



Republika e Kosovës
Republika Kosova-Republic of Kosovo
Qeveria - Vlada - Government

Ministria për Punë, Familje dhe Vlerat e Luftës Çlirimtare
Ministarstvo za Rad, Porodicu i Vrednosti Oslobodilačkog Rata
Ministry of Labour, Family and Values of the Liberation War

STANDARDS

FOR SOCIAL SERVICES FOR THE PROTECTION OF VICTIMS OF DOMESTIC VIOLENCE

STANDARDS

**FOR SOCIAL SERVICES FOR
THE PROTECTION OF VICTIMS
OF DOMESTIC VIOLENCE**



Ministria e Drejtësisë - Ministarstvo Prade - Ministry of Justice

Në mbështetje të nenit 9, nenit 10 (paragrafi 1 dhe 2), dhe nenit 11 të Ligjit nr. 06/L-113 për Organizimin dhe Funksionimin e Administratës Shtetërore dhe Agjencive të Pavarura, neni 11 (paragrafi 1, nënparagrafi 1.5) të Ligjit nr. 08/L-117 për Qeverinë e Republikës së Kosovës, duke u bazuar në Shtojcën 1 (pika 3) të Rregullores (QKR) – nr. 14/2023 për Fushat e Përgjegjësisë Administrative të Zyrës së Kryeministrit të Ministrive si dhe në pajtim me nenin 20 (paragrafi 1, nënparagrafi 1.2.) i Ligjit Nr. 08/L-185 për parandalimin dhe mbrojtjen nga dhuna në familje dhuna ndaj grave dhe dhuna në baza gjinore, Ushtuesi i Detyrës së Ministrit të Drejtësisë, nxjerr këtë:

1. Aprovohen Standardet për shërbime sociale për mbrojtjen e viktimave të dhunës në familje.
2. Shtojcë e këtij vendimi është Udhëzuesi i standardeve për shërbimet sociale për mbrojtjen e viktimave të dhunës në familje.
3. Vendimi hyn në fuqi ditën e nënshkrimit.

Vendimi i dërgohet:

- Kabinetit të Ushtruesit të Detyrës së Ministrisë së Drejtësisë;
- Sekretares së Përgjithshme të Ministrisë së Drejtësisë;
- Departamentit Ligjor të Ministrisë së Drejtësisë;
- Departamentit për Politika të Shërbimeve Sociale dhe Familjare;
- Arkivit të Ministrisë së Drejtësisë.

Standards for Social Services for the Protection of Victims of Domestic Violence

The Standards for Social Services for the Protection of Victims of Domestic Violence derive from Law No. 08/L-185 on Prevention and Protection from Domestic Violence, Violence against Women and Gender-Based Violence, as well as the standards outlined in the Istanbul Convention.

The purpose of these standards shall be to establish the legal and international standards applicable to professionals working with victims of domestic violence, violence against women and gender-based violence. They shall aim to promote consistency, accountability and effectiveness in case responses, while ensuring the protection of the rights and well-being of victims. The set of standards shall provide a detailed articulation of the legal obligations and policy requirements applicable to social service professionals, offering a structured checklist of quality standards and corresponding indicators in accordance with domestic legislation. This framework shall ensure compliance with legal and international standards and facilitate effective monitoring and evaluation of service delivery across the various stages of intervention.

The Standards for Social Services derive from Law No. 08/L-185 on Prevention and Protection from Domestic Violence, Violence against Women and Gender-Based Violence and are aligned with the Standard Operating Procedures (SOPs) and the relevant Administrative Instruction on Residential Sheltering, which set out the professional obligations of social work, while not encompassing all aspects of the SOPs. The standards shall constitute a practical instrument for the delivery of social and family services and are fully aligned with the requirements of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention).

These Standards shall include the Guidelines and Annex 1 as integral components, serving as supporting and reference materials. More specifically, the Guidelines shall be intended to provide social service professionals with guidance to facilitate the conduct of professional practice consistent with the principles of the Istanbul Convention.

Standards for Social Services

Description of the Standards for Social Services for the Protection of Victims of Domestic Violence	Performance indicators.
1. The CSW shall ensure the provision of the following services for the identification, referral and protection of victims. Actions undertaken by the CSW in the delivery of social services:	
1.1. Upon the reporting of a case to the CSW, social service professionals shall provide social and family services to referred or identified victims following the completion of a needs assessment.	Completion of the needs assessment.
1.2. Where a victim is referred/self-referred to the CSW, the social service professional shall notify other stakeholders within the system only upon the victim's informed consent. Exceptionally, in cases involving child victims or persons lacking legal capacity, consent shall not be required.	Referral form completed by the relevant system actors.
1.3. The CSW shall provide immediate assistance and services to the victim.	The case report shall include a detailed list of services provided, recorded in the case file.
1.4. Where the victim consents to the reporting of the case to system stakeholders, the social service professional shall complete the referral form with basic information and assessed needs, and will submit a copy of the form to other service providers.	Referral form containing basic data, duly completed and signed.
1.5. The CSW shall appoint a case manager responsible for case management and for ensuring the provision of necessary services in accordance with the victim's individual needs.	Case opening and case manager appointment form.
1.6. The case manager, along with other professionals and system stakeholders, shall comply with the 48-hour reflection period for victims placed in shelters.	Verification of compliance with the 48-hour reflection period documented in the case management records by the shelter.
1.7. All actions undertaken by the case manager shall be coordinated with the actions of other stakeholders in accordance with the referral system.	Actions as defined in the Individual Plan.

