

# Policy Options on Domestic Violence

Gender-based Violence in Kosovo\*

Finding Solutions to End DV/GBV

ACCOUNTABILITY  
**POSITIVE**  
JUSTICE **CHANGE** JUSTICE RESULTS  
SUSTAINABILITY OWNERSHIP  
OWNERSHIP **IMPACT**  
EMPOWERED **RESULTS**



MINISTRY FOR FOREIGN  
AFFAIRS OF FINLAND



UNITED NATIONS KOSOVO TEAM



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# **Policy Options on Domestic Violence/ Gender-based Violence in Kosovo**

Finding Solutions to End DV/GBV

UNICEF - Kosovo  
November 2013

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\* 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

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This policy options paper on Domestic Violence/ Gender-based Violence (DV/GBV) draws from the expertise shared by partners, review of documents and the recent baseline study on DV/GBV in three municipalities: Gjakovë/ Đakovica, Gjilan/Gnjilane and Dragash/Dragaš prepared by UNICEF Kosovo, as well as other programme components of the ongoing Joint UN Programme on DV/GBV. This paper has been written to promote discussion and debate on exploring and finding solutions to innovatively address this phenomenon in the diverse contexts of Kosovo.

Responsible institutions and mechanisms at especially the municipal levels, but also at the central level, should engage in policy dialogue to identify the most urgent and important policies to be adopted considering their respective contexts. UNICEF is committed to supporting central and municipal institutions where relevant to develop action plans that prioritize the implementation of the different policies towards a reduced impact of DV/GBV in Kosovo.

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## Contents

Overview of Domestic Violence/Gender-based Violence in Kosovo .....	7
Policy Options.....	11
<b>Policy Option 1:</b> Change knowledge, attitudes and social norms around DV/GBV towards zero tolerance of DV/GBV. ....	11
<b>Policy Option 2:</b> Support safety, basic needs and financial security of DV/GBV clients – including short to long-range plans and approaches. ....	17
<b>Policy Option 3:</b> Integrate the rights and needs of children with their mothers or other primary caregiver(s), while giving individualized focus to both groups. ....	23
<b>Policy Option 4:</b> Optimize DV/GBV case assessment and management to en- sure individualized and effective solutions. ....	26
<b>Policy Option 5:</b> Strengthen coordination systems to provide the most effec- tive solutions for DV/GBV clients from multi-sectoral perspectives. ...	29
<b>Policy Option 6:</b> Provide culturally relevant services for DV/GBV clients with- out discrimination on any basis. ....	33
<b>Policy Option 7:</b> Support approaches for perpetrators and men that aim at ending violence. ....	35
<b>Policy Option 8:</b> Break the pattern of violence through schools and other edu- cational settings. ....	39
<b>Policy Option 9:</b> Establish a relational DV/GBV data surveillance system be- tween relevant institutions, while maintaining confidentiality. ....	42
Conclusion .....	44

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# 1. Overview of Domestic Violence/Gender-based Violence in Kosovo

## **Background:**

Domestic violence/gender-based violence (DV/GBV) is found in every community around the world. This is no exception in the Kosovo context. As is the case in most places, it is a phenomenon that is largely hidden due to the shame and embarrassment it brings to families. It constitutes a violation of basic human rights.

In Kosovo, domestic violence/gender-based violence was all but ignored before, during and following the years after the 1999 conflict because of the focus on ethnic conflict and due to the strong cultural tradition to keep domestic violence hidden.

In 2008, the Kosovo Women's Network (KWN), with support from the UNDP/Women Safety and Security Initiative (WSSI), decided to study domestic violence, especially given anecdotal accounts and knowing that domestic violence typically intensifies during and after conflicts. It was found that it was underreported and, according to the respondents, especially related to partners' unemployment and alcohol abuse. The findings and subsequent discussions helped to garner more attention on DV/GBV and increase understanding of its devastating effects on individuals, families and communities.

By 2010 and in sync with the work by institutions of Kosovo on developing and enacting national laws and policies to address gender inequalities, the Law on Protection against Domestic Violence (LPDV) was passed by the Assembly of Kosovo. Very soon thereafter, the National Strategy and Action Plan against Domestic Violence (NSAPDV) 2010-2013 was approved, which was extended to 2014. In turn, public institutions and non-governmental organizations providing services to DV/GBV survivors were created, reinforced and/or supported.

Five UN agencies (UNICEF, UNDP, UNFPA, UN Women, OHCHR<sup>1</sup>) in collaboration with the Prime Minister's Office and with funding from the Government of Finland came together in the Joint UN Programme on GBV to support the institutions of Kosovo in the implementation of the NSAPDV, focusing on three municipalities, Gjakovë/ akovica, Gjilan/Gnjilane and Dragash/Dragaš. During 2012/2013, a baseline study was prepared by UNICEF with partners to investigate the prevalence of DV/GBV and associated attitudes, risk factors and consequences in the three municipalities. As well, the status, gaps and challenges of DV/GBV services from the perspective of the providers, users and other stakeholders were examined. This was preceded with a mapping of social services and economic opportunities supported by UNDP and a study report by OHCHR on the survivors of sexual violence during the conflict. UNFPA has worked with the MOH to develop a protocol for health providers to use when dealing with DV/GBV victims. Each of the three municipalities has worked on DV/GBV strategic plans with support from UN WOMEN; the plan from the municipality of Gjilan/Gnjilane has been costed and approved by the municipality.

In September, 2013, Standard Operating Procedures (SOPs) for Protection from Domestic Violence in Kosovo on the basis of the NSAPDV 2010-1014 were produced and disseminated throughout the country by the Agency for Gender Equality / Office of the Prime Minister and the National Coordinator against Domestic Violence. These provide comprehensive guidance to the many stakeholders involved in providing support to DV clients. Also, in September, 2013, the Prime Minister's Office approved the Protocol on the Prevention of Violence in Institutions of Pre-University Education. It is recommended to refer to these sources of information in combination with this Policy Options Paper.

Overall, much is being learned from implementing the NSAPDV and realizing where more attention is needed. However, due to competing priorities (e.g. development of the rule of law, infrastructure and economic development) and various issues (e.g. decentralization challenges, low budgetary

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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); Office of the High Commissioner for Human Rights (OHCHR).

allocations to the social sector, etc.) related to transitioning to being a new country, there are gaps and challenges in the delivery of DV/GBV services; these result in financial, human and material resource constraints at the local level. In addition, deep-rooted social norms that sustain gender inequality and make certain forms of DV 'acceptable' or 'tolerable' were frequently indicated by stakeholder respondents in the recent UNICEF Kosovo baseline study as a significant barrier to addressing DV/GBV. These attitudes result in some stakeholders giving insufficient priority to this significant area of social concern.

