Study on Dimensions of Domestic Violence
Gender-based Violence in Kosovo* Municipalities: Dragash/Dragaš, Gjakovë/Djakovica and Gjilan/Gnjilane
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Dragash/Đragaš, Gjakovë/Djakovica and Gjilan/Gnjilane

UNICEF Kosovo
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Acronyms : f. 9. – References : f. 104-105


* All references to Kosovo in this study should be understood in full compliance with United Nations Security Council Resolution 1244 and without prejudice to the status of Kosovo
This baseline study involved an enormous amount of effort on the part of those who helped to design, review, approve, fund and implement it, reflecting the priority and commitment given to addressing and eliminating domestic violence/gender-based violence (DV/GBV) and supporting gender equality and human rights in the Kosovo context.

It is important to recognize the strong and constant support of the Prime Minister’s Office to facilitate the study process and provide direction to it along with support from the many actors who make up the National DV/GBV Coordination Committee, appreciably led by the Ministry of Justice. With much gratitude, the Government of Finland is recognized for its vision and support of the study through the UN Joint Programme on Gender-based Violence that is supporting the implementation of the National Strategy and Action Plan against Domestic Violence 2010-2014 in three pilot municipalities, Dragash/Dragaš, Gjakovë/Djakovica and Gjilan/Gnjilane.

The many children, women and men respondents in the three pilot municipalities and other stakeholders at the national level who participated in the study were indispensable. Their willingness to share their insights was most valued and seen as a critical way for them to actively contribute to improving the situation of those affected by domestic violence/gender-based violence. The local UN municipal coordinators and members of the municipal DV/GBV Coordination Mechanisms, supported through the Joint UN Programme on Gender-based Violence (GBV), helped to make for a smooth field research process.

Special acknowledgement is also given to the contributing partners for their invaluable inputs and support along the way, including United Nations Children’s Fund (UNICEF); United Nation Development Fund (UNDP); United Nations Kosovo Team (UNKT); United Nations Population Fund (UNFPA); United Nations Entity for Gender Equality (UN WOMEN); Office of the High Commissioner for Human Rights (OHCHR); and the Center for Protection of Victims and Prevention of Trafficking in Human Beings (PVPT). The Foundation Together Kosova, with Aliriza Arenliu, PhD, Kalterina Kelmendi, PhD Candidate and Hamjete Dedolli, Expert on Trafficking of Human Beings, are owed many thanks for the time and effort they gave to this study with regard to organizing, analyzing and presenting the data and findings.
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### Acronyms

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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AGE</td>
<td>Agency for Gender Equality</td>
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<tr>
<td>CPWC</td>
<td>Center for the Protection of Women and Children</td>
</tr>
<tr>
<td>CSW</td>
<td>Center for Social Work</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
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<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<tr>
<td>CCK</td>
<td>Criminal Code of Kosovo</td>
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<tr>
<td>CPCK</td>
<td>Criminal Procedure Code of Kosovo</td>
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<tr>
<td>DHSW</td>
<td>Department of Health and Social Welfare</td>
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<td>DVU</td>
<td>Domestic Violence Police Unit</td>
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<tr>
<td>DVR</td>
<td>Domestic Violence Regulation</td>
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<tr>
<td>ECHR</td>
<td>European Convention on Human Rights</td>
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<td>EU</td>
<td>European Union</td>
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<tr>
<td>GBV</td>
<td>Gender-Based Violence</td>
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<tr>
<td>KAS</td>
<td>Kosovo Agency for Statistics (KAS)</td>
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<td>KPS</td>
<td>Kosovo Police (KP)KWN Kosovo Women’s Network</td>
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<tr>
<td>LPDV</td>
<td>Law on Protection against Domestic Violence</td>
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<tr>
<td>MLSW</td>
<td>Ministry of Labor and Social Welfare</td>
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<tr>
<td>NGO</td>
<td>Non governmental organization</td>
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<tr>
<td>NSAPDV</td>
<td>National Strategy and Action Plan against Domestic Violence</td>
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<tr>
<td>OHCHR</td>
<td>Office of the High Commissioner for Human Rights</td>
</tr>
<tr>
<td>OSCE</td>
<td>Organization for Security and Cooperation in Europe</td>
</tr>
<tr>
<td>SW</td>
<td>Social Worker</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Fund</td>
</tr>
<tr>
<td>UN WOMEN</td>
<td>United Nations Entity for Gender Equality and the Empowerment of Women</td>
</tr>
<tr>
<td>UNKT</td>
<td>United Nations Kosovo Team</td>
</tr>
<tr>
<td>UNMIK</td>
<td>United Nations Mission in Kosovo</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>VAAD</td>
<td>Victims’ Advocacy and Assistance Division</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>WSSI</td>
<td>Women’s Safety and Security Initiative</td>
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<tr>
<td>WWC</td>
<td>Women’s Wellness Centre</td>
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Background:

Domestic violence/gender-based violence (DV/GBV) is a complex and dynamic phenomenon that knows no boundaries in terms of gender, ethnicity, race, age or socio-economic status. Gender inequality is often at the crux of domestic violence, resulting in more women and children having their rights violated as compared to men.

In the Kosovo context, domestic violence/gender-based violence was largely ignored during and following the years after the conflict and due to the strong cultural tradition to keep domestic violence hidden. Only in recent years has it started to receive the attention it deserves. In particular, Kosovo has enacted national laws and policies to address gender inequalities. In 2010, the Law on Protection against Domestic Violence (LPDV) was passed by the Assembly of Kosovo, followed by the formulation and approval of the National Strategy and Action Plan against Domestic Violence (NSAPDV) 2010-2014.

The United Nations agencies, UNICEF, UNDP, UNFPA, UN Women and OHCHR1, joined together in the UN Joint Programme on Gender-based Violence (GBV) to support the Government’s implementation of the NSAPDV 2010-2014 in relation to LPDV, with financing from the Government of Finland. The programme has been supported through the Prime Minister’s Office, and coordinated via the National Coordination Committee and Municipal Coordination Mechanisms in three pilot municipalities: Dragash/Dragaš, Gjakovë/Djakovica and Gjilan/Gnjilane.

As part of the process to support the institutionalization of DV/GBV prevention, protection and reintegration programming, with the vision of scaling up, it was decided that UNICEF would undertake the development of this baseline study in relation to the three pilot municipalities.

Purpose/objectives:

The purpose of this baseline study is to help the three pilot municipalities establish a baseline against which to track changes with regard to DV/GBV, which can be used to 1) help with making relevant adjustments in programming strategies and interventions; and 2) inform other municipalities wanting to institute their own DV/GBV programmes.

The objectives of this study include:

- Identify the prevalence of different forms of violence against women, children and youth, which occur or have occurred in the three pilot municipalities
- Identify and gather information on family values related to DV/GBV
- Identify the risk factors of DV/GBV in the selected municipalities
- Document the consequences of violence against women and children

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1 United Nation Children’s Fund (UNICEF); United Nation Development Fund (UNDP); United Nations Population Fund (UNFPA); United Nations Entity for Gender Equality (UN WOMEN); and the Office of the High Commissioner for Human Rights (OHCHR).
Identify types and extent of access to services and referral mechanisms for survivors and witnesses of DV/GBV within the selected municipalities (e.g. social services, including child protection services, services within the areas of justice, health, education and employment)

Identify individual and community strengths and resources to prevent and respond to violence

Recommend existing intervention strategies in each municipality for prevention, protection and reintegration based on these community strengths and resources.

Definitions/methodology:

There is no universal definition of domestic violence or gender-based violence/violence against women. Thus, four key sources were consulted to formulate the working definition on DV/GBV for this study: the UN Declaration on the Elimination of Violence against Women (1993), The Council of Europe's European Institute for Gender Equality, the Kosovo Law on Protection against Domestic Violence (LPDV), and the WHO Multi-Country Study on Women’s Health and Domestic Violence, 2005.

Notably, gender-based violence and violence against women are often used interchangeably since men generally inflict violence on women. As well, given that types of violence are not mutually exclusive, gender-based violence includes domestic violence, trafficking, dating violence, etc. GBV whether in the home, school or community reflects and reinforces gender inequalities. The focus of the study in the Kosovar context is on violence between males and females, with the focus on domestic violence. Thus, for the purposes of this study, DV/GBV is defined as violence perpetrated by intimate partners and other family member(s), and manifested through: physical violence, psychological violence, sexual violence, sexual assault and sexual harassment. (See Part I for the full definition.)

The methodology employed quantitative and qualitative methods to guide the collection of data/information from a total of 3661 respondents. The quantitative part of the research consisted of household and school-based surveys using questionnaires. The qualitative part of the research consisted of focus group discussions with women, men and children, and in-depth interviews with stakeholders, including DV survivors. The participatory process also included input from partners, key counterparts and many stakeholders in the pilot municipalities.

Key findings related to establishing the baseline:

The baseline data cover various aspects related to violence, including prevalence, attitudes, risk factors and consequences, which are disaggregated by gender, urban/rural distribution, etc. This report presents an aggregation of the data for all three municipalities. The data per municipality are included in a separate document and are housed at UNICEF Kosovo.
The quantitative and qualitative findings of this study confirmed that domestic violence/gender-based violence is prevalent throughout the three municipalities. **Physical violence** was found to be the most frequent type of violence experienced by women (17.3 per cent) and children (50.2 per cent), followed by **psychological violence**, women (5.9 per cent) and children (14.8 per cent), and **sexual violence**, women (2.7 per cent) and children (1 percent). Compared to the women respondents, the men respondents indicated that they had perpetrated a higher percentage of physical violence (28.4 per cent) and psychological violence (31.8 per cent) and a lower percentage of sexual violence (0.8 per cent).

The general perception by the male and female, younger and older respondents is that **mostly men are perpetrators of DV/GBV against women and children**, although in some cases the mother-in-law and sister-in-law were known to inflict violence on the woman and sometimes the children usually living in the household of the husband’s family. A few respondents also referred to sons committing acts of violence against their mothers.

In addition to **experiencing violence at home**, children indicated that it is common to **witness violence at home**. They have witnessed physical violence, such as their father and mother shouting at each other, and parents shouting or hitting and slapping their siblings, and psychological violence, such as insulting or making one feel bad. The major contributing causes of the violence against children at home were related to their disagreements with family members, misbehavior, disobeying family rules and lack of communication skills.

Nearly one-half (45.2 per cent) of children reported having experienced **physical violence at school**, and more than 20 per cent humiliation, intimidation, and being called names at school (forms of verbal bullying or psychological violence). All the children from the Roma, Ashkali and Egyptian communities indicated that school violence was one of the key reasons for their leaving school early.

**Dating violence** among adolescents was found to be prevalent and expressed in several forms. These included the tendency of the boy to show power and control over the girl he is dating, such as dictating what she wears and limiting her freedom to go out with others, and sometimes using physical, psychological and/or sexual violence.

Most respondents acknowledged that **DV/GBV cases are rarely reported** due to a victim’s fear of repercussions from reporting the case; shame; stigma; losing child custody or being separated from her children; financial dependency; lack of support of the woman’s family of origin; putting the welfare of the family in front her own; ‘accepting’ or ‘tolerating’ the violence thinking that it is deserved; lack of services or access to reach services; lack of trust in the services; and lack of awareness of services. Many respondents indicated that families, communities and services focus especially on reconciliation of the couple/families, without giving due consideration to the situation of the victim and possibilities of repeat violence.

In regards to **attitudes** towards violence, men, overall, showed a higher level of tolerance toward violence against women and the same pattern was repeated with adolescent boys against adolescent girls. At the same time, a
significant proportion of women and girls conveyed that they have tolerant attitudes toward violence by men against them. In relation to the statement “There are times when women deserve to be beaten”, it was found that a greater proportion of the women (54.5 per cent) were in agreement compared to the men (50.9 per cent). These findings were further reinforced during the focus group discussions. They explained that when “women deserve to be beaten”, it is due to adolescent boys’ and men’s feelings of betrayal or jealousy, the women or adolescent girls not asking their partner for permission to go out, the married women not fulfilling their expected duty as wife or bride, etc.

These examples underscore how rigid gender roles linked to traditional cultural norms can contribute to sustaining girls and women in a subordinate status, making them more vulnerable to gender-based violence as well as ‘accepting’ of the violence. There was evidence that a lot of work needs to be done on improving girls’ and women’s self-esteem and self confidence in their abilities, including to be leaders and equal in professional and household positions, e.g. a large percentage of girls indicated that they believe boys are smarter - as conveyed by their level of agreement on the statement - “On the average, girls are as smart as boys”; more boys (40%) than girls (13%) agreed.

Data confirmed that women and children who have experienced violence or men who have perpetrated violence show more tolerant attitudes toward couple violence, gender stereotyping and acceptance of men’s violence against women compared to those who have not experienced or perpetrated violence.

Some key risk factors that contribute to the occurrence of DV/GBV that were cited by the respondents included: poor economic conditions; unemployment; family influences and tensions (when living with extended families/husband’s family); jealousy; alcohol and other substance usage; and rigid gender roles and traditional values.

In regards to consequences of violence, the majority of women and children who have experienced violence show higher levels of distress and difficulties in everyday functioning (e.g. feeling unhappy and depressed; feeling under strain) compared to those who have not. Four per cent of these women respondents reported that they were injured as a result of violence, most commonly in the form of bruises, scratches, sprains, dislocations and some eye injuries. The men who have perpetrated violence showed lower levels of psychological well-being compared to those who have not perpetrated violence. The findings pointed to the perpetration of violence being related to childhood violence experiences (at home and school), substance abuse (alcohol and cigarettes), and attitudes favoring rigid gender roles and tolerance toward violence. Victimization was related, in part, to young age, low levels of education and childhood experiences of violence.

While greater proportions of men as perpetrators and women as victims were associated with low or no level of formal education, it was also found that women with a university level of education and men with a high school level of education were more prone to experiencing and perpetrating violence, respectively. This pointed to the need to investigate protective factors.

Interviews with stakeholders of social, judicial and health services conveyed there are several well-formulated laws, policies, strategies and structures with detailed staff roles and responsibilities to help guide their services
in relation to DV/GBV. At the same time, they constructively pointed out gaps and challenges in their services with regard to frontline, community-based responses to DV/GBV victims, survivors, witnesses and perpetrators. A selection of gaps and challenges follow:

**In social services,** the decentralization process has caused some snags in delivering effective, efficient and adequate DV/GBV social services offered by the Directorates of Health and Social Welfare (DHSW) and Centers for Social Work (CSW) at municipal level. Survivors of domestic violence are not included as a specific group in social assistance and CSWs do not have a budget for emergency or reintegration needs of DV/GBV victims and survivors. The inadequate number of professionally trained human resources coupled with a high volume of cases (not all related to DV) affects the quality of the DV/GBV services. Women and children in certain communities, such as in rural areas and among ethnic communities (e.g. Roma, Ashkali and Egyptian), tend to have higher risk factors of violence associated with poverty and restrictive traditional norms, creating more challenges for these women and children to access DV/GBV services. In addition, services are often not available, accessible or affordable, e.g. transport to reach them.

Shelters are viewed as critical safe havens appreciated by many of the DV/GBV survivors, but their constraints are widely recognized in relation to the lack of financial stability, human resources and sustainability. A handful of active NGOs working on women and children's issues in the three pilot municipalities help to fill gaps. However, like the shelters, they lack financial sustainability as they are dependent on donor funding. Few stakeholders work on rehabilitation services for both DV/GBV survivors and perpetrators, and reintegration services for DV/GBV survivors and witnesses.

In education, the Directorate of Education indicated that domestic violence is a theme in the school curriculum’s *Civil Public Education* course. There was mention that peer violence is addressed in school and violent behavior is punishable. At the time of the research, no mention was made of a protocol to follow when domestic violence is identified in relation to a student.

**In the judicial services,** there is a limited number of Victim Advocates (VAs) dealing with DV/GBV cases. The high number of cases assigned to them, small budgets and sometimes inadequate working space affect their level of influence and how well they can advocate on behalf of DV/GBV survivors, and build up their reputation and level of cooperation with the municipal courts when decisions related to DV are being made, for example, in issuing protection orders. The procedures to determine and issue protection orders are problematic for various reasons ranging from the perpetrator being able to influence court decisions, lack of police investigation or enforcement, perpetrators missing court hearings, etc.

The Domestic Violence Unit (DVU) in the Kosovo Police is required to respond to DV cases 24/7. Several challenges face the DVU investigators with regard to engendering trust among DV/GBV victims to seek their help, including the lack of female investigators. Financial and human resources constraints make it difficult for them to address recidivism, monitor and enforce emergency and longer term protection orders, and not being able to adequately refer DV/GBV clients to other services due to the lack of sheltering, rehabilitation
and reintegration services, especially in rural locations and certain areas of the country.

Mention was frequently made about Courts, the Police, CSW and the Police principally supporting reconciliation even in cases when repeated violence would be likely and the women's case has not been sufficiently heard or addressed. In each of the municipalities, it was consistently stated that DV is viewed by families as a private (and shameful) matter to be resolved within the family.

In health care services, professional knowledge and skills in dealing with DV/GBV victims and survivors are generally missing, including the protocols, instruments or methods. Provision of health and mental services to perpetrators does not appear to be the norm, although it was considered a need. The respondents from the Regional Hospitals and Main Family Medical Centers indicated that they provide health care and mental health services to DV/GBV victims although they are usually referred to them without their knowing they are DV/GBV victims.

In sum, the findings revealed the strong influence of traditional patriarchal values and rigid gender roles sustained through a socialization process that reinforces gender inequalities, causing women and children to be prone to experiencing violence.
The following provides a set of strategic steps to strengthen efforts and systems to prevent, reduce and eliminate DV/GBV. These include a focus on going to scale with interventions in the short to medium-term on DV/GBV prevention, protection and reintegration.

**Step 1:** Advocate for and promote gender equality, equity, inclusion and human rights, with a focus on children’s and women’s rights.

**Objective:** Develop and nurture political will and partnerships to advocate for the transformation of traditional patriarchal values and rigid gender roles that reinforce gender inequality, causing women and girls to be at greater risk of violence.

**Approach:** Identify national and community-based advocates for gender equality and human rights, with a focus on children’s and women’s rights; prepare and conduct a broad-based advocacy and sensitization strategy with the advocates (leaders, decision-makers and other key stakeholders); form a core group of advocates at national level and a network with municipal counterparts, facilitating communication and actions among them; focus the advocates’ attention on making a concerted call to action to Kosovar society in support of equal opportunity between girls/boys and men/women, such as in the field of education and the job market, and the promotion of special measures and mechanisms to realize children’s and women’s rights; focus their advocacy efforts on motivating and gaining the support and backing of targeted groups of men and boys to work in tandem with women and girls in favour of gender equality, equity, inclusion and human rights.

**Step 2:** Change knowledge, attitudes and social norms around DV/GBV towards zero tolerance of DV/GBV.

**Objective:** Raise awareness of the ‘unacceptability’ of DV/GBV as a social norm; and empower women and girls to change their mindsets, and those of men and boys to take action and combat domestic violence / gender-based violence.

**Approach:** Formulate a nation-wide (local to national) DV/GBV communication strategy aimed at raising awareness of DV/GBV, the law on DV, where to report violence and receive help as well as various measures and behavioral change needed to achieve results in condemning and working towards eliminating all forms of violence and discrimination against women and children. Identify, prioritize and customize DV/GBV communication strategies and messages for different groups at national level and initially in the three pilot municipalities, before expanding to other municipalities, using a mix of communication channels, methods and entry points.
Step 3: Develop, implement and assess integrated, strategic plans and actions on addressing DV/GBV per municipality with key partners.

Objective: Continue to build on municipal planning processes and develop well-focused, costed and budgeted plans of action on prevention of DV/GBV, and protection and reintegration of DV/GBV survivors and witnesses.

Approach: Regular planning and review with support from the DV/GBV Coordinators and other key partners at the municipal level are critical to further strengthen systematically and systemically DV/GBV prevention, protection and reintegration chains of activities and services. Some key strategic elements to work towards include: reinforce existing DV/GBV Coordination Mechanisms and planning processes and expand them to other municipalities by supporting visits between municipalities and roundtables to facilitate exchange of experiences and promote learning; strengthen the linkages between the municipal level DV/GBV Coordination Mechanisms and the National DV/GBV Coordination Committee.

Step 4: Strengthen the development, integration and institutionalization of rehabilitation and reintegration programmes for DV/GBV survivors and witnesses, including the structural coordination for seamless interface between services.

Objective: Fill the several gaps in rehabilitation and reintegration services in order to ensure a full set of integrated services is available for DV/GBV victims, survivors and witnesses.

Approach: Support regular mapping of the structural coordination of DV/GBV social services; with the support and leadership of the Coordination Mechanism, establish a DV/GBV technical consultation (Task Force) team in each municipality that would bring together key actors providing support to DV/GBV prevention, protection and reintegration –this should aim at developing the practice of an integrated systems approach to better coordinate the different services addressing the multiple needs of each DV/GBV victim, survivor or witness; develop / strengthen the DV/GBV case management and referral system; provide support to existing shelters to develop and sustain their services and develop new shelters in locations where they are missing, including devising sustainable funding strategies to provide a sufficient supply of short to longer term accommodation and social housing; support easy access to professional psychological counselling and free-of-charge primary and mental health care services, with clear protocols for DV/GBV victims, survivors and witnesses; give special attention to the protection of children who are DV victims, survivors and witnesses; provide and reinforce reintegration programming for DV/GBV survivors, giving attention to mapping educational and vocational training programmes with key partners and providing subsidies and incentives for job training and place-
ment of DV/GBV survivors; establish self-help groups for DV/GBV survivors (women and children) to create a support system.

**Step 5:** Develop and institutionalize rehabilitation and treatment programmes for perpetrators of DV/GBV.

**Objective:** Help address recidivism rates by addressing perpetrators’ attitudes and behaviors.

**Approach:** Provide health care, including counseling and specific treatments, to DV survivors’ partners with mental health and substance abuse issues; establish mandatory rehabilitation programmes for all perpetrators aimed at behavioral change; train health workers and other professionals in the Family Medicine Centers, Regional Hospitals, etc. on the treatment and rehabilitation of the perpetrators.

**Step 6:** Strengthen social services systems addressing DV/GBV by developing the capacity of relevant stakeholders; leveraging financial resources; and increasing human resources.

**Objective:** Increase resources and strengthen and develop capacities among DV/GBV stakeholders aimed at improving their knowledge, skills and experience in the provision of DV/GBV services for diverse groups of persons needing them, ranging from children to adolescents to housewives, working women and trafficked women, girls and boys.

**Approach:** Develop a comprehensive training strategy to ensure seamless services for DV/GBV victims, survivors and witnesses, giving particular attention to the capacity needs in each of the DV/GBV related services (e.g. health, social and legal services) and developing stronger interrelationships between them through joint trainings; leverage financial resources for rehabilitation and reintegration of DV/GBV survivors (e.g. a municipal level fund in the Directorate of Health and Social Welfare for emergency needs of DV/GBV survivors, financial support of shelters and NGOs, DV/GBV survivor long-term reintegration programmes in partnership with different stakeholders, including employers and employment agencies); increase human resources to improve support to DV/GBV victims, survivors and witnesses (e.g. social workers at the Centers for Social Work; female investigators in the Police Domestic Violence Units, and Victim Advocates).
Step 7: **Give special attention to violence prevention, identification and protection in schools.**

**Objective:** Systematically address violence against children (peer violence, dating violence and children experiencing violence at home that schools identify and address) with the leadership and involvement of the Directorates of Education and schools in collaboration with other key DV/GBV stakeholders at municipal and local levels.

**Approach:** Develop a comprehensive school-based violence prevention and protection strategy to address the various forms of violence against children and promote violence prevention within teaching/learning processes; train staff on protocols and guidance on addressing violence; support age-appropriate learning/teaching strategies and actions on addressing violence issues; support students in developing and implementing awareness raising campaigns and actions on violence prevention; provide regular training and space for discussion and debate among educators on violence prevention in schools, understanding DV/GBV, identifying and knowing how to intervene with students in relation to different forms of violence (physical, psychological and sexual), gender sensitivity, gender equality, protective school environments, etc.; devise and implement parent education and discussions on violence prevention, family preservation, gender equality, etc.; ensure that each school has a school psychologist (or shares a psychologist) who can strengthen responses on addressing violent behaviors, which requires advocacy to increase support and budgets for this specialized school personnel.

