

**Endline study on the
satisfaction of
women victims of violence
as users of the services of
Centers for Social Work
(2022)**

November 2022

Publisher: National Network to End Violence Against Women and Domestic Violence

About the publisher:

National network against violence against women and domestic violence

- Voice against violence - Skopje

Kosta Kirkov No. 5/9a, Skopje

e-mail: coordinator@glasprotivnasilstvo.org.mk

contact phone: 02/609-0066

Author: Maja Balsha

Editor: Elena Dimushevaska

Skopje, November 2022

Endline study on the satisfaction of women victims of violence as users of the services of Social Work Centers (2022)

 Austrian
Development
Cooperation



This document was created in the framework of the project “Institutionalizing Quality Rehabilitation and Integration Services for Violence Survivors” funded by the Austrian Development Agency (ADA) with funds of Austrian Development Cooperation.

CONTENT

04

INTRODUCTION

05

CHANGES IN THE SYSTEM OF PROTECTION OF WOMEN
VICTIMS OF GBV AND DV (2022)

11

METHODOLOGY

12

ANALYSIS OF SATISFACTION FROM SERVICES IN
CENTERS FOR SOCIAL WORK (2022)

19

ANALYSIS OF SATISFACTION FROM SPECIALIZED
SERVICES PROVIDED BY CSOs AND WCSOs (2022)

21

CONCLUSIONS

23

RECOMMENDATIONS

LIST OF ABBREVIATIONS

CSW – Center for social work

PI IMCSW – Public Institution Inter-municipality Center for Social Work

CSO – Civil Society Organization

WCSSO – Women’s Civil Society organization

MLSP – Ministry of labor and social policy

RNM – Republic of North Macedonia

GBV – Gender Based Violence

DV – Domestic Violence

LLR – Law on Labor Relations

TPM – Temporary protection measures

LPPVWDV - Law on prevention and protection from violence against women and domestic violence

EMRNM – Employment Agency of the Republic of North Macedonia

INTRODUCTION

During 2020 The National Network to End Violence Against Women and Domestic Violence conducted a [Baseline Study to assess the satisfaction of women victims of violence as users of services in Centers for Social Work](#) and services provided by civil society organizations (hereinafter "baseline study"). Baseline study findings indicated relatively low satisfaction among service users, rated *35% unsatisfactory and 34% somewhat satisfactory*. In addition, they pointed to a series of oversights in the actions of the Centers for Social Work (CSW), namely in the initial assessment of the individual needs of users, creation of an individual work plan, information and referral to rights and services available to the users. Regarding the services in the civil society organizations (CSOs), the satisfaction ranged from 50% to 80%, but the participants in the baseline study pointed out that they do not want to use some of the services in the future because they were inadequate for their needs. This was highlighted for SOS telephone lines and shelter centers.

The recommendations from the baseline study largely indicate the need for increasing human resources in CSWs, as well as improving the skills of professionals. According to the recommendations, the National Network team, after publishing the baseline study, conducted 6 regional trainings for 18 CSWs, with 78 professionals employed in the CSWs. In addition, some of the professionals were mentored through consultations in dealing with mutual cases of violence against women in the field.

In addition, several by-laws related to the Law on Prevention and Protection from Violence against Women and Domestic Violence (2021) were adopted, the purpose of which is to improve the application of the law as well as action in the field in order to better protect victims of violence.

Considering the above, an endline study was conducted to assess the satisfaction of women victims of violence as users of services, the purpose of which is to gain insight into whether any changes have occurred and, if so, whether they are in a positive direction. The endline study was conducted with the same parameters as the baseline and provides insight into whether training and support for service providers, as well as legal solutions, helped to improve satisfaction with services provided to women victims of GBV and DV.

