

**Baseline study report  
on satisfaction  
of women victims of violence  
as users of services in  
Centers for Social Work  
in N. Macedonia**

**National Network to End Violence  
Against Women and Domestic Violence**

**January 2021**

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### List of abbreviations and acronyms

CSO – Civil Society Organization  
WCSO – Women’s Civil Society Organization  
CSW – Center for Social Work  
MLSP – Ministry of labor and social policy  
MOI – Ministry of Interior  
MH – Ministry of Health  
MES – Ministry of Education and Science  
MJ – Ministry of Justice  
RNM – Republic of North Macedonia  
GBV – Gender Based Violence  
VAW – Violence Against Women  
DV- Domestic Violence  
TPM - Temporary Protection Measures

## Introduction

The past few years in R. North Macedonia are marked by several major processes which have direct impact on violence against women and domestic violence. Namely, in 2017 there was complete change in the Government after the social-democrats won the parliamentary elections, after 11 years rule of the rightly oriented conservative party. The same year in December RNM ratified the Istanbul Convention and in 2018 started working on the implementation, and as first step developing the National Action Plan for implementation of the Istanbul Convention (2018-2023). 2018/2019 are marked with the start of “social reforms” and start of harmonization of the national legislation with the Istanbul Convention. In this process, new Law on Social Protection was adopted in May 2019, new Law on Free Legal Aid and Law on abortion were also adopted the same year. Several other laws are still in the process of changing and amending, while a new Law on prevention and protection from violence against women and domestic violence was adopted in January 2021.

During this period, a shift in the system of protection against GBV and DV occurred, mostly with establishing of new specialized services in 2019 and adjustment to the competences of the Center for social work towards case management system. However, experiences from working with women victims of GBV and DV did not reflect major improvement in the protection system. Therefore, this baseline study will assess the work of the Centers for social work and analysis the satisfaction of the users of services in Centers for social work and specialized services provided by CSOs. The goal of the study is to provide recommendations on how to improve the work of the center for social work according to the new legislation in place and the Istanbul convention.

This study will explain the system of protection of women victims of GBV and DV, with focus on the role and competences of the Centers for social work, according to the current national legislation. Afterwards, an analysis of the satisfaction of provided service by CSWs and CSOs will be given, from which conclusions and recommendations are put forward at the end of the document.

# 1. System of protection of women victims of GBV and DV

The system of protection of women victims in RNM until the end of 2020 recognized one category of users: victims of DV. Although the country ratified the Istanbul Convention in December 2017, there aren't any system protocols which envelop all forms of gender-based violence and domestic violence, for a specific category of users: women victims of GBV and DV.

The system itself consists of two components: Civil system of protection and Criminal system of protection.

**Civil legal system** regulates temporary protection measures (TPM) in order to ensure fast and safe protection of victims of domestic violence. Relevant institutions which implement the civil system are Centers for social work (under MLSP), Police (Under MOI), health institutions (under MH), education institution (under MES), the civil sector (CSOs) and the civil courts.

**Criminal legal system** regulates sanctions of the violent behavior of perpetrators and abusers when committing DV. It regulates sanctions and penalties through prescribed penalty policy for crimes committed through the act of DV. Relevant institutions that implement the criminal system of protection are the Public Prosecutor's Office and Criminal courts in RNM. Protection through this system is realized by submitting report to MOI (police) or the relevant Public prosecutor, which, within their legal powers, makes decisions and initiates a procedure to the relevant criminal court.

Each of these institutions have regulations on their competences for taking action on protection measures when dealing with domestic violence, which are regulated in the legislation and are noted in a special protocol for mutual actions. The mutual actions are regulated with a *Protocol on mutual cooperation of the relevant institutions and organizations for protection and prevention of domestic violence*<sup>1</sup>.

## 1.1 Legislation related to civil system of protection of victims of GBV and DV

### *Law on Social protection*<sup>2</sup>

The Law specifies that all terms and expressions used in this Law are gender-neutral and refer to both males and females (Article 5). Having regard of the complexity of GBV and DV, the multiple consequences on victims, their children, family units and society, the Law should ensure that victims of GBV and DV receive social protection in terms of their economic status, institutional and non-institutional support and prevention from poverty and further deterioration into poverty<sup>3</sup>.

Generally, the Law encompasses victims of domestic violence in several segments:

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<sup>1</sup> <https://mtsp.gov.mk/content/pdf/pravilnicisocijalna/protokol.pdf>

<sup>2</sup> Ministry of labor and social policy, Law on Social Protection, 2019, available at link

<sup>3</sup> National network to end violence against women and domestic violence, Gender analysis of the Law on Social protection, 2019, available at [link](#)

- Article 32 specifies that the perpetrator's income and property shall not be taken into account in determining the amount of the minimum guaranteed financial aid to which a family member is entitled.
- Article 62 specifies the amount of the one-time financial aid for victims of DV, namely: up to 15.000 denars for urgent protection and sheltering of a person-victim of DV and up to 12.000 denars for health care and medical treatment for a person-victim of DV.
- Article 66 regards the right to health care of a person-victim of DV subject to a measure of protection in line with the regulations from the area of prevention and protection from DV and human trafficking (victims of human trafficking).
- Article 73 specifies the counseling services that include counseling work for the purpose of preventing, alleviating and overcoming the consequences from the social problems of individuals and families including psychosocial support for victims of DV and psychosocial treatment for perpetrators of DV.
- Article 83 specifies the temporary sheltering which provides protection and expert help to persons in a crisis situation for the purpose of overcoming the situation with DV and their social integration, including victims of GBV and DV. The service is provided for a period of three months, with a possibility of extension to additional three months, and in exceptional circumstances when the situation has not been overcome, for up to a year.
- Article 90 refers to specialized sheltering which provides sheltered persons with general sheltering and support until their social problems have been overcome, and which is provided by caretakers who have undergone specialized training. Service users can also include children victims of DV.
- Article 92 relates to urgent sheltering which represents a short-term accommodation in a family of persons who require urgent protection until more appropriate forms of protection are identified, but no longer than 30 days. Users of this service can include children from conflict families and victims of violence.
- Article 103 refers to the Center for Social Work which can accommodate a child in a dormitory or another institution, if the Center establishes that it is in the best interest of the child to continue his/her education. This category includes children victims of DV.
- Article 255 – Social protection institution maintains records of users i.e., persons who have realized a right or service in accordance with the law, including victims of DV.

Also, Law on Social Protection regulates the mandate, role and competencies of Centers for Social Work, which is elaborated in the chapter 2. *Centers for Social Work, competences and role.*

#### *Law on protection, elimination, and prevention against domestic violence (2015)<sup>4</sup>*

The purpose of the law is to take measures aimed at the prevention and protection of victims of DV, respecting the fundamental rights and freedoms, life, personal integrity, non-discrimination and gender equality, with due diligence to the interests and needs of the victim. The competent institutions and institutions responsible for appropriate implementation of this Law are: Ministry of Labor and

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<sup>4</sup> Ministry of labor and social policy, Law on protection, elimination, and prevention against domestic violence (2014), available at [link](#)

Social Policy, Ministry of Interior, Ministry of Health, Ministry of Education and Science, Ministry of Justice, units of local self-government, institutions in the field of social protection, child protection, internal affairs, health, employment and education. They undertake measures to protect the victim and prevent violence, and to establish cooperation and coordination.

The first part of the law covers the prevention and action of the competent institutions and the preventive measures they undertake to prevent and reduce domestic violence. The protection measures are covered in a separate section. The **measures for protection of the victims against domestic violence**, which should be provided by the competent Centre for Social Work, include:

- a) accommodation in a center for persons victims of domestic violence.
- b) adequate health care.
- c) appropriate psychosocial intervention and treatment.
- d) psychosocial treatment in a counselling center.
- e) support of the family for regular child education.
- f) legal assistance and representation.
- g) economic empowerment of the victim through her active involvement in the labor market.