Step 8: **Establish, maintain and make use of systematic data collection and analysis on DV/GBV from local to national levels.**

**Objective:** Establish a surveillance system on DV/GBV, including relational databases, that is confidential as well as useful in producing data to analyze and guide systems and services development and improvements from local to national levels.

**Approach:** Strengthen existing institutional databases addressing DV/GBV; establish a country-wide surveillance system on DV/GBV, including relational databases, to better track its manifestation and facilitate communication and exchange of data and information between stakeholders; ensure confidentiality and make strategic use of the data to guide and improve at scale the structural coordination between systems and services addressing DV/GBV.
Study on Dimensions of Domestic Violence –
Gender-based Violence in Kosovo Municipalities:
Dragash/Đragaš, Gjakovë/Djakovica and Gjilan/Gnjilane

Introduction

This study provides a baseline on domestic violence/gender-based violence (DV/GBV) in relation to three municipalities: Dragash/Đragaš, Gjakovë/Djakovica and Gjilan/Gnjilane. It was undertaken to support the implementation of the National Strategy and Action Plan against Domestic Violence (NSAPDV) 2010-2014. The baseline study constitutes a key action taken through the United Nations Joint Programme on Gender-based Violence, with financial backing from the Government of Finland and in collaboration with key partners at central and local levels.

This study report is organized as follows: Part I reviews the background and context leading up to the study, the purpose and objectives of the study, definitions and the methodology employed to implement the study. Part II covers the baseline results on domestic violence with regard to prevalence, attitudes, risk factors and consequences in relation to the three pilot municipalities. Part III examines the social, justice and health services addressing domestic violence/gender-based violence in the three pilot municipalities, taking into account their strengths, gaps and challenges. Part IV focuses on strategic next steps.
1. **Background, Objectives and Methodology**

1.1. **Background and Context of the Study**

Domestic violence, in its multiple forms, is a dynamic and complex phenomenon that happens in every country around the world. It knows no boundaries in terms of gender, ethnicity, race, age, education, cultural identity, socio-economic status, religion, sexual orientation, physical or mental abilities or personality.

Gender inequality is often at the crux of domestic violence, usually resulting in more women and children having their rights violated as compared to men. This is because women and children are generally placed in less influential and powerful positions within social structures and processes, starting with the family (at the micro level) and reinforced throughout society (at the macro level) (Flood & Pease, 2009).

These inequalities, both subtle and overt, are manifested in patriarchal relationships, social norms and organizational cultures where male dominance and control, gender segregation, hostility toward women and acceptance of violence by both males and females can be found.

Although domestic violence / gender-based violence is most prevalent against females, it does not preclude violence against boys and men. Overall, it is a problem that requires high priority attention by all members of society, female and male.

In the context of Kosovo society, domestic violence is not a new occurrence. Due to the more visible ethnic violence in past years as well as the cultural tradition to keep domestic violence hidden as a private family matter, it was largely ignored until recent years (Wareham, 2005; CPWC, 2003).

The 2008 domestic violence study by the Kosovo Women Network (KWN), with support from the UNDP/Women Safety and Security Initiative (WSSI), confirmed that domestic violence in Kosovo is underreported and often considered as ‘acceptable’ in intimate relationships. The study respondents especially attributed violent behavior in the Kosovo context to unemployment and alcohol abuse among men (Farnsworth & Qosaj-Mustafa, 2008). With regard to domestic violence in relation to children, there is a general paucity of data. The same 2008 KWN study produced the one available source of data on Kosovar children experiencing domestic violence that was reviewed in preparation for this study.

**Legal and Institutional Framework around DV and GBV**

Kosovo institutions have worked hard to develop and enact national laws and policies, drawing from international instruments, to address gender inequalities and conditions that subordinate and discriminate against women in the public and private spheres. Laws in place addressing domestic and gender-based violence in Kosovo include:

- Criminal Code of Kosovo Code No. 04/L-082 (CCK);
- Provisional Criminal Code of Kosovo UNMIK/REG/2003/25;
- Provisional Criminal Procedure Code of Kosovo UNMIK/REG/2003/26 (CPCK);
- the law on Gender Equality Law No. 2004/2;
- the Anti-Discrimination Law No. 2004/3;
- Law on Social and Family Services Law No. 02/L-17;
- Law on amending and supplementing the law No. 02/L-17 on Social and family services Law No. 04/L-881, Family Law of Kosovo Law Nr.2004/32;
- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW);
- Universal Declaration of Human Rights;
- European Convention for the Protection of

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3 In the KWN 2008 study, it was found that 43 percent of the respondents (N=1256) had experienced domestic violence. Furthermore, the study indicated that nearly 20 per cent of the respondents hit their children as a form of discipline, 2.5 per cent hit with a belt or stick and 1.3 per cent beat their children. About one half of the respondents indicated that it was okay to slap a child when needed.

4 Criminal Code of Kosovo Code No. 04/L-082 (CCK); Provisional Criminal Code of Kosovo UNMIK/REG/2003/25; Provisional Criminal Procedure Code of Kosovo UNMIK/REG/2003/26 (CPCK); the law on Gender Equality Law No. 2004/2; the Anti-Discrimination Law No. 2004/3; Law on Social and Family Services Law No. 02/L-17; Law on amending and supplementing the law No. 02/L-17 on Social and family services Law No. 04/L-881, Family Law of Kosovo Law Nr.2004/32; Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); Universal Declaration of Human Rights; European Convention for the Protection of
violence include the Criminal Code of Kosovo Code No. 04/L-082 (CCK); Criminal Procedure Code of Kosovo No. 04/L-123 (CPCK), the Law on Gender Equality No. 2004/2; the Anti-Discrimination Law No. 2004/3; Law on Social and Family Services No. 02/L-17; Law on amending and supplementing the law No. 02/L-17 on Social and family services Law No. 04/L-081; Family Law of Kosovo Nr.2004/32; the Law on Preventing and Combating Trafficking in Human Beings No. 04/L-218; and Protecting Victims Of Trafficking Law on Property and other Real Right No. 03/L-154; and the Law on the Status and the Rights of the Martyrs, Invalids, Veterans, Members of Kosova Liberation Army, Civilian Victims of War and Their Families No. 04/L-054.

These laws aim to be in line with international and European standards such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); Universal Declaration of Human Rights; European Convention for the Protection of Human Rights and Fundamental Freedoms and its Protocols. The Convention on the Rights of the Child is incorporated in the Constitution and recently an Action Plan for Implementation of UNSCR 1325 was approved.

Kosovo has created a number of governmental institutions and provided support to non-governmental organizations in line with legislation that calls for responding and providing protection to survivors of domestic violence. These include the Kosovo Police (KP) Domestic Violence Units also at local levels; Ministry of Labour and Social Welfare (MLSW), Department of Social Welfare (DSW) and Centers for Social Welfare (CSWs); Ministry of Justice and Victim’s Advocacy and Assistance Division (VAAD); shelters and other non-governmental organizations. The Deputy Minister of Interior chairs the national anti-trafficking Coordination Mechanism, which oversees the implementation of strategies and action plans related to anti-trafficking. The Agency on Gender Equality is an Executive Agency acting within the Office of the Prime Minister and exercises its functions and responsibilities provided for by the Law on Gender Equality. Furthermore, in 2010, the Office of the Prime Minister established the Council on Child Protection and Justice for Children, which coordinates, monitors and reports on reforms in child protection and justice for children.

In 2010, the Assembly of Kosovo sanctioned the Law on Protection against Domestic Violence Law (LPDV) No. 3L/182. The primary aim of LPDV is to prevent domestic violence in all its forms, through appropriate legal measures; its secondary aim focuses especially on the treatment of perpetrators of domestic violence. At the same time, the National Strategy and Action Plan against Domestic Violence (NSAPDV) 2010-2013 (recently extended to 2014) was developed and approved to support the implementation of the LPDV.

The Kosovo Government Decision No 04/83 dated 11.07.2012 appointed a National Coordinator against Domestic Violence who is responsible for coordinating, monitoring and reporting the implementation of policies, activities and actions defined in the strategy and action plan. At the same time, Kosovo Government established the Inter-ministerial Coordination Group with different institutional representatives and other key stakeholders with expertise in this area.

Although legislation provides detailed descriptions of the roles and responsibilities of these different institutions and organizations to protect victims of domestic violence, the implementation of the provisions has proven to be difficult given constraints, such as limited financial and human resources, lack of a systematic data collection system and information exchange between official institutions on domestic violence, attitudes of different stakeholders towards domestic violence that can disadvantage the domestic violence victim, etc.

The effective implementation of the various pieces of legislation and provisions of services for domestic violence survivors is essential for a future without violence. They can make it possible to institutionalize prevention and intervention programmes aimed at changing knowledge, attitudes, practices and behavior in favor of gender equality and elimination of violence.
The United Nations Kosovo Team (UNKT) with participating agencies (UNDP, UNFPA, UNICEF, OHCHR and UN WOMEN) formulated a joint programme on Gender-Based Violence (GBV) financed by the Government of Finland in order to support the Government’s effective implementation of the LPDV and National Strategy and Action Plan against Domestic Violence (NSAPDV) 2010-2014. It supports the implementation of a range of DV/GBV activities in the key intervention areas of prevention, protection, reintegration and scaling-up in three pilot municipalities: Dragash/Dragaš, Gjakovë/Djakovica and Gjilan/Gnjilane. Each of the UN partners has a certain number of activities that they support with counterparts in the areas in which they have expertise.

Notably, the Joint Programme supports the Municipal Programme Coordinators who are located in each of the municipalities working on the development of the municipal DV/GBV Coordination Mechanism (CM) with various stakeholders and institutions working on DV/GBV. The DV/GBV National Coordination mechanism, supported by the Prime Minister’s Office and led by the Ministry of Justice, has members of all key actors related to supporting the implementation of the NSAPDV.

Among the several activities supported by UNICEF through the joint programme is the production of this baseline study on DV/GBV in support of the three pilot municipalities.

1.2. Purpose & Objectives of the Study

The purpose of this study is to establish a baseline on domestic violence / gender-based violence (DV/GBV) in relation to prevalence, attitudes, risk factors and consequences among children, youth, women and men in the three pilot municipalities (Dragash/Dragaš, Gjakovë/Djakovica and Gjilan/Gnjilane), which are in the process of implementing the National Strategy and Action Plan against Domestic Violence.

Subsequent monitoring and evaluation of DV/GBV in the three pilot municipalities can make use of the baseline results against which to track changes in relation to selected output and outcome indicators and make relevant adjustments in ongoing programming efforts. Moreover, the results can help with further development of prevention and intervention programmes within the three municipalities and inform other municipalities wanting to start DV/GBV programmes.

The data collection focused on three target groups, children, aged 12-18 years; women, aged 18 years and above; and men, aged 18-30 years. Subsequent data collection can build on this initial one to further expand the age range. For this baseline, the selected target groups and age ranges enabled sufficient data collection to obtain diverse perspectives and build a comprehensive picture of DV/GBV in the three municipalities.

The objectives of this study include:

- Identify the prevalence of different forms of violence against women, children and youth, which occur or have occurred in the three pilot municipalities
- Identify and gather information on family values related to DV/GBV
- Identify the risk factors of DV/GBV in the selected municipalities
- Document the consequences of violence against women and children
- Identify types and extent of access to services and referral mechanisms for survivors and witnesses of DV/GBV within the selected municipalities (e.g. social services, including child protection ser-

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5 The baseline data were collected in 2012.
6 Youth includes young women and men between 18 and 24 years old.
services, services within the areas of justice, health, education and employment)

- Identify individual and community strengths and resources that exist to prevent and respond to violence
- Recommend existing intervention strategies in each municipality for prevention, protection and reintegration based on these community strengths and resources.

1.3. Definitions and Methodology

**Definitions:** There is no universal definition of domestic violence, gender-based violence or violence against women. Many commonly used terms can have different meanings in different regions of the world. Some definitions attempt to address all types of violence against women, from physical violence to psychological violence to harmful traditional practices, such as early marriage, forced marriage, female genital mutilation and state tolerated discrimination against women. Some argue that such broad and complex definitions of violence against women can lose their power and meaning. Others request not to forget to include men and boys when addressing and defining gender-based violence, and some give particular focus to domestic violence/gender-based violence (DV/GBV) in relation to its intensification in conflict and post-conflict settings.

The United Nations definition on gender-based violence in the UN Declaration on the Elimination of Violence against Women adopted by the UN General Assembly in 1993 places emphasis on the links between violence and gender, particularly violence against women, and gender inequalities that usually disadvantage females due to their overall subordinate status in society.

The Council of Europe defines gender-based violence (GBV) as 'violence that is directed against a person on the basis of gender. It constitutes a breach of the fundamental right to life, liberty, security, dignity, equality between women and men, non-discrimination and physical and mental integrity.'

The Council indicates that gender-based violence and violence against women are often used interchangeably since most gender-based violence is inflicted by men on women and girls. It emphasizes that GBV reflects and reinforces inequalities between men and women. It defines violence against women in accordance with the UN Declaration on the Elimination of Violence against Women. (See Box 1.)

Furthermore, it states that it is difficult to distinguish between different types of violence since they are not mutually exclusive. In particular, it puts forth that gender-based violence includes: domestic violence, sexual harassment, rape, sexual violence during conflict and harmful customary or traditional practices, such as female genital mutilation, forced marriage and honour crimes; trafficking in women, forced prostitution and violations of human rights in armed conflict; forced sterilization, forced abortion, coercive use of contraceptives, female infanticide and prenatal sex selection.

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**Box 1:** The multifaceted definition of Gender-based Violence (GBV) in the UN Declaration on the Elimination of Violence against Women*:

“...as any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”

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*Cited from The Council of Europe's European Institute for Gender Equality web link - http://eige.europa.eu/content/what-is-gender-based-violence
The Law on Protection against Domestic Violence (LPDV) defines domestic violence as ‘one or more intentional acts or omissions when committed by a person against another person with whom he or she is or has been in a domestic relationship. Forms of violence includes use of physical force or psychological pressure, causing the feeling of fear, personal dangerousness or threat of dignity, violence intimidation, repetitive behavior with the aim of derogating the other person, non-consensual sexual acts, unlawfully limiting the freedom of movement, property damage or destruction, kidnapping, etc.’

The DV/GBV definition used by this study is in line with the above definitions, and also draws especially from the WHO Multi-Country Study on Women’s Health and Domestic Violence against Women, 2005. It focuses on violence between males and females, with the emphasis on domestic violence, although some attention is given to school-based violence and dating violence. For the main purposes of this study: ‘Domestic violence / gender-based violence (DV/GBV) is defined as violence perpetrated by intimate partners and other family member(s), and manifested through:

**Physical Violence:** This involves the intentional use of physical force with the potential for causing death, injury, or harm. It includes, but is not limited to, scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair pulling, slapping, punching, hitting, burning, the use of restraints or one’s body size or strength against another person, and the use of, or threat to use, a weapon (gun, knife, or object).

**Psychological Violence:** This is any act or omission that damages the self-esteem, identity or development of the individual. It includes, but is not limited to, humiliation, being made to feel unwanted, forced isolation from family or friends, threats to harm the individual or someone they care about, repeated yelling or degradation, inducing fear through intimidating words or gestures, controlling behavior, and the destruction of possessions.

**Sexual violence:** This is any act in which one person in a power relationship uses force, coercion, or psychological intimidation to force another person to carry out a sexual act against her or his will or participate in unwanted sexual relations from which the offender obtains gratification.

**Sexual assault:** This involves nonconsensual sexual contact that is obtained through coercion or the use or threat of force. Sexual assault is a deliberate act of gender-based violence and an expression of power, control and domination over another. It is not a manifestation of uncontrolled desire, attraction or arousal.

**Sexual harassment:** This involves unwelcome or unwanted verbal, non-verbal, physical or visual conduct based on sex or of a sexual nature, which occurs with the purpose or effect of violating the dignity of a person.

**Methodology:** To establish the baseline and increase understanding of the complex phenomena of domestic violence/gender-based violence in the three pilot municipalities, a mixed methodology was employed using quantitative and qualitative methods of data/information collection. A desk review of existing, relevant data and documents preceded the field research and analysis.

Quantitative methods were used in order to quantify the number and percentages of children, women and men who have experienced violence in the three municipalities. Qualitative methods were used to enable detailed and in-depth information gathering about the experiences of violence, and the types and extent of access to services and referral mechanisms for survivors and witnesses of domestic violence. Children’s witnessing of the different forms of violence was also taken into account quantitatively and qualitatively.
The **quantitative** part of the study was based on surveys, using interviews and a self-administered questionnaire, with a total of 3474 respondents in the three municipalities, including:

- Household surveys involving interviews with 1201 women 18 years old and above using random selection of houses and respondents
- Household surveys involving 1186 men between 18-30 years old using random selection of houses and respondents
- School surveys involving a questionnaire filled out by 1088 children 12 years old and above using random school and classroom selection.

**Table 1: Summary of the number of study respondents**

<table>
<thead>
<tr>
<th>Surveys - interviews</th>
<th>Gjakovë/Djakovica</th>
<th>Gjilan/Gnjilane</th>
<th>Dragash/Dragaš</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women – Household survey</td>
<td>410</td>
<td>394</td>
<td>397</td>
<td>1201</td>
</tr>
<tr>
<td>Men – Household survey</td>
<td>342</td>
<td>501</td>
<td>342</td>
<td>1185</td>
</tr>
<tr>
<td>Children – School survey</td>
<td>486</td>
<td>491</td>
<td>111</td>
<td>1088</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>1238</strong></td>
<td><strong>1386</strong></td>
<td><strong>850</strong></td>
<td><strong>3474</strong></td>
</tr>
</tbody>
</table>

The **qualitative** part of the research consisted of:

- **Focus groups:** A total of 19 focus groups were conducted with females aged 18 years and above; males aged 18-30 years; and adolescent-aged children placed in separate focus groups of 12-15 years old and 16-18 years old. Separate focus groups were conducted with minority populations, including females and males (18-30 years).
- **Individual in-depth interviews (IDIs):** A total of 29 IDIs were conducted with local stakeholders and relevant NGOs that deal with persons affected by DV/GBV in each pilot municipality. The objective was to gather information on existing services, programmes and interventions that support persons affected by DV/GBV.
- **In-depth semi-structured interviews:** A total of 6 IDIs were conducted with survivors of DV/GBV who were abused by their partner or former partner. The objective of these interviews was to gather in-depth understanding of the survivors’ experiences with violence.

The total number of respondents who participated in the quantitative (3474) and qualitative (187) research efforts totaled 3661. The Ministry of Education and Science provided permission to do the school survey and parents’ consent was obtained before involving the children.

**Limitations of the study:** One, domestic violence is a traumatic experience and difficult for those who have experienced it to discuss it, particularly with researchers who are unknown to them. Despite the fact that the interviewers were trained on the sensitivities surrounding domestic violence, it is possible that some respondents may have underreported their experiences. Moreover, particular municipalities and targeted groups may have been more open than others given the differences in contexts.

Two, the findings reflect only the prevalence rates of domestic violence and related aspects in the three pilot municipalities for specific sample groups; they should not be considered as representative of the whole population of Kosovo.

Three, the school survey did not account for the perspectives of children under 12 years old. The rationale for targeting children aged 12-18 years was that they have a higher level of abstract thinking, making them more capable to fill out self-administered questionnaires. In the future, it would be possible to include younger children using different methods.
2. Baseline Results on Domestic Violence/Gender-based Violence in the Three Municipalities

Part II of the report presents the quantitative and qualitative baseline data covering prevalence, attitudes, risk factors, and consequences of DV/GBV in relation to the three pilot municipalities: Dragash/Dragaš, Gjakovë/Djakovica and Gjilan/Gnjilane. The data are presented as an aggregation of the findings in the three municipalities. Disaggregated data by municipality are available in a separate document.⁹

With regard to the quantitative portion of the research, the following data provide the demographic characteristics of the children who participated in the school survey and the women and men in the household survey. In particular, Tables 2 and 3 cover:

- Student respondents (12-18 years old) with regard to gender, age, educational level, and municipality and urban/rural distribution (See Table 2.)

- Women (18 years old and above) and men (18-30 years old) respondents with regard to average age, educational level, employment status, marital status, and municipality and urban/rural distribution. (See Table 3.)

**Table 2: Demographic characteristics of the school survey with children**

<table>
<thead>
<tr>
<th>School survey sample</th>
<th>Gender distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>521 (47.9%)</td>
</tr>
<tr>
<td>Girls</td>
<td>477 (43.8%)</td>
</tr>
<tr>
<td>Missing</td>
<td>90 (8.3%)</td>
</tr>
<tr>
<td>Average age</td>
<td>15.5 years old</td>
</tr>
<tr>
<td>Educational level</td>
<td></td>
</tr>
<tr>
<td>Primary school</td>
<td>521 (47.9%)</td>
</tr>
<tr>
<td>High school</td>
<td>567 (52.1%)</td>
</tr>
<tr>
<td>Municipality distribution</td>
<td></td>
</tr>
<tr>
<td>Dragash/Dragaš</td>
<td>491 (45.1%)</td>
</tr>
<tr>
<td>Gjilan/Gnjilane</td>
<td>486 (44.7%)</td>
</tr>
<tr>
<td>Gjakovë/Djakovica</td>
<td>111 (10.2%)</td>
</tr>
<tr>
<td>Urban/Rural distribution</td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>798 (72.5%)</td>
</tr>
<tr>
<td>Rural</td>
<td>299 (27.5%)</td>
</tr>
<tr>
<td>Total sample</td>
<td>1088</td>
</tr>
</tbody>
</table>

⁹ The complete set of baseline data is available at UNICEF Kosovo.
Table 3: Demographic characteristics of the household survey with women and men

<table>
<thead>
<tr>
<th></th>
<th>Household survey with women</th>
<th>Household survey with men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average age</td>
<td>40.16 years old</td>
<td>24.71 years old</td>
</tr>
<tr>
<td><strong>Educational level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No school/incomplete primary school</td>
<td>245 (20.5%)</td>
<td>35 (2.9%)</td>
</tr>
<tr>
<td>Primary school</td>
<td>516 (43.4%)</td>
<td>64 (5.9%)</td>
</tr>
<tr>
<td>Incomplete high school/Finished high school</td>
<td>300 (25.2%)</td>
<td>507 (43.1%)</td>
</tr>
<tr>
<td>University studies</td>
<td>129 (10.9%)</td>
<td>571 (48.5%)</td>
</tr>
<tr>
<td><strong>Employment status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gainful employment</td>
<td>154 (13.1%)</td>
<td>462 (39.9%)</td>
</tr>
<tr>
<td>Farming</td>
<td>33 (2.8%)</td>
<td>46 (4%)</td>
</tr>
<tr>
<td>Work at home (childcare, housekeeping, gardening)</td>
<td>133 (11.3%)</td>
<td>115 (9.9%)</td>
</tr>
<tr>
<td>Work from time to time</td>
<td>81 (6.9%)</td>
<td>57 (4.9%)</td>
</tr>
<tr>
<td>Not working</td>
<td>678 (57.7%)</td>
<td>155 (13.3%)</td>
</tr>
<tr>
<td>Student</td>
<td>50 (4.3%)</td>
<td>322 (27.8%)</td>
</tr>
<tr>
<td>Retired</td>
<td>46 (3.9%)</td>
<td>3 (0.3%)</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>193 (16.1%)</td>
<td>825 (71.3%)</td>
</tr>
<tr>
<td>Non-single</td>
<td>58 (4.8%)</td>
<td>68 (5.9%)</td>
</tr>
<tr>
<td>Married</td>
<td>840 (69.9%)</td>
<td>261 (22.6%)</td>
</tr>
<tr>
<td>Divorced</td>
<td>110 (9.2%)</td>
<td>3 (0.3%)</td>
</tr>
<tr>
<td><strong>Municipality distribution</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dragash/ Dragaš,</td>
<td>397 (33.1%)</td>
<td>342 (28.8%)</td>
</tr>
<tr>
<td>Gjilan/Gnjilane</td>
<td>394 (32.8%)</td>
<td>501 (42.2%)</td>
</tr>
<tr>
<td>Gjakovë/Djakovica</td>
<td>410 (34.1%)</td>
<td>343 (28.9%)</td>
</tr>
<tr>
<td><strong>Urban/rural distribution</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>421 (35.1%)</td>
<td>463 (39%)</td>
</tr>
<tr>
<td>Rural</td>
<td>780 (64.9%)</td>
<td>723 (61%)</td>
</tr>
<tr>
<td><strong>Total sample</strong></td>
<td><strong>1201</strong></td>
<td><strong>1185</strong></td>
</tr>
</tbody>
</table>

2.1. Prevalence of Domestic Violence/Gender-based Violence

This section provides a baseline on the overall prevalence of domestic violence/gender-based violence in relation to the three pilot municipalities, specifically on physical, psychological and sexual violence against children in the home and at school, and women and men in the home.