Moreover, key stakeholders working in social protection emphasize that to date there is no Poverty Reduction Strategy Paper (PRSP), or comparable strategy, and accompanying plan, which is important in dealing with DV/GBV, given how poverty combined with other factors reduce safety and financial security options for DV/GBV victims.<sup>2</sup> This would provide guidance and a long-term vision for an integrated, comprehensive poverty reduction strategy to address interrelated social issues reinforced by poverty, inequities, rigid/traditional social norms and gender inequality; a key social issue would include DV/GBV.

### **Purpose, objective and focus of the policy options paper on DV/GBV:**

*The overall **purpose** of this policy options paper on DV/GBV is to highlight policy provisions that need to be focused on to further institutionalize attention to DV/GBV prevention and interventions. These provisions, based on recent evidence, experience and practice in the Kosovan context, are aimed at changing knowledge, attitudes, practices and behavior in favor of gender equality and a future without violence for the children, women and men of Kosovo. The different policy options can be considered for adoption at the municipal level, in line with required legal*

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<sup>2</sup> According to the World Bank, 34.5% of Kosovo's population was below the poverty line in 2009, with poverty being especially extreme in rural areas and among Roma and other non-majority ethnic communities. According to the European Commission's report on Kosovo in October 2012, unemployment was cited to be over 40% and youth unemployment at about 70%; about 80% of the unemployed were said to have been out of work for a year or more.

*provisions, while they can also be considered by central level institutions, such as the National Coordination Mechanism on Domestic Violence.*

*The **objective** is to disseminate and make use of the selection of DV/GBV policy options to nurture dialogue among stakeholders on how to comprehensively and strategically strengthen and develop local to national responses aimed at finding and implementing sustainable solutions at scale to reduce and end DV/GBV.*

*The **focus** of this policy options paper is on domestic violence, school violence and, to some extent, violence against those who have been trafficked, all of which include gender-based violence. Dating violence is addressed within the policy option on school violence, although it also occurs in the broader community environment. A special focus is given to children who experience and witness DV/GBV, which is often not given the level of attention it deserves in spite of the impact it can have on children in the short, medium and long term. It is inclusive of all children, including boys and girls, children with disabilities, and children of all different ethnic backgrounds living in Kosovo.*

## 2. Policy Options

The following provides nine policy options, each supportive of one another. They focus on various aspects of addressing DV/GBV, ranging from raising the profile on zero tolerance of DV/GBV and changing behavior in support of non-violence, human rights and gender equality in homes, schools and communities through different communication strategies to strengthening integrated, systemic responses to address the rights and needs of DV/GBV clients to.

### **Option 1** **Change knowledge, attitudes and social norms around DV/GBV towards zero tolerance of DV/GBV.**

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The development and implementation of a local to national advocacy and communication strategy on zero tolerance of DV/GBV can raise awareness of:

**a. *Prevention of DV/GBV and zero tolerance of its different forms of violence*** – This can help inform and define for the public and targeted groups what is DV/GBV (and its many forms of violence - physical, psychological and sexual); explain why it happens (by focusing on the role of poverty, gender inequality and social norms) and where it manifests and who is vulnerable (households (domestic violence – women and children), schools (peer violence, corporal punishment, dating violence); communities (peer violence, trafficking/violence); justice institutions and other facilities (violence against children living in institutions); and how it results in negative consequences for individuals, families, schools and communities.

**b. *protective services - how DV/GBV is or can be addressed through different services***, e.g. highlighting the different front-line services and resources available or needed by DV/GBV victims, and constraints placed on perpetrators.

**c. *Reintegration services - the availability*** of rehabilitation and reintegration services for DV/GBV survivors and rehabilitation services for perpetrators.

In each of these areas, various entry points and strategies should be used to attract and raise awareness among different target groups (e.g. rural women and men, urban women and men, adolescents who are dating or will be soon, Roma and other non-majority ethnic groups, children of different ages in school, including those in preschool education, women and men with low levels or no education, girls at university level, etc.) of the need to have zero tolerance of DV/GBV and motivate them to be proactive in prevention efforts. To implement such a strategy, strong partnerships are needed with a broad array of stakeholders and allies who can support the necessary multi-pronged efforts.

The results of the recent baseline study on DV/GBV by UNICEF highlighted that many men and women, and boys and girls are 'accepting' of DV/GBV in certain circumstances, given social norms. For instance, solving family conflicts and couples' disagreements, jealousies, etc. with the use of violence was found to be justifiable by many respondents. As a consequence, a high percentage of girls and women are disempowered, preventing them from being aware of their rights and, for those experiencing DV/GBV, knowing how to take action and eliminate domestic violence/gender-based violence from their lives. In this situation, there are many different target groups, male and female, needing to be engaged in well-focused advocacy and communication efforts to promote a change in social norms on zero tolerance of DV/GBV.

### **Concrete Strategies:**

**Develop, plan and implement a comprehensive local to national DV/GBV advocacy & communication strategy to raise awareness, change attitudes and social norms on domestic violence / gender-based violence, including prevention, using a wide array of national and local communication strategies and channels.**

There are essentially nine key steps<sup>3</sup> to follow and review periodically in developing and implementing a DV/GBV advocacy & communication

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3 These nine steps have been adapted from the UNICEF Advocacy Toolkit – A guide to influencing decisions that improve children's lives. [http://www.unicef.org/evaluation/files/Advocacy\\_Toolkit.pdf](http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf)

strategy – these steps are applicable at community, municipality, regional and national levels; all locations’ strategies should interlink to create one coordinated local to national DV/GBV advocacy & communication strategy on zero tolerance for DV/GBV. The nine steps include:

**1. What do we want?** (analyze and decide on content outcomes, for example, policy change on economic reintegration for DV/GBV survivors; and process outcomes, for example, building trust in the confidentiality and quality of DV/GBV services at community level. In general, the DV/GBV comprehensive advocacy/communication strategy should:

- *raise awareness and garner support for zero tolerance of DV/GBV through legislation, policy, programming, budgets and mechanisms*
- *challenge stereotypes, traditions and assumptions that sustain DV/GBV, such as ‘accepting’ violence, and provide counter arguments with facts regarding, for example, the benefits of gender equality within families and communities*
- *share positive outcomes of non-violent family relationships, anti-bullying, etc.*
- *show the importance to bridge the gap between DV/GBV and non-violence for children, women, men and families and communities.*

**2. Who can make it happen?** Determine who to coordinate and collaborate with and channel advocacy & communication efforts (Map targets (who need to be influenced, such as Roma and rural women and their families, girls and boys who are dating, community leaders, media/reporters, etc.); allies (who are supporters, such as celebrities, judges, teachers, DV survivors, etc.); partners (already advocates, such as the Agency on Gender Equality, UN agencies involved in the UN Joint Programme on GBV, shelter directors, etc.) and opponents (who need special targeting, such as men and boys, and women and girls who adhere to beliefs associated with rigid gender stereotypes, including ‘accepting’ violence under certain circumstances,

and some stakeholders working on DV/GBV who are also influenced by social norms and do not give DV/GBV the priority it requires).