Article 24 to Article 28 of this Law specify the accommodation of the victim of domestic violence in the center for victims of domestic violence (Shelter Centre) by the competent Centers for Social Work. The support provided to these victims, in particular in the area of their economic empowerment, is elaborated in detail in Article 28 of the Law.

Pursuant to this Law, the competences of the Ministry of Interior are as follows: when DV is reported, a police officer is obligated to go to the scene and prepare a police report immediately and no later than 12 hours after the intervention. The police officer must always assess the risk to the victim's life and bodily integrity and the risk of recurrence of the violence. MOI has published a rulebook for this purpose, called ***Rulebook on the manner of assessment of the risk to life and physical integrity of the victim of domestic violence and the risk of recurrence of violence, appropriate risk management, the form of the police report and the proposal for imposing a temporary measure for protection - removal of the perpetrator from home and a ban on approaching home***<sup>5</sup>.

The police officer shall ensure that the victim is immediately provided with appropriate health care in relation to Article 31 of the Law. The police officer temporarily seizes the weapon from the offender and initiates a procedure stipulated by law for suspension of the weapon license, the collector's weapon license or the license for carrying a weapon. The police officer is obligated, within 12 hours, to submit to the competent court a proposal for issuing a *temporary protective measure - removal of the offender from the home and a restraining order*. These protective measures are urgent, and the court shall issue them within 24 hours. Article 31 of this law also regulates the obligations of health workers according to which the health worker and the health care institution are obligated to immediately examine and provide other medical treatment to the victim and to issue appropriate medical documentation to the victim for the injury. For the matters referred to in paragraph 1 of this Article, victims shall be exempt from paying the costs for medical service and medical documentation issued. MOI has published a rulebook which regulates implementation of temporary protection

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<sup>5</sup> Ministry of Interior, 2015, available at [link](#)

measures called ***Rulebook on the manner of execution of the pronounced temporary measures for protection of the victim of domestic violence and her family members***<sup>6</sup> .

The law provides for protective measures undertaken by civil society associations. Protective measures are also undertaken by the local self-government units. The units of local self-government, in the field of prevention of DV, provide protection to the victims in the community, establish shelter centers, counselling for victims and perpetrators of DV, counselling for parents and children, marital and family counselling and other forms of care and assistance to the victims, as well as local SOS helplines. The units of local self-government undertake measures for establishment of mutual and coordinated cooperation at local or regional level between CSW, police stations, health, preschool and educational institutions, and CSOs.

### *Law on Prevention and Protection from Violence Against Women and Domestic Violence (2021)*<sup>7</sup>

The new Law on Prevention and Protection against Violence against Women and Domestic Violence is part of the harmonization of national legislation with the provisions of the Istanbul Convention, and its purpose is to prevent and protect against GBV and DV, as well as to improve the system of protection to women victims of any form of GBV and DV in accordance with the Constitution of the RSM and international agreements.

The improvements regarding the old Law on Prevention, Prevention and Protection from Domestic Violence are that the new Law will cover women victims of all forms of gender-based violence, including domestic violence. The glossary of the law in Article 3 specifically defines what it covers and what is meant by "Violence against women" (Paragraph 1), "Gender-based violence" (Paragraph 2), "Domestic violence" (paragraph 3) and "Intimate partner violence" (Paragraph 5).

The new Law defines Reintegration of victims of violence (Article 99), for the first time in the system of protection from violence against women and domestic violence, where through a special Program for reintegration of victims of violence the following services shall be provided: temporary housing, psychological counseling with mentoring, various types of financial assistance specifically intended for women victims of violence, opportunities for education and training in various fields, as well as employment measures established by law. According to this article, the competent institutions will be obliged to recognize the victims of violence as a special vulnerable category and to develop programs and measures in accordance with the specific needs of women victims of violence.

This Law defines "*Sexual violence and rape*" as any act of a sexual nature by any body part or object on the body of another person without his / her consent. This is the first Law to define this type of violence against women through the concept of consent.

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<sup>6</sup> Ministry of Interior, 2015, available at [link](#)

<sup>7</sup> Ministry of labor and social policy, Law on Prevention and Protection against Violence against Women and Domestic Violence (2021), Official Gazette of RNM, No.24/20.01.2021)

One of the most important improvements in the system of protection brought by the new Law is the principle of Due Diligence which obliges all participants in the system of protection to take all appropriate legislative, administrative, judicial and other measures to prevent, protect, investigate, punish and ensure fair compensation to the victims or return to the original position for the actions of violence committed by natural or legal persons. The Law is also based on the principle of non-discrimination, prohibition of victimization, vulnerable women, suitable adjustment for women with disability, gender responsible policy, and empowerment of women victims of violence.

In terms of the civil system of protection, CSWs have the same competences as the previous law. Measures of protection taken by CSWs in Article 46. are expanded as follows:

- a) provides temporary care;
- b) ensures that the victim receives the necessary medical assistance and, if necessary, accompanies to the nearest health institution;
- c) ensures that the victim exercises the right to social and health protection in accordance with law;
- d) provides appropriate psycho-social intervention and treatment;
- e) ensures the victim to receive psycho-social treatment in counseling by expert persons in the center for social work, association, counseling for women victims of violence and other victims of domestic violence;
- f) provides assistance to the family for regular education of a child;
- g) provides legal aid and representation;
- h) directs the victim to the appropriate state and other bodies competent for economic empowerment of the victim and her active involvement in the labor market, through a competent employment center and,
- i) in case of high risk and taking urgent protection measures, as well as when the victim uses the services of temporary residence, and no later than 12 hours from the receipt of the application, makes a decision for temporary entrustment of care and upbringing of children of the parent victim.

#### *Multi-sectorial team for dealing with cases of DV*

Article 23 of this the Law on protection, elimination and prevention against domestic violence (2015) covers the work of the multi-sectorial team in cases when there is knowledge of endangering the life and health of the victim and family members, as well as when a child is a victim of DV, a security assistance plan is prepared by a multi-sectorial team. The multi-sectorial team is composed of professionals from the CSW, police and health institution. These team can have service providers from CSOs who work in the field of DV as members of the multi-sectorial team. The multi-sectorial team is formed and coordinated by the CSW and takes actions according to the Protocol for mutual cooperation mentioned above<sup>8</sup>.

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<sup>8</sup> National network to end violence against women and domestic violence, Analysis of economic challenges of women victims who left the violent surroundings, 2019, available at [link](#)



Multi-sectorial teams as such, remains the same in the new Law on prevention and protection from violence against women and domestic violence, Article 55. The competences of the team are extended to all forms of GBV and DV instead of just DV.

## 1.2 General and specialized services for women victims of GBV and DV

Within the civil system of protection there are general and specialized services for help, support, and protection of women victims of GBV and DV.

**General support services** are provided by the following public institutions:

- Centers for Social Work: 30 centers in 30 municipalities, 36 branch offices of CSW in 36 municipalities in RNM and one Institute for Social Affairs.
- Health Institutions: 14 General Hospitals, 29 Hospitals, 11 Public Health centers, 32 Clinics and clinical centers, 9 Special Hospitals, 3 Institutes and 3 Psychiatric Hospitals.
- Agency for Employment of RNM.

**Specialized services for women victims of DV** are regulated in the Law for Social Protection as part of all social services provided for people in risk and are not separately defined, and in the Law on Prevention and Protection from Violence Against Women and Domestic Violence (2021). MLSP adopted standards for some of the services, i.e., standard for shelter center for victims of DV, for counselling center for victims of DV, and counselling center for perpetrators of DV (although the last one is not specialized service for women victims, we thought is important to be mentioned) and is currently preparing new standards and procedures for all specialized services for women victims of GBV and DV in accordance with the legislation.