At the end of the prevalence portion on children and DV/GBV, there is a summary of the quantitative findings. Likewise, after the review of the quantitative findings for women and men who are married, engaged or in a relationship, regarding each form of violence (physical, psychological and sexual), there is a comparison of the findings between male/female married respondents and male/female respondents who are engaged/in a relationship.
2.1.1. Frequency of children experiencing and witnessing physical, psychological and sexual violence at home

a. Frequency of children experiencing and witnessing physical violence at home

*Frequency of children experiencing physical violence at home:* Prevalence estimates of physical violence were obtained by asking children clearly worded and direct questions related to the children's experiences with specific acts of violence including: being hit, slapped, pushed, kicked, beaten up, attacked or threatened with a weapon by family members (father, mother, brother or sister).

In the overall sample of children interviewed (N=1088), one-half (50.9 per cent) reported having experienced physical violence at least once by their family members.

Close to the same percentage of girls (48.5 per cent) and boys (54.3 per cent), with more boys, indicated having experienced physical violence at least once that was inflicted upon them by a family member. (See *Figure 1.*)

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.70%</td>
<td>51.50%</td>
</tr>
<tr>
<td>54.30%</td>
<td>48.50%</td>
</tr>
</tbody>
</table>

*Figure 1:* Percentages of physical violence experiences of boys and girls inflicted by family members.

With regard to the types of physical violence used by family members, the highest percentage of children indicated that they have been hit (34.8 per cent), slapped (24.6 per cent), kicked (14.7 per cent) and pushed (12.5 per cent). Almost two in ten children were badly beaten up and almost one in ten was threatened with a knife by a family member.

*Frequency of children witnessing physical violence at home:* Witnessing physical violence at home was measured by asking respondents whether they have seen other members of their family being hit, slapped, kicked, pushed, threatened or attacked with a knife.
10.9 per cent of the children conveyed that they have witnessed physical violence at least once at home.

A higher percentage of girls (14.3 per cent) compared to boys (8 per cent) conveyed witnessing physical violence at home. (See Figure 2.)

![Figure 2: Percentage of children witnessing physical violence at home by gender.](image)

With regard to the most frequent types of physical violence witnessed by children at home, they included hitting (7.3 per cent), followed by slapping (7.6 per cent) and kicking (2.5 per cent). Less than 1 per cent of children witnessed other members of the family being threatened or attacked with a knife.

b. Frequency of children experiencing and witnessing psychological violence at home

*Frequency of children experiencing psychological violence at home:* 14.8 per cent of the children indicated experiencing psychological violence at least once by a family member (mother, father, brother or sister), with a higher percentage being girls (18.2 per cent) compared to boys (12.5 per cent).

*Frequency of children witnessing psychological violence at home:* A higher percentage of girls (15.5 per cent) compared to boys (10 per cent) indicated that they have witnessed psychological violence being inflicted on another family member at home.

c. Frequency of children experiencing and witnessing sexual violence at home

*Frequency of children experiencing sexual violence at home:* Experiencing sexual violence was measured by using the children's responses to two questions that asked if they have been sexually harassed or attacked at home.
Ten children indicated that they were sexually harassed and seven reported they were sexually attacked by a household member at home. A slightly higher percentage of boys (1.2 per cent) compared to girls (0.8 per cent) reported sexual harassment by household members. Five boys and two girls conveyed experiencing a sexual attack by a household member.

**Frequency of children witnessing sexual violence at home:** Like the questions for experiencing sexual violence at home, the children were asked about witnessing members of their family being sexually harassed or attacked at home.

Less that 0.9 percent (10 children) of children indicated that they had witnessed other members of the family (mother, father, brother and sister) being sexually harassed and 0.4 per cent (5 children) conveyed they had witnessed other family members being sexually attacked. The same percentages of boys and girls (0.6 per cent) reported witnessing sexual harassment in the family, while approximately the same percentage of boys (1 per cent) and girls (0.8 per cent) reported witnessing a sexual attack.

### 2.1.2. Frequency of children experiencing physical, psychological and sexual violence at school

#### a. Frequency of children experiencing physical violence at school

In addition to the family setting, school is one of the most important places in the life of children. It is, therefore, important to examine the prevalence of violence children experience in the school environment. Children’s experience with violence at school was measured by asking children if a student or school staff member has hit or kicked them, badly beaten them up, threatened and/or attacked them in school. In the overall sample, close to one-half of the children (45.2 per cent) indicated that they have experienced physical violence at school at least once; a lower percentage was girls (32.3 per cent) compared to boys (57.9 per cent).

With regard to the types of physical violence, the highest percentage of children indicated that they have been pushed by a student (33.65 per cent) followed by being hit by a student (19.1 per cent), hit by a school staff member (17.6 per cent) and threatened with a knife (8 per cent), with the majority being boys. (See Table 4.)

<table>
<thead>
<tr>
<th>Types of physical violence girls and boys experience at school</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attacked with a knife or sharp weapon</td>
<td>9.3%</td>
<td>2.9%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Threatened with a knife or sharp weapon</td>
<td>12.1%</td>
<td>3.6%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Badly beaten up</td>
<td>8.8%</td>
<td>3.2%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Pushed by a student</td>
<td>42.6%</td>
<td>25.4%</td>
<td>33.65%</td>
</tr>
<tr>
<td>Hit by a school staff member</td>
<td>25.0%</td>
<td>9.5%</td>
<td>17.6%</td>
</tr>
<tr>
<td>Hit by a student</td>
<td>28.3%</td>
<td>10.1%</td>
<td>19.1%</td>
</tr>
</tbody>
</table>

**Table 4:** Percentages of types of physical violence experienced at school by girls and boys.
b. Frequency of children experiencing psychological violence at school

In the total sample, 28 percent of children conveyed that they have experienced psychological violence by another student at school. 17.5 per cent of children indicated that they have experienced psychological violence by a school staff member at school, of which 18.2 per cent were boys and 16.9 per cent were girls.

c. Frequency of children experiencing sexual violence (sexual harassment) at school

In total, 5.8 per cent of children in the school survey reported having been sexually harassed by a student and 3 per cent by a school staff member.

A higher percentage of boys (8.1 per cent) experienced sexual harassment by a student compared to girls (3.4 per cent). A similar pattern is seen with regard to sexual harassment by a school staff member with 3.7 per cent of boys indicating that they have been sexually harassed by a school staff member as compared to 1.9 per cent girls.

2.1.3. Summary of main findings from the school survey on prevalence of DV/GBV among children 12-18 years old

Children experiencing violence at home:

In the overall sample of children (N=1088), 50.2 per cent reported having experienced physical violence at least once by a family member; almost 15 per cent reported experiencing psychological violence by a family member; and one percent (10 children) reported experiencing sexual violence at home. (See Figure 3.)

Gender perspective on children experiencing violence at home:

More boys (54.3 per cent) than girls (48.5 per cent) reported experiencing physical violence by a family member; a higher percentage of girls (18.2 per cent) compared to boys (12.5 per cent) experienced psychological violence by a family member; and slightly more boys (1.2 per cent) than girls (0.8 per cent) reported experiencing sexual violence by a household member. (See Figure 4.)
Children witnessing violence at home:
In the overall sample, 10.9 per cent of the children witnessed physical violence at least once at home; 12 per cent witnessed psychological violence at home; and 1.1 per cent witnessed sexual violence at home. (See Figure 5.)

Gender perspective on children witnessing violence at home:
A higher percentage of girls (14.3 per cent) compared to boys (8 per cent) witnessed physical violence at home; a higher percentage of girls (15.5 per cent) compared to boys (10 per cent) reported witnessing psychological violence at home; and a slightly higher percentage of boys (1.3 per cent) compared to girls (0.8 per cent) witnessed sexual violence at home. (See Figure 6.)

Violence experienced by children in school:
From the overall sample, 45.2 per cent of children experienced physical violence at school at least once; 28 per cent experienced psychological violence at school; and 6.5 per cent experienced sexual violence at school. (See Figure 7.)

Gender perspective on children experiencing violence at school:
A higher percentage of boys experienced the three types of violence at school compared to girls. For both girls and boys, physical and psychological violence are more prevalent. (See Figure 8.)
2.2. Frequency of physical, psychological and sexual violence among women and men

The frequency of physical, psychological and sexual violence towards women (18 years old and above) and men (18-30 years old) was obtained through the household survey by asking direct and clearly worded questions to the women and men respondents about their experiences with violence, taking into account their marital status.10

1.1.1 Frequency of physical violence among women and men

Physical violence by partners was measured by asking women in the household survey whether their partner had slapped, twisted their arm or pulled their hair, pushed them, shook them or threw something at them, punched them with their fist or something that could hurt them, kicked, dragged or beat them, tried to choke or burn them on purpose and threatened to use or actually use a gun, knife or other weapon against them. The same questions were asked of men from the perspective of males’ violent behavior towards their wife/partner. These items were examined separately in order to classify what type of violence is more commonly experienced by women and perpetrated by men, and capture the overall picture of physical violence of men towards women.

- Married women (physical violence):

In the overall subsample of married women (N=840), 17.3 per cent reported that they had experienced at least one form of physical violence by their partner.

With regard to the urban/rural ratio, it was found that a higher percentage of women from urban areas (19.1 per cent) had experienced at least one form of physical violence compared to those from rural areas (16.5 per cent).

![Figure 9: Percentages of types of physical violence experienced by married women by their partner.](image)

10 The focus of the data collection and analysis in this section of the report was on the prevalence of violence against women perpetrated by men, especially between couples. While there is violence against men by women, it represents a very small group. The violence committed toward women and children was considered most critical in terms of establishing a baseline and increasing the depth of understanding of the extent and impact of violence on these two groups. Giving attention to violence against men could be the subject of another study.
With regard to types of physical violence, the most common type of physical violence experienced by married women from their partner was being slapped (16.3 per cent), followed by having their arm twisted or getting their hair pulled (5.3 per cent), being pushed, shaken or having something thrown at them (4.1 per cent) and kicked, dragged or beaten (2.7 per cent). (See Figure 9.)

A similar analysis was conducted to reveal the urban/ rural ratio in terms of types of physical violence experienced by married women by their partners. (See Figure 10.) It was found that the highest percentages of married women for each type of physical violence perpetrated by their partners live in urban areas. The same pattern as above was repeated, where slapping is the most frequent type of violence, followed by arm twisting or hair pulling, and pushing, shaking or throwing something at the women.

**Figure 10:** Percentages of types of physical violence experienced by married women by their partners per urban/rural distribution.

With regard to the urban/ rural ratio, there was no significant difference between urban and married men’s perpetration of physical violence towards their partners (Urban married men = 27.1 per cent; Rural married men = 28.9 per cent).

With regard to types of physical violence perpetrated by married men, the married men indicated that the three most common forms include slapping, arm twisting and hair pulling and pushing, shaking or throwing things at the woman. Very low percentages of married men reported that they have threatened their wife with a gun or similar object (0.4 per cent) or tried to choke or burn her on purpose (0.4 per cent). (See Figure 11.)
c. Comparison between married women and married men in relation to physical violence:

The following compares the responses by men regarding the violence they committed against their wives with the responses of the women regarding their experiences of physical violence perpetrated by their husbands.

In total, a higher percentage of married men (28.4 per cent) indicated having performed at least one form of physical violence against their wife compared to married women (17.3 per cent) experiencing one form of physical violence perpetrated by their husband. (See Figure 12.) The discrepancy between the married men and women respondents in terms of sharing their experience with violence may be influenced by their socialization process, which acknowledges, expects and even in some cases encourages men’s violence as normal behavior. At the same time, it discourages women to be engaged in and trivializes their experiences with violence (Anderson, 2005). In turn, this may have resulted in their being less forthcoming about their experiences or not consistently defining their experiences of violence as violence.

A higher percentage of married men from rural areas reported having used at least one form of physical violence against their partner, while a higher percentage of married
women from urban areas reported having experienced at least one form of physical violence by their partners. Higher percentages of men in urban and rural areas indicated committing physical violence towards their partner as compared to the women experiencing it. (See Figure 13.)

A higher percentage of married men reported having used four out of the seven different types of physical violence listed in Figure 14 compared to the reports of women experiencing the physical violence who indicated lower levels of these forms of violence committed by their partners against them. Women and men indicated that a smaller percentage of men committed violence using or threatening to use a weapon, choking, burning, kicking, dragging or beating. However, in these types of physical violence, women indicated a slightly higher incidence compared to men.

Figure 13: Differences between married men and married women related to committing and experiencing at least one form of physical violence per urban /rural ratio.

Figure 14: Differences between types of physical violence committed by married men and experienced by married women.
d. Engaged women/women in a relationship - referred to as non-single women (physical violence):

In the overall subsample of women engaged or in a relationship (non-single women) (N=58), almost 10 per cent have experienced at least one form of physical violence.

In terms of the urban/ rural ratio, a higher percentage of non-single women from urban areas experienced physical violence by their partner (11.1 per cent) compared to non-single women living in rural areas (8.8 per cent).

The most frequent types of violence experienced by non-single women who have experienced physical violence by their partner is slapping (7.7 per cent), followed by arm-twisting or hair-pulling (3.8 per cent). Close to 2 per cent of these women reported being pushed, shaken or having something thrown at them, and being kicked or beaten by their partner. None of these women indicated that they have been punched, choked or burned on purpose or threatened with a gun or something that could hurt them. (See Figure 15.)

![Figure 15: Percentages of types of physical violence experienced by engaged women/ women in a relationship (non-single women).](image)

---

e. Engaged men/men in a relationship - referred to as non-single men (physical violence):

In the overall subsample of men engaged or in a relationship (non-single men) (N=68), 6.9 per cent indicated that they have committed at least one form of physical violence towards their partner.

In comparing the urban/rural ratio for non-single men who have committed at least one form of physical violence against their partner, it was found that the higher percentage of men came from urban areas (9.1 per cent) compared to those from rural areas (5.6 per cent).

The most frequent forms of physical violence committed by these men were slapping (5.1 per cent), followed by twisting their partner’s arm or pulling their hair (3.4 per cent) and pushing, shaking or throwing something at her (1.7 per cent), as well as punching her (1.7 per cent). (See Figure 16.)
The following examines the differences between engaged men or men in a relationship (non-single men) and engaged women or women in a relationship (non-single women) regarding the frequency of physical violence between them. It was found that a higher percentage of non-single women (9.6 percent) indicated having experienced at least one form of physical violence committed by their partner compared to non-single men (6.9 percent) conveying that they had committed physical violence against their partner. (See Figure 17.)

A higher percentage of non-single women from urban areas (11.1 per cent) indicated that they have experienced physical violence by their partner as compared to the non-single man from urban areas (9.1 per cent) who conveyed having committed physical violence against his partner. Overall, there were higher percentages of non-single women living in both urban and rural areas indicating that they have experienced physical violence by their partner compared to the men conveying they had committed the physical violence.

Figure 16: Percentages of types of physical violence perpetrated by engaged men / men in a relationship (non-single men) against their partner.

Figure 17: Differences between non-single men and non-single women related to committing and experiencing, respectively, at least one form of physical violence.
Non-single women and non-single men both indicated (as did the married men and women) that slapping was the most frequent type of physical violence used, followed by arm-twisting or pulling hair and pushing, shaking or throwing something at the partner. Between these men and women, five of the seven types of physical violence were cited. (See Figure 18.)

In the overall subsample of divorced women (N=110), 21.9 per cent had experienced at least one form of physical violence by their partner.

There was minimal difference between the percentages of divorced women from urban and rural areas who had experienced at least one form of physical violence (Urban divorced women = 22.5 per cent and Rural divorced women = 21.5 per cent).

Similar to the other subsamples of women, the most common type of physical violence experienced by divorced women was slapping (21.9 per cent), followed by pushing, kicking and punching (7.6 per cent). In comparison to the other two subsamples of women participating in the survey (married and engaged/in a relationship), higher percentages of divorced women, (6.7 per cent) reported having been threatened with a knife or similar weapon and (4.8 per cent) having experienced choking or being burned on purpose. While not asked directly, it is probable that these may have been contributing reasons for the women to be divorced from their partners. (See Figure 19.)

In the overall sample of men, only three men were divorced and they did not report data related to perpetration of physical violence.

---

**Figure 18:** Differences between non-single men and non-single women related to committing or experiencing, respectively, different types of physical violence.

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11 In the overall sample of men, only three men were divorced and they did not report data related to perpetration of physical violence.
Figure 19: Percentages of types of physical violence experienced by divorced women.

h. Summary of types of physical violence experienced by women and perpetrated by men according to the different marital statuses

Higher percentages of married women, married men and divorced women have dealt with physical violence in their relationships. Table 5 illustrates this clearly as well as the lower levels of physical violence between couples in stages of courtship. It also clearly shows that the divorced women respondents experienced all types of violence at higher frequencies compared to the married women respondents. This further underscores the probability that violence played a role in ending the divorce women's marital relationships.

<table>
<thead>
<tr>
<th>Types of physical violence experience by women or perpetrated by men</th>
<th>Married</th>
<th>Engaged / in relationship</th>
<th>Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Threat of use or use of a gun, knife or other weapon</td>
<td>.6%</td>
<td>.4%</td>
<td>-</td>
</tr>
<tr>
<td>Attempt to choke or burn on purpose</td>
<td>.6%</td>
<td>.4%</td>
<td>-</td>
</tr>
<tr>
<td>Kicking, dragging or beating</td>
<td>2.7%</td>
<td>2.5%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Punching with the fist or something else</td>
<td>1.8%</td>
<td>5.9%</td>
<td>-</td>
</tr>
<tr>
<td>Pushing, shaking or throwing things</td>
<td>4.1%</td>
<td>9.2%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Twist of arm or hair pulling</td>
<td>5.3%</td>
<td>14.7%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Slapping</td>
<td>16.3%</td>
<td>24.8%</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

Table 5: Percentages of types of physical violence experienced by women and men who are married, engaged or in a relationship and divorced women.
i. Single women (physical violence):

Single women’s experience with physical violence was measured by asking them if they had ever experienced any form of physical violence, including slapping, kicking, being beaten up, having their hair pulled, etc. by members of their family, such as the father, mother, sister and/or brother. In the overall subsample of single women (N=193), the highest percentage of these women experienced physical violence by their mothers (9.3 per cent), followed by their father (6.2 per cent), brother and sister. (See Figure 20.)

![Figure 20: Percentages of single women’s experiences of physical violence by family members.](image)

It was found that single women living in rural areas were more prone to experiencing physical violence by a family member compared to single women from urban areas. (See Figure 21.)

![Figure 21: Percentages of physical violence by family members towards single women based on urban/rural distribution.](image)
2.2.1. Frequency of women experiencing and men committing *psychological violence*

The frequency of psychological violence experienced by women and committed by men was measured through the household survey by asking questions that dealt with the women being insulted or made to feel bad; being belittled or humiliated in front of other people; being scared or intimidated on purpose; and being threatened to be hurt or hurt someone the women care about.

a. Married women (psychological violence):

In the overall subsample of married women (N=840), 5.9 per cent of married women indicated that they have experienced at least one form of psychological violence by their partner.

*With regard to the urban/rural distribution*, there was minimal difference in the percentages of married women in urban areas (6.9 per cent) compared to married women in rural areas (5.4 per cent) who have experienced at least one form of psychological violence by their partner.

*With regard to types of psychological violence*, the highest percentages of married women have experienced their partners insulting them or making them feel bad about themselves (4.5 per cent) and being humiliated or belittled in front of other people (4.1 per cent). (See *Figure 22*.)

![Figure 22: Percentages of types of psychological violence perpetrated against married women by their partner.](image-url)
b. Married men (psychological violence):

In the **overall subsample of married men (N=261)**, 31.8 per cent indicated having committed at least one form of psychological violence against their partner.

*With regard to the urban/rural ratio for married men*, it was found that the difference in percentages is minimal between married men from urban and rural areas with regard to their having committed at least one form of psychological violence against their partner (Urban=33.9 percent and Rural=31 percent).

*With regard to the most frequent forms of psychological violence*, insulting or making their wife feel bad about herself was the most frequent form (24.6 per cent), followed by scaring or intimidating her on purpose (19.8 per cent). The least frequent types of psychological violence committed by the married men respondents were related to humiliation in front of other people (5.5 per cent) and threatening to hurt her or someone she cares about (3.6 per cent). (See Figure 23.)

![Figure 23](image)

**Figure 23:** Percentages of types of psychological violence committed by married men against their partner.

---

c. Comparison between married men and married women in relation to psychological violence:

The following compares the responses of married men and married women in terms of committing and experiencing, respectively, at least one form of psychological violence. In the overall sample, it was found that a **higher percentage of married men (31.8 per cent)** reported having committed at least one form of psychological violence against their partner compared to married **women (5.9 per cent)** who indicated having experienced at least one form of psychological violence.

A **slightly higher percentage of married men and women from urban areas reported having committed or experienced, respectively, at least one form of psychological violence compared to married men and women from rural areas.** (See Figure 24.)
It was found that married men indicated having committed all four types of psychological experience against women at higher frequencies compared to women who indicated lower frequencies with all four types, especially with regard to the two the married men conveyed they do the most (insulting or making her feel bad about herself and scaring or intimidating on purpose). Both married men and women reported ‘insulting’ as the most frequent type of psychological violence. (See Figure 25.)

Figure 24: Differences between married women and married men related to experiencing or committing at least one form of psychological violence per urban/ rural ratio.

Figure 25: Differences between married men and married women related to committing and experiencing different types of psychological violence, respectively.
This notable difference between the men and women with regard to different levels of psychological violence being committed and experienced can possibly be attributed to social norms in that women are more accepting of the psychological violence and thinking it is ‘normal’ and men realizing that they are impacting women’s self-esteem and confidence as a way of imposing their power and control. (Refer to the section of this study on attitudes.)

d. Engaged women/women in a relationship- non-single women (psychological violence):

Out of the total subsample (N=58) of engaged women/women in a relationship (non-single women), 7.7 per cent indicated that they have experienced at least one form of psychological violence by their partners.

With regard to the urban/rural ratio for non-single women, the highest percentage of non-single women who reported psychological violence were from urban areas (11.1 per cent) compared to rural areas (5.9 per cent).

With regard to the types of psychological violence, the most frequent types of psychological violence experienced by non-single women perpetrated by their partners related to being insulted or being made to feel bad about themselves (7.7 per cent), followed by being humiliated or belittled in front of other people (5.8 per cent). A lower percentage, close to 2 per cent, had experienced being scared or intimidated on purpose. None of the women reported their partners threatening to hurt them or someone they care about. (See Figure 26.)

Figure 26: Percentages of types of psychological violence experienced by engaged women or women in a relationship (non-single women) perpetrated by their partners per municipality.
e. Engaged men/men in a relationship - non-single men (psychological violence):

Out of the total subsample (N=68) of engaged men/men in a relationship (non-single men), 10.3 per cent indicated that they have committed at least one form of psychological violence against their partners.

With regard to the urban/rural ratio, only men from rural areas (16.2 per cent) conveyed that they have committed at least one form of psychological violence against their partner.

With regard to the types of psychological violence, the non-single men indicated that they have committed four types of psychological violence, with the most frequent type being insulting and making their partners feel bad (6.6 per cent). (See Figure 27.)

- Threatened to hurt the person or someone they care about
- Scaring or intimidating on purpose
- Belittling or humiliation in front of other people
- Insulting or making feel bad about herself

Figure 27: Percentages of types of psychological violence perpetrated by non-single men against their partners.

f. Comparison between non-single men and non-single women in relation to psychological violence:

The following looks at the differences between men and women who are engaged or in a relationship (non-single men and non-single women) regarding committing and experiencing, respectively, at least one form of psychological violence. In the overall subsamples, more non-single men (N=68), 10.3 per cent, reported having committed at least one form of psychological violence against their partners compared to non-single women (N=58) of whom 7.7 per cent reported having experienced at least one form of psychological violence perpetrated by their partners.