1.8. Where a high-risk assessment is identified, the case manager, in close coordination with the relevant system stakeholders, shall take immediate action to ensure the safety and protection of the victim.

A Risk Assessment Report shall be prepared in accordance with the Standard Operating Procedures (SOPs), including a detailed account of the actions undertaken by the CSW.

1.9. In cases involving children at risk, the Custodian Body within the CSW shall be empowered to remove the child from the family environment, without a court decision, for a period of up to 72 hours and to request the issuance of a protection order.

Submission of a request for the initiation of judicial proceedings.

1.10. In cases involving a child/children as victims, following the 72-hour period of intervention by the CSW and the completion of a professional assessment, requests for the initiation of additional judicial proceedings may be lodged.

Casework documentation.

1.11. The case manager shall develop an Individual Assistance Plan in cooperation with the victim and shelter professionals.

Individual Service Plan.

1.12. The case manager shall conduct visits as required, both within and outside the shelter, depending on the victim's place of accommodation, and shall maintain comprehensive records of all actions undertaken.

All records shall be annexed to the case file.

1.13. Where a protection order has been issued by the court, the case manager shall carry out monitoring visits to the victim's place of residence at least once per week. Based on the assessed needs of the victim, visits may be conducted more frequently.

Visits shall be documented using the prescribed professional case management formats.

1.14. For persons identified as particularly vulnerable victims under the applicable legislation, visits shall be conducted more frequently and in accordance with identified needs.

Visits shall be documented using the prescribed professional case management formats.

1.15. The victim shall be informed of the deadlines and conditions applicable to social and family protection, including eligibility requirements for social schemes and other forms of assistance, as required.

All services provided shall be documented in the casework records.

1.16. The case manager shall inform and support the victim regarding services available from public institutions and non-governmental organizations providing advocacy and rehabilitation programs for victims of domestic violence.	Casework documentation.
1.17. The CSW may submit a request for the issuance of a protection order or an emergency protection order on behalf of victims of domestic violence.	The request for a protection order or an emergency protection order shall be duly submitted and filed in the case file.
1.18. The Custodian Body within the CSW shall be obliged to respond without delay to any request for professional opinions issued by the court, prosecution, or police authorities. It shall also represent the interests of child victims and adult persons lacking legal capacity.	Professional opinion reports issued by the QPS.
1.19. The case manager shall consult with the legally appointed custodian of the CSW regarding decisions relating to a child victim of domestic violence. The decision of the case manager shall not be contrary to the opinion of the legal custodian.	Casework documentation.
1.20. The Custodian Body shall respond without delay to any police request to be present during the taking of a statement from a victim of domestic violence.	Police record drawn up on the basis of the victim's statement, signed by the CSW during the victim interview.
1.21. The Custodian Body shall support particularly vulnerable victims in shelters by facilitating referrals and easing access to other protective and support services.	Visits shall be documented using the prescribed professional case management formats.
1.22. The case manager shall coordinate the service delivery process in cooperation with institutions within the social, psychosocial, educational, health, prosecution and judicial systems.	Visits shall be documented using the prescribed professional case management formats.
1.23. The case manager shall supervise the provision of services to the victim within the shelter and by other social service providers.	Supervision record
1.24. For persons under legal protection (legal custodian), the shelter shall obtain written consent from the legal custodian before undertaking emergency health, safety or other essential actions.	Written consent form (statement) from the legal custodian.
1.25. The social service professional shall cooperate with service providers responsible for perpetrator treatment regarding progress in behavioural change, with a view to informing and guiding services aimed at the reintegration of the victim.	Casework documentation.

2. The CSW shall ensure the provision of the following services aimed at the rehabilitation and reintegration of victims. Actions to be undertaken in the delivery of social services:

2.1. During the reintegration process, the case manager shall inform the victim of services available through public institutions and non-governmental organizations providing advocacy and rehabilitation programs for victims of domestic violence.

Referral form.

2.2. The individual plan for victims who decline placement in a shelter shall be discussed within the Municipal Referral Mechanism, including the social housing plan offered to victims who meet the eligibility criteria for social sheltering or housing.

Copy of the minutes relating to the case discussed within the Municipal Referral Mechanism.

Decision on social housing.

2.3. The case manager shall refer the victim to additional services provided by institutions and non-governmental organizations delivering protection and rehabilitation programs for victims of domestic violence, within the Municipal Referral Mechanism.

Copy of the record relating to the case discussed within the Municipal Referral Mechanism.

2.4. The CSW case manager shall, in cooperation with the shelter case manager, ensure that the child continues to attend the education process.

A copy of the child's school enrollment shall be included in the case file.

2.5. The case manager shall, in coordination with the shelter, the Vocational Training and Retraining Center, and the Employment Office, support the victim in requalification and access to employment.

