of this report, both primary and secondary data sources were consulted. In terms of primary data sources, the study relied on both qualitative and quantitative methodologies. Data collection was done through desk research, focus group discussion, key informant interviews, case studies, and a survey, ensuring satisfactory data triangulation.

The methodology was chosen to accurately and conveniently capture all data relevant to the assessment's scope, as well as, as mentioned above, to ensure data triangulation. The methodology was also chosen to enable timely implementation of its findings.

The elements of the data collection and analysis were the following:

- The desk review covered the analysis of the field, country reports, and legal and policy documents.
- A total of 4 focus group discussions (FGD) were conducted, with a total number of 31 participants, 27 representing CSWs and 4 representing Shelters.
- A total of 4 key Informant Interviews (KIIs) were conducted, 1 with a CSW representative, 2 with representatives of Shelters and 1 with a victim of VAW and DV.
- 3 case studies of VAW and DV were studied to understand challenges victims face while they go through the process of recovery and reintegration.
- A standardised questionnaire was distributed to 34 respondents from CSWs and Shelters to better capture their needs for capacity building in dealing with VAW and DV cases.

The data collection took place during the period of 1-30 September 2022.

1.5 Main findings

Findings from focus groups, key informant interviews, case studies, and the survey, categorised according to the research questions are presented below:

- There is no uniformity in which psychosocial services women and child witnesses of VAW and DV receive, and there is no established standard of service quality among CSWs and shelters, varying depending on the municipality.
- Assessment of the risk factors in sheltering victims is carried out inconsistently, varying depending on the municipality. According to the data, where municipalities have local shelters, victims choose more often to use shelter services, whereas in municipalities in which there are no shelters, victims choose more often to be sheltered with their family of origin (the victim's parents), rather than go to a shelter located in another municipality.
- Focus group discussions revealed that social workers have different opinions on whether shelters are the best option for victims. The subjective opinion of social workers may impact the decision of the victim to choose to go to a shelter versus to their family of origin.
- Both social workers from CSWs and shelter representatives commented that protection orders are not sufficient to ensure victims' safety in cases when they are sheltered with her family of origin.
- The majority of CSWs state that there is a lack of staff to cover the workload and that high caseloads make it impossible for workers to provide good quality services.
- Due to the lack of expertise and capacity building opportunities,

social workers face challenges in providing services for victims of VAW and DV for people with disabilities, including people with intellectual disabilities.

- Due to the lack of expertise and capacity building opportunities, social workers face challenges in providing services for victims of VAW and DV for LGBTI people.
- Current practice of having children present at the police station when interviewing the victim is putting children at risk of re-traumatisation.
- Due to the lack of psychologists in CSWs and a lack of relevant expertise among social workers, it is challenging for them to provide services for children experiencing and/or witnessing domestic violence. Currently there is a lack of services to support recovery for children.
- Social workers' practice is impacted by traditional patriarchal beliefs and gender roles and therefore prone to victim-blaming. For example, several social workers described women as "provoking the violence," which further elaborated meant that those woman involved did not act according to the expected set of rules of behaviour - rules rooted in patriarchal constructions of the family. In a few cases social workers described women as "being unstable" when they describe what had happened, and referred to women victims "changing their statements".
- According to the survey results, approximately 97% of respondents answered that they need additional training on VAW and DV.
- CSWs cannot offer long-lasting solutions for victims of VAW and DV. In the majority of cases, after going through sheltering and recovery services, victims find that their vulnerability to being re-victimised increases.
- At CSW level, there is a lack of internal, in-house, quality assurance mechanisms, failing to ensure quality of services performed by CSW staff.
- There is no mechanism or system for the victim to provide feedback on the services received either by CSWs or shelters.
- The data collection on social services is carried out by CSWs, through standardised forms designed by the Ministry of Labour and Social Work (MLSW). In some municipalities data is entered in the electronic Social Services Information System (SSIS), while in other municipalities the data remains on paper only. Transferring paper-based data to an electronic version is a burden for CSW staff, as they lack human resources.
- In some municipalities, there is a lack of co-operation and data exchange among CSWs, shelters, and other NGOs providing social services.
- There are no systematic data quality checks performed by CSWs. CSWs in some municipalities do not perform any data quality

assessments, and thus significant data could be missed.

- Due to lack of staff, victims of VAW and DV are not always interviewed by women social workers in cases when victim request it. According to CSWs, this makes victims hesitant to share all the important information of a respective case, and therefore important data might fail to be registered.

Discussion of the findings

2.1 VAW and DV case management by CSWs

Gendered understanding of domestic violence and victim-centred approach

A central tenet of the Istanbul Convention is that violence against women and domestic violence are gendered human rights violations that are both the cause and consequence of unequal power relations between women and men: “Under the convention, the use of the term ‘gender’ aims to acknowledge how harmful attitudes and perceptions about roles and behaviour expected of women in society play a role in perpetuating violence against women” (Council of Europe, 2022b, p 1). The subordinate status of women in families and communities justifies violence against women in society, and compliance with the convention requires that policy makers and services providers—especially social workers and shelter staff—recognise and reject patriarchal influences on attitudes and decision making.

The evidence from our research indicates that existing patriarchal structures and assumptions continue to exist in CSW practice. This was evident in victim-blaming language referring to women “provoking the violence”, “women not acting according to the expected gender roles”, or “being unstable”, and “changing their statements”. These comments reflect patriarchal assumptions about who is responsible for abuse and violence (the victim, who is not appropriately fulfilling her prescribed gender role which therefore justifies the violent and abusive behaviour of the perpetrator) and who is held accountable (also the victim). As a consequence, social work interventions are likely to focus on the behaviours of the victim instead of holding the perpetrator responsible; thus, CSW staff hold the victim accountable for her and her children’s safety. Women and children are often expected to remain either in the perpetrator’s home or to return to their family of origin. Instead victims should be offered victim-centred services such as adequate, local rehousing and robust enforcement of protection orders.