A higher percentage of non-single men (16.2 per cent) from rural areas indicated that they had committed psychological violence against their partner whereas non-single women experiencing psychological violence committed by their partners were from both urban areas (11.1 per cent) and rural areas (5.9 per cent). The fact that none of the non-single men respondents from urban areas indicated that they had committed this form of violence against their partners, it points out a divergence with women in the urban areas who acknowledged their experience with this form of violence. It could be attributed to a socio-cultural difference between urban and rural men with urban men not wanting to be seen as committing this kind of violence and rural men seeing it as ‘acceptable’ behavior. It would benefit from further research. (See Figure 28.)
Figure 28: Differences between non-single men and non-single women related to committing and experiencing, respectively, at least one form of psychological violence per the urban/rural ratio.

The pattern, revealed above with all men and women, married and non-single, is repeated in Figure 29, illustrating that **insulting or making the woman feel bad about herself is the most common form of psychological violence committed / experienced by non-single men and non-single women, respectively, and, for the women, being made to feel humiliated or belittled is a close second.**
Study on Dimensions of Domestic Violence:
Gender-based Violence in Kosovo Municipalities: Dragash/Dragaš, Gjakovë/Djakovica and Gjilan/Gnjilane

**g. Divorced women (psychological violence):**

In the *overall subsample of divorced women (N=110)*, 11.4 per cent indicated that they had experienced psychological violence by their partners.

A higher percentage of divorced women from urban areas (15 per cent) (N=43) reported having experienced at least one form of psychological violence compared to divorced women from rural areas (9.2 per cent) (N=67).

*With regard to the types of psychological violence*, in the overall sample of divorced women, the most common types of psychological violence they experienced by their ex-partners consisted of being insulted or made to feel bad about themselves (11.4 per cent), followed by being humiliated or belittled in front of other people (8.6 per cent), being scared or intimidated on purpose (7.6 per cent) and being threatened (6.7 per cent).

**h. Single women (psychological violence):**

The prevalence of psychological violence experienced by single women was measured by asking whether they had been insulted, humiliated, scared or intimidated by any member of their family (mother, father, brother and/or sister). In the *overall subsample (N=193)*, 3.1 per cent of single women had experienced psychological violence from their fathers, 2.6 per cent from their brothers, 1 per cent from their mothers; and 0.5 per cent from their sisters. This reveals a tendency that men in the family commit the higher percentages of psychological violence towards single women in the family. (See Figure 30.)

![Figure 30: Percentage of psychological violence towards single women by their family members.](image)

*With regard to the urban/rural ratio*, higher percentages of single women from rural areas experienced psychological violence by their family members compared to those from urban areas. The highest percentage of women in rural areas reported psychological violence by their father (4.3 per cent), followed by a brother (3.5 per cent) and the mother (1.3 per cent). In the urban areas, 1.3 per cent of single women indicated psychological violence committed by their father, brother and/or sister and not their mother. (See Figure 31.)
2.2.2. Frequency of women and men experiencing sexual violence

The frequency of sexual violence against women was measured by asking women if they had ever been physically forced to have sexual intercourse and whether women had sexual intercourse when they did not want to because they were afraid of what their partner might do or think. The perpetration of sexual violence by men was measured by asking whether they had physically forced their partner to have sexual intercourse when their partner did not want to.

a. Married women (sexual violence):

In the total subsample of married women (N=840), 2.7 per cent of married women indicated that they have experienced sexual violence by their partners. A higher percentage of married women from urban areas reported sexual violence by their partners compared to women from rural areas.12

Specifically, in the total subsample of married women, 2.3 per cent experienced being physically forced by their partners to have sexual intercourse, while 1.4 per cent experienced sexual intercourse when they did not want to because they were afraid of what their partner might think or do.

None of the engaged women or women in relationships reported sexual violence by their partners.

b. Married men (sexual violence):

In the overall subsample of married men (N=261), 0.8 per cent reported having committed at least one form of sexual violence.

None of the non-single men (engaged men/ men in relationships) and divorced men reported having committed sexual violence towards their partners.

12 The difference yielded statistically significant according to chi-square test $x^2(1, 830)= 4.55, p<0.05.$
c. Comparison between married women and married men in relation to sexual violence:

The following compares married men and married women in terms of their committing and experiencing sexual violence, respectively. The married women in the survey reported to have experienced more situations of sexual violence by their partner than married men reported committing them. (See Figure 32.)

![Figure 32](image)

Women from urban areas (4.3 per cent) reported having experienced sexual violence compared to no married urban men reporting such incidences. Overall, more married women from both rural and urban areas reported sexual violence in their marriages compared to married men. (See Figure 33.)

![Figure 33](image)
d. Divorced women (sexual violence):

In the overall subsample of divorced women (N=110), 6.7 per cent of the divorce women respondents indicated that they had been physically forced to have sexual intercourse when they did not want to and 3.8 per cent had sexual intercourse because they were afraid what their partner might think or do.

With regard to the urban/rural ratio, a higher percentage of divorced women from urban areas (10 per cent) had experienced sexual violence compared to those from rural areas (4.6 per cent).

2.3. Attitudes towards domestic violence/gender-based violence (children, women and men) in the three municipalities Dragash/Dragaš, Gjakovë/Djakovica and Gjilan/Gnjilane

It is well documented that domestic violence is shaped by social norms, gender roles, power inequalities and many other factors, which operate at micro and macro levels within society (Flood & Pease, 2009). These influence and sustain attitudes and beliefs in the many, diverse contexts where domestic violence occurs. Attitudes and beliefs have a causal relationship with violent behavior; for example, men who are supportive of traditional, rigid gender roles are more likely to be violent (Heise, 1998). They play an important role in how bystanders, professionals, institutional representatives and others respond to violence against women. Those with attitudes that are more supportive of violence are more likely to blame the victim and less likely to report the incident. Women’s own attitudes, reinforced by their socio-cultural environment, shape their response toward violence. Some women are more likely to blame themselves for violence against them; as a result, they may be less likely to report the DV/GBV to the authorities or police.

The following provides findings on attitudes of children, women and men regarding domestic violence/gender-based violence (DV/GBV) in relation to the three pilot municipalities. These were measured through the use of both quantitative and qualitative methods. In particular, within the school and household surveys, a separate quantitative instrument was used to measure the respondents’ attitudes towards violence, women, gender stereotypes and gender roles. Qualitative information was gathered through focus group discussions that provided more in-depth perspective on values, attitudes and social norms related to DV/GBV.

2.3.1. Attitudes of children towards domestic violence/gender-based violence

Attitudes of children towards violence were measured by the Acceptance Scale of Couple Violence, which focuses on the circumstances when respondents consider them justifiable for men to use violence against women and those in which violence is tolerated. In particular, the subscales include the acceptance of men’s violence toward women scale, acceptance of general dating violence scale and gender stereotyping scale.

Acceptance of men’s violence toward women scale: In total, close to one-half of the children (46.95 per cent) agreed that “violence between dating partners is a personal matter and nobody should interfere”, closely followed by 42 per cent who agreed that “a girl who makes her boyfriend jealous on purpose deserves to be hit” and 31.6 per cent who agreed that “girls sometimes deserve to be hit”. Only 11.6 per cent of children agreed to the statement that “sometimes the violence is the only way
to solve the problems”. In general, these findings indicate that high percentages of children who participated in the survey share attitudes that tolerate and reinforce couple violence. These findings reflect the impact of cultural values and social norms that govern social life in society, which get transmitted to the younger generations through socialization processes.

In terms of gender differences, boys expressed a higher acceptance of males committing violence against females and dating violence as compared to girls. At the same time, a remarkable percentage of girls agreed with the statements that tolerate and accept couple violence. As illustrated below in Figure 34 on the percentages of girls and boys tolerating violence between couples:

- almost one-half of the boys (48.8 per cent) interviewed agreed that “violence between dating is a personal matter and nobody should interfere” compared to 44 per cent of the girls

- 47 per cent of the boys agreed that “a girl that makes her boyfriend jealous deserves to be hit” compared to 34.2 per cent of the girls

- 41.5 per cent of the boys agreed that “girls sometimes deserve to be hit” compared to 19.3 per cent of the girls.

- 17.1 per cent of the boys agreed that “sometimes violence is the only way to solve the problems” compared to 5.5 per cent of the girls.

**Figure 34**: Percentages of boys and girls (and the aggregated total per statement) that tolerate violence between couples.

In aggregating the questions/items of the scale (acceptance of men's violence toward women scale), it showed a significant variation in terms of attitudes shared by boys and girls regarding the acceptance of men's violence toward women. It revealed that the boys showed higher tolerance on acceptance of men's violence toward women compared to the girls.

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13 Acceptance of men's violence toward women scale mean scores differences between boys and girls t(994)= 7.523, p<0.01
Acceptance of general dating violence scale: In aggregating the results of the following statements: “Violence between dating partners can improve the relationship”, “Sometimes violence is the only way to solve the problems” and “Violence between dating partners is a personal matter and people should not interfere”, it showed significant variations in terms of attitudes on the acceptance of general dating violence scale between boys and girls. The findings indicate that boys have more tolerant attitudes toward acceptance of gender dating violence as compared to girls.

Gender stereotyping scale: An additional set of questions was asked in the school survey in relation to gender stereotyping aimed at better understanding attitudes about gender inequality, which, in turn, can influence and heighten the risk of experiences of DV/GBV. The adolescent girls and boys were asked whether they agree with statements such as: “Swearing is worse for girls than for boys”; “Boys are better leaders than girls”; “On the average girls are as smart as boys are”; etc. (See Table 6.)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Total</th>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swearing is worse for a girl than for a boy</td>
<td>67.5%</td>
<td>73.6%</td>
<td>63.8%</td>
</tr>
<tr>
<td>On a date, the boy should be expected to pay all expenses</td>
<td>65.3%</td>
<td>65.3%</td>
<td>65.9%</td>
</tr>
<tr>
<td>On the average, girls are as smart as boys</td>
<td>27.3%</td>
<td>13%</td>
<td>40%</td>
</tr>
<tr>
<td>More encouragement in a family should be given to sons than daughters to go to college</td>
<td>26.8%</td>
<td>18.1%</td>
<td>34.7%</td>
</tr>
<tr>
<td>In general, the father should have a greater authority than the mother in making family decisions</td>
<td>51.2%</td>
<td>45.8%</td>
<td>55.9%</td>
</tr>
<tr>
<td>It is all right for a girl to ask a boy out on a date</td>
<td>43.6%</td>
<td>59%</td>
<td>31.3%</td>
</tr>
<tr>
<td>It is more important for boys than girls to do well in school</td>
<td>30.5%</td>
<td>18.1%</td>
<td>41.7%</td>
</tr>
<tr>
<td>If both husband and wife have jobs, the husband should do a share of the housework such as washing the dishes and doing a laundry</td>
<td>64%</td>
<td>54.1%</td>
<td>73.4%</td>
</tr>
<tr>
<td>Boys are better leaders than girls</td>
<td>47.1%</td>
<td>23.6%</td>
<td>67.7%</td>
</tr>
<tr>
<td>Girls should be more concerned with becoming good wives and mothers rather than desiring a professional or business career</td>
<td>55.8%</td>
<td>51.3%</td>
<td>60.5%</td>
</tr>
<tr>
<td>Girls should have the same freedom as boys</td>
<td>79.1%</td>
<td>86.5%</td>
<td>72.4%</td>
</tr>
</tbody>
</table>

Table 6: Percentage of boys and girls that agreed on the statements related to gender stereotyping.

It was found that boys show higher gender stereotyping attitudes and beliefs that privilege boys over girls. The girls show lower gender stereotyping attitudes and beliefs as compared to boys, but, at the same time, there are significant percentages (about one-fifth to one-half of the girls regarding certain items on the scale) who agree with the stereotyped roles that sustain attitudes of gender inequality between girls and boys and men and women. For example,

- about one-third of the boys (34.7 per cent) agreed with the statement that “More encouragement in the family should be given to sons than daughters to go to college” compared to under one-fifth of the girls (18.1 per cent)

14 General dating violence scale mean score differences between boys and girls  \( t (995.501)= 3.969 \ p<0.01 \)
• close to two-thirds of the boys (60.5 per cent) agreed with the statement “Girls should be more concerned with becoming good wives and mothers rather than desiring a professional or business career” compared to about one-half of the girls (51.3 per cent)

• over two-thirds of the boys (67.7 per cent) agreed with the statement that “Boys are better leaders than girls” compared to close to one-quarter of the girls (23.6 per cent)

• over one-half of the boys (55.9 per cent) agree with the statement that “in general, the father should have greater authority than the mother in taking family decisions” compared to under one-half of the girls (45.8 per cent).

Interestingly, with regard to the statement, “On the average, girls are as smart as boys”, more boys (40 per cent) than girls (13 per cent) agreed. This implies that the majority of girl respondents believe they are not as smart as the boys, underscoring the extent that girls are influenced by attitudes and beliefs on gender stereotyped roles. It points to the need to give attention to changing this viewpoint by building women’s and girls’ self-confidence and self-esteem, and providing role models of female leaders and achievers equal to those of men.

Moreover, about three-quarters of the boys (74 per cent) agreed that “if both husband and wife have jobs, they should do a share of housework, such as washing the dishes or doing the laundry” as compared to over one-half of the girls (54.1 per cent). This conveys a significant percentage of girls buy into their traditional stereotyped role of being responsible for the home and giving priority to the man and his work outside the home. At the same time, it shows that more boys may be viewing working couples as having more equal responsibilities in the home.

To show the gender dynamic in the Kosovo environment, the following reveals what may be attitudinal shifts, particularly for girls, with regard to gender stereotyped roles:

• close to one-third of the boys (31.3 per cent) thought that “it is okay for a girl to ask a boy on a date” as compared to closer to two-thirds of the girls (59 per cent)

• just under three-quarters of the boys (72 per cent) agreed that “girls should have the same freedom as boys” as compared to well over three-quarters of the girls (86.5 per cent).

In general, these overall findings on gender stereotyped attitudes and beliefs indicate the strength of rigid, traditional gender roles, perpetuated by family values supportive of gender differences in the socialization of boys and girls; these tend to privilege the boys in terms of education, career and leadership. They contribute to maintaining gender inequality that can make girls and women more prone to experiencing violence.

Comparing results on the attitudes scales with data on children who have experienced physical or psychological violence and/or witnessed physical, psychological or sexual violence

In comparing the results on these attitudes scales (acceptance of men’s violence toward women scale; acceptance of general dating violence scale and gender stereotyping scale) in relation to the children who have experienced physical or psychological violence and/or witnessed physical, psychological or sexual violence as compared to those who have not, there were significant variations. It was found that children who have experienced physical or psychological violence and/or witnessed physical, psychological or sexual violence have higher tolerant attitudes towards accepting
men’s violence toward women and general dating violence, and higher traditional gender stereotyping beliefs as compared to children who have not experienced these forms of violence.  

These results indicate that children learn to “accept” violence in circumstances where they themselves are victims, or they see violence as a “normal” aspect of certain family relationships. Thus, children experiencing violence and living in a violent environment tend to develop more tolerant attitudes toward violence. This supports other research that has found children being hit and watching their parents hit each other view violence as an appropriate means of conflict resolution, therefore, making them prone to engage in violent behaviors later in life (Markowitz, 2001).

2.3.2. Children’s attitudes and perception on Domestic Violence/ Gender-based Violence: Findings from the focus groups

In the three municipalities, focus group discussions were organized separately with children aged 12-15 years and 16-18 years. Separate focus group discussions were also conducted with children from the Roma, Ashkali and Egyptian community in the municipality of Gjakovë/Djakovica. The focus group discussions in the municipality of Gjilan/Gnjilane consisted of children from different societal groups, including children in conflict with the law and children with substance use. The aim of the focus group discussions was to understand the overall attitudes, beliefs and perceptions of children on DV/GBV and their experiences of violence. The discussions concentrated on:

- witnessing and experiencing different types of violence at home
- witnessing and experiencing violence at school
- dating violence
- self-seeking behaviors to report violence.

a. Children witnessing and experiencing violence at home

The majority of the children conveyed that they have been witnesses, survivors or perpetrators of violence at home or in the community. “Society is surrounded by violence, at home and school, and in neighborhoods.” (Boy, Dragash/Dragaš)

Most respondents described that they have experienced violence from their parents and other members of their families. In terms of types of violence, children from the three municipalities stated that they witness or experience physical and psychological violence at home. This was also the case for children from the Roma, Ashkali and Egyptian community. “Yelling, screaming and shouting is a normal part of our everyday functioning in our family.” (Girl, Gjakovë/Djakovica)

In most cases, the child respondents stated that violence happens because of family disagreements and their inability to resolve conflicts peacefully. They indicated that the main causes of violence were related to money and family problems, such as cleaning, cooking, child care and education. Some referred to alcohol and other substance abuse by family members.

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15 Physical violence and Acceptance of men’s violence toward women scale T-test: t(1074)=-3.835 p<0.001
16 Sexual violence and General dating violence scale T-test t(1082)=-2.083 p<0.05.
17 Witnessing physical violence: General dating violence scale T-test t (1076)= -2.126 p<0.05. Witnessing psychological violence at home: Acceptance of men’s violence toward women scale t (1084)= - 2.288 p<0.05 and General dating violence scale t (1086)= -2.496 p<0.05
There were a few children from the municipalities of Gjakovë/Djakovica and Dragash/Dragaš who stated that they have only heard their mother and father yelling at each other. Also, a few respondents indicated that their families usually resolve conflicts through discussion and communication.

Most children stated a parent uses violence against their child because the child has disobeyed the rules of the family. “I have been slapped because I came home late at night.” (Boy, Gjakovë/Djakovica) “My mother hit me when she heard me talking to a boy I like.” (Girl, Dragash/Dragaš)

With regard to families dealing with conflicts, most children referred to their father as the most authoritative figure in their families. “Even if we discuss a family conflict, father is the one who makes the final decision.” (Boy, Dragash/Dragaš) “The final word is said by the father.” (Girl, Gjakovë/Djakovica)

b. Children witnessing and experiencing violence at school

Most children explained that they have witnessed or experienced violence at school, including physical and psychological violence. The perpetrators were mostly peers and, in some cases, teachers. “Every day at school, you hear students threatening each other or calling each other names, it is normal.” (Boy, Gjilan/Gnjilane).

Some children discussed being bullied at school several times, whereas some respondents indicated that they are the bullies. “I tend to get in fights very easily, it is my temper.” (Boy, Gjakovë/Djakovica)

In particular, most of the respondents from the Roma, Ashkali and Egyptian community stated that they left school because of the violence that happened to them while attending school. “We went to school but we were always threatened and beaten by the other children (Boy, Roma, Ashkali and Egyptian community) “When I went to school the other children called me names and made me feel bad and nervous… so, there were times when I reacted violently as well.” (Boy, Roma, Ashkali and Egyptian community)

The different focus group discussions pointed out that girls are increasingly engaging in violent behaviors towards other girls. In the municipality of Gjilan/Gnjilane18, a few girl respondents indicated several occasions when they acted violently towards other girls because of jealousy. “She kept writing text messages to my boyfriend…I told her I would beat her if she didn’t stop…she didn’t listen to me…with my friend, we took her to the mountains and beat her up….she informed the police and I ended up in jail, now I’m on probation.” (Girl, Gjilan/Gnjilane)

18 A few of the girl participants in the focus groups in the municipality of Gjilan/Gnjilane were recently released from jail and were in their probation period.
c. Dating violence

Most of the child respondents in relationships indicated signs of dating violence. Girls discussed the tendency of their male partners to show power and control over them by dictating the way they dress, limiting their freedom in terms of going out and, in some cases, using violence against them. “My boyfriend tends to control me from jail through some friends.” (Girl, Gjilan/Gnjilane) “He decides where I can or cannot go.” (Girl, Gjakovë/Djakovica) Most boy respondents stated that it is necessary for girls to ask permission about everything from their boyfriends.

There were two cases of sexual attack and sexual violence shared by focus group participants. In these cases, the perpetrators were the boyfriend and a boy the girl had met in a disco. “I was in the disco with my friends; I was looking good… I met this guy who was very nice… He offered me a ride home at the end of the night… During the ride, he tried to rape me… but I managed to escape from him.” (Girl, Gjilan/Gnjilane)

In the discussions with children from the Roma, Ashkali and Egyptian communities, all the respondents stated that they were in a relationship and all reported dating violence. They indicated that the main causes of dating violence were jealousy, flirting with other people and the girl not obeying her partner’s orders. “I reacted violently towards my girlfriend because when she was walking in the street there were other boys looking at her and flirting with her… and she seemed to like that because she was responding to their questions and communicating with them.” (Boy, Roma, Ashkali and Egyptian community) “There are times that I beat my girlfriend too much and too hard for no reason… I think that I beat her because I love her so much.” (Boy, Roma, Ashkali and Egyptian community).

d. Self-seeking behaviors to report violence

Most focus group participants indicated that they do not report cases of violence to the police or other relevant institutions for various reasons. Some stated that they were afraid of the consequences of reporting, e.g. fear of revenge and stigmatization. Some indicated they do not trust anybody. “… they will not help you; they will tend to blame you…” (Girl, Gjilan/Gnjilane)

In cases of sexual attack and harassment, girls mentioned that they were threatened by the perpetrator not to tell anybody about the incidents or were afraid of being blamed. “He threatened me that if I talk to somebody he would kill me, so I decided not to talk about it.” (Girl, Gjilan/Gnjilane)

A few respondents reported their cases to the police. For example, one respondent reported the violence she experienced from her brother and sister-in-law. “I don’t have parents… I was experiencing physical violence from my brother and his wife… one day I called the police… the police sent me to the “Safe House”… I was told that the time to spend there was limited… When I returned to my brother’s house, the violence continued so I called the police again… I went to the court. The court never called my brother. I don’t really know what to do now.” (Girl, Gjakovë/Djakovica).

In sum, the above provides some insight into how children learn to cope with or participate in violence. It emphasizes a particularly strong need to pay attention to violence in schools and dating violence, including a special focus on children from the Roma, Ashkali and Egyptian communities. It points to the need to ensure authorities and providers of social services are adequately trained to address violence prevention, the rights of children, and the needs of child victims, survivors and perpetrators.
2.3.3. Attitudes of women towards domestic violence/gender-based violence

Attitudes towards domestic violence/gender-based violence (DV/GBV) in the household survey with women aged 18 years and above were measured by use of the Violence Attitude Scale in relation to attitudes towards violence, gender stereotypes, gender roles, gender norms in intimate relationships and social expectations for men and women. It is a subscale of the Gender Equitable Scale (GEM) and consists of five items. Respondents were asked to circle the extent they agree or disagree with a certain attitude or belief. Higher scores indicated higher support for equitable gender norms.

In the overall sample with women aged 18 years and above (N=1201), over one-half of women (54.4%) agreed with the statement that “There are times when women deserve to be beaten”; 40.6% agreed with the statement that “A women should tolerate violence in order to keep the family together”; etc. (See Table 7.) It underscores the extent of the ‘acceptance’ and ‘tolerance’ of violence by the women respondents.

<table>
<thead>
<tr>
<th>Violence Attitude Scale - Women</th>
<th>Disagree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are times when women deserve to be beaten</td>
<td>45.6%</td>
<td>54.5%</td>
</tr>
<tr>
<td>Hitting is a good way to solve problems.</td>
<td>93.8%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Sexual intercourse without the consent of the women can never be violence if it happens in a relationship</td>
<td>83.5%</td>
<td>16.5%</td>
</tr>
<tr>
<td>It is natural that violence happens sometimes when a couple argues.</td>
<td>82.2%</td>
<td>17.8%</td>
</tr>
<tr>
<td>A woman should tolerate violence in order to keep her family together.</td>
<td>59.4%</td>
<td>40.6%</td>
</tr>
</tbody>
</table>

Table 7: Percentage of women who agreed and disagreed on the statements/items of the Violence Attitude Scale.