Casework documentation.

2.6. For victims who are not residing in shelters, the CSW case manager shall refer the victim to other available services that address their needs for vocational training, retraining and employment.

Casework documentation.

2.7. The case manager shall guide the victim in accessing all available support schemes and measures for the employment of victims of domestic violence, gender-based violence, and violence against women.

Casework documentation.

2.8. The monitoring of the reintegration process by the social service professional shall conclude once the victim has been empowered and is actively participating in social life and functioning independently.

Progress report form for case management.

2.9. Each social service professional shall sign the Statement of Commitment to provide social services.

Signed Statement of Commitment.



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Ministria e Drejtësisë - Ministarstvo Prade - Ministry of Justice
Department of Social and Family Services Policy

STATEMENT OF COMMITMENT

I, _____, holding professional license number _____, hereby declare that I have read and fully understood the Minimum Functional Work Standards for Social Services for the Protection of Victims of Domestic Violence, Violence against Women and Gender-Based Violence. I acknowledge these standards as my personal responsibility and commit to applying them in the provision of social services.

First name, last name: _____.

Position, institution: _____.

Signature: _____.

Place: _____.

Data: _____.

ANNEX:



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Ministria për Punë, Familje dhe Vlerat e Luftës Çlirimtare
Ministarstvo za Rad, Porodicu i Vrednosti Oslobodilačkog Rata
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GUIDELINES ON STANDARDS FOR SOCIAL SERVICES FOR THE PROTECTION OF VICTIMS OF DOMESTIC VIOLENCE

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DEFINITIONS

■	DV	Domestic violence
■	GREVIO	Group of Experts on Action against Violence against Women and Domestic Violence
■	IC	Istanbul Convention
■	SOP	Standard Operating Procedures for the Prevention of and Protection against Domestic Violence
■	VAW	Violence against Women

INTRODUCTION AND PURPOSE OF THE GUIDELINES ON STANDARDS FOR SOCIAL SERVICES FOR THE PROTECTION OF VICTIMS OF DOMESTIC VIOLENCE

Background

The Guidelines on Standards for Social Services for the Protection of Victims of Domestic Violence constitute one of the outcomes of collaborative efforts between the Ministry of Justice, the Department of Social and Family Services Policy, and the Council of Europe. They form part of a broader initiative aimed at aligning professional social work practice with the principles and requirements of Law No. 08/L-185 on Prevention and Protection from Domestic Violence, Violence against Women and Gender-Based Violence, as well as with the standards set forth in the Istanbul Convention. Social service professionals play a pivotal role in the implementation of these principles and requirements and in responding effectively to the needs of victims of domestic violence and violence against women.

The report entitled “Assessment of the Alignment of Kosovo’s Laws, Policies and Other Measures with the Standards of the Istanbul Convention”, prepared in accordance with the methodology of the Council of Europe’s Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO), under Article 40 (1. Social Services), issued strong recommendations urging the authorities to promote the training of social workers on the gender-based nature of violence against women, the detrimental impact of violence on children who witness it, and the critical importance of identifying cases of domestic violence and violence against women.

The purpose of these Guidelines is to serve as supporting and reference material for the “Standards for Social Services for the Protection of Victims of Domestic Violence”. More specifically, the Guidelines seek to provide social service professionals with guidance to support the development of practice consistent with the principles of the Istanbul Convention, thereby ensuring improved and more effective support services for victims of domestic violence and violence against women. The Guidelines on Minimum Standards are fully aligned with the Law on Prevention and Protection from Domestic Violence, Violence against Women and Gender-Based Violence, the new Law of Kosovo on Social and Family Services, and the Standard Operating Procedures for the Prevention and Protection from Domestic Violence (SOPs), adopted in 2013, as applicable legislation and policies in Kosovo.

Furthermore, the Guidelines are intended to serve as a tool for the development and enhancement of social work practice with victims of domestic violence and violence against women, and as a practical instrument enabling social service professionals to ensure compliance with the required standards.

Pursuant to the relevant Law on Social and Family Services, a social service professional is defined as a

provider of social and family services with appropriate qualifications in social work, psychology, sociology, law, pedagogy, or another field closely related to social and family services, who is licensed and registered in the Ministry's register and who delivers social and family services within the scope of their professional responsibilities and competencies.

Accordingly, the Standards for Social Services for the Protection of Victims of Domestic Violence have been developed for use by social service professionals who fall within this definition, irrespective of their area of specialization. Quality standards are to be met by social work professionals operating in domestic violence shelters and in other settings specialized in violence against women.¹

The primary objectives of these Guidelines are to enable social service professionals to:

1. Develop comprehensive knowledge of violence against women and domestic violence, including:
 - the lived experiences of victims;
 - the impact of violence on the lives of victims and their children;
 - the gender-based nature of domestic violence and violence against women;
 - the various forms of violence against women;
 - the application of a victim-centered approach;
 - the implementation of trauma-informed practice and service provision;
 - the accountability of perpetrators for their actions.
2. Gain a clear understanding of their crucial role in the implementation of the Law on Prevention and Protection from Domestic Violence, Violence against Women and Gender-Based Violence, the Law on Social and Family Services, and the principles enshrined in the Istanbul Convention.
3. Deliver effective services when working with victims of domestic violence and violence against women, while addressing the physical, psychological, and social risks faced by victims and their children.
4. Develop a multidisciplinary and intersectorial approach to the protection and support of victims, ensuring that risks and needs are appropriately identified and addressed through coordinated inter-agency cooperation. These standards neither replace nor encompass all aspects of the Standard Operating Procedures (SOPs) for Protection from Domestic Violence in Kosovo. Nevertheless, they have been developed in full alignment with the SOPs.
5. Provide social service professionals with a practical tool for monitoring professional practice and the services delivered.