1. CHANGES IN THE SYSTEM OF PROTECTION OF WOMEN VICTIMS OF GBV AND DV (2022)

In the period after the publication of the Baseline Study, there were no significant changes in the system of protection of women victims of GBV and DV. Several by-laws and documents resulting from the LPPVWDV, as well as decisions related to the Law on Social Protection, specifically social services, were adopted.

In addition, specialized services have been established throughout the country intended for women and children victims of GBV and DV, and according to the report on GREVIO of the MLSP, new counseling centers have been opened for perpetrators of domestic violence. Minimum standards for specialized services were also adopted.

The following text covers more precisely the legal changes and the improvement in terms of services.

1.1 Legal changes related to the system of protection

In April 2021 MLSP formed a broad working group for the preparation of the documents arising from the LPPVWDV (2021), i.e. by-laws and documents, namely:

- by-laws arising from articles: 17, 28, 50, 58, 74 and 81;
- Protocol for cooperation according to Article 12;
- Program for reintegration according to Article 99.

The working group started work in May 2021, the work on part of the documents started during this period, part in May 2022. Accordingly, the following documents have been adopted so far:

- Rulebook on the method of implementation and the method of monitoring the issued temporary protection measures¹;
- Rulebook on the method of conducting the risk assessment for serious danger to the life and physical and mental integrity of the victim and her family members and on the risk of

¹ Official Gazette of RNM, No. 248/21

recurrence of violence, appropriate risk management, implementation, and monitoring of measures to protect women victims of gender-based violence and victims of family violence, taken by the Center for Social Work and the necessary forms²;

- Rulebook on the method of execution of the issued emergency measure for protection and removal of the perpetrator from the home and for the prohibition of approaching the home and temporary protection measures³;
- Rulebook on the method of assessing the risk of serious danger to life, the physical and mental integrity of the victim and her family members, and the risk of recurrence of violence, appropriate risk management, the form of the police report and the proposal for issuing an emergency measure for protection - removing the perpetrator from the home and prohibiting him from approaching the home⁴.

There is a draft version of the *Rulebook on the method of execution of the issued temporary protection measure - mandatory attendance at a counseling center for perpetrators of violence against women or domestic violence*, which has not yet been adopted.

The *Protocol for mutual cooperation of the institutions and organizations for dealing with the victims of GBV*, and the *Program for the reintegration of women victims of GBV* are currently being developed.

In accordance with Article 15 of the LPPVWDV, in 2021, the Government of RNM established a National Coordinating Body for the Implementation of the Council of Europe Convention on Preventing and Combating Violence, with a mandate of five years. On July 2nd, the body held its first constituent session where the Rules of Procedure were adopted.

Conclusion: Although LPPVWDV was adopted in the RNM Assembly in January 2021 and entered into force in May 2021, dealing with cases in practice in accordance with the by-laws and documents arising from this law was technically postponed until the adoption of the same. In practice, the experience of dealing with the cases of GBV and DV shows that the law is still not properly applied, and the professionals still act only in cases of domestic violence. In addition, the joint action of the institutions has not yet been arranged because this protocol is currently being developed, which is why the experts in the field are acting in accordance with the old Law on prevention, prevention, and protection from domestic violence (2015)⁵.

What was key to the baseline study was the lack of action in terms of reintegration and rehabilitation of women victims of GBV and DV, where reintegration as a process was not recognized at all by service providers. Given the fact that the Reintegration Program has not yet been adopted, there is a lack of systematic action from this aspect, especially among those CSWs and service providers who have not had any reintegration training. The lack of a Reintegration Program also reflects negatively on the possibilities for establishing new specialized services for reintegration at the local and national level.