The same pattern is repeated for women living in urban and rural areas in which the highest percentages of women agree with “There are times when women deserve to be beaten.” and “A women should tolerate violence in order to keep her family together.” Higher percentages of women from rural areas agreed with all the statements on the Violence Attitude Scale as compared to women from urban areas. The difference between the urban/rural distributions yielded statistically significant for each item based on the chi-square test analysis. These findings indicate that women from urban areas are somewhat more likely to be better informed and aware of their rights and, as a result, are developing attitudes which do not tolerate and accept violence against women as compared to women who live in rural areas. (See Table 8.)

<table>
<thead>
<tr>
<th>Violence Attitude Scale – Rural/Urban Women</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are times when women deserve to be beaten</td>
<td>58.3%</td>
<td>47.5%</td>
</tr>
<tr>
<td>Hitting is a good way to solve problems.</td>
<td>7.3%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Sexual intercourse without the consent of the women can never be violence if it happens in a relationship</td>
<td>18.5%</td>
<td>12.9%</td>
</tr>
<tr>
<td>It is natural that violence happens sometimes when a couple argues.</td>
<td>20.6%</td>
<td>12.9%</td>
</tr>
<tr>
<td>A woman should tolerate violence in order to keep her family together.</td>
<td>42.9%</td>
<td>36.3%</td>
</tr>
</tbody>
</table>

Table 8: Percentages of urban- and rural-based women agreeing on the statements of the Violence Attitude Scale.
In aggregating the Violence Attitude Scale items together to compute the average (mean) score, it revealed that the average score for the sample of women was 14.59 (SD= 2.69) with a minimum of score of 5 and a maximum score of 20.

In comparing women’s marital status to the mean scores on the Violence Attitude Scale, it was found that married and divorced women scored lower on the Violence Attitude Scale than women who are single, engaged or in a non-marital relationship. This indicated that married and divorced women are more supportive of traditional norms and gender roles; the findings show that they have less support for gender equitable norms and greater tolerance for the acceptance of violence in intimate relationships. Women who are single, engaged or in a non-marital relationship appear to be more influenced by recent changes in values with regard to gender equality. They show somewhat higher support for gender equitable norms and a lower tolerance for the acceptance of violence in intimate relationships. (See Table 9.)

<table>
<thead>
<tr>
<th>Violence Attitude Scale</th>
<th>Mean scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>16.13</td>
</tr>
<tr>
<td>Engaged/in relationship</td>
<td>15.46</td>
</tr>
<tr>
<td>Married</td>
<td>14.46</td>
</tr>
<tr>
<td>Divorced</td>
<td>13.54</td>
</tr>
</tbody>
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**Table 9:** Average scores on the Violence Attitude Scale per marital status of women.

In analyzing the mean scores on the Violence Attitude Scale between women who have experienced at least one form of physical, psychological or sexual violence and those who have not, it was found that women who have experienced any of these forms of violence scored lower on the Violence Attitude Scale, indicating they have lower support for gender equitable norms compared to women who have not experienced physical violence.

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19 The difference between mean scores on violence attitude scale and marital status yielded statistically significant according to ANOVA- test, F (3, 1032)= 19.604, p <0.01.

20 The difference between mean scores on the Violence Attitude Scale for women who experienced physical violence and those who did not yielded statistically significant according to t-test t (230.048)= 4.146, p<0.01.

21 The difference between mean scores on the Violence Attitude Scale for women who experienced psychological violence and those who did not yielded statistically significant based on the T-test, t (71.011)= 2.719, p<0.01.

22 The difference between mean scores on the Violence Attitude Scale for women who experienced sexual violence and those who did not yielded statistically significant according to t-test t (28.588)=3.287, p<0.01.
2.3.4. Women’s attitudes and perception on Domestic Violence/ Gender-based Violence: Findings from the focus groups

Focus group discussions with women aged 18 years and above were organized in the three municipalities in order to better understand their attitudes, perceptions and values on domestic violence/gender-based violence. Separate focus groups were also conducted with Kosovo Serbs and women from the Roma, Ashkali and Egyptian communities. A sampling of topic areas covered by the focus groups related to the age of marriage of women and men, decision-making in the family, female education, female employment, female perceptions of domestic violence cases, causes of domestic violence, information on available protection services that help DV/GBV victims and survivors, and prevention of violence. Using thematic analysis of the qualitative data, the findings are organized under the following areas: traditional practices that govern social life; changes in values related to women’s position, including education, employment and rights; and perceptions related to domestic violence cases.

a. Traditional practices that govern social life

The women respondents as a whole revealed that traditional practices that govern social life subordinate the position of women in society from the beginning of their lives. Most women explained that they do not have the same rights, privileges and responsibilities as men, which they confirmed creates an environment where women are prone to violence and the wider community justifies violence towards women. They described men as giving orders, making decisions, and having more freedom and control as compared to women. The general perception was that men have more rights in terms of education, employment and freedom. “In most cases, there is discrimination against girls in decision-making, education and employment...Males are more capable of decision-making compared to females. But there are times when a family makes decisions together, when women are involved either as a wife or as a mother-in-law.” (Woman, Gjilan/Gnjilane) This statement conveys how some women are aware of discrimination against women, but, at the same time, have a low opinion of female abilities to assume leadership roles and make decisions, reinforcing gender inequalities.

Most women explained that women should ask permission from their husband for everything. “Based on our country’s tradition, the husband should be asked for all things; on the contrary, a woman will be punished.” (Woman, Dragash/Dragaš) “Women have to ask permission from their husband for everything.” (Women, Silovo). Their words emphasize men’s power and control and the threat of violence if women do not conform or obey.

Most respondents expressed traditional attitudes towards the roles of woman in the family. They considered that it is the women’s responsibility to take care of the children, husband and parents of the husband, and do the housework. “The husband’s role is to provide the family with income, while the women should take care of the home and children.” (Woman, Gjilan/Gnjilane) This perspective on traditional gender roles in the household and workplace illuminate the challenges to achieve gender equality and provide support to girls and women ready to break from these norms.

Of note, there were some respondents who pointed to the educational level of male and female family members as an important factor to change norms towards engaging women in family decision-making. “In families with higher educational levels, decision-making is done by both men and
Women nowadays are being more supported in terms of continuing on to higher education compared to previous years.”
(Woman, Gjakovë/Djakovica)

b. Changes in values

The respondents revealed some positive changes occurring in Kosovo society with regards to women’s education, employment and freedom. “People seem to think, feel and act differently towards women’s education and employment. Improvements in peoples’ perceptions and attitudes have happened after the war and probably through the influence of people from our area living and working abroad.” (Woman, Dragash/Dragaš) This indicates a broadening of perspectives that can get infused in families through the influence of family members and friends living in other places where values can be more strongly linked to achieving gender equality and equity. It points to the importance of raising awareness and promoting dialogue on gender equality to improve gender relations and women’s position in society. In turn, this can lead towards the prevention and reduction of violence.

The majority of the respondents emphasized an improvement in the educational level of women in the three municipalities. “Prior to the war, women/girls did not attend school due to traditional practices. Today this is changing even though there are still some places where many girls do not continue on to secondary school.” (Woman, Dragash/Dragaš)

The general perspective was that the education of women is an important factor related to reducing violence. “Women who are educated do not experience violence in most cases, because they are aware of their rights.” (Woman, Gjakovë/Djakovica) “In our community, women are not educated and not aware of their rights.” (Women, Roma, Ashkali and Egyptian community)

In general, the respondents indicated that many people are getting married later compared to previous years, especially women. “If a woman decides to continue her education, she gets married later.” (Woman, Gjilan/Gnjilane) They indicated that women tend to get married between 20-23 years old and men around 25 years old. They explained that the reason men marry later is related to traditional attitudes. “In our tradition, men have to take care of the family; they have to establish appropriate living conditions before getting married.” (Woman, Gjakovë/Djakovica)

The Kosovo Serb respondents stated that girls in their community generally marry between 20-22 years old and emphasized that the age of marriage is different for Kosovo Serb women and men living in rural areas where they tend to marry earlier. The respondents from the Roma, Ashkali and Egyptian communities stated, “In our community the average age for women and men to get married is around 15-17 years old, although there are cases when women get married even earlier.” (Women, Roma, Ashkali and Egyptian community) This exemplifies how children stop being viewed as children in these environments, which works against realizing their rights and increases their risk of violence23.

Despite the fact the unemployment rate is very high in Kosovo, there was a general perception among respondents in all three municipalities that more women are employed today as compared to previous years. However, the respondents from the Roma, Ashkali and Egyptian communities pointed out that this is not the case in their community. “In our community, women are not educated...only a few have a job; they cannot be in an equal position compared to men.” (Woman, Roma, Ashkali and Egyptian community) Most Kosovo Serbs and respondents from the Roma, Ashkali and Egyptian communities stated that in their communities women are mainly engaged in household duties, like cleaning, washing, and taking care of children and other family members.

c. Perceptions on domestic violence

Most respondents indicated that domestic violence is very rarely reported due to the shame and stigma attached to it. “Most women are afraid to talk about this issue, it is considered a private matter.” (Woman, Gjilan/Gnjilane). “It is a known fact that what happens in the home stays in the home.” (Woman, Silovo). “…they are afraid that neighbors will find out.” (Women, Dragash/Dragaš) “Women don’t talk about violence because they are afraid they might lose their family.” (Woman, Roma, Ashkali and Egyptian community)

Some participants stated that some women are afraid to talk to their family of origin, because they fear that they will be blamed for the violence that they experienced. “Women can explain their situation to their families of origin, but in most cases they are not able to understand the violence they experienced.” (Woman, Dragash/Dragaš) “Many women have no place to go. They don’t feel comfortable going to their brother’s, and their parents don’t accept them to return home if they have experienced violence.” (Woman, Gjilan/Gnjilane)

Most respondents throughout the three municipalities shared the general attitude that violence towards women is unacceptable. “Violence is not acceptable at all. Couples should communicate to avoid conflicts.” (Woman, Gjakovë/Djakovica)

However, some women stated that under specific circumstances a woman deserves to be beaten, such as when she does not fulfill the social expectations placed on her as a woman or a bride. “If a wife behaves in a way that her husband disapproves or when she fails to fulfill her duties as a wife, she will be punished by her husband.” (Woman, Dragash/Dragaš) “Violence against women is acceptable when women do not do the housework and look after children properly...but, for other reasons, it is not acceptable at all.” (Woman, Roma, Ashkali and Egyptian community)

The respondents indicated that the perpetrators are mostly men, with some exceptions. “There are cases when girls are beaten by their mother, because they start a relationship with a boy.” (Woman, Gjilan/Gnjilane) “…the husband was abroad and his wife and children were beaten by their mother-in-law and sister-in-law until a neighbor called the police to intervene.” (Woman, Dragash/Dragaš) “I have experienced violence by other family members, such as my father-in-law and mother-in-law.” (Woman, Roma, Ashkali and Egyptian community)

The respondents indicated that there are generally no consequences for the violent behaviors of perpetrators; they do not get punished and some continue to repeat violent behavior. Many respondents explained that this was due to the perpetrators’ influential position in the community and corrupt practices enabling them to avoid punishment, lack of awareness among women to seek help, the influence of family on the woman to stay with her spouse for the sake of the family, etc. “…the person (perpetrator) with economic means can corrupt the court or other authorities to support him...there is a lack of awareness among women of services that can help them.” (Woman, Dragash/Dragaš) “…Nothing happened because my family told me to tell the police that everything was okay in order to save my marriage.” (Women, Roma, Ashkali and Egyptian Community).
Most respondents stated that they are aware of shelters for DV/GBV survivors, but are not aware of other services. The Kosovo Serb respondents stated that they are not aware of any DV/GBV services. Some expressed that the Police and Centers for Social Work tend to blame the survivor and justify the act of the perpetrators. “They usually work on reconciliation and try to convince the women to go back to her husband.” (Woman, Gjilan/Gnjilane) While acknowledging that some of this is due to the lack of resources to provide longer term protection and reintegration services for DV/GBV survivors, as well as what is considered culturally more acceptable, it indicates the need for the Police and CSWs to give more attention to their public image, the dissemination of DV/GBV information and monitoring of DV/GBV services.

2.3.5. Survivors’ insight on domestic violence experiences; Findings from in-depth interviews

Six in-depth interviews were conducted with two DV/GBV female survivors per municipality in order to gain greater insight to and understanding of women’s experiences of violence and support that they have received from service providers. A thematic approach was used to conduct the analysis of the qualitative data/information, which was organized in accordance with the following themes: profile of domestic violence survivors, experiences of violence, causes and consequences of violence, profile of the perpetrators, impact on children witnessing violence and the overall challenges related to violence.

a. Profile of domestic violence survivors

The female survivors were of Albanian, Bosnian and Roma, Ashkali and Egyptian background with different educational levels, ranging from elementary school to university degrees. Survivors who finished only elementary school explained that they were either not allowed to continue their education after they got married or as a result of violence were physically and psychologically unable to continue their education. “My parents would not let me go to school because of common beliefs in my village about girls’ education.” (Survivor #5)

The economic status of the families of these six survivors of domestic violence was very poor. Only one woman was employed.

b. Experiences of violence

Most of the survivors explained that they experienced physical violence, including slapping, hitting and beating. Some survivors stated that their perpetrators also used hard or cold weapons on them. “Sometimes he abused me even by using a gun, knives or something similar. He used to hit me with the first thing he got in his hand. The last time he stabbed me in the arm with a knife was the moment that I realized I could no longer take it.” (Survivor #6)
Psychological violence was also very frequent according to most of the survivors, including manipulating, threatening, intimidating, insulting, humiliating, controlling and calling names. “The hardest thing to bear was the humiliation that my husband caused me to feel in front of our children and his family. Those were moments when I felt most unworthy and ashamed, and was even incapable to take care of my own children.” (Survivor #2)

For almost all the survivors, their perpetrators restricted their freedom of movement by keeping them isolated and under their ‘rule’. “He slapped me twice in front of the children because I was arguing with his mother about cleaning the kitchen.” (Survivor #4)

One survivor mentioned that she was sexually violated by her perpetrator. “I was embarrassed...It was so difficult to say that my husband is sexually abusing me. I talked about it only with the Shelter staff, with whom I felt secure and accepted.” (Survivor #5)

Most of the survivors stated that they tried to keep their violence silent in the beginning in hopes that it would not happen again. Some of the women said that in the beginning they felt responsible for the violence thinking they had not fulfilled some of their marital duties properly.

Most of the survivors stated that they had experienced violence in the presence of other family members and children, and it was treated as a secret. One survivor stated that the violence was considered “normal” behavior in her family. Others said their partners considered that “a woman deserves to be slapped or beaten.” Some said that they tried to discuss the violent behavior with their partners who would typically deny and minimize the violence. “I felt helpless. I worried about the children, if I decided to leave. I had no job, no money, no house.” (Survivor #5)

c. Causes of violence

The survivors explained several causes of violence that fall into the categories of individual factors related to the survivor and perpetrator; family factors; and social factors (poverty, traditional values and rigid gender roles).

With regard to individual factors, the survivors referred to their behavior, sterility and their partners’ alcohol dependency, substance abuse and/or mental illness that would trigger violent behavior on the part of their partners. For example, “I was not able to conceive...My husband would become very angry every time I told him I wasn’t pregnant. He would shout, yell and slap me. It was awful.” (Survivor #6) “His mental state was impaired the doctors explained...He took sedatives, but they did not work...I felt sorry for him...He would beat me all the time...I promised his parents that I would not give up on him for the sake of the children.” (Survivor #4)

With regard to family factors, most of the women described that living in the extended family of their husband was one of the factors that contributed to violence. They indicated, for example, parents and siblings of their partners sometimes precipitated conflicts that led to domestic violence. Thus, they were subjected to violence by their partners and other family members due to their subordinate position.
With regard to social factors, the survivors mentioned poverty and traditional values as key factors that contribute to violence.

d. Consequences of violence

Survivors explained that the violence they experienced had physical, psychological and social consequences, for example,

- **Physical consequences** included bruises, fractures, injuries and physical pain syndrome.
- **Psychological consequences** resulted in feelings of low self-esteem, anxiety, anger as well as mood swings, negative feelings towards themselves (blame and guilt), depression and thoughts of suicide. “Now, I have a problem to trust people, I seem to be afraid even of little things...sometimes I don’t have any respect for myself.” (Survivor #1)
- **Social consequences** included having difficulties doing everyday activities, such as housework and child care, as well as feeling incapable of social interaction.

e. Profile of the perpetrators

All of the survivors stated that the perpetrator of violence was a man, including their husbands and brothers. The educational level of the perpetrators ranged from high school or vocational school to university level education. Most perpetrators were employed, except one who was unemployed due to his health. The women stated that their perpetrators were violent only towards them and not other members of the family, except for one who said that her perpetrator also used physical and psychological violence towards their children.

f. Impact of violence on children witnessing domestic violence

Most of the survivors stated that their children witnessed the violence that they experienced. They indicated that it has resulted in many consequences affecting their children’s:

- School performance, including difficulties in concentrating and finishing homework.
- Behavior, such as aggressive behavior towards siblings or their mothers, temper tantrums (crying, screaming and hitting) and withdrawal.
- Emotional state, such as feeling responsible or guilty for the violence that their mothers experienced, and experiencing anxiety and depression.

g. Challenges

The survivors cited several challenges related to their DV/GBV experiences as follows:

- Being discriminated against in terms of education, employment and rights (e.g. inheritance).
- Not reporting violence due to being uncertain of the help that they will receive, being blamed for the violence and having to deal with the stigma attached to DV/GBV.
- Having families of origin indirectly reinforce domestic violence when they request them to return to their husband and behave as is expected of a wife.
- Having ambivalent feelings regarding the protection system for DV/GBV victims and survivors due to attitudes of some stakeholders (e.g. Victim Advocates and police). (Most of the survivors were appreciative of the shelter services.)
• Not having professional support for perpetrators, such as those with mental health issues. “I receive social assistance thanks to the CSW, as I am taking care of my children...But, I would like my husband’s mental health to be medically treated.” (Survivor #4)

• Lacking trust in the legal support system to take their complaints seriously and protect them against their perpetrator. They referred to protection orders not always being respected.

• Needing support for reintegration, otherwise, survivors often have no choice but to return to their abusive husbands. They emphasized that the continuation of support, e.g. education and employment opportunities, are needed beyond short-term shelter support.

2.3.6. Attitudes of men towards domestic violence/gender-based violence

In the household survey with men aged 18-30 years (N=1,185), attitudes towards DV/GBV were measured using the General Male Violence Scale in relation to gender-based violence in intimate relationships, gender roles and gender stereotypes. It is a subscale of the Gender Equitable Men Scale that consists of nine items. Respondents were asked to circle what extent they agree or disagree with a certain attitude or belief. Higher scores indicated higher support for equitable gender norms. It was found that:

• Nearly two-thirds of the men (63.7 per cent) agreed with the statement “Sexual intercourse can never be (a form of) violence if it happens between two married adults.”

• One-half (50.9 per cent) agreed “There are times when a woman deserves to be beaten.”

• Over one-third (38.4 per cent) agreed “It is natural that violence happens sometimes when a couple argues.”

• Close to one-third (30.6 per cent) agreed “A woman should tolerate violence in order to keep her family together.”

While these figures reflect high percentages of men who are accepting of violence against women (See Figure 35), for example, 50.9 per cent find that it is okay to beat women when they ‘deserve’ it, it is of interest to compare this figure against that of the women’s – in which 54.4 per cent of the women agreed with this attitude. (See Table 7.) An even greater gap between percentages of men and women was found with regard to “a woman should tolerate violence in order to keep her family together” (30.6 per cent of the men and 40.6 per cent of the women agreed with this statement). At the same time, a smaller proportion of women (17.8 per cent) thought “It was natural that violence happens sometimes when a couple argues” compared to men (30.6 per cent). Overall, this reflects that violence is embedded as a social norm in the different contexts studied where mostly men impose violence and women accept it, which calls for strong interventions to change mindsets and behavior.
Study on Dimensions of Domestic Violence: Gender-based Violence in Kosovo Municipalities: Dragash/Dragaš, Gjakovë/Djakovica and Gjilan/Gnjilane

Figure 35: Percentage of men who agreed and disagreed with the statements related to violence on the general male violence scale.

In aggregating the nine items on the General Male Violence scale to compute the average score, it was found that the mean score was 13.82 (SD= 2.84), with a minimum score of 3 and a maximum score of 27. Higher scores indicated a higher support for gender equitable norms. In analyzing the average scores for men who have reported committing violence (physical, psychological or sexual violence) compared to those who have not, it was found that men who committed violence have more tolerant attitudes for violence toward women and lower support for gender equitable norms. (See Figure 36).

Figure 36: Differences between average scores on the general male violence scale between men who have committed physical, psychological and sexual violence and those who have not.
2.3.7. **Men’s attitudes and perception on Domestic Violence/ Gender-based Violence: Findings from the focus groups**

Focus group discussions with men aged 18-30 years were conducted in the three municipalities, which also included Kosovo Serb and Gorani men. These discussions enabled more in-depth understanding of the contextual factors that cause and reinforce violence by men against women in the contexts studied. Questions were related to the age of marriage of women and men, decision-making in the family, education of women, employment of women, perceptions of men on DV survivors, perception of men on DV causes, information on available protection services, the capacity of the services to help women and prevent violence, etc. The thematic analyses of the qualitative data focused on: *traditional practices that govern social life, changes in values related to women’s position in society, including in relation to education, employment and rights, and perceptions related to the situation of DV survivors.*

### a. Traditional practices that govern social life

Similar to the women who participated in the focus groups, the men respondents consider that traditional values subordinate the position of women in Kosovo society. They indicated that decision-making on the future of women and girls depends on the male father figure or husband. Most of the men agreed that women always ask their husband before they make decisions on family matters. “Women need to ask their husband before making a decision” (Man, Dragash/Dragaš) Some men thought women should be more independent when it comes to decision-making, “It should go in both directions - both husband and wife should ask each other.” (Man, Dragash/Dragaš)

With regard to gender roles, most of the men perceived women as housewives; they see them in the primary role of taking care of the children and other members of the family, and doing house work (cleaning, cooking and washing). “It is our tradition that women take care of everything within the house.” (Man #4, Gjilan/Gnjilane) “It is their duty to do all household work, men are supposed to provide the income for the family.” (Man, Dragash/Dragaš)

In most cases someone else decides about women’s and girl’s education and employment. When girls are not married, their parents decide for them; when they get married their husbands decide for them.” (Man, Gjakovë/Djakovica)

### b. Changes in values related to women’s position in society

Similar to findings from the focus groups with women, the men respondents indicated that there are some changes taking place in terms of education, employment and freedom of women in Kosovo society. Most of the men said that girls and women today are more supported by their families to continue their education to high school or university levels. In some contexts, the respondents indicated that girls and women live better today in comparison to the years before the war. “Compared to the period before the war, girls now continue their education to secondary level more often.” (Man, Dragash/Dragaš) “There are only a few cases when girls do not continue on to high school.” (Man, Gjakovë/Djakovica)

There were respondents who emphasized that there are still families, especially in rural areas, who do not support girls to continue their education after primary school. “The perception towards the education of girls has changed recently. Before it was taboo for a girl to continue on to secondary school, now it is not. Still, there are families that do not allow their girls to continue their education.” (Man, Gjilan/Gnjilane)
In regards to marriage, most of the men considered that the age of marriage has increased for both men and women. They attributed this to recent changes in the position of women in society and their perception that women are becoming increasingly more educated. Most of the men considered these changes as positive for the development of Kosovo society.