**3. What do they need to hear?** Using the information on the target audiences / participant groups, craft tailored messages per group that are rooted in zero tolerance of DV/GBV – appeal to what is right and appeal to each audience’s / participant group’s self interest in order to motivate them to support DV/GBV.

**4. Who do they need to hear it from?** Choose messengers for DV/GBV strategically - the same message has a very different impact depending on who communicates it. In some cases, the messengers might be technical experts and, in others, it may be people who speak from personal experience or a religious or community leader who is well-respected and considered fair-minded, etc. When doing the mapping in Step 2, map who the messengers/communicators can be per audience or participant group.

**5. How can we make sure they hear it?** Identify processes, opportunities and entry points. Use participatory processes and a mix of multiple communication channels and locations to deliver DV/GBV messages - ranging from person-to-person meetings to community, traditional or ‘mid’ media (e.g. street theatre, cell phone messages, public fora, videos, song, internet, etc.) to mass media (e.g. radio, newspapers, television). Methods and messages should be pretested with the intended audiences / participant groups.

**6. What do we have? and 7. What do we need?** Recognize the capacities and gaps by first taking stock of the DV/GBV advocacy & communication resources already in place, including current and past advocacy and communication work, alliances, capacities of staff and other partners, and availability of existing DV/GBV information. Build on what exists and identify what is needed, such as building new alliances and capacities that involve outreach, media access and research. This also involves assessing advantages, challenges, threats, opportunities and next steps to further consolidate and strengthen the comprehensive DV/GBV advocacy & communication strategy plan and implementation.

**8. How do we begin to take action?** Be SMART - set advocacy & communication goals, intermediate results and activities, and support participatory planning and budgeting for advocacy & communication on zero tolerance of DV/GBV and proceed to action.

**9. How do we tell if it's working?** Monitoring and evaluation (M&E) of the advocacy and communication strategy on zero tolerance of DV/GBV is essential to know if the strategy is working. Check progress along the way to make corrections and discard elements of the strategy that are not working. Revisit the above questions from time to time to rapidly review and assess the validity of the advocacy & communication strategy on zero tolerance for DV/GBV.

**Give special focus to target groups needing significant advocacy & communication aimed at changing violent behaviors and ending violence, focusing on those hardest to reach and most resistant to change.**

- *In relation to Steps 2 and 4 above, all women and men and girls and boys should be targeted, using different entry points, methods, messages, messengers and forms of participation that resonate. In particular, a strong focus needs to be placed on:*
  - Disadvantaged and isolated groups of women and girls who live in communities that are much more rooted in tradition and characterized by high levels of poverty and lack of access to information and services. These include women and girls living especially in rural areas and among non-majority ethnic communities, such as Roma, Ashkali and Egyptian and others, where options to address DV/GBV are seriously reduced.
  - Similarly, men and boys in these settings who view women and girls in certain stereotyped roles that put them in a subordinate status require particular advocacy & communication planning and actions to change mindsets and behaviors.

- *Children in families and schools need a special focus regarding the reduction of physical and psychological violence against them in these two locations, with special strategies for girls and boys and mothers and fathers.*
- *Adolescent girls and boys who are dating or approaching the age of dating require a special focus that allows them to dialogue on how to prevent violence against the girls – its prevalence was confirmed in the recent baseline study on DV/GBV prepared by UNICEF Kosovo.*

**Ensure that men and boys are fully engaged with women and girls in the Advocacy & Communication strategy planning, implementation and assessment processes.**

- *To emphasize the previous point, it is critical to fully engage men and boys in all the phases of the advocacy and communication strategy on zero tolerance for DV/GBV with women and girls if reducing and ending DV/GBV is to be realized. Potential entry points are sports, workplaces, fatherhood programs, school-based life skills courses and special meetings separately and together with boys and girls. Some topics would be: problem solving, decision-making, goal setting, critical thinking, communication, self-awareness, coping with stress and confrontation, conflict resolution, gender perspectives, social norms, violence, including domestic violence, dating violence, peer violence and specific types of violence and how to use skills to prevent violence. The Peer Educators Network (PEN), supported through the UN Joint Programme, is an example of an existing programme that can be built on to implement campaigns and other activities with young men and women and girls and boys at the municipal level aimed at changing behavior and transforming social norms in favour of gender equality and zero tolerance for DV/GBV.*

## **Option 2** Support safety, basic needs and financial security of DV/GBV clients – including short to long-range plans and approaches.

Responses to DV/GBV victims require giving priority to their safety, basic needs and financial security so women and children can build a life without violence. Specifically, the focus is on developing immediate to long-range plans involving protection (safety – having access that is private and confidential, and being informed and supported in selecting reporting options, safety planning & interventions options and referrals; rehabilitation (basic needs – gaining access to services, including health care, counseling, legal support, shelter-accommodation and, in extreme cases, relocation); and reintegration (financial security – being supported in accessing job training and placement with support measures as needed, child care and transport, educational opportunities, counseling, social assistance when needed as part of financial security).

Each plan and approach taken should fit women’s and children’s different situations. When DV/GBV violence has occurred, there are usually three general scenarios:

**Scenario 1)** The victim stays in the relationship with the partner/perpetrator (due to different reasons surrounding keeping the children/family together, income dependency, housing, norms) while not optimal or appearing acceptable, it is a reality and choice made by many women in Kosovo (as around the world) which means responses need to include strategies for these women to be able to access services and resources while remaining in the relationship.

**Scenario 2)** The victim leaves the relationship temporarily and returns, which can be repeated – this is another reality where women or women and her children get temporary safety support that places them in a shelter or other living situation with family or in the community with support of basic needs (e.g. clothing, food, schooling for children). These women eventually either return to their partners or live in the same community (often in these cases with family members) where their abusive partners continue to live. In this case, the partner/perpetrator often wants to continue a

relationship with his children; the couple is then in regular contact with each other and sometimes gets back together. This group of women also needs specific services and choices.