The lack of gendered understanding of domestic violence and the victim-centred approach

affects case management, the provision of social services, as well as the decisions of the courts as statements made by social workers are considered during proceedings. The Council of Europe published an assessment report on the alignment of its measures on violence against women with the Istanbul Convention (hereinafter the Council of Europe assessment report). The findings from this report echo that assessment:

“[T]he delegation was alerted to the fact that some staff members of the Centres for Social Work still lack a gendered understanding of domestic violence, which is even more concerning considering that they are not necessarily social workers by training but rather civil servants. Beliefs persist among some staff members working in the Centres for Social Work that one of their duties is to maintain contact between children and their abusive parents, indicating a lack of awareness of the harm caused to children witnessing violence” (2022a, p 44)

Sheltering options for victims of VAW and DV

According to the standard operating procedures (SOP), the role of social workers is to inform the victim of sheltering options, emphasising the services offered by shelters. The study revealed that victims’ choices regarding the sheltering options varied largely based on the municipality. In municipalities where shelters are located, victims choose more often to use the services of shelters, while in municipalities where there are no shelters, victims choose more often to go to their family of origin. Victims’ decisions may be impacted by how the sheltering options are presented to the victim. Focus group discussions revealed that in a few cases, social workers may be hesitant to recommend shelters as the best option for victims. Victims’ decisions will also be influenced by how far the nearest shelter is located, whether the victim has sons who might not be accepted by a shelter (boys over 12 years old are not accepted), thus separating them, or other concerns.

Shelters are available only in bigger municipalities, usually in cities, and there are none in rural areas. For many victims, moving to a shelter means they will be in a place where they and their children don’t know anyone and have no informal network of support. The trade-off of access to a social network for safety is a difficult one.

Without local shelter options available, victims are faced with options that all carry significant risk. Also, women’s shelters do not house boys over the age of 12 who usually get located to children’s shelters, this means that mothers must be separated from their children. “Kosovo* currently operates with nine shelters run by NGOs out of which there are seven shelters providing services to women victims of domestic violence and their children. Additionally, one shelter provides services for women victims of trafficking in human beings and one shelter offers services to children in need i.e., child victims of abuse including child victims of domestic violence when need arises.” (Council of Europe, 2019, p11. The convention’s minimum standard for provision of shelters is one family place per 10 000 head of population

(Council of Europe, 2011, explanatory report, p 50).

Victims in many cases will therefore choose to shelter with their family of origin. Because of persistent patriarchal attitudes in families, victims will then experience coercion from male family members, who will often minimise the abuse and seek reunification with the abuser rather than make the safety and well-being of the victim and her children the paramount consideration. According to tradition, usually coded into the “Kanun” in specific regions, couples should try to reconcile through mediation. If the reconciliation fails, families may get into a conflict.

Arrangements made by families may entail harmful consequences for children. The traditional norms (rooted in Kanun) discourage women from taking their children to their family of origin due to the belief of the “blood-line”, meaning that the children traditionally belong to the father’s family and should stay with the father.

In cases when a victim shelters at her family of origin, social workers struggling with high caseloads will often consider that the victims and the children are safe. As a consequence, victims are offered fewer services related to psycho-social treatment such as counselling. When it comes to victims’ recovery and reintegration, there are a number of scenarios, depending on the victim’s preference for the sheltering:

Scenario 1: Women victims of VAW and DV (and children) in shelters

Shelters operate as NGOs and are heavily dependent on funding from donors, which drives differences in the services shelters offer as a psychosocial support. During the period when they receive private funding from donors, more services can be made available. If only funds from the government are available, often only basic sheltering services, such as accommodation, food, clothes, and health visits/medications, can be made available. Victims sheltered in shelters should receive services such as counselling, psychotherapy, and medical checks. The social worker will also assist victims with obtaining various personal documents and other administrative services.

Scenario 2: Women victims of VAW and DV (and children) sheltered with their family of origin, or other relatives

A very common practice is sheltering at the victim’s family of origin. Such option was the only option in Kosovo* before 1999, due to lack of shelters. The practice rests on a set of traditional practices on how the case will be handled afterwards and by whom. When a woman returns to her family of origin, a set of patriarchal norms are likely to apply, making access to the victim by CSWs more difficult. In this

scenario there are no recovery services provided such as counselling, psychotherapy, and medical checks. The social worker assists these victims mainly with obtaining various personal documents and other administrative services.

Scenario 3: Women victims of VAW and DV (and children) return to the location of the violence

In this case the court will issue a “protection order” which lays out measures to be applied to perpetrators in order to secure a safe space for women victims. There is a common opinion among social workers in CSWs and shelter representatives that these fall short of ensuring victim’s safety. Perpetrators and victims are left to live in the same house/apartment, so the protection order is clearly not effective. In such cases the violence is likely to be repeated, and in many cases the risk to the victim has increased. In this scenario there are no recovery services provided such as counselling, psychotherapy, and medical checks. The social worker assists these victims mainly with obtaining various personal documents and other administrative services.

In none of these scenarios are the needs of the victim and her children paramount, nor do minimum standards under the Istanbul Convention appear to underpin the system design (see Council of Europe [2008] and discussion of minimum standards for advocates and counsellors in Section 1 above).

2.2 Data gathering and quality assurance within the CSWs

It is in the mandate of a CSW Director and the Head of Social Services within each CSW to organise and supervise the work of social workers. But, at CSW level, due to a lack of human resources, there is a lack of internal, in-house, quality assurance mechanisms, failing to ensure quality of services performed by CSW staff. In a few municipalities, the CSW Director and Head of Social Services are engaged as case managers of VAW and DV in addition to their other duties.