Most respondents considered that the employment of women in the workforce improves the position of women in society, which they emphasized contributes to the improvement of the welfare of the family in general. “It is very important for women to get employed, since they will contribute to the overall family income.” (Man, Gjilan/Gnjilane)

Some respondents did not share the same opinion, thinking that employment gives women power. They thought the changes that have happened during the last ten years that make it more possible for women to go to school and work have had negative effects on girls and women with regard to the moral values of society. This attitude reflects some resistance to change as shifts appear to be occurring in the distribution of male/female power.

c. Perceptions of domestic violence

Most respondents were aware of domestic violence cases in their communities and stated that generally persons experiencing violence remain silent and do not report it due to the stigma that accompanies this phenomenon. “It is shameful for a woman to report that she has been abused by her husband, or testify against him as the perpetrator.” (Man, Dragash/Dragaš) “Nobody will accept this woman back, neither her husband nor her family of origin.” (Man, Gjilan/Gnjilane)

With regard to the causes of domestic violence, the men mentioned poverty, poor economic conditions, living with extended families, misunderstandings between brides and mothers-in-law, jealousy and traditional values as the most common causes. Some respondents emphasized that not only people who are poor experience violence, but also men of good economic standing use violence against women. “I know rich people who abuse their wives, and they (the women) cannot talk about it because the men can easily use their power to corrupt the institutions (authorities) to be in their favor.” (Man, Gjilan/Gnjilane)

The general perception among the majority of the men was that violence against women is unacceptable. However, some justified violence when they consider “women deserve it”. “If she betrays you, she deserves to be beaten.” (Man, Gjilan/Gnjilane)

With regard to the types of violence that women experience, most men mentioned physical and psychological violence, while some participants in the municipality of Dragash/Dragaš mentioned sexual violence as well. (One respondent in the municipality of Dragash/Dragaš suggested that the Kosovo Government adopt a law similar to that of Bosnia and Herzegovina which penalizes the husband who uses sexual violence against his wife.) The respondents generally thought that nothing happens to perpetrators in terms of punishment or prosecution.
Most of the men stated that violence happens in front of the children and in some cases the perpetrator is also violent towards the children. They acknowledged the negative consequences on women and other family members who witness the violence. “Both women and children face depression, stress and isolation.” (Man, Dragash/Dragaš) “Sometimes, physical abuse of women can have an impact on their everyday life; they withdraw from work because they don’t want others to see the bruises all over their body.” (Man, Gjakovë/Djakovica)

Some respondents referred to financial independence as a protective factor for women in cases of experiencing domestic violence. “Women react in different ways depending on their economic status. For instance if they are employed, they will feel much more empowered and capable to take care of their children so they will ask for help and seek a divorce. Those who are financially dependent on their husbands will bear the violence.” (Man, Gjakovë/Djakovica) This reflection points out the importance of providing DV/GBV survivors with economic reintegration support.

Many of the men said that women experiencing domestic violence are generally supported by their families of origin and sometimes even their husbands’ family members. “Only in cases when she betrays her husband or something similar they do not support her.” (Man, Gjakovë/Djakovica) “There are cases when a father-in-law supports his son’s wife instead of his son when he is aware of his son’s misbehavior.” (Man, Gjilan/Gnjilane) Some shared a different opinion, “There are cases when a woman’s family of origin is not supportive of her; they judge her and make her feel guilty for reporting the violence.” (Man, Gjakovë/Djakovica)

The men recommended the following actions with regard to prevention of DV/GBV:
- Increase the capacities of law enforcement agencies to work more effectively
- Implement the law on domestic violence
- Provide adequate penalties for perpetrators and security measures for women survivors
- Provide long-term economic reintegration of women survivors of DV/GBV and sustainable solutions for safe accommodation, good living conditions and support in finding a job
- Conduct awareness raising campaigns on DV/GBV, using TV spots.

2.4. Risk Factors related to Violence

Risk factors related to violence are associated with a greater likelihood of experiencing violence; they can be contributing factors and may or may not be direct causes of violence (WHO, 2005).

Usually a combination or cluster of individual, family, peer group, community and societal factors contributes to the risk of becoming a victim or perpetrator. For example, children who are neglected or abused tend to live in a less protective situation with multiple risks, e.g. poor family, disadvantaged neighborhood, high level of violence, drug use and crime in the community, etc. One study showed that a 10-year old exposed to six or more risk factors is 10 times more likely to be violent by age 18 as compared to a 10-year old exposed to only one factor (Herrenkohl et al., 2000).

In the same environment, there can exist protective factors, such as a good parent-child relationship, which can act as a buffer from adverse effects, such as poverty and unsafe living environments.
Thus, it is important to keep in mind, no single risk factor or set of risk factors can sufficiently cause or predict violence with certainty; being young and exposed to multiple risks does not mean that someone will become involved in violence (Werner & Smith, 1992).

Many studies have identified risk factors related to individual characteristics, experiences and environmental conditions that can help to predict violent behaviors. They often focus either on the onset of violent behavior, its frequency, patterns and continuity over the life course or the emergence of risk factors at different stages of the life course.

A lot of research on risk factors associated with violence has focused on male perpetrators (Tolan, Gorman-Smith, & Henry, 2006). According to Kantor and Jasinski (1998), male perpetrators are characterized by having low self-esteem and low impulse control, anxiety disorders, depression, antisocial personality disorder, substance abuse, poor social skills and/or insecurity (Carlson, Worden, Ryn, & Bachman, 2000; Tolan, Gorman-Smith, & Henry, 2006).

Some examples and explanations of risk factors include:

- **Age of victims and perpetrators**, for example:
  - The younger the age of partners, the higher the risk for experiencing or perpetrating the violence (Carlson, Worden, Ryn, & Bachman, 2000).
  - Young children are more at risk to experience physical and psychological violence and adolescent children are at greater risk of sexual violence. Boys are generally at greater risk of physical violence and girls face increased risk of neglect and sexual violence (WHO, 2002).

- **Violence in the family and corporal punishment received as a child**
  - Violence experienced and witnessed in childhood can effect involvement in intimate partner violence as an adult (Riggs & O’Leary, 1996).
  - Social learning theory emphasizes that children learn through conditioning and imitating behavior they have observed or seen in others (Berns, 2007). Inter-generational transmission process theory suggests that violent behaviors are learned within the family and transmit from one generation to the next (Hotaling & Sugerman, 1986; Straus, 1983 cited in Markowitz, 2001).
  - Relationship factors and dynamics within the family influence violent behavior, such as relationship status, poor problem solving and communication skills, and economic dependency of females (Carlson, Worden, Ryn, & Bachman, 2000).

- **The gender differential** in the socialization process, reinforcing boys to be more aggressive and girls to be more passive (Stith, Rosen, Middleton, Busch, Lunderberg, & Carlton, 2000).

- **Social structural risk factors of violence** in relation to economic status and community factors, including poverty and unemployment, as well as:
  - Male control of wealth and decision-making authority within the family and significant interpersonal disparities in economic, educational or employment status (*UN Secretary-General’s in-depth study on all forms of violence against women*, 2006).
  - Women’s isolation, lack of social support, community attitudes that tolerate and legitimize violence and high levels of female social and economic disempowerment (WHO, 2005).

- **Cultural and social norms that promote a culture of acceptance of violence**, underscored by patriarchal families and gender stereotypes (Crowell & Burgess, 1996).

- **Stress as a risk factor of violence against women**, especially when the family experiences poverty, immigration, discrimination or medical problems (Levy, 2008).

Taking the above into account, the following explores various risk factors of violence cited by the three target groups of respondents in the three pilot municipalities.
2.4.1. Risk factors related to violence against children: Findings from the school survey

The risk factors related to violence examined through the school survey with children who have experienced violence at home were defined in terms of: age, parents’ level of education, family type and parents’ employment status.

**Age:** It was found that the younger group of children aged 12-15 years reported a higher percentage of physical and psychological violence at home, whereas the older children aged 16-18 years reported a higher percentage of sexual violence experiences at home. (See Table 10.)

<table>
<thead>
<tr>
<th>Age</th>
<th>Physical violence</th>
<th>Psychological violence</th>
<th>Sexual violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-15 years old</td>
<td>52.8%</td>
<td>57.5%</td>
<td>44.4%</td>
</tr>
<tr>
<td>16-18 years old</td>
<td>45.4%</td>
<td>41.2%</td>
<td>55.6%</td>
</tr>
</tbody>
</table>

Table 10: Percentage of children who have experienced violence at home per age group.

**Level of education of parents:** The results showed a higher percentage of children who have experienced physical, psychological and sexual violence at home have parents with lower levels of education, with the majority of parents of these children clustered among those who completed primary school, but did not finish high school. (See Table 11.)

<table>
<thead>
<tr>
<th>Parents’ level of education</th>
<th>Physical violence</th>
<th>Psychological violence</th>
<th>Sexual violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>3.7%</td>
<td>2.9%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Mother</td>
<td>2.9%</td>
<td>2.0%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Began university</td>
<td>17.3%</td>
<td>7.8%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Finished high school</td>
<td>15.2%</td>
<td>5.3%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Finished primary school</td>
<td>75.5%</td>
<td>78.8%</td>
<td>56.7%</td>
</tr>
<tr>
<td>Never attended / didn’t finish primary school</td>
<td>3.5%</td>
<td>5.4%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

Table 11: Educational level of fathers and mothers of children who have experienced violence at home.

**Type of family:** It was found that most child respondents (around 75%) who have experienced physical, psychological or sexual violence live with their immediate birth families; lower percentages of violence experiences were found in children living with extended family members, and those living alone or in other situations. (See Figure 37.)
Employment status of parents: The findings indicated that children in families with mothers working from time to time are at slightly higher risk of physical and psychological violence, followed by those working at home/outside the home or not working. The children of mothers who are gainfully employed experienced slightly less physical and psychological violence compared to the others. Children of mothers who were not working were more vulnerable to sexual violence compared to the others. (See Table 12.)

<table>
<thead>
<tr>
<th></th>
<th>Physical violence</th>
<th>Psychological violence</th>
<th>Sexual violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Gainful employment</td>
<td>49.2%</td>
<td>50.8%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Work outside home/at home</td>
<td>51.7%</td>
<td>48.3%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Work from time to time</td>
<td>53.3%</td>
<td>46.7%</td>
<td>20%</td>
</tr>
<tr>
<td>Not working</td>
<td>49.2%</td>
<td>50.8%</td>
<td>14.9%</td>
</tr>
</tbody>
</table>

Table 12: Employment status of mother and percentage of children who were experiencing violence at home.

The children with fathers who work from time to time were more vulnerable to physical violence whereas the children of fathers who work outside the home followed by working from time to time were more vulnerable to psychological violence. Children with fathers who are not working were more vulnerable to sexual violence. (See Table 13.)
Physical violence | Psychological violence | Sexual violence
--- | --- | ---
Yes | No | Yes | No | Yes | No
Gainful employment | 50.9% | 49.1% | 13.9% | 86.1% | .9% | 99.1%
Work outside home/ at home | 49.5% | 50.5% | 19.4% | 80.6% | 0% | 100%
Work from time to time | 60.4% | 39.6% | 17.6% | 82.4% | 0% | 100%
Not working | 44.7% | 55.3% | 13% | 87% | 2.4% | 97.6%

Table 13: Employment status of father and percentage of children who were experiencing violence at home.

In sum, the evidence points to the lower the educational level and less gainfully employed the parents are, and children living in a home with parents, the greater the proportion of children who are at risk of experiencing violence.

2.4.2. Risk factors related to violence involving women: Findings from the household survey

In the household survey with women aged 18 years and above, risk and protective factors related to domestic violence/ gender-based violence were defined in terms of: women’s level of education, partner’s level of education, partner’s employment status, partner’s substance abuse, childhood violence experiences at home, and childhood violence experiences at school.

Women’s level of education: The total findings revealed that women who have never attended school or have not completed primary school show the highest risk of experiencing physical, psychological or sexual violence\(^{24}\) compared to those who have completed primary school and high school. Women who have begun university studies show a higher risk for experiencing violence compared to those who have finished high school and primary school. (See Figure 38.) The findings point to the need for further investigation on the protective factors, or lack thereof, for each educational level, especially the lowest and highest.

\(^{24}\) The difference between the educational level of women who have experienced violence (physical, sexual and psychological) compared to those who have not yielded statistically significant based on chi-square test \(x^2 (3, 982)= 33.61, p<0.01\)
Partner’s educational level: A similar pattern holds true for women whose partners have not attended school or completed primary education. These women have experienced the highest level of violence (physical, psychological or sexual violence)\(^{25}\) as compared to women whose partners have finished primary school. In contrast to the above, women with partners who have finished high school experienced a higher level of violence compared to women whose partners have attended the university. (See Figure 39.)

Figure 39: Partner’s educational level for women who have experienced violence.

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\(^{25}\) The difference between partner’s educational level and violence experiences yielded statistically significant \(\chi^2\) (3,883) = 10.297, \(p<0.01\).
**Partners’ employment status:** The chi-square analysis was statistically insignificant in terms of the employment status of women or partner and experiences of physical, psychological and sexual violence. Similarly, the chi-square analysis was statistically insignificant in terms of experiences of violence and types of families in which the women live.

**Partners’ substance abuse:** The differences between mean scores on partners’ use of alcohol and cigarettes for women who have experienced violence and those who have not were statistically significant. These findings indicate that women’s partners’ consumption of alcohol and use of cigarettes increases the likelihood of perpetration of violence toward them. There is a considerable debate about the nature of the relationship between alcohol use and violence and whether it is causal. Many researchers believe that alcohol operates as a situational factor, increasing the likelihood of violence, while others argue that the link between violence and alcohol is socio-culturally dependent (WHO, 2005). (See Figure 40.)

![Figure 40: Means scores for partners’ substance abuse in relation to women who experienced violence compared to those who have not.](image)

**Women’s childhood violence experiences:** Childhood experiences of violence were measured by the following three sub-scales, which are used in the Adverse Childhood Experiences International Questionnaire (ACE-IQ) and include witnessing violence experiences at home, and experiencing violence in childhood and at school. With regard to each of these scales, a higher score indicates a higher level of experience of violence.

The **Witnessing Violence in Childhood at Home Scale** measures witnessing any act of violence that happened to other family members using the responses to the following questions:

- *Did you hear or see a parent or other member in your home being yelled at, screamed at, sworn at, insulted or humiliated?*
- *Did you hear a parent or other member in your home being slapped, kicked, punched or beaten up?*
- *Did you hear a parent or other member in your home being hit or cut with an object such as a stick, bottle, knife or whip?*

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26 The differences between mean scores on partners’ cigarette and alcohol usage related to women who have experienced violence and those who have not yielded statistically significant results based on the t-test; cigarettes t (254.641) = -2.519, p<0.01 and alcohol t (843) = -6.834, p<0.01.
The items on this scale were aggregated together to compute the average (mean) scores with regard to understanding women's witnessing of family violence at home. The mean score of the overall sample was 4.62 (SD=1.90), with the minimum being 3 and the maximum 12. When comparing the mean scores of women who have witnessed violence at home and those who have not, it was revealed that women who have experienced violence scored higher (4.92) as compared to those who have not (3.86).27 The finding suggests that women who were exposed to violence during their childhood are more likely to accept and justify violence in their current relationship and remain in the relationship as compared to those who did not experience violence as a child.

The Personal Experiences of Violence at Home Scale related to childhood experience included the following questions:

- Did a parent or other member of your family yell, scream, swear at you, insult or humiliate you?
- Did a parent or other member of your family slap, spank, kick, punch or beat you up?
- Did a parent or other member threaten to or abandon you or throw you out of the house?
- Did a parent or other member hit or cut you with an object such as stick, bottle, knife, whip?

The items of this scale were examined together to capture an overall understanding of personal experiences of violence at home during childhood. The mean score of the overall sample on this scale was 5.17 (SD=1.82), with a minimum of 4 and a maximum 14. The finding indicates that women who experienced violence at home during childhood scored higher (6.11) as compared to those who did not (4.95).28 It suggests that women who have experienced violence as a child learn to “accept” violence in family relationships, especially in circumstances where they are victims or consider violence as “normal” behavior.

The Violence Experiences at School Scale focuses on women’s childhood experiences of violence when they were in school. The mean score of the overall sample on the Violence Experiences at School was 4.62 (SD=1.90), with a minimum of 3 and a maximum of 12. When analysing the mean scores between women who have experienced violence and those who have not, it was found that the women who have experienced violence scored slightly higher (4.92) than those who have not (4.48).29

2.4.3. Risk factors related to violence involving men: Findings from the household survey

In the household survey with men aged 18-30 years, risk factors for perpetration of DV/GBV were addressed in the following subscales: witnessing violence at home as a child, personal experiences of violence, violence experiences at school, male attitudes toward gender roles and masculinity attitudes. For the scales on witnessing and experiencing violence, the higher scores indicated higher exposure to violence.

27 The differences between mean scores of witnessing violence at home scale for women who have experienced violence and those who have not of yielded statistically significant based on the t-test t (965)= -7.943, p<0.01.
28 The difference between mean scores on Personal Experiences of Violence at Home of women who have experienced violence and those who did not yielded statistically significant according to t-test t (955)= -8.032, p<0.01.
29 The differences between mean scores on Violence Experiences At School Scale women who have experienced violence and those who have not yielded statistically significant according to t-test t (256.889)= -2.804, p<0.01.
The **Witnessing Violence at Home as a Child Scale** involved a set of questions that facilitated the analysis of the items on this scale, which were aggregated together to help increase understanding of men who witnessed violence at home as a child. The overall mean score was 4.63 (SD=1.93), with a minimum of 3 and a maximum of 12. It was found that men who have committed different types of violence (physical, psychological and/or sexual violence) scored higher (5.64) on the witnessing violence at home as a child scale compared to men who did not (4.26).30 The finding reveals that witnessing violence as a child can be considered a risk factor for perpetration of violence as an adult.

The **Personal Experiences of Violence at Home scale** related to childhood experience contained the same questions and aggregation of items used in the survey with women explained above. The overall mean score was 6.17 (SD=2.26), with a minimum of 4 and a maximum of 16. In comparing the mean scores it was found that men who had personal experiences of violence at home as a child and have committed different types of violence (physical, psychological and/or sexual violence) scored higher (7.29) compared to those who have not (5.42).

The **Violence Experiences at School Scale** for men focused on their experiences of violence in school by asking the following questions, including:

- How often were you bullied?
- How often were you in physical fights?
- Did you see or hear someone being beaten in real life?

The overall mean score on the violence experiences at school scale was 7.63 (SD=2.44), with a minimum of 3 and a maximum of 12. When analysing the mean scores between men who have committed violence and those who have not, it was found that men who have committed violence scored higher (8.85) compared to those who have not (7.19).31

The **Male Attitudes toward Gender Roles Scale** contained the following statements:

- Women’s most important role is to take care of her home and cook.
- Women should have equal rights as men to share property inheritance from parents.
- Changing the diapers, giving a bath and feeding kids are the mother’s responsibility.

The items of the scale were aggregated together to compute the mean scores on attitudes toward gender roles. The higher scores indicated higher support for equitable gender roles. The overall mean score for men on this scale was 7.18 (SD=1.50), with a minimum 3 and a maximum 12. When comparing the differences in mean scores, it was found that men who have committed violence scored lower on the male gender role scale (6.58), indicating lower support for gender-equitable norms, as compared to those men who have not committed violence (7.36).32 33

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30 The difference between mean score on Witnessing Violence at Home scale between men who have committed types of violence compared to those who have not yielded statistically significant based t-test t (278)==-5.281, p<0.01.
31 The differences between mean scores on Violence Experiences At School Scale between men who have committed types of violence and those who have not, it was found that men who have committed violence scored higher (8.85) compared to those who have not (7.19).
32 The difference between mean scores on Gender Role Attitude Scale for men who have committed violence and those who have not yielded statistically significant based on t-test t (210.133)=4.011, p<0.01.
33 The term “gender-equitable” in relation to men is loosely defined as a man who seeks relationships based on equality, respect and intimacy rather than on sexual conquest; seeks to be involved in household chores and child care; assumes some responsibility for reproductive health and sexually transmitted infection prevention in a relationship; is opposed to violence against women under all circumstances.
The **Masculinity Scale** focused on masculine attitudes in relation to men’s perpetration of violence toward women by asking them to what extent they agreed with the following statements:

- **To be a man you need to be tough.**
- **It is normal when a man cannot get sexual pleasure.**
- **If someone insults me, I will defend my reputation, with force if I have to.**

The items were aggregated, giving an overall mean score that was calculated at 7.13 (SD=1.27), with a minimum of 3 and a maximum of 12. Lower scores indicated higher support for traditional (patrilineal), rigid gender roles of men and women. In comparing the mean scores, it was found that men who have committed violence scored slightly lower (7.15), indicating higher support for rigid gender roles for men and women and lower support for gender-equitable norms, compared to men who have not committed violence (7.62).³⁴

In sum, all five scales of risk factors confirmed that men who have committed violence against their partner were more likely to have experienced violence as a child in the home and at school and have rigid, traditional views of gender roles for women and men.

### 2.5. Consequences of Violence (on children, women and men)

Epidemiological and clinical studies note that domestic violence is consistently associated with a broad array of negative short- and long-term consequences, including physical injuries; psychological injuries; stress; depression; loss of self-esteem; and more severe psychological and physical problems (Ellsberg, Jansen, Heise, Watts and Garcia- Moreno, 2008).

The World Health Organization (WHO) describes domestic violence against women by male partners as the most common health risk for women (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). According to Ellsberg and Heise (2005, p.19), “40 to 75 per cent of women who are physically abused by a partner report injuries due to violence at some point in their life”.

For many women, the psychological consequences of violence are even more serious than its physical effects, such as depression, anxiety, phobias, post-traumatic stress disorder, and alcohol and drug abuse. Physical and sexual violence are considered to be major contributors to reproductive health problems for women, including HIV, other sexually transmitted diseases, unwanted pregnancies, low birth weight, pre-term delivery and fetal growth retardation (Ellsberg & Heise, 2005, p. 22).

For children who witness or experience domestic violence, research suggests it affects 1) their health; 2) their educational performance; and 3) their use of violence in their own lives (UN Secretary-General’s In-depth Study on all forms of violence against women, 2006)³⁵. They may show higher levels of aggressive and antisocial behaviors as well as fearful and inhibited behaviors, such as anxiety, low self-esteem, depression, anger, hostility, disobedience, withdrawal, lower cognitive functioning, post-traumatic stress and impulsive violent behavior (Edleson, 1999; Kitzmann, Gaylord, Holt, & Kenny, 2003; Sousa et al, 2011).

The following provides further insights on the consequences of domestic violence/gender-based violence among the three target groups in the three municipalities.

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³⁴ The difference between mean scores on Masculinity Scale for men who have committed violence and those who havenot yielded statistically significant t-test (180.719)=2.438, p<0.05

³⁵ The study can be accessed at: [http://www.un.org/womenwatch/daw/vaw/SGstudyvaw.htm](http://www.un.org/womenwatch/daw/vaw/SGstudyvaw.htm)
2.5.1. Consequences of domestic violence on children (12-18 years old)

The consequences of the child respondents’ experiencing or witnessing domestic violence were measured using the 12-items General Health Questionnaire (GHQ), which is a common tool to measure the status of mental health. It focuses on two major areas: a) the inability to carry out normal functions; and b) the appearance of new and distressing experiences. Questions focus on whether the respondent has experienced a particular symptom or behavior recently. Each item is rated on a four-point scale, ranging from “mostly” to “never”. The higher scores indicated higher levels of distress and difficulties in everyday functioning (a minimum of 1 is the lowest score and a maximum of 28 is the highest score).

On average, the majority of the child respondents across the municipalities scored on the lower end of the GHQ, indicating no or minimal signs of distress or difficulties in everyday functioning.

However, in averaging and comparing scores on the GHQ, it was found that children who have experienced or witnessed violence show higher levels of distress and difficulties in everyday functioning and a lower level of psychological well-being compared to those who have not. (See Tables 14 and 15.)

<table>
<thead>
<tr>
<th>Mean score for General Health Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiencing Violence at home</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>11.84</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>10.77</td>
</tr>
<tr>
<td>Physical violence</td>
</tr>
<tr>
<td>12.95</td>
</tr>
<tr>
<td>Psychological violence</td>
</tr>
<tr>
<td>15.33</td>
</tr>
<tr>
<td>Sexual violence</td>
</tr>
<tr>
<td>19.25</td>
</tr>
</tbody>
</table>

Table 14: Average scores on General Health Questionnaire for children who experienced violence at home.

<table>
<thead>
<tr>
<th>Mean score for General Health Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witnessing violence at home</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>13.03</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>11.09</td>
</tr>
<tr>
<td>Physical violence</td>
</tr>
<tr>
<td>13.09</td>
</tr>
<tr>
<td>Psychological violence</td>
</tr>
<tr>
<td>19.25</td>
</tr>
<tr>
<td>Sexual violence</td>
</tr>
</tbody>
</table>

Table 15: Average scores on General Health Questionnaire for children who witnessed violence at home.