**Scenario 3)** The victim leaves her partner/perpetrator, making a clean break to end the abuse. This is a big decision for most women in the Kosovar context given that all safety nets with regard to children, housing and income security and sometimes family links are affected. Women and children in this situation need a complete long-range plan that includes safety plans, housing, health care, food, education, social assistance, job training and placement and counseling. Girls and women rescued from trafficking, likewise, need this type of planning and support that is customized for their particular needs.

Hence, it is not a clear cut, one-size-fits all approach that can ensure the safety, basic needs and financial security of women and children subjected to violence. The key is to provide a level of support in which women and her children, single women, trafficked girls and women are enabled to access services, make informed decisions and actively participate in implementing their safety and security plans and strategies - that will likely be adjusted by them and need support from the different DV/GBV services along the way.

While it is easier to have a uniform response to DV/GBV among the institutions and organizations offering the different, yet interrelated, sectorial services, it does not work in practice given women and children's diverse situations shaped by the dynamics (emotional, social, economic, cultural) in their lives. This makes it necessary to understand the DV/GBV scenario patterns in each of the Kosovar contexts and be aware of the status of the various DV/GBV services in different sectors in order to have general categories of responses that victims should be informed about and supported in a positive and helpful manner, and then can make choices among them.

## Concrete Strategies:

**Continuously advocate for and promote the integration of safety, basic needs and financial security plans and intervention strategies for women and children aimed at ending DV/GBV.**

- *Map / update regularly policies and practices of Kosovan institutions and practices of non-governmental and community-based organizations that have roles, responsibilities and accountabilities to meet the safety, basic needs and financial security of women and children who are victims/survivors and witnesses of DV/GBV.*
- *Ensure those dealing directly with DV victims (Social workers, Victim's Advocates, Police, shelter workers, NGOs, judges, prosecutors, health providers, educators, Ombudsperson, local leaders and decision-makers) have the tools, capacity and supervision to advocate for and integrate DV/GBV into their services and communications.*
- *Advocate for and promote the support of reintegration, including educational opportunities and job initiatives, with attention to benefits, such as social assistance, social housing and child-care, for women in the different scenarios above-mentioned, as well as incentives for employers to hire these women.*
- *Ensure that programming supports meaningful decisions on DV clients' relationships and the resources to support all types of family situations.*

**Support the integration of attention to DV/GBV in all sectors (social services, health services, justice services, educational services -starting with the earliest stages of education - as well as the child protection system and cross-cutting communication spanning the different sectors); ensure pathways for DV/GBV interventions between sectors or systems are clear and consistent.**

**Some key points include:**

- *One, promote and ensure that all relevant services are interrelated and addressing DV/GBV in accordance with current legislation and directives, such as the Law on Protection against Domestic Violence, the Standard Operating Procedures (SOPs) on Domestic Violence and the Education sector's Regulation No.21/2013 Protocol for the Prevention and Reference of Violence in Institutions of Pre-University Education.*
- *Two, ensure that within an institution and when referred to in other institutional legal and administrative documents that the instructions pertaining to certain key DV/GBV stakeholders and their services are clear and consistent. For example, stakeholders have referred to conflicting instructions on the roles and responsibilities of the Centers for Social Work, which are referred to by many institutions in their legislation, policy, evaluations and administrative instructions as having particular responsibilities for DV/GBV victims.*
- *Three, make transparent the pathways linking the range of services in one service with those in the next (e.g. CSW's roles, responsibilities and accountabilities, and referral and follow up mechanisms to support DV/GBV clients and how they link to health, justice, education and child protection services and vice versa) – these linkages should be clear to those in the different institutions responsible for addressing DV/GBV to facilitate an efficient and effective chain of services for DV/GBV clients.*
- *Four, regularly update, share, dialogue on and improve the interlinking pathways between different services. Make use of coordination mechanisms, such as the DV/GBV Coordination Mechanism at municipal level in Gjakovë/ akovica, Gjilan/Gnjilane and Dragash/Dragaš with DV/GBV Coordinators, the National Coordination Committee led by the Ministry of Justice, and the DV/GBV National Coordinator linked to the Prime Min-*

ister's Office/Agency for Gender Equality, which are well placed to facilitate these processes and reinforce interlinkages. In particular, the municipal DV/GBV Coordination Mechanisms in the three municipalities constitute functioning bodies that could be further standardized, supported and replicated throughout all of Kosovo's municipalities.

- *Five, institute a local child protection system throughout each municipality, with clear case management, fashioned after the Child Protection Case Management roundtables now in existence in 11 municipalities and implemented with support from Terre des Hommes, UNICEF, EU and other donors, that would facilitate developing pathways linking child protection services and related case management involving children affected by DV/GBV to DV/GBV services and mechanisms, such as the DV/GBV Municipal Coordination Mechanisms.*

**Advocate for and leverage funding for DV/GBV interventions and the hiring and allocation of additional human resources to match the institutional needs to implement adequate levels of DV/GBV interventions and services per institution.**

- *Using a participatory process, determine the funding needed to fully develop the DV/GBV response in the short, medium and long-term. (As noted above, the municipality of Gjilan /Gnjilane has undertaken such an exercise that has resulted in a costed DV/GBV strategic plan 2013-2018, given priority by the Mayor and the many institutional and organizational partners involved in its preparation. This is a model to review and discuss with other municipalities which could learn from the process.)*
- *Identify and do a capacity and costing analysis related to the gaps that exist with regard to front-line human resources in the different institutions and organizations addressing DV/GBV (e.g. Directorates of Health and Social Welfare, CSWs, Directorates of Education, the VAs, judges in local Courts, etc.)*

**Give special focus to reintegration, including identifying which public sector agency is responsible for its oversight, planning and implementation and assessment; and develop innovative approaches to attract more employers to hire DV/GBV survivors.**

- *Assign and allocate funds to establish a unit within a selected Ministry with the responsibility to facilitate job training and placement for DV/GBV survivors in collaboration with the relevant stakeholders assisting and managing the DV/GBV clients' casework, e.g. other rehabilitation and reintegration aspects related to accommodation, social assistance, child care, counseling, etc.*
- *With the Ministry of Finance (MoF) and Tax Administration, advocate for and work together on structuring tax breaks for employers who hire DV survivors.*
- *Link this Policy Option to Policy Option 1 with regard to targeting employers as a key group to participate in advocacy and communication actions aimed at promoting employers hiring of DV/GBV survivors.*
- *Give attention to linking reintegration efforts to housing support and child care for those DV/GBV survivors with children who are involved in education, job training and job placement programming and ultimately get employed.*
- *Develop, test and implement reintegration services geared for older adolescent children (15-18 years old) and young adults (19-24 years old) in terms of, for example, education, job training and job placement.*

## Option 3

**Integrate the rights and needs of children with their mothers or other primary caregiver(s), while giving individualized focus to both groups.**

Responses to building safety and financial security plans should be constructed around the best interests of children, where children are usually a woman's primary consideration when taking action to address her abusive/violent situation. In each case, children's and women's particular needs require careful and distinct consideration, and even more so for the child without the protection of either parent or a primary caregiver.