Accordingly, these standards aim to ensure:

- High-quality services and professionalism;
- A victim-centered approach;
- Inter-institutional coordination;
- Confidentiality and safety;
- A framework for monitoring and evaluating services.

¹ The Standards for Social Services for the Protection of Victims of Domestic Violence should be met by social work professionals working in shelters for victims of domestic violence and in other specialized settings addressing violence against women. Nevertheless, it is necessary for such professionals to have additional specialized training.

The Istanbul Convention as the Foundation for the Standards for Social Services for the Protection of Victims of Domestic Violence

The Istanbul Convention is key international human rights treaty that establishes comprehensive legal standards to guarantee women's right to live free from violence against women and domestic violence.

On 25 September 2020, the Assembly of Kosovo adopted a constitutional amendment conferring direct effect on the Istanbul Convention (CETS No. 210). Accordingly, in Kosovo, the Istanbul Convention is directly applicable and, in the event of any conflict, prevails over administrative, legislative and policy acts adopted by public institutions (Article 22 of the Constitution of Kosovo).



The Istanbul Convention provides a robust framework for good practice in work with victims of violence against women and domestic violence, while also offering opportunities for social service professionals to further develop their professional competencies. The Istanbul Convention may also be used as a guiding framework and reference point for social service professionals and their practice in protecting and responding effectively to the needs of victims of violence against women and domestic violence.

Pursuant to Article 3 of the Istanbul Convention, violence against women and domestic violence are defined as:

"...is understood as a violation of human rights and a form of discrimination against women and shall mean 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". (Article 3.a).

Article 4 of the Istanbul Convention sets out measures for the protection of victims' rights, which:

"...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". (Article 3.3).

Accordingly, the Istanbul Convention underscores the importance of the duty to protect victims and provide them with appropriate support, free from prejudice or discrimination. It defines violence against women as a form of discrimination and obliges States Parties to safeguard women from violence and domestic violence victims, while promoting their empowerment. The Constitution of Kosovo, in implementing the Istanbul Convention, explicitly enshrines this requirement to ensure the protection of victims of violence against women and domestic violence without discrimination or bias.

Consequently, social service professionals should conceptualize violence against women and domestic violence as:

1. A violation of human rights, pervasive and deeply entrenched.
2. A form of discrimination against women, both a root cause and a consequence of gender inequality.

Applicable law in Kosovo regarding domestic violence

Kosovo has developed mechanisms to deliver social services to victims, with a particular focus on those affected by violence against women and domestic violence. The core principles of human rights and the gendered perspective on violence are acknowledged in the Istanbul Convention, which is directly applicable within Kosovo's legal framework and institutional decisions.

The majority of recent legal reforms and amendments to Kosovo's legislation have been implemented by the Government of Kosovo, in accordance with the legal protections enshrined in the Istanbul Convention. For instance, the 2019 amendments to the Kosovo Criminal Code classify acts of domestic violence as criminal offenses committed by:

“Whoever commits physical, psychological or economic violence or mistreatment with the intent to violate the dignity of another person within a domestic relationship shall be punished by fine and imprisonment of up to three (3) years (Article 248 (1)). When any act in the Criminal Code is committed within a domestic relationship, it will be considered an aggravating circumstance Article 248 (2)).

Every member of the family who exerts physical, psychological, sexual or economic violence or mistreatment against another member of his/her family shall be punished by a fine and imprisonment of up to three (3) years, Article 248 (3).

The Criminal Code also provides for offenses such as assault, minor bodily harm, and grievous bodily harm when these occur against a victim within a family relationship, with penalties applied according to the circumstances (Articles 184, 185, and 186). Additionally, the Kosovo Criminal Code classifies the killing of a pregnant woman, a child, or a family member as aggravated murder, punishable by no less than ten (10) years of imprisonment or by life imprisonment.

Existing legislation further delineates the roles of the Centers for Social Work (CSWs) as custodian bodies, covering cases of domestic violence, violence against women, and gender-based violence against women. Moreover, Article 19 (paragraph 6) of Law No. 08/L-185 on Prevention and Protection from Domestic Violence, Gender-Based Violence and Violence against Women, and Article 53 (paragraph 6) of Law No. 08/L-255 on Social and Family Services, explicitly define the responsibilities of professional CSW staff to take action and provide assistance and protection in instances of violence against women, domestic violence, and gender-based violence affecting female victims.