Currently, in NRM, there are 10 counseling centers, 7 shelter center, 3 crisis centers, 8 providers of free legal aid and 3 SOS. lines. There are 3 rape referral centers, 1 shelter for human trafficking victims and victims of sexual violence. There is only 1 reintegration and rehabilitation service, run by the WCSO, which is a House for open housing located in Skopje, with 4 bedrooms and communal facilities, where women victims and their children can remain from 6 months to 2 years. The House provides complete housing, psychosocial support and free legal aid, as well as mentorship and economic empowerment to the users.

In total there are 35 specialized services available from which:

- managed by NGOs and funded by state institutions (MLSP and local self-government): 9
- managed by NGOs and funded by donators (local and international): 9
- managed and funded by MLSP (CSW): 17

## 2. Centers for social work, competences and role

CSWs are the leading institutions when it comes in dealing with GBV and DV, and these institutions have the central role in the system of protection of women victims of violence. The scope of the work of CSWs is regulated by the Sector of Social Protection within the MLSP. The competences and the role of CSW are regulated in the Law on Social Protection<sup>9</sup>, and according to the legislation, CSW is a professional institution with public authorization for performing social protection activities<sup>10</sup>. Specifically, the role and competences of CSWs related to GBV and DV are regulated in the Law on protection, elimination and prevention against domestic violence (2015) and since January 2021, in the new Law on Prevention and Protection from Violence Against Women and Domestic Violence.

In general, the mandate of the CSW, within its competences performs the following activities to help and protect the victims of DV:

- Provides professional help, support and protection to the victim of DV;
- Undertakes measures for protection;
- Cooperates with other competent institutions;
- Cooperates with the civil sector (CSOs);
- Initiates a procedure for imposing temporary protection measures (TPM);
- Follows the implementation of TPM;
- Keeps records of the cases of DV.

MLSP has published *Standard on the action of CSW when dealing with domestic violence*<sup>11</sup> which includes the procedures on: **reporting and refereeing domestic violence**, **initial assessment** of the needs of the victim of DV which includes safety plan for the victim, **detail assessment** of the case of DV, **planning** which includes plan for individual work with the victim of DV, **realization of the plan**, which includes temporary protection measures for the victims and the children, and finally, **evaluation and revision**.

After a case of violence against women or DV has been reported to CSW, the center is **obliged immediately or within 24 hours** to make an initial assessment of the needs of the woman victim and to prepare an **individual plan for work**, taking into account the nature, intensity and duration of the violence, as well as health and family status and other relevant circumstances.

CSW takes measures to protect the woman victims of violence and to help her deal with the consequences of the suffered violence. Measures for protection are provided in accordance with the specific needs of each case of violence and providing **psychosocial support** immediately after the reporting is primary. It is also necessary **to inform** the woman victim of all legal mechanisms, competent institutions, and her rights on receiving help, support and protection, as well as provision of **free legal aid** and court representation, if necessary. In order to treat the injuries and other health problems which were result of GBV and DV, it is necessary to provide free health care, i.e. free

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<sup>10</sup> MLSP [https://www.mtsp.gov.mk/institucii-ns\\_article-centar-za-socijalna-rabota.nspix](https://www.mtsp.gov.mk/institucii-ns_article-centar-za-socijalna-rabota.nspix)

<sup>11</sup>Ministry of labor and social policy, 2018, available at [link](#)

provision of health services and issuance of medical documentation. In a situation when there is a serious danger and threat to the life and health of the woman and her children, the CSW should organize accommodation, i.e. **placement in a shelter or crisis center**. In cases where there is a child who is a direct or indirect victim of violence, it is necessary to establish contact with the competent educational institutions in order to enable the child to be involved or to continue attending regular education<sup>12</sup>. In order to overcome the financial dependence and employment of women who have suffered domestic violence, the CSW is obliged to **enable their economic empowerment** through the Employment Agency, i.e. inclusion in the programs and active employment measures<sup>13</sup>.

The Center for Social Work is obliged to submit a proposal for imposition of temporary protection measures to the civil court, whenever it is necessary to provide urgent protection for the victim of domestic violence and to prevent the recurrence of violence. The preparation of the proposal for imposing the TPM is made on the basis of an assessment of the type and degree of violence, the circumstances in which the violence occurred and the possibilities for its continuation or recurrence. To initiate civil litigation of this kind, the CSW requires the written consent of women victims of violence. It is common for the CSW to propose cumulative imposition of more TPM in order to provide comprehensive and effective protection for women victims of violence.

CSW may propose special temporary protection measure according to law. In cases where the perpetrator/ abuser treatment to coming violence and there is a danger for repeating the violence, CSW proposes **Prohibition on threatening to commit violence**. If there is awareness that the perpetrator/abuser is harassing the woman, i.e. harassing, telephoning, or otherwise communicating with her, CSW is obliged to submit a proposal for **Prohibition on harassing, harassing, telephoning, contacting or otherwise communicating the woman victim**. If the woman leaves the abuser due to the violence and there is a danger that he will repeat the violence, the CSW submits a proposal to the court to impose **Prohibition on approaching the residence, school, workplace or a certain place that is regularly visited by another family member**. In order to protect the woman and her children in their home, the CSW submits a proposal to **remove the abuser from the home regardless of ownership**. If the CSW is aware that the perpetrator who committed GBV or DV is in possession of a firearm or other weapon, immediately notifies the MOI with written report within 24 hours of the reporting and informs the legal entity in which the perpetrator is employed and informs the MOI. Also, CSW submits a proposal for **Prohibition to possess or confiscate a firearm**.

In a situation when the woman victim of violence left the violent surroundings, but failed to take personal belongings, documents, clothes, money and other necessary household items, the CSW proposes **Request to return the items needed to meet the daily needs of the family**. The Center for Social Work can propose and impose the measure for **mandatory maintenance of the family**, in a situation when the woman who has suffered violence and family members do not have income to support and meet their daily needs. At the same time, in order to prevent, i.e. eliminate the violent behavior, the center can propose a measure for the perpetrator of GBV and DV to **attend an appropriate counseling center**. If the violence is committed under the influence of alcohol, other psychotropic substances or if the abuser has a mental illness, the CSW **proposes compulsory treatment**

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<sup>12</sup> ESSE, Analysis of the legal framework and institutional response to domestic violence, 2017, available at [link](#)

<sup>13</sup> National network to end violence against women and domestic violence, Recommendations for improving the employment opportunities of women victims of domestic violence, 2020, available at [link](#)

**for the abuser. Reimbursement of medical and other expenses incurred by GBV or DV** is proposed by the CSW whenever as a result of the violence the victim has medical and other expenses incurred as a result of injury. In addition, the court may propose any other measure it deems necessary to ensure the safety and well-being of other family members depending on the needs of the woman who has suffered domestic violence, namely: **the return of other cases which are not personal; ban on alienation of objects and property; disabling access to business premises; blocking a bank account, savings books**, etc.

If the court imposes the proposed TPM, CSW is responsible for monitoring of implementation of the TPM by the competent institution. Depending on the current situation, CSW may request the civil court to abolish, i.e., change or extend the temporary protection measures.

CSW cooperate with CSO providers of specialized services to women victims of GBV and DV, a refer the users according to their individual needs to counseling centers, shelter centers, crisis centers, free legal aid, reintegration and rehabilitation services.

CSW also ensures exercising of the Social protection rights of the victims of GBV and DV, in accordance with the Law on Social Protection described above.

### 3. Methodology

The baseline study report was done in December 2020, based on results gathered in the period between May and November 2020. Such reports were done in 6 countries of the Western Balkans, namely N. Macedonia, Serbia, Bosnia and Hercegovina, Montenegro, Kosovo and Albania.

The goal of the Report is to assess the satisfaction of women victims of violence as users of general and specialized services, with focus on services provided by CSW on local level.