### **Concrete Strategies:**

**Ensure women have access to the protection and resources they need to protect their children and themselves and meet their basic needs.**

- *Conduct an assessment in each case to determine if child protection protocols and practices are being responded to sufficiently with regard to the services being received by the DV/GBV client and her children regarding shelter, legal support, social assistance (if applicable), etc.*
- *Establish collaborations among the various institutions dealing with DV/GBV clients and child protection services, juvenile court and other child-related services to ensure maximum support for children and their mothers or other primary caregivers. Take into account and build upon the experience (lessons learned and best practices) of the Child Protection Case Management roundtables supported by Terre des Hommes and UNICEF.*
- *Where protocols are missing or need to be revised for children and their mothers or for children who are without the protection of parents/parent/other primary caregiver, develop them through a collaborative process with relevant stakeholders. For example, when mothers take their children away from a violent*

home situation to a shelter, their sons over 12 years old are unable to remain with them. There are explanations and precedents, but this creates more stress for the mother and can deter some women from opting to leave home where she knows the violence will be repeated or her older son or sons will need to reside in a different location. This is a situation that merits revisiting of protocols and possibilities in terms of coming up with different solutions for these mothers with young adolescent sons.

**Ensure children who have experienced and/or witnessed DV/GBV have distinct assessments and responses in accordance with their particular ages and needs and in collaboration with the mother or other primary caregiver.**

- *Develop and strengthen specialized capacities within the front-line institutions dealing with DV/GBV to give special attention to the psychological and social needs of children (0-18 years old) who have experienced or witnessed violence (e.g. CSW social workers, VAs, psychologists, shelter professional workers and NGOs specializing in this kind of assistance). The Child Protection Case Management roundtables supported via Terre des Hommes and UNICEF provide a good model to build upon with regard to conducting individualized assessments of children subjected to different forms of violence, including DV/GBV.*

**Give special attention to the child who has experienced or witnessed violence who is without the protection of either parent or primary caregiver.**

- *Ensure that special caseworkers and advocates for children within the social services and child protection systems work in partnership on the decisions and services related to cases of child victims of violence without protective (custodial) parental or other caregiver support, and make sure they act in his/her best interest.*

- *Disseminate, dialogue on and implement the minimum service standards for children who are subjected to abuse, including DV, prepared by the Ministry of Labour and Social Welfare (MLSW).*

**Establish responses and reinforce existing responses that address DV/GBV in child care, preschool and other early childhood programmes, school, after school, health care, social welfare, justice and adolescent/youth programmes.**

- *Develop collaborative interventions with child-related programmes in different institutions that can help increase options for mothers or other primary caregivers concerned about the safety, financial security and wellbeing of their children.*
- *Promote an adolescent and youth-friendly environment at school and community levels, including using a peer-to-peer approach, in which adolescents and youth can discuss and address the issues surrounding DV/GBV and be informed of how and where to access support when affected by violence.*

**Regularly assess and adapt as needed policies and programming in the different sectors to ensure specific measures and mechanisms are in place to fully address children's and families' specific needs in relation to DV/GBV.**

- *On a regular basis, assess the sectoral responses to DV/GBV in terms of measuring the level, effectiveness and efficiency of addressing the safety and wellbeing of children and their mothers/families; this requires putting in place strong case management and ongoing monitoring mechanisms to facilitate assessment of DV/GBV responses within and between sectors. Consider establishing a multidisciplinary monitoring and assessment team with a designated lead institution responsible for regular dissemination of information on status of and updates on the sectoral responses.*
- *Use the results to make corrections in policy and programming targeting specific measures and mechanisms for children and their mothers/families.*

## Option

# 4

### **Optimize DV/GBV case assessment and management to ensure individualized and effective solutions.**

In supporting individualized case assessment and management, responses need to be flexible and customized, based on each person's risks, needs, circumstances and options – no one strategy is the answer for all women as noted in Option 2. Some may need health care and others housing. Some have personal (family) networks and others are very much on their own. Protective orders may provide some women the safety they need whereas for some it increases violence and can mean loss of a home and family income. In other words, one woman's safety and security strategy can constitute protection for one, while it can mean greater risk for another. These situations are fluid and can quickly change, as can be seen in the Kosovo environment in some cases when DV is reported and charges are made against the perpetrator, then soon thereafter they get dropped due to reconciliation or family intervention, etc. - which may or may not be in the best interest of the woman and her children.

This, again, reinforces the viewpoint that sectoral services cannot provide a quick, ready-made fix, but need to provide women with her children, or unaccompanied children who need special protection, with the opportunity to determine which options fit best with their situation. This means that the relevant public institutions and non-governmental organizations need to be well informed of what the options are among the different services, can communicate about the range and variations in them to DV/GBV clients, can support DV/GBV clients to navigate them and help them select interventions that best suit their particular situations and choices.

#### **Concrete Strategies:**

Ensure that DV/GBV assessments are based on the DV/GBV client's analysis of her particular needs, risks and options for herself or her children and herself, depending on her situation, and her disclosure is voluntary and confidential.