In comparing the results between children who have experienced violence at school and those who have not, there are also significant variations. Children experiencing violence at school reported higher levels of difficulties and lower levels of psychological well-being. (See Table 16.)

36 Physical violence: t (931) = -3.800 p<0.01; Psychological violence: t (182.298) = -4.430 p<0.01; Sexual violence t (8.114) = -2.405 p<0.05
37 Witnessing physical violence: t (125.359) = -4.143 p<0.01; witnessing psychological violence t (140.581) = -4.160 p<0.01 and witnessing sexual violence t (936) = -5.291 p<0.01
38 Physical violence at school: t (824.332) = -3.388 p<0.01; Psychological violence at school: t (516.287) = -5.006 p<0.01 and Sexual violence at school: t (65.756) = -2.148 p<0.05
Table 16: Average scores on general health questionnaire for children experiencing violence at school.

<table>
<thead>
<tr>
<th>Mean scores on General Health Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence at school</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>11.86</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>10.87</td>
</tr>
<tr>
<td>Physical violence</td>
</tr>
<tr>
<td>12.37</td>
</tr>
<tr>
<td>Psychological violence</td>
</tr>
<tr>
<td>12.50</td>
</tr>
<tr>
<td>Sexual violence</td>
</tr>
<tr>
<td>12.50</td>
</tr>
</tbody>
</table>

In sum, the children who have experienced and/or witnessed violence at home or at school can experience more challenges in their everyday functioning, compromising their sense of well-being and, in turn, affecting their achieving their full potential.

2.5.2. Consequences of domestic violence on women (18 years old and above)

Consequences of domestic violence for women 18 years old and above were measured using the 12-items General Health Questionnaire (GHQ) as described above and a separate questionnaire drawn from the WHO Multi-country Study on Women’s Health and Domestic Violence against Women, 2005. The latter focuses on injuries caused by physical violence, such as cuts, bruises, fractures, broken bones, broken teeth, punctures, eye injuries, etc.

The overall mean score of the GHQ for women who participated in the study across the three municipalities was 11.74 (SD=4.44), with a minimum score of 2 and a maximum score of 30, which indicated that their overall, general health is in good condition. However, in viewing the GHQ mean scores for women based on their marital status, it revealed that divorced and married women showed slightly increased levels of distress and difficulties in everyday functioning (13.47 and 11.83, respectively) compared to women who are single (10.86), engaged or in a non-marital relationship (10).

When comparing the mean scores of women who have experienced at least one type of violence (physical, psychological or sexual), it was also revealed that divorced and married women scored higher on the GHQ, indicating higher difficulties in everyday functioning and symptoms of distress.

The consequences of domestic violence committed by a partner or other member of the family (father, brother, mother) were measured by asking direct questions regarding injuries. In the overall sample of women (N=1201), 4% (N=46) conveyed that they have been injured as a consequence of violence committed by their partner or by other members of the family.

Among the 46 women who have been injured due to violence in the home:

- 12 women (38.7 per cent) indicated that the injury happened once or twice
- 10 women (32.3 per cent) indicated that the injury happened several times
- 9 women (29 per cent) indicated that they had been injured more than 5 times.

39 The difference between mean scores on GHQ based marital status yielded statistically significant according to ANOVA – test, F (3, 965) = 9.086, p<0.01.
40 T-test yielded statistically significant for the differences between women who experienced physical t (793)= -6.290, p<0.01, psychological violence t (61.662)= -5.817, p<0.01 and sexual violence t (28.485)= -4.579, p<0.01 compared to those who did not experience any type of violence.
Moreover, around 40 per cent of these women pointed out that the injuries happened in the last 12 months. The results further revealed that higher percentages of married or divorced women (2.6% and 0.8%, respectively) were injured as a result of violence by their partner as compared to women who are single, engaged or in a non-marital relationship (.3%).

Of the total subsample of injured women (N=46), around 46 per cent experienced scratches or bruises; 38 per cent sprains and dislocations; and a little over 16 per cent eye injuries. (See Figure 41.)

![Figure 41](image)

Figure 41: Types and percentages of injuries conveyed by women who have been injured as result of domestic violence.

2.5.3. Consequences of domestic violence on men (aged 18-30 years)

The General Health Questionnaire (GHQ) was also used to assess the general health of the men respondents aged 18-30 years. The overall mean score for men on the GHQ was 9.71 (SD=4.07), indicating that on average their general health status is in good condition.

When analyzing the mean scores on the GHQ for men who indicated they have committed physical, psychological and/or sexual violence compared to those who have not, it showed that these men scored higher on the GHQ. This indicated that those who are perpetrators of violence have higher levels of psychological distress and difficulties in daily functioning.

In sum, the baseline results strongly reveal the influence of traditional patriarchal values and rigid gender roles being sustained through a socialization process that reinforces gender inequalities, causing women and children to be vulnerable to experiencing violence. In particular, the data indicate that the physical and psychological health and well-being of children, women and men are compromised by experiencing or committing violence, affecting themselves and their families and communities.
3. Services addressing Domestic Violence/Gender-based Violence in the Three Municipalities

Information on existing services for domestic violence/gender-based violence (DV/GBV) victims, survivors and witnesses delivered by the social, judicial and health sectors in the three municipalities was gathered through in-depth interviews (IDIs) conducted with relevant stakeholders. These included representatives of the Department of Health and Social Welfare (DHSW); Social Workers of the Centers for Social Work (CSW); Victim Advocates (VA); Kosovo Police Domestic Violence Unit (DVU); Municipal Directorate of Education; Family Medicine Center; Shelters; and NGOs providing DV/GBV social services.

The specific objectives of the interviews were: to obtain information on services provided to persons affected by DV/GBV; to examine access to and the quality of services related to DV/GBV; to understand the level of cooperation among relevant institutions - governmental and non-governmental - working in the area of DV/GBV in Dragash/Dragaš, Gjakovë/Djakovica and Gjilan/Gnjilane; and to understand which components of direct DV/GBV assistance should be improved.

The following is divided into three parts: 1) social services; 2) judicial services; and 3) health services, which are provided to DV/GBV victims, survivors and witnesses at the municipal level. Each part provides perspectives from the providers and stakeholders, including gaps and challenges that need to be addressed to improve the chain of DV/GBV services.

3.1. Social Services

The following examines the providers of social services addressing domestic violence/gender-based violence at the municipal level, including the Directorate of Health and Social Welfare (DHSW), the Center for Social Work (CSW), Shelters, NGOs, the Directorate of Education and the Regional Employment Center in Gjilan/Gnjilane.

**Municipal Directorate of Health and Social Welfare (DHSW)**

The roles and responsibilities of the Municipal Directorate of Health and Social Welfare (DHSW), present in each municipality, are linked to the provision of social services for children, families and other persons in difficult circumstances and in need of protection as well as supporting strategies that prevent and reduce child abuse and neglect. It is the decentralized municipal arm of the Ministry of Labor and Social Welfare. The DHSW representatives in the three municipalities indicated that their clients are children, men and women, with the majority being women. They offer health support, psychological counseling and, in some cases, financial assistance. Their clients are usually referred to them by the regional hospitals, Kosovo Police and Centers for Social Work and shelters.

Despite many positive improvements, the DHSW representatives in the three municipalities emphasized the following common challenges:

- Governmental budget limitations, affecting effectiveness and efficiency of the services
- Lack of rehabilitation programmes for survivors and witnesses of domestic violence
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Gender-based Violence in Kosovo Municipalities: Dragash/Dragaš, Gjakovë/Djakovica and Gjilan/Gnjilane

- Lack of rehabilitation programmes for perpetrators
- Underreporting of domestic violence cases.

**Center for Social Work**

The Center for Social Work (CSW) located in each municipality is under the direct supervision of the Municipal Directorate of Health and Social Welfare; its budget is centrally managed by the Ministry of Labor and Social Welfare. Its role and responsibilities involve the provision of social care, counseling and, in some cases, material assistance to persons in need of social services. The CSW social workers/caseworkers have a legal obligation\(^41\) to assist DV survivors.

Specifically in relation to DV/GBV cases, the CSW social workers are responsible for the following actions: interview the DV/GBV victim; support the survivor to apply for social assistance; provide psychosocial counseling; support the survivor to safely enter a shelter; facilitate the survivor’s access to health care services and child protection; communicate with the Victim Advocate; inform the DHSW about the case within 24 hours; provide advice on legal rights to the survivor; facilitate the reintegration process; assist with court procedures (e.g. intercede in court to secure a protection order); conduct regular visits to the client; make action plans with the client, depending on the client’s needs, and monitor each case.

The following provides some perspective of the CSW in each of the three municipalities based on inputs from CSW respondents.

**CSW work in Dragash/Dragaš:** The CSW respondents in Dragash/Dragaš indicated that the CSW Social Services Officers are active in the area of DV/GBV with regard to identifying cases; conducting risk assessments; and referring cases of DV/GBV to relevant institutions. They explained that the DV/GBV survivors in Dragash/Dragaš have not been accommodated in the shelter in Prizren or elsewhere since 2006; they typically return to their families of origin.\(^42\) They consider mediation and re-establishing family relations as part of the CSW mandate. They stated that counseling services are offered to perpetrators of domestic violence by the Kosovo Police Domestic Violence Unit, CSW, Family Medicine Centers and Mental Health Center. They indicated that there is only one NGO working on DV/GBV in this municipality called the ‘Women’ Initiative, which cooperates with CSW on DV/GBV identification, referrals and prevention activities.

**CSW work in Gjilan/Gnjilane:** The CSW respondents in Gjilan/Gnjilane stated that domestic violence is underreported, especially in rural areas. They described their CSW social services on DV/GBV as follows: supporting survivors to apply for social assistance; providing individual psychosocial support and family reconciliation sessions; facilitating health care support in cooperation with local Family Medicine Centers and provision of shelter for survivors, in cases of high risk; and cooperating with relevant institutions, keeping in mind the best interest of the survivor. The social reintegration services focus on ‘family reunion’ and the enrolment of women in education. DV/GBV awareness raising and other prevention activities are mainly covered by NGOs and the Directorate of Education. The Police usually refer DV/GBV survivors to the CSW, but some cases are identified by the CSW workers during regular visits in the community.

**CSW work in Gjakovë/Djakovica:** The CSW respondents in Gjakovë/Djakovicadescrived their social services for DV/GBV survivors in a similar way to those mentioned by the other two municipalities. Additionally, they pointed out that they report each CSW assisted case to the Department of Social Welfare/MLSW to include in the database of social and family services. With regard to DV, they provide services to DV survivors, witnesses and perpetrators and believe that they are successfully implementing a good case management mechanism in cooperation with other stakeholders working in the area.

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\(^{41}\) Refer to the Domestic Violence Regulation and Law on Protection against Domestic Violence.

\(^{42}\) For Dragash/Dragaš, the nearest available shelter is in Prizren.
of child protection called the ‘Task Force’. Task Force meetings are held on a monthly basis and manage child protection cases through ensuring a qualitative and multi-sectoral approach.43 The CSW cooperates with the NGO ‘Safe House’ that offers residential services for DV/GBV survivors and witnesses, the NGO ‘MEDICA’ which provides medical services for DV/GBV victims, and the NGO ‘Children for Tomorrow Kosova’ that offers psychological assistance for children, witnesses and survivors of DV/GBV.

**CSWs-Gaps and Challenges:** While recognizing the many improvements in protecting DV/GBV survivors and witnesses, the CSW respondents nonetheless pointed out many difficulties and challenges related to providing DV/GBV quality services. They include, for example:

- **Underreporting of DV/GBV** - They attributed this to community attitudes on family values and devotion to religious beliefs that legitimize DV/GBV, especially in rural areas where reporting is considered shameful by women so they hide the violence they are experiencing.

- **Decentralization snags** - They attributed this to the fact that decentralization is still in process, which affects the cooperation between the CSW and DHSW to address DV/GBV.

- **Lack of long-term accommodation and reintegration services for survivors** - In general, the CSW focuses primarily on reconciliation interventions for DV/GBV cases, even when it may not be in the best interest of the survivor, which they attributed to financial and programme constraints. They emphasized that the CSW has no budget for DV/GBV survivors’ emergency needs or support of their reintegration; shelters lack financial stability; and there is no institutional responsibility or standard procedure regarding social housing and economic reintegration of DV/GBV survivors.

- **Lack of local NGOs working on DV/GBV** - Dragash/Dragaš and Gjilan/Gnjilane indicated an absence of local NGOs working on DV/GBV. In Dragash/Dragaš, there is one NGO, the ‘Women’ Initiative’ above-mentioned, and in Gjilan/Gnjilane, the CSW works only with the NGO “Lirija” on shelter services.

- **Lack of quality services, including high volume of cases** - This was attributed to financial/budgetary limitations; lack of sufficient, qualified human resources; case overload; and limited resources of NGOs working on DV/GBV. They cited the need for more logistical support from the MLSW and interface with the justice system in terms of giving priority to DV/GBV victims and perpetrators. They stated that DV/GBV survivors are not included in social assistance as a specific group in need of financial assistance; the CSW can only provide such assistance to survivors who meet the criteria for general social assistance.44

- **Lack of attention to services for perpetrators and recidivism** - Besides some psychosocial counseling and medical treatment facilitated through the Kosovo Police Domestic Violence Unit and the CSW for the perpetrators, the respondents stated that there are no professional services for DV/GBV perpetrators to prevent recurrence of violence.

- **Ineffective protection orders** - Although the protection order is issued in cases when it is legally required, they confirmed the level of implementation is often ineffective due to the lack of monitoring and enforcement. They emphasized that the perpetrators are allowed to stay at home, while the DV survivors are in the shelters and then referred to their families of origin, placing them at risk from the perpetrator, stigmatization and misjudgment.

- **Law on Protection against Domestic Violence (LPDV) not being fully implemented** - They explained that the LPDV is not fully implemented, especially in terms of protection orders; rehabilitation and reintegration, including job placement and social housing; proper treatment of perpetrators; etc. Inheritance rights of girls and married women were also raised as important to address gender inequality, which they linked to DV/GBV.

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43 The Task Force-model is one pillar of the NGO Terre des Hommes’ Child Protection Safety Net Project, which is supported by UNICEF.

44 Depending on the number of family members, social assistance varies from 40-80 Euros per month and the survivor has to apply regularly every six months for assistance.
The respondents associated with the shelters, ‘Liria’ and ‘Safe House’ in the municipalities of Gjilan/Gnjilane and Gjakovë/Djakovica, respectively, provided some insight on the services that they provide to DV/GBV survivors. For example, these include accommodation, food, clothing, counseling (psychosocial and legal advice), medical support, literacy and vocational training activities, health education, job-seeking services and activities for children (music, drawing, dancing).

The respondents stated that the shelter staff members have attended numerous one- to five day training seminars provided by international organizations on topics, such as identifying domestic violence, assisting survivors, advocacy, case management and trafficking. Children are sheltered with their mothers. The majority of the DV/GBV survivors receive services from the Centers for Social Work (CSW), although during their stay in a shelter they do not receive any financial or social assistance from the CSW. From the perspective of these front line respondents, the major causes of DV/GBV are related to poverty; high unemployment rate; traditional values and strictly defined gender roles; extended families; jealousy; alcohol or substance abuse; mental disorders; family conflicts; and inability to resolve conflicts peacefully.

At the shelter ‘Safe House’ in Gjakovë/Djakovica, the respondents indicated that they have supported various DV/GBV prevention projects, especially awareness raising programmes for young people and stakeholders dealing directly with cases involving DV/GBV. The Shelter staff respondents from both municipalities stated that they have very good cooperation with the Ministry of Labor and Social Welfare (MSLW), CSWs, Victim Advocates (VAs), Family Medicine Centers, Directorates of Education, the Shelter Coalition and other local NGOs.

According to the Shelter respondents, the following are key gaps and challenges for shelters:

- Lack of financial sustainability as most shelters are partly donor dependent.
- Insufficient financial and human resources causing shelter staff to often work overtime.
- Absence of protection for staff and DV/GBV survivors and witnesses who can be at risk by the perpetrators.
- Lack of reintegration services for DV/GBV survivors, making it difficult to follow through with all the steps to support and protect them.
- Lack of capacity to provide support to the high volume of DV/GBV survivors, especially when a shelter such as “Liria” covers three municipalities (e.g. Gjilan/Gnjilane, Vitia/Vitina and Ferizaj/Uroševac).
- Absence of treatment programmes for perpetrators, which can increase recidivism.
- Refusal by some families of origin to support DV survivors, which can affect DV survivors’ reintegration and strain the social welfare system.

Other NGOs addressing DV/GBV

NGO - ‘Children for Tomorrow-Kosova’ in Gjakovë/Djakovica: This NGO has been providing psychosocial services since 1999 for children, adolescents and their families through their main project called ‘Trauma and Reconciliation’. They cover all of Kosovo, but due to transportation costs, the Gjakovë/Djakovica municipality benefits the most. Their work focuses on two areas: prevention of domestic violence and psychological services (e.g. psychotherapy, counseling and psychosocial) to wom-
en, children and adolescents (including survivors and witnesses). According to this NGO’s respondents, the psychological consequences for children witnessing domestic violence include feelings of guilt and low self-esteem, and the needs of DV/GBV survivors and witnesses are similar in that they need to feel safe and secure. They stressed that there is much more attention given to DV/GBV survivors, but very little to children witnessing DV/GBV.

**NGO - ‘Fortesa’ in Gjilan/Gnjilane:** This local NGO mainly focuses on improving the position of women in society, raising awareness among adolescents, youth and the community to reduce cases of domestic violence, and supporting other activities related to the needs of youth. It is registered in Kamenica town and has a strong cooperation with the Shelter in Gjilan/Gnjilane. It supports sheltering high risk cases of women DV survivors from Kamenica. It works closely with the Municipal Directorate of Education and individual women in one-on-one sessions. In some cases, it refers cases to professional services, including psychologists, social workers and the Victim Advocates.

**NGO – ‘Iniciativa e Gruas’ in Dragash/Dragaš:** This NGO offers services related to the prevention of domestic violence, family counseling, family mediation and awareness-raising sessions with children. According to the NGO respondents, emphasis should be given to raising awareness on DV/GBV throughout the whole community since most DV/GBV cases are not reported due to stigma and traditional patriarchal values. The NGO especially works on couple reconciliation.

The main difficulties faced by these NGOs in relation to DV/GBV cases reiterate what other stakeholders and respondents have referred to, including:

- Underreporting of violence
- Traditional patriarchal values that govern social life
- Women’s perception that they will not be supported by institutions and family when they report their experience with domestic violence
- The low number of women participating in awareness raising activities, preventing women from being informed about DV/GBV and services.
- Women’s perceptions of DV/GBV, for example, married women often consider violence against women in a relationship as normal; they do not see psychotherapy as a solution.
- Women living in rural areas are often not aware of the DV/GBV services offered in urban areas or, if they are, they cannot afford the travel costs.
- Lack of reintegration programmes for DV/GBV survivors.
- Lack of treatment programmes for perpetrators.

In sum, all three NGOs and the Shelters stressed the importance of raising awareness about DV/GBV and related services, the strength of patriarchal values that makes violence ‘acceptable’ and victims fearful to report it, and the lack of reintegration programmes for survivors and attention to treatment of perpetrators.

**Municipal Directorates of Education**

The respondents from the Directorates of Education in the three municipalities indicated that DV/GBV is a theme that is integrated into the school curriculum through the “Civil Public Education” course. They conveyed that they address violence in schools, especially peer violence and emphasized that all violent behaviors are punishable, including for teachers if they should use violence against a child. At the time of the research, no mention was made of protocols to follow when detecting a case of DV/GBV involving a student.
Regional Employment Center (REC) in Gjilan/Gnjilane

The REC in Gjilan/Gnjilane provides the following services: employment counseling; career guidance; referrals to vocational training at the Regional Vocational Training Center (RVTC) or in private companies; and facilitation of employment in public or private companies for referred cases. They do not provide services exclusively for persons affected by DV/GBV, but they can be among the cases referred to them. REC has cooperated with the shelter NGO ‘Lirija’ in Gjilan/Gnjilane. At the time of the research, it had not received any referrals from the CSW in Gjilan/Gnjilane, which the REC respondents viewed as a gap in social services for DV/GBV survivors. The REC staff members have been trained on how to professionally support vulnerable groups, including DV/GBV cases and their economic reintegration.

In terms of providing DV/GBV survivors with employment opportunities, the REC respondents emphasized many challenges, including:

- Persons affected by DV often times do not have the required skills, professional experience and educational background needed for gainful employment.
- The vulnerable physical and psychological situation of DV survivors coupled with their low self-confidence and self-esteem can cause them to be hesitant to ask for support from REC.
- Limited job/economic opportunities and perceptions of employers who do not believe in DV/GBV survivors’ capacities lower the opportunities of DV survivors to get employed.
- Retaining employment can be difficult for the DV/GBV survivor if being threatened by the perpetrator.
- Vocational training programmes supported by the Kosovo Institutions are limited and not always offered in a timeframe that fits the needs of DV survivors. The forms of vocational training that the REC respondents thought were suitable for DV survivors included: sewing, knitting, weaving, hairdressing and jewelry-making; these are not offered by Vocational Training Centers (VTC). Private training was considered more flexible and available, but less affordable.
- REC’s economic reintegration programme involves providing incentives (e.g. wage subsidies and stipends) to employers to hire referred cases, including DV/GBV cases. The incentives cover the salary for a period of time, with employers assuming costs in the longer term.

3.2. Judicial Services

Victim Advocates (VAs)

The Victim’s Advocacy and Assistance Division (VAAD) has the legal responsibility to represent domestic violence victims, which is undertaken by the Victim Advocates in the three municipalities. They indicated that their mandate for domestic violence cases is to represent, defend and accompany victims throughout the entire judicial process; inform victims about their legal rights; and be the intermediary between each victim and the prosecutor and Court, acting in the best interest of the DV victim.

The most common measure supported by VAs in DV/GBV cases is helping with the issuance of protection orders by the Court. According to the VAs, the Kosovo Police is responsible to arrest the perpetrator of domestic violence first and then send the file regarding the criminal charge to the Prosecution and then the Court. Depending on the type of violence used against the victim, the perpetrator will receive a penalty/punishment. The VAs emphasized that they work in close collaboration with Police, Prosecutors, Courts, CSWs and NGOs to address DV/GBV.
In addition to providing legal aid, VAs indicated that they also try to support DV/GBV survivors in other aspects, such as applying for social assistance, accessing psychosocial counselling, sending the victim to a shelter, helping the affected children, regularly visiting the client, etc.

The VAs indicated from their point of view that social-economic status, mental disabilities of and alcohol addiction by perpetrators, and patriarchal mentality, especially prevalent in rural areas, are the major risk factors of DV/GBV.

**VAs-Gaps and Challenges faced by the Victim Advocates (VAs) in the three municipalities**

Victim Advocates (VA) in the three targeted municipalities emphasized the following difficulties they face in their daily work:

**With regard to their working conditions:**
- Lack of VAs working with DV/GBV survivors (e.g. there is only one VA in Dragash/Dragaš)
- Inadequate working conditions (e.g. in Gjilan/Gnjilane, the VA does not have a special office)
- Lack of protection for VAs working with DV/GBV survivors who are under continuous threat by their perpetrators, making VAs vulnerable as well to the perpetrator’s violent behavior
- Budget limitations when assisting DV/GBV cases.

**With regard to their role in the judicial process on behalf of the DV/GBV client:**
- Weak role in the juridical process for a DV/GBV client - for example, the level of risk to issue a protection order and type of protection order are supposed to be decided by the Court based on an assessment completed by a team composed of investigators, prosecutors, social workers and VAs. In some cases, the VAs are not consulted or even informed by the Court about its decisions regarding a DV/GBV client.