CSWs send weekly, monthly, biannual, and annual reports to the Directorate for Health and Social Welfare (DHSW) within each municipality. The reports are quantitative, monitoring the number of services provided, and there is no qualitative and analytical information included such as specifics of the case, challenges, “red flags”, needs for immediate interventions, or good practices.

CSWs provide 51 types (categories) of services. All social workers are requested to provide all types of services, and there is no specialisation among social workers. Numerous sources have identified high caseloads and staff shortages as barriers to good practice in CSWs, including:

“Lack of sufficient staff within the CSW have prevented profiling from taking place yet. The large variety of services makes it impossible to achieve that a professional social services official knows all the specifics of all cases. The advantages of profiling are numerous, as all trainings, representations, reporting, related to the beneficiaries of the respective group would focus on a certain group of professionals. The possibility of realising such an organisation chart and such division in all CSWs at the moment seems to be impossible, due to their capacity, although all CSWs in Kosovo regardless of their size, geographical position, number of beneficiaries, have the same duties and responsibilities” (Analysis of the role and responsibilities of the Centre for Social Work in Kosovo, 2021, p 15).

The findings of the Council of Europe assessment report (2022, p 44) echo these observations:

“Despite their multiple duties, serious shortcomings have been identified in relation to the functioning of the Centres for Social Work which negatively affects their ability to assist victims of domestic violence. Firstly, these centres are under-staffed and under-resourced to carry out their wide range of tasks, resulting in uneven service provision and co-ordination with other professionals.”

The workforce capacity is also constrained by the lack of professionalisation of social workers; they are trained as civil servants and do not undertake professional social work qualifications. This shortcoming is compounded by the failure to provide specialist support services in the different forms of violence against women and domestic violence, required for compliance with the Istanbul Convention’s Article 23.

CSWs use standard forms prepared by the previous Kosovo Ministry of Labour and Social Welfare to collect data. In some municipalities CSWs collect data in hard copy paper protocols, due to limited skills of social workers using computers and software. In some municipalities, CSW staff declared that entering paper-based data into a system is an extra burden for social workers.

Most of the respondents argue that the data collection forms represent an overload for staff. The limited human resources/social workers within the CSW and the wide range of services make data collection and processing a second priority. In the reports that they submit to the Ministry, they only process data “manually” by reviewing each case in hard copy, because they cannot extract reports from the SSIS. The forms have not been updated since 2007.

Due to the lack of a system or tools for data quality assurance and the workload of the directors of CSWs, the quality, accuracy and reliability of the data produced by social workers is likely to be unreliable. Very often important data is missing, specifically data regarding questions in the standardised forms that go unanswered because the questions involved are considered “culturally inappropriate” to be asked to a victim from a social worker of the opposite sex. Very often women do not feel comfortable disclosing certain facts to a male

social worker, and CSWs cannot ensure a women social worker for each victim of VAW and DV.

Current forms are not tailored to collect information on children and on their specific needs for services. Lack of such information could lead to children not getting adequate support by social workers.

There are no standard procedures, nor templates to perform a quality control exercise to enable internal quality checks at CSWs. A majority of CSWs state that there is a lack of staff to cover the workload. Due to the lack of systematic internal control system, case reviews are highly dependent on the initiative, capacity, or willingness of a CSW director to perform them. Some CSWs apply more often some sort of ad-hoc discussion among colleagues on best practices to deal with the cases, while other CSWs have no system for any type of quality check.

In addition, the majority of CSW representatives say there is no systematic monitoring at Ministry level. According to CSW representatives, visits from the Ministry do not happen on a regular basis, rather they occur on an ad-hoc basis or based on specific cases, usually on those that get media attention.

Cooperation between CSWs and NGOs providing social services is not regulated in the legal framework. For each beneficiary of social service, a case manager is appointed and the social worker from a CSW will collect all information/data for the beneficiary. The case manager is responsible for collecting data from the beginning of the case to its closure, and the social worker must keep track of the data also produced by other institutions involved in the case such as police, the justice system, and healthcare providers.

2.3 Main challenges of CSWs in providing quality services for victims of VAW and DV

Main challenges CSWs and Shelters face in dealing with cases of VAW and DV
-Answers from the survey, ranked according to the number of mentions-
<ul style="list-style-type: none"> • lack of human resources • managing cases where the victim or the perpetrator is a person with disabilities or a person with intellectual disabilities (PwD/PWID) • majority of staff not specialised to provide quality services for victims of VAW and DV • lack of profiled staff, i.e., no psychologist in some CSWs • sheltering of boys above 12 years old • providing holistic support to the family where violence has occurred, meaning providing counselling services to all members of the family • lack of logistics (no adequate travel facilities), no funds/means to provide immediate support to the victim. • no emergency fund (petty cash) to provide immediate support to victim/children such as water, food, clothing or medicine • no appropriate office premises, no easy access for PwD • no adequate safety measures while performing risky tasks

Table 1. Main challenges CSWs face in dealing with cases of VAW and DV

The survey also revealed that social workers in particular feel challenged when providing services for victims of VAW and DV with disabilities, including people with intellectual disabilities. There are no capacity building opportunities, guidelines, or tools for providing services to such cases. Social workers also expressed that they struggle when providing services for LGBTI victims of VAW and DV.