- *Have well trained case workers, social workers and Victim Advocates specialized in DV/GBV who know the procedures and practices on case assessment and management, including client confidentiality. Support their continuous training to keep them up-to-date on DV/GBV case assessment and management in regard to their particular work areas. Gradually increase the number of DV/GBV staff and decrease their current case overload.*
- *Have frontline workers able to speak the DV/GBV victim's/survivor's primary language.*
- *Have frontline workers be able to provide the DV/GBV client with full information on DV/GBV services and options, provide her with the support to understand the services and options, and link her to the different services she would like to access.*
- *Ensure procedures and practices are in place and complied with when a DV/GBV victim is disclosing her (and her children's) violence experiences. She should be informed about how the information will be used, what resources may be available and how confidentiality will be protected.*
- *Have clear and consistent strategies, protocols and procedures in place for conducting case assessment and management for those women who are deemed at high risk of harm (e.g. certain DV clients and trafficked clients).*
- *Give special attention to children, ensuring their best interests are taken into account as a primary consideration, and support an integrative approach to connect their particular needs to all relevant services.*

**Ensure that the relevant DV/GBV services protect women's choice with regard to how they want their safety / intervention plans to be implemented (e.g. go to a shelter or not), while giving them all the support they need.**

- *Following the sharing of information on all options available to the DV/GBV client and being supportive of providing services, respect the DV/GBV client's decision-making on her safety and security planning throughout the process of providing the DV/GBV services.*
- *In accordance with Article 12 of the Convention on the Rights of the Child (CRC), give due weight to the views of children who are affected by DV/GBV in accordance with their age and maturity. These children, in particular, should be provided the opportunity to be heard in relation to any judicial or administrative proceedings affecting them, either directly by them or through an appropriate body in a manner that is consistent with procedural legal rules related to DV/GBV.*

**Provide flexible resources and responses to meet the particular needs of women and their children, and children without a custodial parent or other primary caregiver, including emergency services and a smooth-functioning referral system.**

- *As part of case assessment and management, identify those in need of flexible responses that may involve providing emergency resources and quick referrals for health care or housing/shelter. Give attention to establishing a budget line at local level that includes funds for emergency cash and support of DV/GBV clients when needed.*
- *Periodically check that the referral system is well developed and operational, meaning those who are included in the referral system are active and available.*
- *Social assistance should be explored or facilitated for those women who will continue to live with their children separately from their partners.*
- *Include in social assistance a line for DV/GBV clients to provide for more flexibility and efficiency in getting them the different types of support they need.*

## Option 5

### **Strengthen coordination systems to provide the most effective solutions for DV/GBV clients from multi-sectoral perspectives.**

Sectoral system strengthening to improve individualized solutions for DV/GBV clients involves responses that are comprehensive, systemic and coordinated. Multi-sectoral and inter-ministerial teams and sub-teams composed of representatives of the relevant public and private services, such as key staff from social, justice, education and health services, community representatives from shelters and other NGOs, and other relevant stakeholders (e.g. DV/GBV Municipal Coordination Mechanisms and the local Child Protection Case Management roundtables for children), can enhance the provision of coordinated services/interventions to DV/GBV victims, survivors and witnesses. This can help to change what is in many ways a siloed approach to a more integrative approach for women and children requiring services from multiple systems – thereby, improving the chain of customized and interfacing services to support DV/GBV clients.

#### **Concrete Strategies:**

**Develop and strengthen DV/GBV service providers' capacities to perform their roles and responsibilities within their institutions as well as know about the related protocols, procedures and implementation of those they interface with in different public and private institutions.**

- *As above-mentioned in Policy Option 2, it is essential that DV/GBV service providers are able to perform their roles and responsibilities, which requires strengthening their responses to DV/GBV through their participation in specific trainings relevant to their area of expertise in their respective institutions. In turn, service providers need to understand each other's roles and responsibilities and challenges and opportunities that can be shared and discussed in combined trainings. Support of different delivery mechanisms of capacity development, such as institutionalized in-service training programmes, should aim at ensuring regular, refresher and standardized trainings within*

*and between sectors that result in strengthening systemic and inter-sectoral approaches addressing DV/GBV. Specialized training, such as that related to children affected by DV/GBV, should also be institutionalized; in this case, it would be linked with the child protection services.*

- *Staff in each sectoral service should be able to provide a basic response to DV/GBV clients, such as:*
  - Communicate with DV/GBV clients in a positive, respectful and supportive manner.
  - Explain all the resources and options within the stakeholder's institution or organization that are available to help DV/GBV clients.
  - Know the steps to protect a DV/GBV client so as not to place her or her children at further risk.
  - Know what is offered by other DV/GBV service providers, be able to make helpful referrals to different sources of information and assistance, and support DV/GBV clients in accessing them.
- *The available Standard Operating Procedures (SOPs) recently released will support the different institutions in knowing who is responsible for what. They can be used as a guide and training tool in keeping service providers informed and facilitating discussion and learning on how to best put the protocols and procedures into practice in the different contexts throughout the country. It can also contribute to smoothing out any conflicts in roles and responsibilities across the institutions and organizations providing DV/GBV services.*
- *Having an interactive website that provides access to information on DV/GBV roles and responsibilities per institution and organization plus who and how they interface with each other*

*could potentially become a useful reference source for both service providers and users of the services.*

- *Periodic learning visits between municipalities can further promote learning and exchange on what works and what does not with regard to the coordination/integration of services addressing DV/GBV.*

**Provide comprehensive, coordinated interventions and mechanisms that address DV/GBV clients' multiple issues.**

- *Build on and/or establish at local, municipal, regional and national levels multi-sectoral and inter-ministerial teams and mechanisms that include community members.*
- *Design, plan, implement and assess comprehensive, coordinated interventions for DV/GBV clients, which includes giving adequate focus to children who witness and experience DV/GBV, taking into account their overall family situation and best interests and using a collaborative and respectful approach with the mother or other primary caregiver(s) responsible for them.*
- *Develop/strengthen, test and implement DV/GBV client assessment & intervention protocols that link together a chain of responses that can be adapted and customized per case.*
- *Determine how to supervise and assess staff implementing new and existing cross-cutting DV/GBV strategies/approaches that interlink different service providers.*
- *Address confidentiality and privacy issues linked to clients getting services from different systems; coordinate the provision of resources to DV/GBV clients.*

**Regularly assess the comprehensive, coordinated approach to address DV/GBV by and with different users.**

- *With members of the DV/GBV Municipal Coordination Mechanisms and local multi-disciplinary child protection case management roundtables or other teams that might be formed, as well as the users of the DV/GBV services, regularly assess the comprehensive, coordinated approach to provide services to DV/GBV clients by:*
  - Determining if the response chains are seamless in their implementation and level of effectiveness, noting where constraints exist and possible solutions.
  - Considering if the diverse users of the DV/GBV services (DV clients from urban and rural areas, different age groups (including children), different ethnic groups and who experienced different types of violence, etc.) have had their needs dealt with in a timely manner, confirming barriers where and for whom they exist and possible solutions to remove them.
- *Make relevant adjustments as needed based on the results of the regular assessment.*

## Option 6

### **Provide culturally relevant services for DV/GBV clients without discrimination on any basis.**

Culturally relevant and unbiased DV/GBV services reaching all populations, including disadvantaged, vulnerable or under-served populations (e.g. rural-based, Roma, Ashkali and Egyptian and other non-majority ethnic communities, etc.), are essential to ensure that all persons in Kosovo who experience violence can have their rights protected. Responses by all stakeholders providing DV/GBV services should be non-discriminatory, free of bias and culturally sensitive; they should aim at removing all barriers to enable women and children who are experiencing and witnessing DV/GBV to access full, fair and respectful services.