All 6 countries worked with 2 questionnaires (1 for CSWs, and 1 for CSOs) which were at first mutually created, then adapted and translated locally. The questionnaire for assessing CSWs consists of 69 question, which are multiple choice questions, yes or no questions and open questions for narrative answers. There are 4 parts of the questionnaire for CSW: 1. Demographic and specific characteristics of the users, 2. Security and protection measures, 3. Reporting to local Center for Social Work and support services, and 4. Assessment of the CSW's treatment of the users/ women victims of violence. The questionnaire for CSOs consist of 8 questions, 1 is multiple choice and other 7 are open questions with narrative answers. The questionnaires were done by services providers from the National network with users of the services of the Network.

The results from the questionnaire were based on responses from 68 users which asked for help and support from 10 local CSW and 68 users which asked for help and support in CSOs. The target group of users were women victims of GBV and DV who suffered violence and reported the violence at CSW in the period of May 2019 to November 2020.

The survey provides data on CSWs from Skopje (36 users), Kumanovo (7 users), Ohrid (5 users), Tetovo (5 users), Shtip (3 users), Veles (3 users), Prilep (3 users), Bitola (3 users), Sv. Nikole (2 users) and Makedonski Brod (1 user) and; data on 8 different specialized services run by CSOs: SOS helpline (10

responses), Telephone and online psychosocial counselling (25 responses), Individual psychosocial counselling (51), Group psychosocial counselling (5), Free legal aid (34), Crisis center (24/48) (5), Shelter center (2) and House for open housing (5). The number of responses and number of users in CSOs is different since one user has received multiple specialized services.

Local CSW	No. of users/ responses	Specialized service for women victims of GBV and DV in CSOs	No. of responses
Skopje	36	Individual psychosocial counselling	51
Kumanovo	7	Free Legal Aid	34
Ohrid	5	Telephone and online psychosocial counselling	25
Tetovo	5	SOS helpline	10
Shtip	3	Group psychosocial counselling	5
Veles	3	Crisis center (24/48)	5
Prilep	3	Shelter center	2
Bitola	3	House for open housing	1
Sveti Nikole	2		
Makedonski Brod	1		
Total	68	Total	133

## 4. Analysis of satisfaction on services provided in Centers for social work

### 4.1 Demographic and specific characteristics

All of 68 users who answered both questionnaires are women victims of violence. Most of the users are 26-35 years old or 42%, and 36% are 36-45 years old. The rest age groups are as follows: 18-25 years 2%, 46-55 years old 7% and 56-65 years old 13%.

All the users declared citizenship of RNM where 55 are Macedonians, 10 are Albanians and 3 are Roma. 4 users declared themselves as women with disability: 1 with intellectual and 3 with physical disability. Only 1 user suffers from chronic medical condition which is epilepsy.

70% or 47 of women victims who answered the questionnaire have underaged children, 15% or 10 women have adult children, 10% or 7 women have both underaged and adult children, and 5% or 4 women have no children.

60% (41) declared themselves as single mothers, where 5 women are single mothers by law, the rest or 35 are single mothers by circumstance.

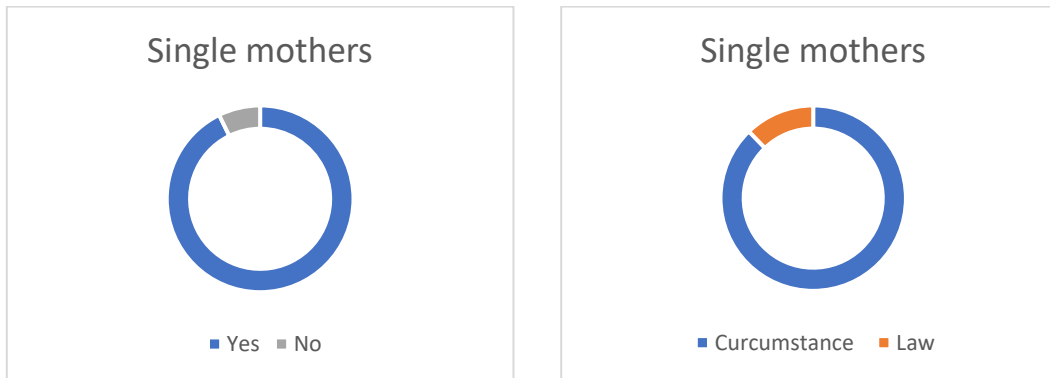


Chart 1. Single mothers (by circumstancance and by law)

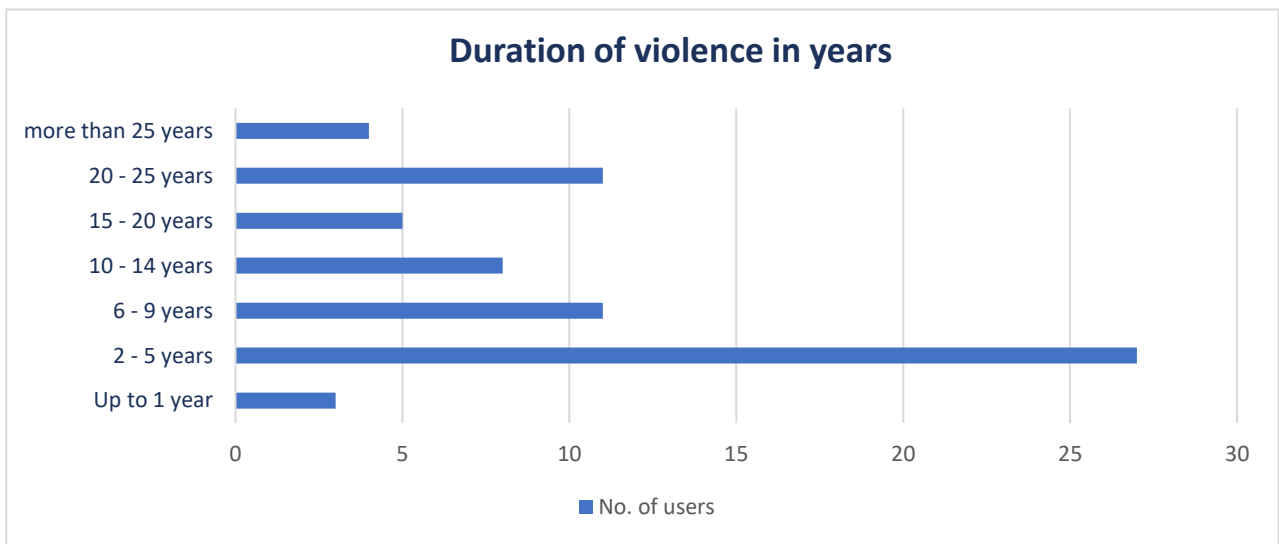
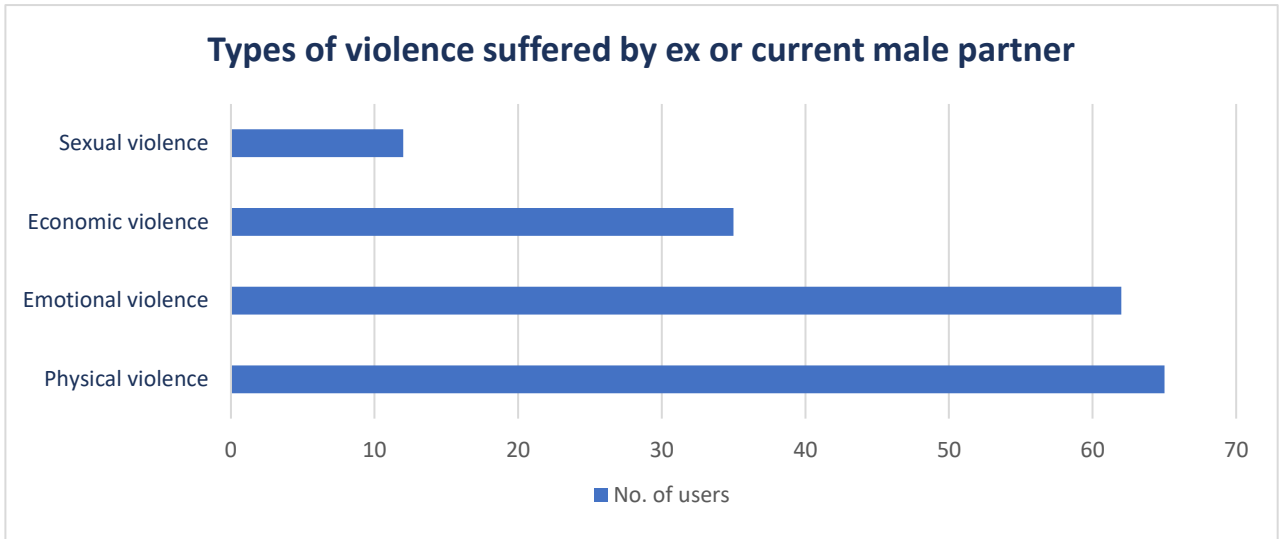
**SPECIFIC FINDINGS** of the **SINGLE MOTHERS BY CIRCUMSTANCE** are the following: 28 (68%) are employed with minimal to low income (12.000-18.000 MKD), 13(32%) are unemployed. 20 single mothers are divorced, with court ordered alimony but 10 of them reported alimony is not paid by the ex-partner. Other 14 are in the process of divorce with unsolved status for alimony, and the rest 7 are separated from the ex-partner since they weren't married at all. High 82% declared that some form of violence has occurred in the past 12 months at least one, by their ex-partner. 40% live in rented apartments and 32% live with their parents, 25% have their own apartment or house. All of them (41) have left the violent surroundings.