**With regard to VAs’ perceptions of weaknesses in the judicial process for DV/GBV cases:**
- Sometimes, the Police do not sufficiently investigate DV/GBV cases nor submit strong evidence to the Court in favor of the DV/GBV victim. They sometimes delay providing protection to victims from their perpetrators, which they attributed to limited resources.
- There are sometimes delays in the Court’s issuing of protection orders for DV/GBV clients. Legally, protection orders must be ordered within 15 days after the petition is delivered to the Court and 24 hours for an emergency order. These delays were attributed to unprotected judges, victims not responding to court invitations or withdrawing the initial petition, inadequate police investigations, perpetrators avoiding court sessions, reconciliation of the couple before the hearing.
- Specific sanctions or measures are not always specified for cases of recidivism that can compromise a DV/GBV victim’s right to appeal. For example, in some cases, proper penalties are not imposed in the first place, lenient sentences for violation of protection orders are ordered by the Court, and the protection orders are not well monitored by Police due to limited resources. These weaknesses increase a victim’s vulnerability to re-experience violence and hesitancy to report violence.
- In several cases, the Court shows a tendency toward reconciliation of the survivor and the perpetrator. In these instances, the case is closed without giving due consideration to the vulnerability of women to recidivism by the perpetrator and the women not having received justice for the violence experienced.
With regard to the complexity of DV/GBV clients’ situations:

- A DV/GBV survivor has the right to certain allowances when divorced and taking care of children as well as the right to property and inheritance. VAs indicated that they inform and help DV/GBV survivors seek alimony and/or apply for their right to property, etc. However, some do not take advantage of these entitlements because of the poor economic status of their husband and/or the respect they have towards their husband’s family or their father/brother in cases when perpetrators are from the survivors’ birth family.

Kosovo Police Domestic Violence Unit

Kosovo authorities have established a Domestic Violence Unit (DVU) within the Police, which consists of Kosovo Police (KP) investigators trained on domestic violence. Each police station is required to have two trained domestic violence investigators in order to respond to domestic violence cases 24 hours per day.

In the three municipalities, the DVU officers stated their mandate is to ensure citizens’ safety and prevent the recurrence of violence. Standard Operating Procedures (SOP) for the DVU are the same in each municipality; the first step is to interview the DV victim in the presence of the Victim Advocate, which includes informing the DV victim about her/his legal rights and the right to seek a temporary protection order. The next steps include providing the victim with transportation to access health care and accommodation as needed, investigating the case, arresting the perpetrator per articles in the Criminal Procedure Code, and collecting and delivering evidence to the Prosecutor and Court. The DVU officers also implement temporary and emergency protection orders that are ordered by the Court.

The DVU officers stated that the KPS has established a comprehensive electronic database at regional and national levels to assess the extent of DV/GBV as well as a 24-hour emergency hotline to report domestic violence cases. They emphasized their close collaboration with the Courts, Prosecutors, VAs, CSWs and shelters.

KPS-Gaps and challenges faced by the Kosovo Police DVU in the three municipalities

- Trust issues DV/GBV clients have with the KP – Some DV/GBV victims hesitate to cooperate with the DVU due to not wanting to confide in a male officer about their problems, which reveals the lack of female investigators; in areas where there are a number of unsettled cases, there is concern about not having DV/GBV cases effectively and efficiently addressed; the DVU working conditions sometimes prevent engendering trustful relations with DV/GBV clients; the lack of financial resources to cover particular needs of DV/GBV survivors can weaken the level of trust and confidence in the KPS/DVU services.

- Logistical support is missing that could support the DV/GBV victim, e.g. collecting evidence, such as photographing the scene and injuries.

- In some locations, such as Dragash/Dragaš, there is minimal cooperation with shelter providers given that they are lacking and/or the practice of victims to stay with family members.

- Problems with protection orders – sometimes protection orders are ordered when they are not needed, resulting in intensifying marital conflicts. According to the law, the level of risk for issuing protection orders is assessed based on the risk that the perpetrator poses to the DV/GBV survivors and the health, safety and well-being of their children. In most cases, the assessment is problematic, requiring more systematic and at the same time customized attention. The DVU can issue interim
emergency protection orders, but is unable to effectively monitor them due to limited human and financial capacities. The DVU investigators tend to act only when the victim reports a violation of the protective order by the perpetrator who is then picked up and held in jail for 72 hours.

- Issues with the VAs – The DVU respondents indicated from their point of view that VAs are not sufficiently active in the juridical procedures on behalf of DV/GBV survivors.
- Nothing happens with recidivist perpetrators at court sessions; it engenders a lack of confidence in the DVU.
- Domestic violence offenses are not clearly specified in the Criminal Procedure Code, for example, what should be considered as criminal acts; this can lead to ‘wrong’ legal decisions and ineffective prosecution of perpetrators.
- Lack of services to refer DV/GBV survivors – there is a lack of long-term reintegration programmes for DV/GBV survivors and treatment programmes for their perpetrators.

### 3.3. Health Services

The Regional Hospitals in Gjilan/Gnjilane and Gjakovë/Djakovica and the Main Family Medical Centers in all three municipalities provide DV/GBV survivors with health care services, including primary health care and mental health services. The health provider respondents indicated that they have DV/GBV victims referred to them for health care services, but in most cases they are not referred to as such and the causes of their injuries are not revealed. In Dragash/Dragaš, for example, the Medicine Family Center calculates about 3-4 per cent of the cases referred to them are DV/GBV cases even though they are categorized otherwise. They pointed out that health care providers do not have an instrument or know the appropriate methods to identify domestic violence. Thus, they try to identify DV/GBV cases based on the type of injuries and inform the police after confirming the signs of violence during the interview with the survivor.

**Health providers—Gaps and Challenges in the provision of health care to DV/GBV victims**

- The majority of healthcare providers do not have any specific protocol or training on how to address cases of DV/GBV. (The protocol is currently being worked on by the Ministry of Health with support from UNFPA.)
- Healthcare providers had not received any training on DV/GBV survivor-centered care in Dragash/Dragaš and Gjakovë/Djakovica at the time when the interviews were conducted.

The above services for DV/GBV victims, survivors, witnesses and perpetrators highlight that being under-resourced financially and staff-wise, not having a well-developed chain of services that seamlessly interface, lacking full service provision to meet the needs, not having a well-developed long-term accommodation, rehabilitation and reintegration programme for DV/GBV survivors, not having sufficient attention on or services for children caught in DV/GBV situations, etc. create bottlenecks. These
prevent some DV/GBV victims, survivors and witnesses from seeking the help they need or getting the right level or kind of support, and perpetrators not getting the correct attention in terms of sentencing or treatment. At the same time, there is recognition that much has improved compared to not very many years ago. The inputs from the various service providers and stakeholders are invaluable in terms of pointing the way to improve and refine institutions and processes involved in addressing DV/GBV prevention and intervention efforts.
4. Strategic Next Steps

Several steps are important to build a future in which women and men, and girls and boys can live equally and free of violence throughout the country of Kosovo. The results of this study have helped to articulate the following set of strategic next steps to strengthen efforts and systems from municipal to national levels to prevent, reduce and eliminate domestic violence/gender-based violence. These include a focus on going to scale with interventions in the short to medium-term on DV/GBV prevention, protection and reintegration.

**Step 1:** Advocate for and promote gender equality, equity, inclusion and human rights, with a focus on children’s and women’s rights.

**Objective:** Develop and nurture political will and partnerships to advocate for the transformation of traditional patriarchal values and rigid gender roles that reinforce gender inequality, causing women and girls to be at greater risk of violence

**Approach:**

**In the short-term, at scale:**

- Identify national, community, academic and religious leaders, decision-makers and other key stakeholders who are or can be strong, ongoing advocates for gender equality and human rights, with a focus on children's and women’s rights.

- Prepare and conduct a broad-based advocacy and sensitization strategy on gender equality, equity, inclusion and human rights with the leaders, decision-makers and other key stakeholders to a) increase their understanding of the importance of achieving gender equality, equity, inclusion and human rights as fundamental values in favour of the democratic development of Kosovo society (via workshops and roundtables); and b) provide them with core messages and training on how to communicate them, and different venues in which they can communicate them to the general public and different target groups (mapped out per Step 2).

- Help the advocates to form a core group at national level which would sustain a broader network with their municipal counterparts, facilitating communication and actions among them. (The DV/GBV Coordination Mechanisms with the Gender Equality Officers and Mayor’s Office in the three pilot municipalities could facilitate organizing a core municipal group of advocates; in the other municipalities, a few advocates, including the Gender Equality Officers, should be identified who would join the national network and potentially they would be able to help advocate for and form their DV/GBV Coordination Mechanisms.)

**In the short to medium-term:**

- Focus the advocates’ attention on making a concerted call to action to Kosovar society in support of equal opportunity between girls/boys and men/women, such as in the field of education and the job market, and the promotion of special measures and mechanisms that can ensure the realization of children’s and women’s rights - for example,
  - In view of women’s rights, correct inequalities and inefficiencies in relation to inheritance, owning and disposing of property and assets, having access and means to seek divorce and child custody following separation, having social support to facilitate acquiring social housing and job placement following separation or divorce, etc.
  - In light of girls’ and women’s right to education, with a special focus on those who are...
most disadvantaged, ensure their full access to and completion of a basic education or higher education. This should be aimed at helping to prevent girls from dropping out of school and enhance educational opportunities for women, including knowledge and skills that can make them more employable. Such a strategy should work towards creating an enabling environment in which women and girls are progressively empowered and women are supported to find sustainable employment, including accessing quality childcare, as needed.

- As well, focus their advocacy efforts on motivating and gaining the support and backing of targeted groups of men and boys cutting across all levels of society to work in tandem with women and girls towards a social transformation in favour of gender equality, equity, inclusion and human rights. (This includes mapping priority groups of men and boys to target per Step 2.)

**Step 2: Change knowledge, attitudes and social norms around DV/GBV towards zero tolerance of DV/GBV.**

**Objective:** To raise awareness of the ‘unacceptability’ of DV/GBV as a social norm - that solving family conflicts and couples’ disagreements, jealousies, etc. with the use of violence is not justifiable; and to empower women and girls to change their mindsets, and those of men and boys - this should include their being aware of inequalities driving violence and knowing how to take action and combat domestic violence / gender-based violence.

**Approach:**

**In the short-term:**

- Formulate a nation-wide (local to national) DV/GBV communication strategy aimed at raising awareness of DV/GBV, the law on DV, where to report violence and receive help as well as various measures and behavioral change needed to achieve results in condemning and working towards eliminating all forms of violence and discrimination against women and children. In particular:
  
  o Identify, prioritize and customize DV/GBV communication strategies and messages for different groups at national level and initially in the three pilot municipalities, before expanding to other municipalities. In general, analyze which stakeholders (e.g. police, VAs, social workers, lawyers, educators, health providers) and rights holders (rural women/girls and men/boys, Roma, Ashkali and Egyptian and other communities, urban women/girls and men/boys, etc.) to target and how to best shape strategies with and for them to maximize outreach.
  
  o Use a mix of communication channels and methods, including mass media, social media, traditional and creative community-based and peer-to-peer. Develop, test and use specific, well targeted messages dealing with prevention, protection and reintegration topics/issues, using first languages per target group. These should integrate the concepts of gender equality, equity and human rights. Results from this baseline study can be used to develop evidence-based messages.

- Link with ongoing efforts related to raising public awareness of DV/GBV, such as legal rights connected to DV/GBV, community theatre on DV/GBV, etc.
In the short to medium-term:

- To reach men, find different entry points with organized groups, such as trade unions, sports teams, the police, judges, celebrities, etc., and select male role models who can deliver messages in different venues that especially influence boys and young men to support gender equality and the elimination of violence against women and children.

- Formal education and non-formal education are important entry points for DV/GBV communication efforts that should involve the active participation of girls and boys with support from faculty and instructors; these could build on drama exercises and debates. Communication strategies with children should include age-appropriate messages and activities, be inclusive of all ethnic / national groups and allow for a safe space in which children can learn about and dialogue on DV/GBV, peer violence, dating violence, how to prevent violence and what to do if it occurs.

- Health and other social services settings and workplaces, including public and private sectors, provide additional entry points to implement specialized communication strategies that should include both media and community-based approaches and activities targeting specific risk groups and risk factors of violence, such as alcohol and other substance abuse.

Step 3: Develop, implement and assess integrated, strategic plans and actions on addressing DV/GBV per municipality with key partners.

Objective: To continue to build on municipal planning processes and develop well-focused, costed and budgeted plans of action on prevention of DV/GBV, and protection and reintegration of DV/GBV survivors and witnesses.

Approach

In the short-term:

- Regular planning and review with support from the DV/GBV coordinators and other key partners at the municipal level are critical to further strengthen systematically and systemically DV/GBV prevention, protection and reintegration chains of activities and services. Some key strategic elements to work towards include:
  - Involve the broadest base of partnerships and allies possible to support efforts to prevent and eliminate DV/GBV.
  - Engender a participatory process with children, youth, women, men and the many stakeholders in different sectoral areas in devising/updating DV/GBV plans and actions.
  - Regularly assess and review DV/GBV plans, including updating the costing and budgeting, and make real time adjustments as needed.
  - Integrate DV/GBV strategies into ongoing municipal programmes and budgets to ensure sustainability.

In the medium-term:

- Reinforce existing DV/GBV Coordination Mechanisms and planning processes and expand them to other municipalities by supporting visits between municipalities and roundtables to facilitate exchange of experiences and promote learning. This would be especially important for new municipalities wanting to replicate the structure and activities occurring in the three pilot municipalities.

- Strengthen the linkages between the municipal level DV/GBV Coordination Mechanisms and the National DV/GBV Coordination Committee.
Step 4: Strengthen the development, integration and institutionalization of rehabilitation and reintegration programmes for DV/GBV survivors and witnesses, including the structural coordination for seamless interface between services.

Objective: To fill the several gaps in rehabilitation and reintegration services in order to ensure a full set of integrated services is available for DV/GBV victims, survivors and witnesses.

Approach

In the short-term:

- **Support regular mapping of the structural coordination of DV/GBV social services** to clearly define and periodically update roles, responsibilities and accountabilities between the different systems addressing DV/GBV as well as the challenges and opportunities.

- With the support and leadership of the Coordination Mechanism, **establish a DV/GBV technical consultation (Task Force) team in each municipality** that would bring together key actors providing support to DV/GBV prevention, protection and reintegration – sub-teams or committees could be formed to address each of these areas; it should aim at developing the practice of an integrated systems approach to better coordinate the different services addressing the multiple needs of each DV/GBV victim, survivor or witness. This group could, for example, coordinate assistance on cases, resources and referrals as well as training. In addition to DV/GBV case workers/social workers, Victim Advocates and legal aid, there should be, for instance, child protection, mental health and substance abuse specialists on the team. The team could potentially identify and resolve conflicts, and suggest and follow up on filling gaps where there is a lack of clarity in responsibilities, while helping to promote a flexible and holistic approach per DV/GBV client.

- **As part of strengthening structures and services, develop/strengthen the DV/GBV case management and referral system**, with support from the DV/GBV Coordination Mechanism and DV/GBV technical consultation (Task Force) team. A strong focus should be on assisting CSWs, especially the social workers, to build up their DV/GBV case management skills and system, with clear protocols and linkages between services.

- **Existing shelters need support to further develop and sustain their services and new shelters should be developed** in certain locations where they are missing (e.g. Dragash/Dragaš and rural areas). These services are important to provide DV/GBV survivors and witnesses with a safe haven from their perpetrator. Sustainable funding strategies are necessary to provide a sufficient supply of short to longer term accommodation and social housing. This requires advocacy, dialogue, decisions, protocols and resources (e.g. public and private resources, with public allocations from central and municipal levels).

- **Easy access to professional psychological counselling and primary and mental health care services, with clear protocols for DV/GBV victims, survivors and witnesses.** Professional psychological counselling services for DV/GBV victims, survivors and witnesses by the CSW, Police, shelters, court/legal system and health providers should be fully available, accessible and part of the referral system as well as free-of-charge primary and mental health services.

- **Special attention is critical for ensuring the protection of children who are DV/GBV victims, survivors and witnesses**, including their support in child and family counselling services, and continuation in education and recreation. Child advocates would have a role to play.
In the short to medium-term:

- **Provide and reinforce reintegration programming for DV/GBV survivors.** This should involve further support of shelters and other NGOs in their provision of training activities for DV / GBV survivors, such as computer skills training, languages and literacy skills training and/or other skills that can empower women and reinforce their chances at economic reintegration. A more thorough mapping of educational and vocational training programmes is necessary as well as further development of them in support of DV/GBV survivors; programme partners would include, for example, the Professional Vocational Training Services, Employment Promotion Agency, Women’s Business Association and the Regional Employment Center in Gjilan/Gnjilane. Funding strategies for the training activities, including subsidies for DV/GBV survivors, and on-site child care should be explored and tested. Job placement of DV/GBV survivors, linked to wage and tax incentives for employers, could be discussed, adapted and piloted.

- **Establish self-help groups** that can involve DV/GBV survivors in a programme to create a support system for each other. Such groups could be organized by local NGOs, youth groups, women’s groups, etc. to provide DV/GBV survivors and witnesses - women and adolescent girls as well as adolescent boys - with a safe space where gatherings and activities could take place. These can aim at providing space in which to share experiences, coping mechanisms and information about services to overcome traumatic situations.

- **Establish/reinforce a 24/7 SOS line for DV/GBV victims, survivors and witnesses that is tested at the municipal level and then taken to scale nationally.** This should efficiently and effectively facilitate linking DV/GBV victims, survivors and witnesses with appropriate services to ensure their safety and quickly obtain the support they need. This implies that systems are in place to attend to the needs of this group of persons.

**Step 5: Develop and institutionalize rehabilitation and treatment programmes for perpetrators of DV/GBV.**

**Objective:** To help address recidivism rates by addressing perpetrators’ attitudes and behaviors.

**Approach**

**In the short-term:**

- Provide health care, including counseling and specific treatments, to DV/GBV survivors’ partners with mental health and substance abuse issues.

**In the short to medium-term:**

- Establish mandatory rehabilitation programmes for perpetrators. In addition to anger management and family counselling, when safe and applicable, behavioral change needs to be addressed through dialogue and other actions that promote gender equality, human rights, etc.

- Train health workers and other professionals in the Family Medicine Centers, Regional Hospitals, etc. on the treatment and rehabilitation of the perpetrators.
Step 6: Strengthen social services systems addressing DV/GBV by developing the capacity of relevant stakeholders; leveraging financial resources; and increasing human resources.

Objective: To increase resources and strengthen and develop capacities among DV/GBV stakeholders aimed at improving their knowledge, skills and experience in the provision of the different facets of DV/GBV services for diverse groups of persons needing them, ranging from children to adolescents to housewives, working women and trafficked women, girls and boys.

Approach

In the short-term:

- In line with the legal and institutional framework and institutions that address the phenomenon of DV/GBV, develop a comprehensive training strategy to ensure well interlinked chains of services for DV/GBV victims, survivors and witnesses.

In the short to medium-term:

- Give particular attention to the capacity needs in each of the DV/GBV related services and develop stronger interrelationships between them through joint trainings, for example:
  
  - In the health services: Develop training protocols and regular training activities on DV/GBV for health care providers that will facilitate the integration of DV/GBV survivor health services within the health-care system; build capacity on how to establish and maintain well-functioning and continuously updated referral systems that link health with relevant sectors, such as police, shelters, legal services and social services; develop municipal agreements (and, if necessary, subsidies) with the health sector on the provision of free health services and medication to DV/GBV survivors in order to facilitate their access to and use of health services when they need them.

  - In the social services: Increase the skills of CSW workers to offer more advanced and quality services to DV/GBV victims, survivors and witnesses, including learning how to give special attention to child and adolescent victims. An ongoing training programme with accompaniment should cover issues related to, for example, identification of DV/GBV survivors; effective case management; child-friendly, adolescent-friendly & adult victim-friendly approaches, including with different ethnic/national groups; ethical considerations when working with DV/GBV victims, survivors and witnesses; counseling skills; assessment and monitoring skills and processes; etc. Cooperation with institutions, such as the Department of Psychology, University of Prishtina and other internal and external partners, could provide training and other types of support.

  - In the legal services: Strengthen capacities through regular trainings for judges, Victim Advocates, prosecutors, lawyers and police officers (DVUs) on DV/GBV to improve their knowledge and skills on the sensitive treatment, ethical considerations and support of DV/GBV victims, survivors and witnesses of different ages and backgrounds, the LPDV, inheritance laws and their practical implications, witness protection, etc. Moreover, facilitating networking among these stakeholders to debate DV/GBV issues and strategies, including the development of a clear strategy on protection orders to overcome barriers currently preventing them from being fully operational and enforced.
• Leverage financial resources for rehabilitation and reintegration of DV survivors, such as
  o A municipal level fund in the Directorate of Health and Social Welfare for emergency needs of DV/GBV survivors.
  o Financial support of shelters and NGOs in the municipalities to provide survivors with short to long-term accommodation, rehabilitation and reintegration services.
  o DV/GBV survivor long-term reintegration programmes in partnership with stakeholders, including employers and employment agencies, from local to national levels.
  o Increase human resources to improve support to DV/GBV victims, survivors and witnesses.
  o Increase the human resources at the Centers for Social Work, especially social workers specialized in DV/GBV, so they can provide professional, effective and efficient services for DV/GBV victims, survivors and witnesses.
  o Add female investigators to the Police Domestic Violence Units in order to address trust issues and eventually increase the willingness of DV/GBV victims to report their cases. This should be accompanied with training and the supply of logistical equipment to enable proper investigation and documentation of DV/GBV cases, and monitoring and enforcement of protection orders.
  o Increase the number of Victim Advocates, along with stronger training and support, so DV/GBV survivors and witnesses have strong advocates within the legal system.

**Step 7:** Give special attention to violence prevention, identification and protection in schools.

**Objective:** To systematically address violence against children (peer violence, dating violence and children experiencing violence at home that schools identify and address) with the leadership and involvement of the Directorates of Education and schools in collaboration with other key DV/GBV stakeholders at municipal and local levels.

**Approach**

**In the short-term:**

• Develop a comprehensive school-based violence prevention and protection strategy to address the various forms of violence against children and promote violence prevention within teaching/learning processes.

• Train staff on protocols and guidance on addressing violence.

• Review current education laws and policies in relation to other applicable laws and policies addressing violence in order to identify gaps, challenges and opportunities to better address violence in the school setting.

**In the short to medium term:**

• Support age-appropriate learning/teaching strategies and actions on addressing violence issues, starting with young children and progressively and strategically sustaining teaching/learning processes through adolescence in which students can debate various issues related to different forms of violence, including gender inequalities.
• Support students in developing and implementing awareness raising campaigns and actions on violence prevention, including with help from peer-to-peer groups, student committees, and role models, to address peer violence, bullying, dating violence and domestic violence.

• Provide regular training and space for discussion and debate among educators on violence prevention in schools, DV/GBV, identifying and knowing how to intervene with students in relation to different forms of violence (physical, psychological and sexual), gender sensitivity, gender equality, protective school environments, protocols and guidance to follow when violence is identified, etc.

• Devise and implement parent education and discussions on violence prevention, family preservation, gender equality, human rights, including children’s and women’s rights, etc.

*In the medium-term:*

• Ensure that each school has a school psychologist (or shares a psychologist) who can strengthen responses on addressing violent behaviors. This requires advocacy to increase support for this specialized school personnel, a budget line in each school budget to provide for this human resource, the development of human resources within this profession, and practical training and protocols / standards with regard to how this person gives attention to violence affecting students.

**Step 8: Establish, maintain and make use of systematic data collection and analysis on DV/GBV from local to national levels.**

**Objective:** To establish a surveillance system on DV/GBV, including relational databases, that is confidential as well as useful in producing data to analyze and guide systems and services development and improvements from local to national levels.

**Approach**

**In the short to medium-term:**

• Strengthen existing institutional databases addressing DV/GBV and make regular use of the data to improve institutions’ efficiency and effectiveness of their DV/GBV services.

**In the medium-term:**

• Establish a country-wide surveillance system on DV/GBV, including relational databases, to better track its manifestation and facilitate communication and exchange of data/information between government, health care providers, schools, police, prisons, shelters, relevant NGOs and civil society institutions – at the same time, ensure confidentiality on the one hand and on the other make strategic and regular use of the data to guide and improve at scale the structural coordination between systems and services addressing DV/GBV.

This study has provided a baseline upon which to build, measure change, and detect patterns and trends in the three municipalities and beyond as more municipalities integrate attention to DV/GBV in their local systems. The strategic steps above reflect a selection of responses to the many findings in this study which can be used to generate discussions and decisions to move forward with more concrete, strategic actions in support of those who are affected by DV/GBV.
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