Changes needed in CSWs to improve responses in cases VAW and DV
-Answers from the survey, ranked according to the number of mentions-
<ul style="list-style-type: none"> • changing the categorisation of employees in CSWs from civil servants to professional occupations and providing commensurate training and support • further capacity building of employees in case management • engagement of a psychologist within each CSW • increasing the number of employees at CSWs • investing in infrastructure of the CSWs building, make them accessible of PwD • enforcing data protection protocols for all stakeholders • improving safety in CSW premises • increasing capacities of CSWs to deal with staff burnout • monetary compensation for working overtime

Table 2. Changes in CSWs to improve responses in cases of VAW and DV

Changes in legislation needed for more quality services for victims of VAW and DV
-Answers from the survey, ranked according to the number of mentions-
<ul style="list-style-type: none"> • laws concerning VAW and DV should be adopted through a collaborative process where CSWs and shelters provide input • laws and bylaws to be revised in order to increase their functionality in practice: there is a huge gap between what laws require and what are the real human capacities and funding possibilities • training of staff on legal requirements • develop guides for practical implementation of laws • the Law on Family should be modified to define the obligation of co-operation between different institutions • there should be a regulation which allows social workers to operate with petty cash funds that can be used in emergency situations to provide basic services to a victim such as food, drink, clothes and medicines • the Law on Social and Family services should be in absolute line with the requirements of the Istanbul Convention

Table 3. Changes in the legislation for more quality services for victims of VAW and DV

2.4 Service provision in cases of VAW and DV with child victims

The Istanbul Convention recognises that children are both victims and/or witnesses of domestic violence, and the convention requires that state parties provide support and protection for children. Indeed, Article 26 of the convention (“Protection and support for child witnesses”) states that:

1. Parties shall take the necessary legislative or other measures to ensure that in the provision of protection and support services to victims, due account is taken of the rights and needs of child witnesses of all forms of violence covered by the scope of this Convention.
2. Measures taken pursuant to this article shall include 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 (Council of Europe 2011, p 8).

The Kosovo Women’s Network, in a 2021 publication examining responses to VAW and DV in Kosovo, remarked that “Centres for Social Work have struggled to provide appropriate case management due to staff shortages. This undermined their ability to represent the rights of the child” (p 8).

The data obtained in this assessment confirmed that finding. As discussed above, current service provision for child victims is putting children at risk of further trauma and often fails to reflect the children's victimisation during the many steps of case management. Due to the lack of psychologists in the Centres for Social Work and the lack of expertise among social workers, CSWs lack capacity for providing services for child victims/witnesses of domestic violence.

Evidence shows that the rights of children stipulated in United Nations' Convention on the Rights of the Child (1989) are being violated by taking them to police stations while the victim of DV is giving a statutory declaration. The following Articles are especially relevant:

Article 9: Separation from parents - I have the right to live with my parents, unless it is not in my best interest. I also have the right to maintain contact with both my parents if separated from one or both.

Article 12: Children's opinion - I have the right to express my opinion freely. These opinions must be taken into account by adults in any matter or procedure affecting me.

Article 17: Access to appropriate information- I have the right to have access to appropriate information and material from diverse sources which is of social and personal benefit to me. Adults should make sure that I can understand the information I receive and that it is not harmful to me.

Children may be required to wait at police stations for several hours where there is little or no provision for their basic care such as the provision of food and water. Social workers stated that they felt powerless to do anything to make children feel more comfortable while at police stations.

Failure to protect child victims from forced contact with the abusive parent

Contact with the offending parent while they are living separately is highly likely to be a traumatic event for children. The victim interviewed for the study purpose highlighted "Contact with their father has been a terrible experience for the children. After contact the children were terrified and acted totally differently."

As discussed above, the persistence of patriarchal attitudes about children and family dynamics means that CSWs often do not advocate for the protection of children and instead engage in attempts to reunite victims with abusers. The Council of Europe assessment report (2022a, p 44) concluded that:

"Beliefs persist among some staff members working in the Centres for Social Work that one of their duties is to maintain contact between children and their abusive parents, indicating a lack of awareness

of the harm caused to children witnessing violence. The Albanian version of the SOPs for the Protection against Domestic Violence seems to employ a term causing professionals to understand that one of the functions of the Centres for Social Work is to “fix” cases of domestic violence. This and the lack of guidelines on screening for domestic violence in any reconciliation process and before deciding on custody issues tends to reinforce the existing tendency to attempt to reconcile victims of domestic violence with their abusers.”

2.5 Capacity building needs for CSWs in VAW and DV case management

According to the report’s survey, approximately 88% of social workers have attended a training related to VAW and DV in the last five years, and 31% attended such training in last two years. Those trainings were delivered by different NGOs and institutions. Focus group discussions revealed that trainings were in bigger groups and were usually “superficial,” not related to practice in their work. Social workers have expressed a willingness for these trainings to be more extensive, to foster deeper understanding on the topic and to build the skills which can be applied in their daily work. The table below shows all the training social workers have attended in the last five years.

Trainings attended by CSW staff in the last five years on VAW and DV

- Domestic violence, treatment of children in DV cases
- Gender-based violence
- Provision of social services for VAW and DV
- Standards, laws on DV
- Violence against children
- Mechanisms against domestic violence
- Prevention of violence
- Standard operating procedures
- Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention)
- Economic violence against women
- Sexual violence against women
- Violence against LGBTI people
- Protection of victims of VAW and DV
- Religious radicalisation and impact on VAW and DV
- Treatment of abusers/family treatment
- Treatment of perpetrators
- Victims of trafficking

Table 4. Trainings attended by CSW staff in the last five years.

According to the survey results, approximately 97% of respondents answered that they need additional trainings on VAW and DV. The topics, ranged based on the number of respondents, are:

1	VAW and DV case management with a focus on best practices in Kosovo's socio-economic context
2	Best practices in providing services to the family of a victim
3	Managing cases where perpetrators have a permanent psychological disease
4	Service provision to children experiencing and/or witnessing violence
5	Multi-sectoral cooperation among different stakeholders, including at the local level
6	Best practices in reintegration of victims of domestic violence
7	Provision of social services for victims with mental or physical disabilities
8	Workshop on experiences and best practices among CSWs
9	Best practices in managing cases of psychological violence
10	Providing services to persons/victims under the influence of narcotic substances
11	Best practices in conducting the first interview with victim
12	Training on the Istanbul Convention
13	Training for the provision of psycho-social services to perpetrators
14	Treatment of cases of sexual violence, occurring within and outside the family
15	Best practices in dealing with the burnout of social workers
16	Dealing with cases of women and children victims of trafficking
17	Management of cases of children left without parental care

Table 5. Trainings that social workers would like to attend.