From all 68 users 60% are employed, 34% are unemployed, 2% are retired, 2% are students and 2% work occasionally or part-time. On the question for place of residence 32% responded they live in a temporary residence (rented), 30% live with their parents or relatives, 23% live in house or apartment which is jointly owned/ owned by the partner or owned by his parents, and 15% of the users declared they own their house/apartment.

## 4.2 Security and protection measures

The most common forms of violence reported by women victims in this survey are physical violence reported by 65 users and psychological/ emotional violence reported by 62 users. 35 users reported economic violence, and 16 reported sexual violence. All types of violence are reported as done by ex or current male partner/ husband. One women victim can suffer multiple types of violence and therefore multiple-choice answers were selected in this question. 24% of all users suffered all 4 types of violence by the same partner.

The duration of the violence for each woman victims varies up to 1 year to 42 years of suffered violence. Most users (27) declared duration of the violence between 2 and 5 years, while the rest is as follows: up to 1 year 2 users, 6 to 9 years 11 users, 10 to 14 years 8 users, 15 to 19 years 5 users, 20 to 25 years 11 users and more than 25 years 4 users.



On the question **HAS THE VIOLENCE OCCURRED IN THE PAST 12 MONTHS AND HOW OFTEN IT WAS REPEATED, 98% RESPONDED AFFIRMATIVELY**. 15% of the users answered the violence has occurred once in the past 12 months of their lives, 83% answered it happened several times and only in 2% there was no occurrence of violence.

83% of the occurred violence or 56 cases were reported to the police by the women victim who suffered the violence.

After the reporting, in 9 of the cases temporary protection measures (TPM) were imposed within 48 hours of the reporting, in 34 of the cases TPM were imposed sometime after the reporting, where 1 case had extension of TPM, in 26 of the cases criminal proceedings were initiated, and in 20 (36%) of the cases no TPM or proceedings were imposed. One case can have both TPM and criminal proceedings and therefore there are 70 measures and proceedings for 56 cases. All of the cases which had criminal proceedings, also had TPM issued sometime during the case.

The table below depicts the type and number of measures which were imposed after the reported violence:

Temporary protection measure (TPM)	Times Chosen	Percentage
Prohibit the abuser from threatening to commit domestic violence	54	86%
Prohibit the abuser from harassing, telephoning, Contact tinting or otherwise communicating with the victims or a member of her family	63	93%
Prohibit the abuser from approaching the home, school, workplace, or a designated place that regularly visited by another family member	42	62%
Order the removal of the abuser from the home, regardless of ownership, until a final court decision is made	5	7%
Prohibit the abuser from possessing a firearm or having it confiscated	/	/
To oblige the abuser to return the items needed to meet the daily needs of the family	2	3%
To oblige the abuser to support the family	/	/
Order the abuser to attend appropriate counseling	12	17%
To attend mandatory treatment, if he is a user of alcohol and other psychotropic substances or has an illness	7	10%
To order the perpetrator to reimburse the medical and other expenses occurred by the domestic violence	/	/
To impose any other measure deemed necessary to ensure the safety and well-being of the victim and her family members	/	/

**Table 1. Temporary protection measures imposed to the abuser**

Criminal proceedings were initiated for 32 of the reported cases, from which 64% or 21 cases are still in progress, while the res 36% or 11 cases are completed. The most common penalty ordered by the court is suspended sentence.

After reporting to the police and issuing TPM and/or criminal proceedings, women victims answered that they feel safer in 42 (76%) of the cases of total 56. Women victims in these cases reported the following reasons for feeling safer:



- left the abuser and live with their family or relatives (15),
- have had psychosocial support and empowering and left the abuser (12)
- left the abuser and were able to ensure rent and safe housing (8)
- were protected by the institutions and left the abuser (3)
- no answer (4).

**IN 10 (19%) OF THE CASES REPORTED TO THE POLICE, WOMEN VICTIMS DO NOT FEEL SAFER, AND REPORTED THE SITUATION HAS NOT BEEN CHANGED, AND ADDITIONAL 4(5%) REPORTED THE VIOLENCE HAS BECOME WORSE AFTER THE REPORTING.**

### 4.3 Reporting to local Center for Social Work and support services

As mentioned in the methodology, 68 women victims of violence who asked for help at a local CSW were the target group of this survey. This means that each of them reported the violence at CSW in the period between May 2019 to November 2020. Users from 10 CSWs from RNM were questioned and the following CSWs were included:

- 36 users form Intermunicipal Centar for Social Work – Skopje
- 7 users from Intermunicipal Centar for Social Work - Kumanovo
- 5 users from Intermunicipal Centar for Social Work - Ohrid
- 5 users from Intermunicipal Centar for Social Work - Tetovo
- 3 users from Intermunicipal Centar for Social Work - Shtip
- 3 users from Intermunicipal Centar for Social Work – Veles
- 3 users from Intermunicipal Centar for Social Work - Prilep
- 3 users from Intermunicipal Centar for Social Work – Bitola
- 2 users from Intermunicipal Centar for Social Work – Sveti Nikole and,
- 1 user from Intermunicipal Centar for Social Work – Makedonski Brod

47% or 32 users answered that CSW developed a risk assessment and an individual plan for protection with them when they asked for help. 30 of them agreed with the plan, and only 2 received a copy of the plan. 32% or 22 users did not receive this service, and the rest 22% or 14 users don't know the answer to this question.

55% or 37 of the users were informed about their rights and the available protection by the CSW worker who handled their case. 14 of them were asked what they need or what are the individual needs of the women victim.

**89% OR 60 WOMEN VICTIMS REPORTED THAT THEY NEED PSYCHOSOCIAL SUPPORT, BUT ONLY 34% OR 23 OF THEM WERE INFORMED ABOUT THE POSSIBILITY OF RECEIVING PSYCHOLOGICAL/SOCIAL SUPPORT BY THE CSW IF THEY NEED PSYCHOSOCIAL SUPPORT.** However, 74% or 50 women used this type of service in a WCSO, mostly seeking help by themselves or being referred there by other professional (doctor or teacher).