² Official Gazette of RNM, No. 240/21

³ Official Gazette of RNM, No. 210/21

⁴ Official Gazette of RNM, No. 210/21

⁵ Ministry of Labor and Social Policy, Law on prevention, prevention, and protection from domestic violence, 2015, Official Gazette of RNM, no. 138/14

1.2 Changes in general and specialized services for women victims of GBV and DV

Towards the end of 2021 MLSP adopted new minimal standards for part of the specialized services, as well as a standard for the work of the CSW in accordance with the LPPVWDV. These are the standards that have been adopted so far:

- Standard and procedures for the work of CSWs for women victims of gender-based violence and family violence (October 2021);
- Standard and procedures for the work of licensed providers of the specialized service for counseling – specialized services for women victims of gender-based violence and victims of domestic violence (October 2021);
- Standard and procedures for the work of temporary stay service providers (Center for victims of domestic violence, Center for victims of gender-based violence and Center for women victims of sexual violence and rape (October 2021);
- Standard and procedures for the work of licensed providers of specialized services – SOS helpline for assistance to victims of violence against women and domestic violence (October 2021).

In addition, the Standard, and procedures for the work of the counseling service - psychosocial treatment of perpetrators of domestic violence (October 2021) have also been adopted;

The regulation of specialized services for GBV and DV is in accordance with the Law on Social Protection (2019)⁶ which also regulates general social services and rights, including those for GBV and DV. MLSP does not have a special sub-program for women victims of GBV and DV, which is why the funds for financing the services are distributed in several budget sub-programs. The largest part is in the Program for the realization of social protection (2022), from which specialized services for women victims of GBV and DV, services for perpetrators of DV, as well as the establishment of new such services are financed. This program provides financial resources for the services managed by the MLSP, i.e. the local CSWs.

In addition, MLSP finances specialized services that are managed by CSOs and WCSOs, in accordance with the Law on games of chance and amusement games⁷. For this purpose, a Program for financing the program activities of the national disabled organizations, their associations and their association, the associations for combating domestic violence and the Red Cross of RNM is adopted annually, from the income from the games of chance and from the entertainment games, and consequently on that and the Decision on the allocation of funds. **For 2021 and 2022. 4,000,000 MKD per year (64,725 euros) have been allocated for the SOS-line for victims of domestic violence, the 24/48 Crisis Center, the Shelter for victims of domestic violence and the Counseling Center for victims of domestic violence.** In addition, MLSP provided 1,200,000 MKD (20,485 euros) to finance the Center for Victims of Human Trafficking, which is managed by WCSO.

According to the data of MLSP and the information from CSOs and WCSOs at the national level, currently in RNM there are:

⁶ Ministry of Labor and Social Policy, Law on Social Protection, 2019, Official Gazette of RNM, no. 104/19

⁷ Ministry of Finance, Gaming and Entertainment Act, 2017, Official Gazette of RNM no. 90/2017

- 14 counseling centers for women and children who are victims of violence, 8 of which are managed by the locally competent CSW and financed by the MLSP, the remaining 6 are managed by CSOs, of which 2 are supported by the local government, 1 by the MLSP and 3 by other donors;
- 9 Centers for victims of GBV and DV, of which 6 are managed by the locally competent CSW, and the remaining 3 are managed by CSOs, of which 2 are supported by MLSP and 1 by the local self-government;
- 3 crisis centers for women victims of GBV and DV, of which 2 are managed by CSR, and 1 by WCSO. All 3 crisis centers are financed by MLSP. Unfortunately, the 2 crisis centers that are managed by the CSW have not provided any services for women victims and have not hired additional staff working in the centers;
- 8 services for free legal aid, managed by CSOs, which are financed by the Ministry of Justice, other donors, and 1 such service is supported by the local self-government;
- 3 SOS lines managed by WCSO and financed by MLSP;
- 3 referral centers for victims of sexual violence and rape, managed by health institutions and financed by the Ministry of Health. Unfortunately, 2 of these centers are not functional, that is, they have not provided a single service in the past year;
- 1 shelter for victims of human trafficking and victims of sexual violence managed by WCSO and financed by MLSP;
- 1 service for supported housing in reintegration managed by WCSO and financed by local self-government;

In total, there are 43 specialized services for women and children victims of GBV and DV, which are not spread throughout the country. Most of them are concentrated in Skopje, while in some plan regions there is only one specialized service or no functional services at all locally. The Polog plan region has only 1 counseling center for women and children victims of violence, which is managed by WCSO and is fully functional, although 1 referral center for victims of sexual violence and rape is also located here, however, this center does not provide services. Similarly, in the North-Eastern plan region, there is only 1 counseling center for women and children victims of GBV and DV that functions within the local CSW, and 1 referral center for victims of sexual violence and rape which, just like in the Polog region, does not provide services.