DEVELOPING QUALITY GUIDELINES FOR CENTRES FOR SOCIAL WORK

3.1 Obligations under the Istanbul Convention

Compliance with the Protection pillar of the Istanbul Convention requires the provision of specific services, designed with the safety and needs of victim-survivors at the centre. Access to these services and facilities for victims of violence against women and domestic violence is a human right.

Under the Protection pillar (Council of Europe, nd, pp 4-5), victims, regardless of the fact if they lodge a complain or not, have a right to:

- information on their rights
- specialist support services need to be available for victims of all forms of violence as per the Istanbul Convention
- other services such as legal advice/aid, psychological counselling, financial assistance, housing, education, healthcare, social services and assistance in finding employment
- local, national, and international complaints mechanisms
- local, easily accessible shelter for women and children
- rape crisis or sexual violence centres
- emergency barring orders that grant police the power to remove a perpetrator of domestic violence from their home for a specific period of time and order them to stay away from the victim
- protection or restraining orders that are easily accessible for immediate protection to the victim without any cost
- safe custody and visitation rights for children that prioritise the rights and safety of the child victim and the adult victim
- free telephone helplines 24/7 for all forms of VAW
- have the age-appropriate psychosocial counselling for child victims/witnesses

3.2 Principles for good practice in social work

The following principles are core elements of an empowering human rights-based support service for women survivors of violence and their children as enshrined in the Istanbul Convention (Council of Europe 2008, p 36). The principles can be used as a framework for evaluating and improving the services provided by CSWs, and they should not be seen as aspirational but rather as necessary for compliance with the convention.

Working from a gender perspective Services should demonstrate an appropriate, and informed approach, relevant to their service users, which recognises the gendered dynamics, impacts and consequences of violence against women within an equalities and human rights framework, including understanding violence against women as both a cause and consequence of inequalities between women and men and the need for women-only services.

Safety, security and human dignity Services should ensure that all interventions prioritise the safety, security and dignity of service users and of staff.

Specialist services The knowledge and skill base of staff, and forms of provision, should be specialised; that is they should be appropriate and tailored to the specific needs, which may be complex, of service users.

Diversity and fair access Services should respect the diversity of service users and positively engage in anti-discriminatory practice. Provision should be available free of charge, equitably distributed across the geography of the country, and crisis provision should be available 24/7.

Advocacy and support Services should provide both case and system advocacy to support and promote the needs and rights of service users.

Empowerment Services should ensure service users can name their experiences, are familiar with their rights and entitlements and can make decisions in a supportive environment that treats them with dignity, respect and sensitivity.

Participation and consultation Services should promote service-user involvement in the development and evaluation of the service.

Confidentiality Services should respect and observe service users' right to confidentiality and all service users are informed of situations where that confidentiality may be limited.

A co-ordinated response Services should operate within a context of relevant inter-agency co-operation, collaboration and co-ordinated service delivery.

Holding perpetrators accountable Services should work from the twin foundations of belief and respect for victims and that perpetrators should be held accountable for their actions.

Governance and accountability Services should be effectively managed, ensuring that service users receive a quality service from appropriately skilled and supported staff.

Challenging tolerance Services should model non-violence internally and externally and use gender analysis to raise awareness, educate and undertake prevention work, both in communities and with individuals.

When thinking about Centres for Social Work, as with other publicly provided services, victim-centred services are critical. As defined in the Kosovo Women's Network report (2021, p 12), such services are provided by institutions that:

"minimise harm and enhance the security of persons who have experienced violence. Empathy and confidentiality must be ensured and information shared with other institutions only following the affected person's consent. Persons who have suffered violence must be informed fully about their legal rights and the support services available to them."

3.2.1 Gender matters

The above principles are all critically important. Underpinning each is the central role of gender in the phenomena of violence against women and domestic violence. Gender is defined in the convention as "the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for women and men" (Council of Europe, 2011, p 3). Social work practice, like other professional provision, must be gender competent.

Women and men and girls and boys live very different lives. Policies, research, social work services, and so on can be said to be "gender sensitive" (as defined in article 6 of the Istanbul Convention) when they are designed around that principle:

“Familiarity with the dynamics of gender in our gendered world enables the development of policy and laws that disrupt the unequal distribution of power, prosperity, and safety in our families, communities, and institutions and promote social justice. Gender competence is thus required for activists, governments, and state institutions to develop and deliver policy and practice that sees oppression, understands how it works, and then dismantles it” (Scott & Ritch, 2021, p 327).

International human rights bodies have long framed violence against women and domestic violence in the context of historical oppression and discrimination against women. Developing effective policy and designing competent services must therefore be based on sound gender analysis.

“Gender analysis provides the necessary data and information to integrate a gender perspective into policies, programmes and projects. As a starting point for gender mainstreaming, gender analysis identifies the differences between and among women and men in terms of their relative position in society and the distribution of resources, opportunities, constraints and power in a given context. In this way, conducting a gender analysis allows for the development of interventions that address gender inequalities and meet the different needs of women and men” (European Institute for Gender Equality, nd, webpage).