#### **Concrete Strategies:**

**Require DV/GBV planning, interventions and programming to be inclusive, accessible (including use of primary language) and culturally sensitive – this includes extending the reach of DV/GBV services.**

- *Extend DV/GBV services to women and children from non-majority ethnic communities and isolated rural communities, women and children with disabilities and any other under-served group (e.g. out-of-school children, married girls, trafficked girls and women).*
- *Work with community leaders and community-based workers to identify groups in under-served areas needing the DV/GBV services and collaborate on developing practical and equitable strategies to reach them, remove barriers and fill in gaps with regard to services, resources and options. For example, home visits by health workers could contribute to identification of women and children experiencing DV/GBV in their households. Visits made by the staff of Centers for Social Work and interactions with those applying for social assistance could provide access to persons who may be at risk of DV/GBV. Teachers and other educators can be trained to identify children affected by*

*DV/GBV and know how to take appropriate action. In Dragash, putting in place a shelter system would fill a service gap to protect some women who now remain in their homes with their abusive partners or with family members where they may still be unprotected from their abusive partners.*

- *Ensuring non-discriminatory service provision also requires in general a human rights based approach that may need to be addressed as part of Policy Option 1; promoting a human rights based approach to service provision may require a change in social norms. Therefore, trainings on human rights based approaches to programme and service delivery could help to promote positive social and non-discriminatory norms.*

**Ensure that the range of communities in a municipality are included and engaged in planning, implementation and evaluation of the DV/GBV services in their area.**

- *Using different strategies and processes, ensure communities, represented by the diversity within them, including community leaders, active groups and children in accordance with their age and maturity, are well represented in planning and carrying out advocacy and activities that promote and support DV/GBV services.*
- *Develop collaborations with community leaders and groups to support outreach and interventions on violence prevention, with a special focus on inclusion of men and boys.*
- *Create a cycle of evidence (data collection), feedback, problem-solving and support at the local level that is participative and encourages continued involvement in promoting and supporting inclusive and equitable DV/GBV planning, outreach and services.*

## Option

# 7

### **Support approaches for perpetrators and men that aim at ending violence.**

To stop the violence of a woman's abusive partner, there are two possibilities. One is to physically separate the victim and her perpetrator, which is often done through a protection order, move to a temporary shelter, relocation and strengthening the woman to become independent through rehabilitative and reintegration support. The other is to change the behavior of the perpetrator; responses can include arrest/prosecution, rehabilitation, and informal family and community interventions to try to get him to stop his violent behavior.

No matter what the woman does, whether she stays, comes and goes or leaves completely, what happens to her abusive partner can affect her safety and financial security. This makes the decision-making process very challenging for a woman and her children in this situation, particularly in the Kosovo context, where norms and poverty interlink, making it that much harder. Often the consequences of the partner's violent behavior on himself and separation from his wife and children are often ignored. Obviously, the perpetrator should be held accountable. However, depending on the situation and person, for some, interventions that work on anger management and modification of violent behavior may be more productive. For others, arrest, prosecution and sentencing can be the better response. In some instances in the Kosovar environment, there have been anecdotal accounts of some positive results with family counseling processes that have included the abusive partner. Perpetrator rehabilitation strategies are relatively new, thus, requiring more experimentation, always keeping in place safety measures for the DV/GBV victim(s).

#### **Concrete Strategies:**

**Provide men who perpetrate violence against their partners and/or children with both constraints (e.g. protection orders) and resources aimed at rehabilitation to end their violence and abusive control of their partners.**

- *Develop, test and assess behavior change intervention programmes by offering them in different settings for different perpetrators, both inside the criminal justice system and outside of it.*
- *Allocate funds to try out perpetrator intervention strategies.*
- *Work with the criminal justice system to provide graduated sanctions with linkages to particular services and resources for male perpetrators in an effort to rehabilitate and reverse their violent behavior.*
- *Give more attention to the issuing, implementation and enforcement of protection orders. For example, provide more training and resources to the Kosovo Police Domestic Violence Units; give more training and ensure inclusion of Victim Advocates in the assessment of risk and making recommendations on types of protection orders; focus attention on the efficiency of issuing and enforcing the protection orders; assess DV/GBV investigation procedures; support measures to allay safety concerns by prosecutors, Victim Advocates and other stakeholders of being harmed by perpetrators.*

**Provide perpetrators with mental health and substance abuse issues with the treatment they need, whether charges are brought against them or not.**

- *Some perpetrators' alcohol or other substance use was linked in the recent baseline study prepared by UNICEF Kosovo to their committing higher levels of DV/GBV against their partners. Therefore, provision of mental health and substance abuse interventions / treatment to perpetrators is important as part of a perpetrator's rehabilitation package, which can lead to positive effects for him and his family situation, including his relationship with his children. Currently, this treatment is provided to a perpetrator who has been arrested and is in the judicial system.*

*It would be important to discuss and approve changes to this instruction in order to expand service to perpetrators with substance abuse issues whose families have sought and received social services, but did not press charges.*

**Create interventions that enable families to support their children during the period of decision-making to separate, divorce or remain together, and when there are custody issues.**

- *Dealing with and determining how to address child custody and access issues in the court process is difficult and full of stress for parents who generally are concerned about their children's future and their relationships with them as well as the family financial situation. Children worry about loss, uncertainty where and whom they will live with, and feeling stress when caught in the middle of parental disputes and abuse. Establishing a mediation process can help to resolve child custody and access disputes, making it possible for parents to work together to develop their child custody and access plan, or potentially work through their problems. Mediation programmes can, thus, support parents in managing their disagreements by helping them to work together for the benefit of their children that can potentially lead to their having a more positive and emotionally responsible relationship with each other and their children. Having such a process in place can sometimes lead to parents resolving their parenting issues without court intervention.*

**Support fatherhood programs for perpetrators who are fathers and fathers-to-be on gender equality, women's rights and respect of women, participation in childrearing, and raising awareness of the risks and consequences of family violence on children and mothers/wives.**

- *Support collaboration among key stakeholders (e.g. NGOs, health providers, Directorates of Health and Social Welfare, educators of early childhood development programmes) and al-*

*locate funds to fatherhood programmes for two streams, one with perpetrators and the other with new fathers-to-be. Develop protocols and services that can help guide their involvement as fathers with their children and interactions with their partners or ex-partners.*

**Support violence prevention and early intervention programs for men and boys.**

- *Develop family violence assessment and intervention protocols for CSW and health providers, with the focus on the participation of men and boys both separately and together with the rest of the family.*
- *Integrate family violence prevention, highlighting the importance of non-violence, delivered through different entry points, such as religious, educational and community-based institutions and activities. This should link with Policy Option 1 above.*

## Option

# 8

### **Break the pattern of violence through schools and other educational settings.**

Violence happens at school, on the way to and from school and during school events. A child/adolescent may be a victim, witness or perpetrator. Different forms of violent behavior include physical, psychological - covert (spreading rumors), cyber-bullying - and sexual violence.