Protection of all victims of domestic violence, free from prejudice or discrimination

Implementing the Istanbul Convention requires recognition of how gender stereotypes and the normalization of domestic violence have been entrenched in societal structures. Social service professionals must consistently reflect on their own gender-related beliefs when delivering services. They should regard domestic violence as a violation of human rights and ensure that protecting these rights is a primary focus.

It is frequently observed that victims of domestic violence are blamed for their circumstances. Victim-blaming, rooted in gender stereotypes, remains a significant barrier that victims encounter when deciding whether to seek assistance - fear of blame or disbelief often deters them. Service providers may sometimes make assumptions that contribute to victim-blaming, such as implying that the victim's behaviour, including

infidelity or provocative actions, triggered the abuse. It is imperative that social service professionals refrain from blaming victims, as this constitutes secondary victimization. Victims must receive a response that is victim-centered, grounded in the understanding that domestic violence is unacceptable under any circumstances. Moreover, it is crucial that social service professionals avoid prejudice or discrimination based on other factors, such as race, sexual orientation, or disability (see the section on Intersectionality).

Identification of domestic violence

Despite research indicating that domestic violence is prevalent in society, it often goes unrecognized by professionals, including those in social services (R. Logar & B. Vargorva, 2015). Domestic violence represents a form of power and control and can manifest in multiple ways. These acts are frequently concealed or unacknowledged, occasionally even by the victims themselves.

The Istanbul Convention defines domestic violence as:

“...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)

This encompasses threats of such acts, coercion, or arbitrary deprivation of liberty, whether in public or private life. Perpetrators of domestic violence may employ one or multiple combinations of physical, psychological, economic, or sexual violence, or the threat thereof, as instruments of coercion and control.



Such abuse may include neglecting the physical or economic needs of the victim, a common element in domestic violence patterns, and may involve: failing to provide necessary healthcare or nutrition to the victim or children, socially isolating vulnerable or disabled individuals, and withholding essential medication.

The Istanbul Convention further mandates that the following forms of violence against women be criminalized:

Physical violence (Article 35)	An act that inflicts pain or physical harm. This can encompass beating, burning, slapping, strangling, punching, biting, hair-pulling, maiming, or killing, including the use of objects or weapons.
Psychological violence (Article 33)	Any act aimed at undermining the integrity and dignity of the victim. This includes isolation, insults, threatening conduct, withholding information, or providing misinformation. Psychological violence is frequently referred to as emotional abuse.
Sexual violence (Article 36)	Any sexual act carried out without consent. This may include forced vaginal, anal, or oral penetration, or compelling the victim to engage in sexual acts with a third party without her consent. Examples of coerced sexual activity include forcing someone to watch another person masturbate, to masturbate in front of someone, unprotected coerced sex, and sexual abuse related to reproduction (forced pregnancy, forced abortion, forced sterilization, female genital mutilation).
Threatening behaviour (Article 34)	Repeated threats directed at an individual, causing fear for her safety. Such behaviour is common in domestic violence contexts, particularly after the victim has ended a relationship.
Forced marriage (Article 32)	Any marriage entered into under coercion.
Female genital mutilation (Article 33)	The cutting, infibulation, or performance of any other form of mutilation of all or part of the <i>labia majora</i> , <i>labia minora</i> , or clitoris of a woman or girl; compelling or encouraging a woman or girl to undergo any act of female genital mutilation.
Forced abortion (Article 39)	Performing an abortion on a woman without her prior and informed consent. Women's reproductive rights are fundamental human rights, including the right to decide whether to continue or terminate a pregnancy.
Forced sterilization (Article 39)	Performing a procedure intended to, or resulting in, the permanent prevention of a woman's ability to reproduce naturally without her prior informed consent.
Sexual harassment (Article 40)	Any unwanted verbal, nonverbal, or physical conduct of a sexual nature intended to, or resulting in, a violation of a person's dignity. This is particularly harmful when it creates a threatening, hostile, degrading, humiliating, or offensive environment for the victim.

In most cases, victims experience multiple forms of domestic violence, with considerable overlap among all forms of domestic violence and violence against women. Each of these acts constitutes a violation of personal freedom, privacy, and physical integrity. Such acts would not be tolerated outside the family sphere and are never acceptable within it.

Be aware:

Victims seeking assistance often have endured domestic violence over an extended period. As a result, they may have normalized the violence as a way to cope. In some instances, they may not recognize that what they are experiencing constitutes abuse.

They may also have concealed the abuse out of fear of the consequences of disclosure. Trusting officials may therefore be challenging.

Be proactive:

- Foster an environment that encourages identification of abuse, for example by displaying awareness materials such as leaflets and posters that clearly affirm that domestic violence is unacceptable and that victims will receive support. This message should permeate all aspects of professional practice.
- Where signs of domestic violence are present, express your concerns with sensitivity and care, employing a non-judgmental and supportive approach.
- Whenever possible, assure victims that their confidentiality will be respected throughout the provision of services.

Impacts and risks of domestic violence and the development of trauma-informed practice

To respond effectively to victims, it is essential to be attuned to the effects of living with domestic violence. Given that most victims have experienced prolonged abuse before seeking help, the consequences are likely to be significant.