Responding to victim-survivors of domestic violence requires reflective practice by social workers; that is, practice that examines attitudes about gender and family, that promotes autonomy for women and children, and avoids victim blaming. The following are a list of common challenges for social work practice (Safe & Together Institute, 2019) across many countries and cultures:

- Women are most often seen as primarily responsible for child safety, despite the perpetrator’s responsibility for harm and abuse.
- The social attitudes that fuel domestic abuse and attribute blame to women for men’s violence can also be present in social work practice.
- The context of abuse, and of coercive control, is often not understood by practitioners, resulting in inappropriate demands being placed on women by social workers.
- Women do not feel listened to and do not have their needs met appropriately by social workers.
- A failure by social workers to recognise the context of women’s lives and respond appropriately can re-traumatise women and their children who have already experienced abuse and trauma.

3.2.3 Good practice focuses on increasing protective factors while assigning accountability to perpetrators

The following three principles are based on a model for child welfare systems and for social workers who are working with domestic violence cases. They are based on work done by the Safe & Together Institute (2019), and they provide a helpful foundation for building safe and empowering interventions:

- Keep women and children safe and together - The primary caregivers of children are the single most important protective factor in children's lives, and fear of separation from their children will discourage women from help-seeking.
- Partner with the non-offending parent (usually the mother) by carefully exploring the steps she takes to protect herself and her children. Partnering with the victims is good practice whether or not children are present in the family.
- Focus interventions on the one responsible—the abuser - Do not expect victim-survivors to protect themselves, to move from the family home, to avoid conflict. When children are involved, focus on how the abuser's behaviour affects the children and intervene with him.

3.2.4 Safe interventions require that social workers can assess risk of lethality

Using evidence-based analysis of femicides in the context of domestic violence, Jane Monckton-Smith (2019) has developed an 8-stage timeline that can be used to frame assessments of high risk for harm. The following is adapted from Smith's timeline:

Stage One – The person has a history of control, stalking or violence.

Stage Two – In the early relationship, there is a "commitment whirlwind" – the abuser seeks commitment as soon as possible and becomes dependent and jealous very early.

Stage Three – The relationship is dominated by coercive and controlling behaviours. Stalking and monitoring patterns are significantly present, sometimes accompanied by jealousy and paranoia that the woman is being unfaithful.

Stage Four – Triggers: The reasons given for men killing their partners overwhelmingly revolve around withdrawal of commitment, or separation.

Stage Five – Escalation: There is an increase in the frequency, severity or variety of abuse, control or stalking, in an attempt to re-establish control or status.

Stage Six – A change in thinking/decision: The idea that homicide may be a possibility may occur at this time, possibly as a response to perceived irretrievable loss of control and/or status (e.g., police involvement/loss of employment).

Stage Seven – Planning: The person conducts internet searches on methods to kill, and the purchasing of weapons.

Stage Eight – Gender-related killing.

A risk assessment that identifies high-risk cases that require immediate action to prevent access to victim-survivor and children is a critical component of initial and ongoing assessments.

RECOMMENDATIONS

- Develop guidelines for case management. These guidelines should cover all forms of violence as defined by the Istanbul Convention, the gendered nature and dynamics of violence against women and domestic abuse, and services to child victims and witnesses.
- Provide comprehensive and sustained training for the workforce and establish a learning and development infrastructure that ensures compliance with the Istanbul Convention. This training should support social workers to understand the gendered nature of VAW and DV and their roots in patriarchal cultures, evidence-based risk assessment procedures, the impact on children of different forms of VAW and DV, and social workers' responsibilities regarding custody and visitation of children by offending parents. Establish a specialist social work function that reflects the Council of Europe (2008) minimum standards for support services for victims of VAW and DV which will enhance alignment with the Istanbul Convention.
- Significantly increase the number of social workers to decrease caseloads. Increase both the number and diversity of staff, ensuring that women experiencing violence against women and/or domestic violence can be supported by female social workers.
- Professionalise the role of social workers. Provide the commensurate training on the prevention and detection of VAW, the needs and rights of victims, how to prevent secondary victimisation, supervision, and support.
- Significantly increase resources available to CSWs so that staff can provide support competently and sensitively.
- Given the dilemmas of current sheltering options, build systems that foster a holistic approach to meeting victims' needs, including vocational training and safe housing options for women. As the Council of Europe assessment report (2020, p 45) recommends:

"Social housing opportunities exist in some municipalities but remain limited. Although many women victims of domestic violence meet the economic criteria for admission, they are not considered as a group to be prioritised under the Law on Financing Specific Housing Programmes. Despite the lack of official data, indications from civil society underline that very few women victims of domestic violence were granted social housing. Some municipalities may also provide financial support by paying rent, but this short-term financial support does not represent sustainable housing solutions.[9] Considering women's low access to property in Kosovo*, women and children suffering from domestic violence are extremely vulnerable to housing

exclusion, which hamper their ability to rebuild their lives.”

- Establish a quality control system for services offered by CSWs. Each CSW should ensure that an agreed percentage of cases are reviewed on a monthly basis. This should be performed by the head of social services department or from the executive director. A specific guideline should be developed in quality checking of the cases.
- Design and implement systematic gender disaggregated data collection (as defined in article 11 of the Istanbul Convention) and analysis of victims’ satisfaction with services.
- Mainstream the process of reviewing the data collection forms currently used by CSWs and shelters. Forms should be modified to address the relevance of each question as well as their accuracy and reliability, through a collaborative process involving staff from CSWs, DHSWs and different ministries. While modifying data collection forms a specific attention should be putted in adding questions aiming to collect data on children of victim, in order to facilitate a tailored services provision to children.

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APPENDIXES

6.1 Data quality assessment tool

Data quality assessment is to be performed on a quarterly basis. An agreed minimum percentage of VAW and DV cases should be reviewed on a quarterly basis. Each social worker working on cases of VAW and DV should be assessed.