At the same time, school as well as other educational settings represent a key entry point in which to address violence among children and youth; it is an opportune time to focus on violence prevention, including students learning emotional self-awareness and control; critical thinking, problem solving and positive social skills; and conflict resolution, communication and other life skills that contribute to practicing non-violent behavior.

The Ministry of Education, Science and Technology, the Directorates of Education at municipal level and schools have supported violence prevention in schools in various ways. In past years there was a violence prevention project with Student Councils. The Child Friendly School initiative has supported safety in schools. The curriculum currently addresses DV/GBV through Civic Education. A few schools have a psychologist or share one with another school; they provide support to violence prevention through the work they do with students. Most notably, as above-mentioned, the recent approval of the Protocol on the Prevention of Violence in Institutions of Pre-University Education provides schools with the steps to take to prevent and respond to violence. It also provides for an inter-sectoral approach, a database to register, report and refer violent cases, and a referral system. It will be put into practice throughout Kosovo in the coming school year. Currently, it appears that if a teacher identifies a student affected by DV/GBV, the response is ad hoc. Corporal punishment was banned in the School Code of Conduct. While it apparently has decreased in comparison to the past, verbal violence is said to be practiced by some teachers.

The recent baseline study in three municipalities indicated that school violence is prevalent. Over 45% of the children 12-18 years old indicated they had experienced physical violence at least once at school (more boys at 57% compared to girls at 32%) – they stated they were pushed, hit or threatened with a knife. They indicated that 17% of them had been hit by a school staff member and the same percentage experienced psychological violence by a staff member. A total of 28% of children experienced psychological violence by another student at school. Over 5% had experienced sexual harassment by a student and 3% by a school staff member.

### **Concrete Strategies:**

**Establish guidelines to accompany the recently approved protocol on the Prevention of Violence in Institutions of Pre-University Education that can support schools and other educational settings in systematically putting the protocol in practice.**

- *Some key prevention steps in support of the implementation of the protocol include:*
  - 1)** Define the extent of the violence problem in the school, including preschool (using the protocol as guidance).
  - 2)** Identify risk and protective factors (this is to better understand why violence is occurring and how to best develop programmes (per those referred to in the protocol) to decrease risk factors and increase protective factors).
  - 3)** Develop, test and implement prevention strategies (to put in place school-based prevention programmes for different age groups, e.g. peer mediation, anti-bullying campaigns by students per the protocol), parent and family-based programmes (talks and debates on child and adolescent growth and development topics, family fun activities bringing students and parents/family members together) and mentoring programmes (between a student and a positive adult role model, which can also be combined with different activities).

**Address the phenomenon of dating violence that is prevalent according to the recent baseline study.**

- *Create space at school to promote discussion among all adolescent boys and girls (in small groupings) on dating violence within the frame of promoting healthy attitudes and behaviors; this should include a focus on respect for girls and women and their rights; equality in decision-making and relationships; and skills development on how to confront peer pressure, sexual harassment, violence and stereotypes. It is critical that boys are actively engaged in finding solutions with the girls and preventing violence. Teachers and role models can be helpful in facilitating the discussions.*

## Option

# 9

### **Establish a relational DV/GBV data surveillance system between relevant institutions, while maintaining confidentiality.**

Surveillance of DV/GBV is critical in terms of being able to monitor and assess its scope, scale, patterns and trends and the effect of interventions. The paucity of available data on violence against women and children in the Kosovar context has been an ongoing topic of discussion. It prompted UNICEF Kosovo with partners to undertake the recent baseline study on DV/GBV in the three municipalities above-mentioned. It has been given attention by the various institutions addressing DV/GBV, which have been working on addressing this issue in their institutional data systems, e.g. Directorates of Health and Social Welfare and the CWS, the Directorates of Education with the schools, Main Family Medical Centers and Regional Hospitals, the Kosovo Police and the Domestic Violence Units, the Court system, etc. Overall, there is no relational data surveillance system of violence against women and children that would allow for better understanding of the scope and scale of the problem in the different Kosovar contexts, and help policymakers, researchers, health practitioners, Victim Advocates, other service providers and media make relevant, evidence-based decisions in support of zero tolerance of DV/GBV.

#### **Concrete Strategies:**

#### **Assign an institution, agency or unit for the responsibility of overall surveillance of violence against women and children.**

- *Use standardized methodology and mechanisms to ensure data will be disseminated and properly used.*
- *Keep the surveillance system simple to ensure obtaining high quality data.*
- *Data obtained from different institutional sources (e.g. health care, education and police records) will allow gathering of information on data elements that can be put into a relational DV/GBV data surveillance system.*

- *Work collaboratively with the different DV/GBV stakeholders on how to systematically extend data collection to include all municipalities and disadvantaged groups, such as Roma, Askhali and Egyptian and those in other non-majority ethnic communities, remote rural areas, etc.*
- *Conduct a national survey on violence against children – including but not limited to domestic violence.*

**Enhance the capacity for systematic data collection on DV/GBV that would contribute to establishing the nation-wide surveillance system to better monitor violence against women and children, including attitudes, beliefs, risk factors and consequences.**

- *Involve the Agency for Statistics and different ministries and organizations, which are DV/GBV service providers and have their own data systems containing data on DV/GBV clients (victims and perpetrators), in regular training activities. Establish a network for these stakeholders in which dialogue, exchange and problem solving can be facilitated.*

**Be aware of ethical and safety issues that are paramount in dealing with data collection and research on violence against women and children.**

- *Data should not be collected or stored that could jeopardize the safety of a child or woman. Confidentiality is vital and must be accounted for in any data collection and data linkages across multiple data systems.*

### 3. Conclusion

In sum, the above policy options collectively address the many aspects and issues surrounding DV/GBV. They constitute springboards from which to further discuss and debate the many facets of working towards achieving broad-based backing of zero tolerance of DV/GBV.