Impacts/risks of experiencing domestic violence	
Physical harm	Injuries may be visible, such as bruises, but frequently occur in areas not easily observed. Perpetrators may deliberately target locations to conceal harm from others. Physical injuries adversely affect overall health and well-being, including reproductive health. Research indicates that domestic violence often intensifies in frequency and severity during pregnancy and the child's first year of life. Physical harm also endangers children living in violent households, as they may be directly involved or injured.
Mental health issues/depression	Exposure to domestic violence commonly undermines mental health and well-being, potentially leading to severe psychological disorders. These symptoms may serve as indicators of ongoing abuse.
Fear and anxiety	Victims may experience continuous fear or threat, sometimes around the clock, which can significantly disrupt sleep and contribute to severe anxiety.
Loss of life skills	Coercive control often results in the erosion of everyday life skills, such as financial management. Many victims lose confidence in their parenting or other essential life skills. Domestic violence can also impair the victim's ability to maintain employment.
Impaired trust	Persistent fear and anxiety, coupled with social isolation, frequently result in a profound inability to trust anyone outside the abusive environment.

Be aware:

IMPACTS: The aforementioned and other effects of living with domestic violence frequently intersect and may result in post-traumatic stress disorder (PTSD) or a broader state of traumatization. This can impair a victim's capacity to articulate her situation clearly and exacerbate fear and anxiety. Sensitivity to these effects is crucial for social service professionals.

Be proactive:

Maintain awareness and implement trauma-informed practices. This involves, wherever possible, providing a safe environment for interviews, ensuring trust and confidentiality, understanding how trauma influences behaviour, and refraining from compelling the victim to make decisions.

Victim-centered approach:

- Recognizes victims' rights and supports their autonomy and informed choice.
- Acknowledges gender-based discrimination as a central factor in domestic violence.
- Recognizes the necessity of trauma-informed practice.

Given the impact of domestic violence on the health and well-being of the victim, the following key considerations should guide the interviewing process. These are grounded in the definition of violence against women as a violation of human rights, a form of discrimination against women, and the professional responsibility of social service providers to prioritize the protection of victims.

Key considerations when interviewing a victim of domestic violence	
DO	DON'T
Ensure the interview takes place in a private, secure, and trauma-informed setting.	Do not react with anger or panic to any information she shares. She may disclose difficult or sensitive details; therefore, remain composed and assist her in understanding her options clearly, step by step.
Guarantee confidentiality and emphasize that her safety is paramount.	Do not coerce her into any action, as this reinforces the existing pattern of control in her life. Do not let personal opinions influence your professional conduct, even if intended to protect her.
Identify her immediate concerns or fears, such as children needing to be collected from school or daycare.	Do not provide inaccurate information. If uncertain, consult the expertise of other relevant agencies.
Permit her to be accompanied by a friend or another agency representative if she wishes.	Minimize the seriousness of domestic violence. Even when only psychological abuse or coercive control is apparent, it can rapidly escalate to physical violence.
If children are present, ascertain whether arrangements can be made for their care during the interview, with her consent.	Do not judge or assign blame. What she requires is your professional support, not personal judgment.
Keep in mind that children may also be traumatized and may not want to be separated from their mother.	
Provide as much information as possible. Clear information about available options and choices helps prevent disruptions in the process.	
Be attentive to her needs and allow her the space to consider her options.	
Where appropriate, offer the possibility of creating an emergency escape plan.	

Assessment and management of risks and needs

Social service professionals must never underestimate the risks confronting victims of domestic violence. Conducting a thorough assessment of both risk and needs should be a primary focus in supporting victims, including involving them, where feasible, in evaluating the dangers they face. Because the risks to the victim and/or her children may evolve, ongoing review and updating of the risk assessment are essential.

EMERGENCY Escape PLAN

An emergency escape plan can significantly help a woman regain a sense of control if she needs to leave in haste:

1. Gather and keep accessible the contact numbers you may need in an emergency. If possible, have a backup phone specifically for emergency use.
2. Teach your children how to contact emergency services, including what information to provide, their full name, and address.
3. If you have a phone, keep it close to you at all times. If possible, carry a backup phone for emergencies to keep your location hidden.
4. Try to keep some money aside to use in emergencies.
5. If you own a vehicle, keep a spare set of keys in an easily accessible location.
6. Maintain contact with trustworthy neighbours, family or friends. See if you can go to them in an emergency. Consider asking them to call the police if they hear violence being committed.
7. If you intend to take your children with you, try to do so when you leave.
8. Prepare an escape plan for you and your children to get out of the house as safely as possible.
9. Try to plan to leave when the perpetrator is not present.
10. Keep a packed bag ready to grab in case of an emergency.
11. Collect legal and identification documents (birth certificates, passports, visas, work permits, bank books and cards, social benefit documents, driving license).
12. If you or your children take any medication, make sure it is readily available to take with you in case you need to leave in an emergency.

Impact of domestic violence on children

When assessing the impacts and risks for victims, social service professionals must also consider the impact on children living in households affected by domestic violence. Domestic violence has profound effects on children, resulting in a wide range of physical, emotional and psychological consequences.