GENERAL INFORMATION	
Date (s) of Assessment	
Name of person/s performing quality assessment	
Case number	
Type of case (circle)	VAW DV
Signature (s) of quality assessment member (s)	
Signature _____ Date: _____	
Signature _____ Date: _____	
Signature _____ Date: _____	

CATEGORY	YES	NO	COMMENTS
VALIDITY: Data should be clear			
Have all the questions in the form been completed?			
Does the information collected reflect what is supposed to be collected?			
Is there reasonable assurance that the data in the form is not biased (e.g., formulation of the answer is consistently the same)?			
RELIABILITY: Data should reflect stable and consistent data collection processes and analysis over time			
Does the data, documented in writing, demonstrate that procedures have been followed?			
TIMELINESS: Data should be current, and timely enough to influence decision making			
Was data collected in a timely manner to allow informed decision-making?			
Does data have a sufficient level of detail?			
INTEGRITY: Data collected should have safeguards to minimise the risk of transcription errors or data manipulation			

CATEGORY	YES	NO	COMMENTS
Does the data reflect any transcription errors?			
Are mechanisms in place to prevent unauthorised changes to the data?			

SUMMARY	
Based on the assessment relative to the above standards, what is the overall conclusion regarding the quality of the data?	
Significance of limitations (if any)?	
Actions needed to address limitations prior to the next DQA	

FEEDBACK	
Has the result been communicated to the person responsible for data collection and recording	YES NO
Comments from the person responsible for data collection and recording	
Signature of the person responsible for data collection and recording	

6.2 Guide for Focus Group Discussions

Research Question	Indicative sub-questions
1. Quality of service provision in VAW and DV cases	<ul style="list-style-type: none"> • What are the main challenges when it comes to dealing with cases of VAW and DV? • What is the current status of implementation of the Standard Operating Procedures in Case Management?? Are there any pitfalls in the SOPs? • How would you describe the cooperation between shelters and CSWs? • What mitigation strategies do your organisation/ institution use (for short, mid and long-term trends and changes) to address the changing trend in number of cases of VAW and DV? • Would you please share any best practices you have come across in providing quality services for VAW and DV cases? What are some of the lessons you have learnt in your experience in VAW and DV cases? • What internal quality control systems are in place? How do you ensure that a social worker has been professional in dealing with a particular case?
2. Knowledge of social workers on gendered nature of violence against women	<ul style="list-style-type: none"> • How are risk assessment carried out cases of VAW and DV? • What you have learnt when addressing questions of/concerns about lethality • What gender sensitive measures does your institution apply?
3. Impact of VAW and DV on children/ children's victimisation	<ul style="list-style-type: none"> • Who do you consider to be the most vulnerable group of children? Have you seen increased vulnerabilities due to social changes (e.g., in a specific geographical area, rural/urban)? Why? • Who can be more impacted (children in rural areas, children with disabilities, children from ethnic/marginalised groups)? • Are there any specific communication procedures between CSWs, Shelters and other stakeholders, such as schools? What mechanisms do you use to share them?

4. Screening for domestic violence history during reconciliation procedures and child custody recommendations issued by social workers	<ul style="list-style-type: none"> • Who do you consider to be the most vulnerable group of women? Have you seen increased vulnerabilities due to social changes (e.g., specific geographical area, rural/urban)? Why? • Who can be more impacted (women in rural areas, people with disabilities, ethnic/marginalised groups)? • Do you face any significant challenges in providing services for a specific group of women victims of VAW? If so, what are those challenges?
5. Is there anything else you would like to share or add on this topic? Do you have any suggestions on additional documents that would be useful for me to review?	

6.3 Key Informant Interview - Guide

6. Quality of service provision in VAW and DV cases	<ul style="list-style-type: none"> • What are the main challenges when it comes to dealing with cases of VAW and DV? • What is the current status of implementation of the Standard Operating Procedures in Case Management? Are there any pitfalls in the SOPs? • What mitigation strategies do your organisation/ institution use (for short, mid and long-term trends and changes) to address the changing trend in the number of cases of VAW and DV? • Would you please share any best practices you have come across in providing quality services for VAW and DV cases. What are some of the lessons you have learnt in your experience in VAW and DV cases? • What internal quality control systems are in place? How do you ensure that a social worker has been professional when dealing with a particular case?
7. Knowledge of social workers on gendered nature of violence against women	<ul style="list-style-type: none"> • How are risk assessments undertaken in cases of VAW and DV? • What you have learnt when addressing questions of/concerns about lethality • What gender sensitive measures does your institution apply?

8. Impact of VAW and DV on children/ children's victimisation	<ul style="list-style-type: none"> • Who do you consider to be the most vulnerable group of children? Have you seen increased vulnerabilities due to social changes (e.g., specific geographical area, rural/urban)? Why? • Who can be more impacted (children in rural areas, children with disabilities, children from ethnic/marginalised groups)? • Are there any specific communication procedures between CSW, Shelters and other stakeholders, such as schools? What mechanisms do you use to share them?
9. Screening for domestic violence history during procedure of child custody recommendations issued by the social worker	<ul style="list-style-type: none"> • Who do you consider to be the most vulnerable group of women? Have you seen increased vulnerabilities due to social changes (e.g., specific geographical area, rural/urban)? Why? • Who can be more impacted (women in rural areas, people with disabilities, ethnic/marginalised groups)?
10. Would you please briefly describe tools you use for VAW and DV?	<ul style="list-style-type: none"> • Please explain each type of tool used, give your opinion whether they are user friendly or not, whether they can capture important data, the frequency of data collection, data quality check, etc. • Do these tools collect disaggregated data by sex, ethnicity, age-group, vulnerability/need? Please explain. • Do you think that these tools are sufficient to properly record the specifics of cases? • Do you have any suggestion for further improvement/adjustment/ modification of these tools?