**61% OR 43 WOMEN VICTIMS NEEDED A SECURE PLACE TO RESIDE, ONLY 36% OR 24 WERE ASKED IF THEY NEED A SECURE PLACE TO RESIDE BY THE CSW.** 14 of them were placed in shelter center and 2 in crisis center (24/48) with their children. 22 of the women questioned answered they found safe place to reside with their family.

**62% OR 42 WOMEN NEEDED TO FIND A FORM OF LONG-TERM HOUSING, BUT ONLY 8% OR 6 WERE ASKED IF THEY NEED TO SECURE LONG-TERM HOUSING.** 2 found housing in House for open housing (WCSO), 2 in state service that provides residence for people in social risk (Red Cross) and 2 secured social housing as children without parents, not as women victims of DV.

**70% OR 48 women victims needed financial aid, but only 15% or 11 women were informed of the possibility to receive financial aid. ONLY 3 WOMEN VICTIMS RECEIVED ONE-TIME FINANCIAL AID FOR VICTIMS OF DV AND 1 WOMAN VICTIM RECEIVED FINANCIAL AID FOR MEDICAL NEEDS FOR VICTIMS OF DV.**

38% or 26 women needed to find employment, but only 13% or 9 women were informed about the possibility of assistance in finding employment by the CSW. **ONLY 3 WOMEN USED THE SERVICES OF THE EMPLOYMENT AGENCY**, more precisely the measure on in-service training for selected skills.

8% or 6 women victims needed to place their children into a foster family and define a temporary plan for visitations with the children, and the CSW informed all of them for the possibility of placing their children in foster families.

47% or 32 of the women answered that their children needed psychosocial support, and 22% or 14 women were informed by the CSW about the possibility of receiving psychosocial support for her children. 90% of the children who needed psychosocial support, received counseling at a specialized CSO and the rest 10% were referred to an institution specializing in the mental health for minors.

45% or 30 of the women needed oversight measures of the parental rights of the abuser, 35% or 23 women were informed by the CSW about the possibility of imposing oversight measures on the parental right of the abuser. In 14 of the cases such measures were imposed on the father (8 cases) and to both parents (6 cases).

20% or 13 of the women were informed of the possibility of restriction or terminating the parental rights of the abuser, and in 7 of the cases such measures were initiated by the CSW.

The women victims who left the abuser declared they have/had other needs besides the services which are offered by the CSW. These needs include the following:

- Additional financial aid for longer time
- Help taking care of her children
- Help caring of her elderly family members
- Long term housing
- Long term medical treatment
- Restriction on the visitation rights of the abuser

Some of them declared they have used other services such as:

- Medical treatment for injuries
- Food and hygiene products donations (CSO)
- Training for soft skills and caries development (CSO)

CSW offered information on additional or other services, which are provided by other institution or organization only in 2 cases, and these services were:

- Referral to Women’s Intervention Fund to receive financial aid
- Referral to local municipality offices (Mayor) for financial aid

#### 4.4 Assessment of the CSW’s treatment of the users/ women victims of violence

42% or 29 women victims stated they felt understood and supported by the CSW worker who handled their case, 30% or 21 of them stated the trust and support were partial, while the rest 28% or 19 women didn’t feel supported and understood by CSW worker.

The following are quotations from women victims who didn’t feel supported, trusted and understood by CSW:

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*“This was before the pandemic. They did not receive me in the office even once, they always talked to me in the hallway or at the door.”*

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*“You have 3 children! Don’t you feel sorry for them? Go back, this is your last time to come here. How many times are going to ask for help?”*

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*Now, I am even afraid to go to the CSW from how they treat me when I went before to seek protection. I was encouraged the last time I went, determined not to be scared by them, but the same thing happened: they scared me again with their comments, saying I can’t do anything, I can file complaints and whine and cry as much as I want, but it will be the same and I will end up at their office again...*

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*When I went the first day with a medical document of the injury, they did not receive me, they told me they would call me soon. I was called a week later, and I was all bruised again with new injuries.*

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15% or 10 women responded that the CSW comments or general attitude supported the abuser. 21% or 14 of them responded the support for the abuser was partial, and the rest 64% or 44 of the women victims responded CSW didn't show any support for the abuser. The following are quotations from women victims who felt that the CSW supported or trusted the abuser:

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*You must put up with him, there is nowhere for you to go. We can't help you.*

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*There was this part about what were the reasons for the violence, what I was like, how I behaved, he told them that I have other men, that I correspond with colleagues from work, as if they were on his side, and he is more eloquent and calmer than me, seemed as if the process was turning slowly towards his benefit.*

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*They absolutely support him, seemed like they protect him. He gave them statement of my movements, where I am moving alone or with the child, at what time, they took these into account ... and I do not know how it is not clear to them that the man is literally following me, and I have no peace from him even though we are divorced.*

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*They insisted we "fix things" and stay together for the children.*

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*"He is a father, and the children are his". They said I can't deny his parental rights and I must contact him and allow him to see the kids, and me alongside that.*

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*They didn't support his behavior; they just didn't want to do anything about it.*

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A low 6% or 5 of the women victims stated that they were blamed for the violence by the CSW worker. 25% or 17 stated the blaming was partial, while the rest 68% or 46 didn't notice blame for the violence. The following are quotations from women victims who felt like they were blamed for the violence by the CSW:

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*"Since this is your second marriage, you already know how it goes."*

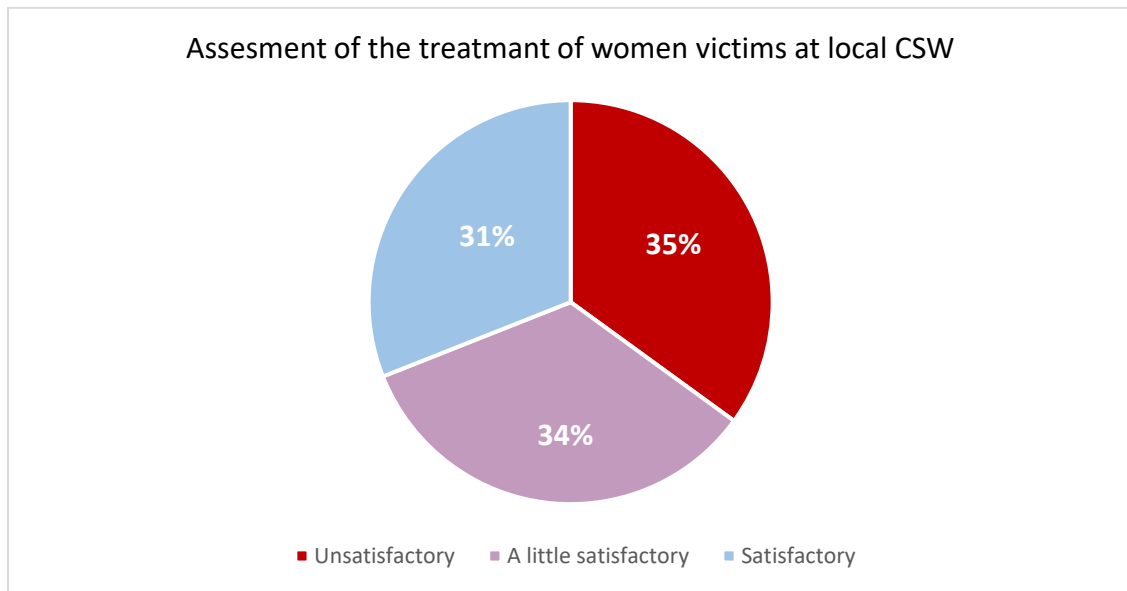
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*You are the mother you must protect your children. If they suffered it is because you didn't protect them.*

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THE OVERALL ASSESSMENT OF THE TREATMENT OF WOMEN VICTIMS RECEIVED AT THE CSW STATES THAT MOST OF THEM WAS “A LITTLE SATISFACTORY” (34%) AND “UNSATISFACTORY” (35%). 31% OF THE WOMEN ASSESSED THE TREATMENT AS SATISFACTORY.