Children are often the largest group of victims, either witnessing or overhearing the abuse. They are aware of the conflict in some way and notice its impact on their mother, spending part of their childhood in an environment of tension, fear and confusion. In 90–95% of domestic violence cases, children are either in the same room or close enough to hear the violence or abuse ([Child abuse statistics | NSPCC Learning](#))

Most children living in households affected by domestic violence:

- Are aware of the violence, either as witnesses or by overhearing it.
- Have intervened to protect their mother, putting themselves at risk of harm.
- Have been manipulated or used by the abuser to exert control over their mother and other family members.
- Have taken on the responsibility of caring for their mother and/or other family members.

There is also a significant risk that children themselves may experience abuse in situations where the abuser controls the family through terrorizing everyone. Children may also be abused as a means to further control and harm their mother.

Impacts on children may include:

- Anxiety
- Stress
- Depression
- Behavioural problems
- Trauma, including post-traumatic stress disorder
- Learning difficulties
- Low self-esteem
- Lack of trust and difficulties in future relationships

Research shows that the overlap between child abuse and domestic violence is high (Guedes et al., 2016).

Recognizing the risks and impacts of domestic violence on children is essential for the role of a social service professional. The same trauma-informed approach required for the mother applies to the children, and supporting a mother who is a victim of domestic

violence means considering the safety and well-being of her children. Every risk and needs assessment must take this into account.

Intersectionality: Discrimination and vulnerability factors

Pursuant to Article 4 of the Istanbul Convention, protection must be provided to all victims of violence against women and domestic violence, regardless of their personal history.

All victims are entitled to equal protection. In professional social work practice, this means not only providing protection and support to all victims but also recognizing additional sensitivities and needs, and working to ensure these needs are addressed. The following list highlights some of these vulnerabilities and additional or specific needs.

Some specific needs of victims:	
Ethnicity	Take into account the discrimination that some women experience due to their race, nationality or ethnicity. They may face language barriers or hesitation in seeking help because of the need to leave their own community. In Kosovo, it is especially important to consider these factors when working with victims from the Roma, Ashkali, and Egyptian communities.
Refugee/migrant status:	In cases where women have refugee and/or migrant status, they may find themselves in an insecure situation. The perpetrator of violence may use their status as a means of control, such as threatening to report them to the authorities or withholding their passport.

Age	The vulnerability of elderly women (over 65 years old) living with domestic violence is often overlooked. It is important to recognize that women aged over 65 face risks equal to those experienced by other women. They may encounter greater barriers to disclosing violence or seeking assistance, largely due to long-standing and deeply entrenched societal stereotypes. The vulnerability of younger girls and women (under 18 years of age) must also be carefully considered. They typically have limited access to financial resources and frequently feel that institutions and support services will not take their situation seriously.
Disability	Women with disabilities, including intellectual and psychosocial disabilities, face heightened vulnerability and are at increased risk of domestic violence. It is essential to ensure that disability-specific needs are properly addressed, including the provision of sign language interpretation for deaf victims and adequate physical accessibility for victims who use wheelchairs, etc. It should also be recognized that the perpetrator of domestic violence may simultaneously serve as the victim's primary caregiver, a reality that significantly influences and constrains the options available to her.
Rural isolation	Women residing in remote rural areas often encounter additional barriers, including limited transportation, restricted access to services, and close-knit communities where confidentiality is difficult to preserve. Reliance on agricultural-based livelihoods, in particular, can further constrain their options and complicate decisions to leave the perpetrator.
Lesbian, bisexual and transgender women	It should be recognized that women from these groups frequently experience discrimination, which may heighten their fear and reluctance to seek assistance. They are entitled to the same standard of quality services as all other women.
Women with drug or alcohol addiction	It is not unusual for women experiencing domestic violence to resort to drug or alcohol use as a coping mechanism. This significantly increases the complexity of their needs. Drug addiction may also be deliberately exploited by the perpetrator as a tool of control.
Women in situations of trafficking or prostitution	Women who are in situations of prostitution or trafficking face heightened vulnerability and an increased risk of domestic violence. They may be extremely reluctant to seek help due to fear of being judged. They may be without personal identification documents. Their needs must be met and their well-being protected by working with them in a non-judgmental manner and through cooperation with other agencies.
Women with mental health problems	It is common for women who have lived with domestic violence to experience a range of mental health problems. In severe cases, victims should be referred to mental health services for joint and coordinated support. Women with mental health problems may be particularly hesitant to seek help, as they fear they may not be taken seriously.
Women with specific needs and challenges may be especially vulnerable to domestic violence and violence against women. Social service professionals must respond to this in an appropriate manner. These additional needs should be taken into account during both the initial and ongoing assessment of a victim, and the level of risk they may pose must also be carefully considered. An intersectorial approach means assessing, acknowledging, and working to meet these needs in order to achieve victims' safety and empowerment.	