6.4 Key Informant Interview -Guide (VAW and DV victims)

Research Question	Indicative sub-questions
11. Quality of service provision in VAW and DV cases	<ul style="list-style-type: none"> • Would you please describe your experience with your social worker. Were they professional? Did they provide services in a timely and effective manner? Please elaborate. • Did their support adequately meet your needs? Please explain. • Was there any support that you needed but did not get from the CSW? Please describe. • Please describe your experience with shelter workers (if any). Were they professional? Did they provide services in a timely and effective manner? Please elaborate. • Did their support adequately meet your needs? Please explain. • Was there any support that you needed but did not get from the shelter? Please describe.
12. Knowledge of social workers on gendered nature of violence against women	<ul style="list-style-type: none"> • Did you ever notice any prejudice from a social worker? If yes, please explain. Did they use professional language? Do you feel like they could have been better in handling your case? If so, how? • Did you ever notice any prejudice from shelter workers? If yes, please explain. Did they use professional language? Do you feel like they could have been better in handling your case? If so, how?
13. Impact of VAW and DV on children/ children's victimisation	<ul style="list-style-type: none"> • Do you feel like your children were treated adequately by social workers? Did they provide services in a timely and effective manner? Please describe. • Was their support adequate to meet your children's needs? Please explain. • Was there any support that your children needed but did not get from the Centre for Social work? Please describe. • Do you feel like your children they were treated adequately by shelter workers? Did they provide services in a timely and effective manner? Please describe. • Was their support adequate to meet your children's needs? Please explain. • Was there any support that your children needed but did not get from shelters? Please describe.

14. Screening for domestic violence history during reconciliation procedures and child custody recommendations issued by the social worker	<ul style="list-style-type: none"> • What went well, and what went not so well during the process of reconciliation? Please explain. • What went well, and what went not so well during the custody process? Please explain.
15. Can you please briefly describe tools you use for VAW and DV?	<ul style="list-style-type: none"> • Were you given enough information on processes and procedure? Please explain. • Was enough information on processes and procedure given to your children? Please explain.
16. Is there anything else you would like to share or add on these topics?	

6.5 Survey with representatives of CSWs and Shelters

Survey with representatives of CSWs and Shelters	
Municipality	
Name of Institution/organization	
Position within the institution/organization	

A1. Current number of staff members within your organization?
<input type="checkbox"/> _____ <input type="checkbox"/> I don't know
A2. What was the staff turnover in last 2 years?
<input type="checkbox"/> How many employees (social workers) left the institution/organization: _____ <input type="checkbox"/> How many new employees (social workers) joined: _____ <input type="checkbox"/> I don't know
A3. How many women victims of VAW and DV benefited from your services in 2021 by your institution/ organization?
<input type="checkbox"/> _____ <input type="checkbox"/> I don't know
A4. How many children victims of VAW and DV benefited from your services in 2021 by your institution/ organization?
<input type="checkbox"/> _____ <input type="checkbox"/> I don't know

A5. Has any training been provided to your institution in dealing with cases of women/children victims of VAW and DV, in the last 5 years?

- ☐ No (go to A6)
☐ Yes
☐ I don't know (go to A6)

A5.1 If yes, in which year/s (more than one answer possible):

- ☐ Earlier than 2019, ☐ In 2021
☐ In 2019, ☐ In 2022
☐ In 2020, ☐ I don't remember

A5.2 What was/were the topic/s?

- ☐ _____
☐ _____
☐ _____
☐ I don't remember

A5.3 Who provided the training (which organization/s)?

- ☐ _____
☐ _____
☐ _____
☐ I don't remember

A5.4 How many staff members from your organization attended the training/s?

- ☐ _____
☐ I don't remember

A5.5 How long did the training/s last?

- ☐ _____ days
☐ I don't remember

A5.6 On a scale of 1 to 10 how much were the trainings beneficial to you?
1- not at all... 10- highly beneficial

1 2 3 4 5 6 7 8 9 10

A6. Do you think there is a need for trainings of CSWs/ Shelters staff in dealing with cases of women/children victims of VAW and DV?

- ☐ Yes
☐ No (go to B1)

B1. What are the main challenges your institution/ organization is facing in dealing with cases of women/children victims of VAW and DV? *Please list up to three main challenges, rang them according to the importance.*

1. _____
2. _____
3. _____
4. I don't know

B2. What would be the most needed intervention in your institution/organization when it comes to better performing in dealing with cases of women/children victims of VAW and DV? *Please list up to three main intervention needed, rang them according to the importance.*

1. _____
2. _____
3. _____
4. I don't know

B3. What should change in the legislation in order to be able to provide more qualitative services to women/children victims of VAW and DV? *Please explain.*

B4. What should change in internal procedures of your organization/institution in order to be able to provide more qualitative services to women/children victims of VAW and DV?

B5. On a scale of 1-10, how would you assess effectiveness of strategies/plans that your organization/institution used (for short, mid and long-term trends and changes) to address the changing trend in number of cases of VAW and DV?

1- no effectiveness at all... 10- high effectiveness

1 2 3 4 5 6 7 8 9 10

B6. On a scale of 1-10, how would you assess the overall quality of the services provided to women/children for VAW and DV cases, in Kosovo?

1- bad quality... 10- high quality

1 2 3 4 5 6 7 8 9 10

B7. On a scale of 1-10, how would you assess the knowledge of social workers on the gendered nature of violence against women?

1- none... 10- advanced

1 2 3 4 5 6 7 8 9 10

B8. How would you assess the impact of social changes on vulnerable women? Are women becoming more or less vulnerable to violence of a gendered nature compared to two years ago? *Please explain.*

B9. Is there a specific group of women victims of DV and VAW that you find challenging in providing social services to? *If yes, please list the group and the reasons.*

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