## 5. Analysis of satisfaction from specialized services provided at CSOs

During the period for data collection, additional questionnaire was answered by the same 68 women victims with focus on satisfaction of provided specialized services by CSOs.

Generally, women victims didn't call the SOS helpline and the main reason for that is not having information on how SOS helplines work. Either they don't have information for the number or how they can be helped with this service. From 68 users 10 used the services of a SOS helpline, and 66% or 6 users were very satisfied, 34% or 4 users weren't satisfied.

During the pandemic period form March 2020, 25 women victims used telephone and online psychosocial counselling. 34% or 9 users were satisfied, and 66% or 16 users were very satisfied from this service. They describe this service as useful, calming, providing all necessary information, available and professional. They stated they prefer to use this type of service in the future.

51 women victims received Individual psychosocial counselling in specialized counseling center run by CSO. Generally, they are very satisfied by this service, mostly for the opportunity to have as many sessions as they needed, and the service was free of charge. Also, they were able to receive counselling for their children which is especially important to them. Only 3% or 2 users weren't satisfied, 39% or 20 users were satisfied, 58% or 29 users very satisfied.

Group psychosocial counselling wasn't used much as type of support by women victims of GBV and DV. Only 5 users have group counselling, where 40% or 2 users weren't satisfied, and 60% or 3 users

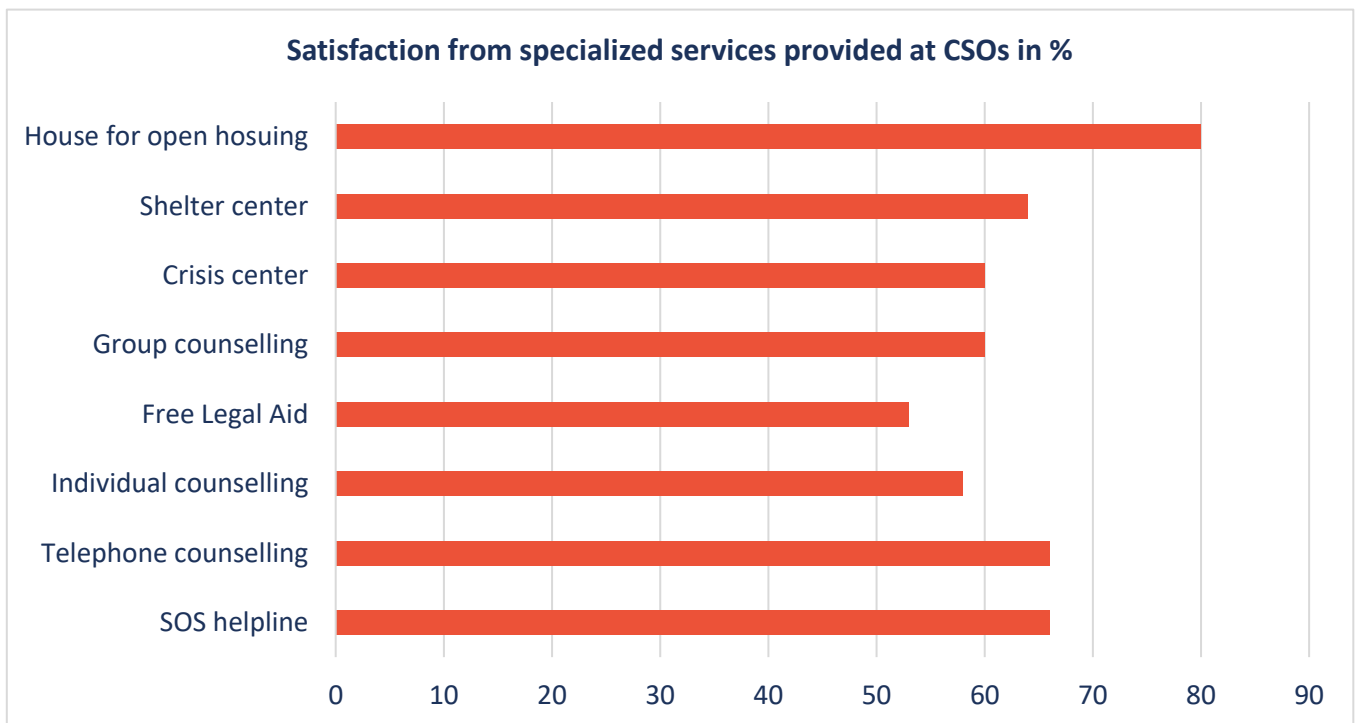
were satisfied. The main concern they have is that they don't feel comfortable to share their experience with other women during the first sessions and didn't continue to follow up on the group counselling for this reason.

34 women victims used Free Legal Aid as specialized support provided by CSO. 17% or 6 users weren't satisfied, 30% or 10 users were satisfied, 53% or 18 were very satisfied. Dissatisfaction from this service is generally related to not receiving legal aid on other issues such as property division, the legal advisors were dedicated only on divorce and custody of the children. Also, women victims expected court representation by the legal advisor but were disappointed to learn this service cannot be provided. In general, the level of satisfaction is high, and women victims were able to start and finish several different legal procedures with the support of the legal advisor. Best results were achieved where free legal aid was combined with psychosocial support by the team of the CSO.

5 women victims used services in Crisis center for victims of DV (24/48 hours). 40% or 2 users were satisfied, 60% or 3 users were very satisfied from this specialized type of support. Users reported that the crisis center had all the necessary conditions for short-term stay.

3 women victims were accommodated in Shelter center and 1 of them wasn't satisfied with the provided help and support. They declared that the team in the shelter helped them as much as they could, but the stay at the shelter is not comfortable for longer periods of time because of the safety restrictions shelters must apply

5 women victims used the services of House for open housing. 20% or 1 user was satisfied, 80% or 4 users were very satisfied. Users who stayed at house for open housing declared that they had nowhere to go after the shelter center, and they could be homeless or return to the abuser to avoid homelessness.



## Conclusions

As stated at the beginning of this study, by the end of 2020 in RNM there was no system of protection for women victims of violence as a specific vulnerable group with perspective of the gender aspect in terms of violence and discrimination. Only 1 form of violence was addressed and that is domestic violence. However, at the beginning of 2021, a new Law on elimination and protection from violence against women and domestic violence was adopted, which addresses all forms of violence against women, gender-based violence including domestic violence.

The new Law commands development and adoption of protocols, standards, programs and bylaws in every aspect of the system of protection, both civil and criminal, to change practicing protection and prevention only for domestic violence, and envelope all forms of violence against women. This directly involves Centers for social work, as leaders in the civil system of protection.

Based on the findings of this study, conclusion are as follows:

- CSWs do not make an appropriate risk assessment, and do not create a safety plan with each victim. Consequently, they do not make a work plan according to the individual needs of the victims;
- The assessment of the victim's needs is done in a general way, examining several things most often related to the violence, such as duration and intensity of violence, less often the employment and residence of the victim, and her other needs;
- Victims are not informed about all their rights and all the protection mechanisms they might need. They are informed in a general way, usually about the possibilities for accommodation in a shelter center and counseling support;
- Victims do not receive adequate and detail information about accommodation at a shelter center, and often refuse to be accommodated there;
- The accommodation of women victims of domestic violence in a shelter is short, and often not enough for full and successful rehabilitation and reintegration into society;
- CSWs do not have sufficient resources to assist in the support process in overcoming the consequences of violence and starting a new life;
- CSWs do not include reintegration as a process in their work, they focus on immediate protection and little on prevention of violence;
- CSWs do not assess the income of employed women victims, whether this income is sufficient to meet the daily needs for her and her children and is it possible for her to function normally for a longer period of time. Employed victims do not receive information on long-term housing, employment, financial assistances, and other services;
- CSWs cannot refer the victims to psychosocial counseling in cities where there are no counseling centers, and have no capacity to provide psychosocial counseling to victims and their children for a long period of time at the CSW offices.
- CSWs were not available and accessible for women victims of GBV and DV during the emergency state, some provided services via telephone but were not sufficient;

The statements and additional comments of the women victims who were part of the study, also point out the following:

- CSWs staff did not come to the shelter center to check on her;
- They didn't want to be placed in a shelter center due to fear of COVID-19 infection, CSW didn't provide information on the safety and health protection in the shelter;
- Hearing the questions from the questionnaire of the study they realize what rights they have and what should CSWs offer them/ ask them;
- Beneficiaries do not believe that the CSW will do the job for them, and seek other ways to get help, through CSOs and private lawsuits.
- The financial assistance received by women victims of DV through Article 62 from Law on Social Protection was between 1,000 denars and 4.500 denars, although the Law allows up to 15.000 denars on time aid.