Working with other agencies: A partnership-based approach to working with victims

In order to provide quality services that adequately respond to the needs of victims of domestic violence, it is vital that social service professionals are aware of how to liaise and cooperate with other relevant agencies, such as health services, the police, education institutions, and housing authorities. The Istanbul Convention addresses the need to coordinate measures and implement them through cooperation among the relevant agencies that have a duty to support and protect victims of domestic violence (Article 7.2).

Social service professionals play a key role in this cooperative process. Research involving victims has demonstrated that, when agencies fail to cooperate and coordinate effectively, victims frequently endure negative experiences, as they are required to recount their stories repeatedly, which in turn hinders their access to the support they require. (R. Logar & B. Vargorva 2015).

A victim-centered approach means that the victim is supported by all agencies that are able to meet her needs. These agencies must exchange accurate information and cooperate closely to ensure the victim's safety and empowerment. It is important to emphasize that consistent and well-coordinated multi-agency cooperation enables needs and risks to be addressed collectively, while ensuring that any emerging risks are promptly communicated and effectively managed.



Treatment programs for perpetrators of violence

Another important measure in preventing domestic violence and violence against women is the implementation of treatment programmes for perpetrators of violence. The Istanbul Convention provides that parties should take the necessary legislative or other measures to establish or support programmes aimed at teaching perpetrators of domestic violence to adopt non-violent behaviour in interpersonal relationships, with the purpose of preventing further violence and changing violent behaviour patterns (Article 16.1). In Kosovo, the provision of treatment programmes for perpetrators of domestic violence must be carried out in accordance with the Ministry of Justice curriculum, “Curriculum for the training of professionals working in programmes for perpetrators of domestic violence”. Pursuant to the Standard Operating Procedures for Protection from Domestic Violence in Kosovo, programmes for perpetrators may be delivered by social service professionals, provided that they have been appropriately trained and certified to implement such programmes. A fundamental principle that must be taken into account is that the same social service professional who delivers a program to a perpetrator of violence may not provide services to the same victim. Social service professionals involved in program delivery are required to collect and submit data and information on behavioural changes demonstrated by the perpetrator as a result of participation in the program. This information should subsequently be submitted to the competent authority responsible for monitoring the program. The participation of a perpetrator of violence in a treatment program may be ordered by a court decision or may take place on a voluntary basis.



In cases where social service professionals are not directly involved in delivering treatment programs for perpetrators of violence, they continue to play a critical role by supporting the victim and keeping her informed about the perpetrator’s engagement in the programme. Simultaneously, it must be recognized that the risk to the victim and her children persists. Although programs for perpetrators are designed to mitigate this risk, they cannot guarantee its complete elimination. It is equally important to acknowledge that the victim bears no responsibility for the perpetrator’s participation in a treatment program; this decision rests solely with the perpetrator and should not impose any obligation or liability on the victim or her children.

Checklist: Principles of good practice for the provision of social services based on the Istanbul Convention.

The principles of good social work practice when working with victims of domestic violence and violence against women mirror the principles of the Istanbul Convention and are formulated to achieve optimal outcomes for victims. Consequently, they are not only ethical standards but also practical tools through which social service professionals can enhance safety and secure more positive results for victims.

These principles allow social service professionals to critically reflect on their practice with victims of domestic violence. They further offer guidance on the approaches to be adopted when implementing interventions. Used as a checklist, the principles can guide social service professionals in conducting both initial and ongoing assessments of needs and interventions.

CHECKLIST OF PRACTICE PRINCIPLES FOR SOCIAL SERVICE PROFESSIONALS	
Human rights perspective	The well-being and dignity of victims must be upheld with the utmost respect. At its core, this perspective entails recognizing and safeguarding their rights.
Gender perspective	Social work practice must recognize gender inequality as both a root cause and a consequence of violence against women and domestic violence. Accordingly, interventions should aim to address this inequality and empower victims.
Prevention of secondary victimization	Social service professionals must consistently avoid any form of re-victimization. Victims may hesitate to seek help due to fears of disbelief or judgment. Ensuring the credibility of their accounts is vital for effective support.
Confidentiality and safety	Confidentiality is paramount in all aspects of working with victims of domestic and gender-based violence. Information must be shared cautiously to protect victims, and whenever possible, only with their explicit consent. The risks they face should never be underestimated.
Intersectional perspective	Social service professionals should take into account the specific characteristics of victims when assessing and addressing their needs, recognizing the additional risks and vulnerabilities that particular circumstances may entail. Consideration should be given to factors such as age, social class, race, ethnicity, religion, health, functional diversity, immigration status, etc.
Victim-centered practice	A victim-centered approach entails prioritizing the victim's choices at the core of all interventions. The victim is generally the foremost expert on her own situation, and her choices must be taken into account throughout social service delivery and empowerment support.
Multi-agency approach	Effective cooperation among agencies is essential to restore rights, ensure safety, and provide comprehensive support to victims. Social service professionals are responsible for cultivating strong working relationships with relevant agencies and, wherever feasible, establishing joint protocols for interventions with victims of domestic violence.
Accountability of perpetrators	Holding perpetrators accountable is a fundamental component of successful work with victims. Social service professionals should consistently implement this approach across all interventions and be fully acquainted with the legal instruments that enable them to hold perpetrators of violence responsible.

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