Women victims also stated they need additional services and support, besides what the CSWs can provide. These services are needed by women who left the violent surroundings and/or are single mother by circumstances:

- Additional financial aid for longer time
- Help taking care of her children
- Help caring of her elderly family members
- Long term housing
- Long term medical treatment
- Restriction on the visitation rights of the abuser

Some of them declared they have used other services such as:

- Medical treatment for injuries
- Food and hygiene products donations (CSO)
- Training for soft skills and career development (CSO)



## Recommendations

The civil system of protection must change substantially starting with Centers for Social Work throughout the country. Even the term “system of protection” is not suitable to the complex process of dealing with violence against women and domestic violence, where protection is only one aspect of it. Prevention and reintegration must be key parts of these process because failing to prevent future violence and integrate survivors of VAW and DV in society completely, will only burden the system of protection making unable to deal with VAW and DV. Most importantly, women and girls will continue to suffer all forms of violence on daily basis, will continue to be discriminated, injured, and disabled as consequences to VAW and DV, and murdered.

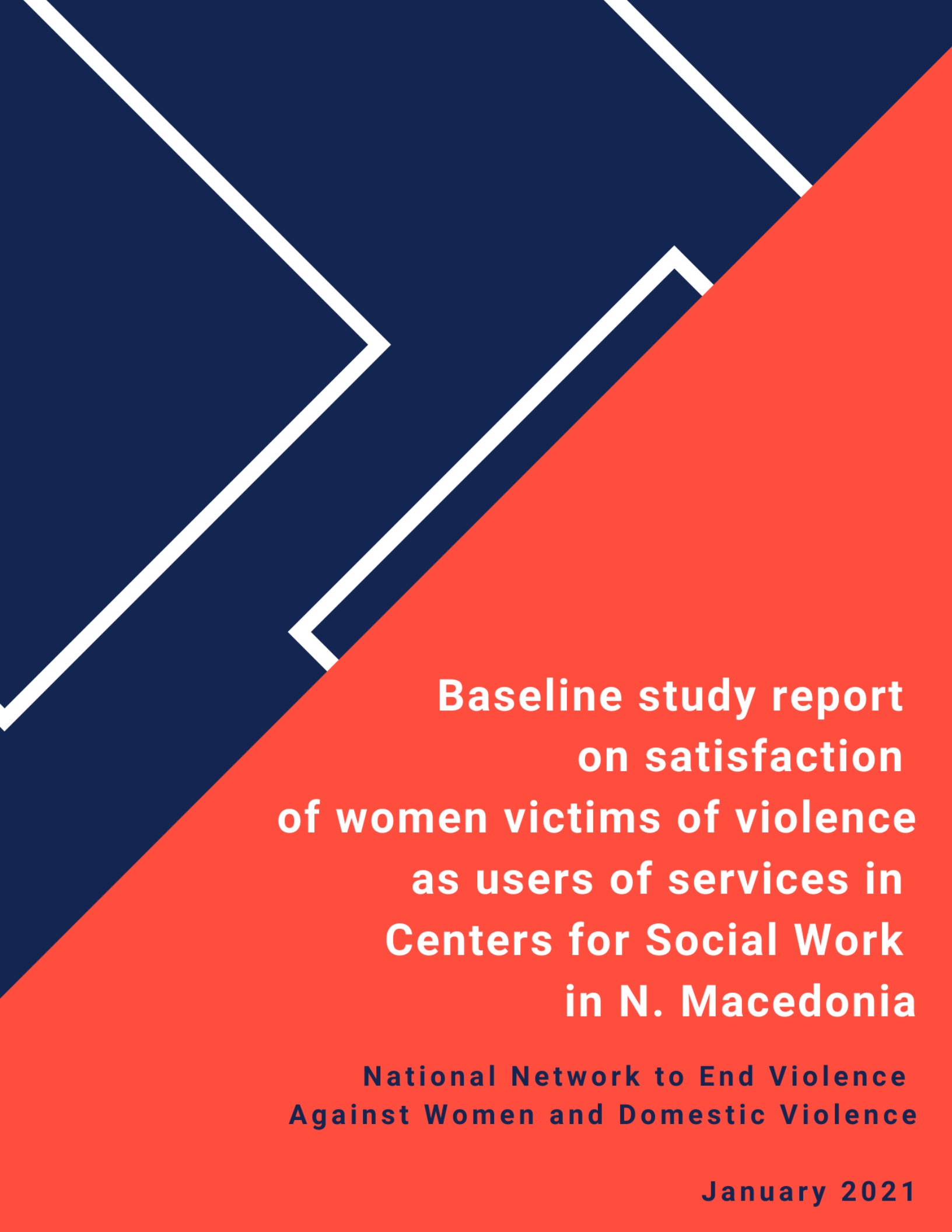
Based on the findings of this study and the provisions of the new Law on elimination and protection from VAW and DV, as well as the Istanbul Convention, here are recommendations on how to improve the work of CWS in N. Macedonia:

- Human resources and capacities of professionals working in CSWs must be increased, to enable them to handle more cases of VAW and DV, but at the same time dedicate more time and work to each single case and each women victim;
- Cases of VAW and DV must be processed with case management to include all aspects of the lives of the victim and her children, their needs and possibilities for help and support;
- CSWs must include professionals from minorities or speaking minority languages in order to provide assistance and protection to women victims of VAW and DV who do not speak the Macedonian language;
- CSWs professionals need to be trained and educated on all forms of VAW and DV and the specifics in providing help and support for different forms of VAW and DV;
- CSWs professionals must be trained and educated on the process of reintegration and rehabilitation of the survivors of VAW and DV, and understand the importance of long-term support in all aspects of the lives of women victims and their children, especially when making the decision to leave the violent surroundings;
- CSWs must assess the individual needs of every woman victim as separate individual. The safety plan and individual plan for work must be personalized and in agreement with the needs of the victims, and her complete awareness of the plan will include, how will that affect her, and how it will help her;
- CSWs must inform every victim on all the possibilities for help and support and let her make the decision on what she needs but help and guide her trough the process. Women victims must be informed on their rights and the role of the civil and criminal protection system in her case.
- CSWs must provide better information on shelter centers, in terms of the shelter can provide, what are the living conditions in the shelter, the terms on which the shelter is functioning etc., so that the victims can make a better decision if they want to be accommodated in a shelter center;
- CSWs must provide better information on the need for psychosocial support to survivors of VAW and DV, informing the victims on the benefits of such treatment for her and her children;
- CSWs must cooperate with WCSOs who provide specialized services and refer women victims to use these services;

- A special Safety protocol for accommodation of women victims of violence in shelters during a health crisis must be adopted by MLSP;
- A protocol for mutual cooperation of the multi-sectorial teams during health crisis must be adopted by all relevant institutions dealing with VAW and DV;

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**Baseline study report  
on satisfaction  
of women victims of violence  
as users of services in  
Centers for Social Work  
in N. Macedonia**

**National Network to End Violence  
Against Women and Domestic Violence**

**January 2021**