In addition, during 2021, MLSP opened 8 counseling centers for the psychosocial treatment of DV perpetrators, which are located in local CSWs and are funded by MLSP. In addition to these centers, there is another counseling center for the psychosocial treatment of DV perpetrators managed by the CSO and financed by the local government. For the 8 counseling centers for offenders managed by the CSW, there is no information about the staff hired and the services they provide.

Although the number of specialized services for women victims of GBV and DV is increasing, data from field research shows that a large number of services do not meet the minimal standards recommended by the Istanbul Convention or are not functional at all. In a large number of the services there is a lack of adequate professional staff for the provision of the services, there is a lack of

accessibility for victims with disabilities, minimal spatial conditions, and an appropriate location of the service, as well as programs for their work.⁸

Conclusion: Compared to the baseline study, the number of specialized services has increased from 35 to 43, i.e. 7 new specialized services for women and child victims, and 8 new counseling centers for psychosocial treatment of perpetrators of DV have been established during 2021 and 2022. However, these services do not meet the needs of the victims, mainly because most of them do not even meet the minimal standards according to the Istanbul Convention, and they do not have adequate geographical distribution.

There is a lack of standards and procedures for providing free legal aid, which should also be aligned with the recommendations of the Istanbul Convention.

There is a lack of specialized services for reintegration and rehabilitation for women victims of GBV and DV throughout the country that will provide support in the process after leaving the violent environment in order to prevent the risks of homelessness and poverty, as well as the risks of returning to the abuser or a new violent one partner due to economic dependence of women victims of GBV and DV, who are at social risk.

1.3 Licensing of services for women victims of GBV and DV

With the social reform in 2019, MLSP introduced a licensing process for social services, including specialized services for women victims of GBV and DV. According to this process, the minimal standards for these services that are adopted in 2021, imply that services for women victims of GBV and DV must be licensed, especially those provided by CSOs and WCSOs as service providers. The licensing process is based on the following documents:

- Rulebook on the manner of issuing, extending, renewing, and revoking the work license of professional workers, on the form and content of the work license form⁹;
- Rulebook for closer conditions for allocating funds, for the model of the point scale, the method of allocating funds to associations and other private providers of social services, for providing social services¹⁰;
- Methodology for forming the prices of services depending on the norms and standards for providing social services¹¹;
- Decision on determining the prices of social services in the home, for non-family protection, for professional help and support, for temporary residence for 2022, for counseling and for deprived family care;¹²
- Decision on determining the prices of social services in the home, for day care and for out-of-family protection, as well as for professional help and support, for temporary residence and for counseling for 2021;

⁸ HERA – Association for Health Education and Research, Report of the NAP monitoring of the implementation of the Istanbul Convention, 2021, available at the [link](#)

⁹ Official Gazette no. 79/21

¹⁰ Official Gazette no. 268/21

¹¹ Official Gazette no. 264/19

¹² Official Gazette no. 99/22

According to these documents, the CSO is required to fulfill the standards provided for the appropriate social service they provide, after which they receive a license to provide the services for a duration of 5 years, as well as financial support from the MLSP according to the decision made with a fixed price for the service. This implies that the service should already be established, although the documents do not state where the financial resources for the establishment of the service will be provided. Thus, CSOs must secure funds from other sources, such as donors and/or local self-government, with which they will provide sufficient funding for the full functioning of the service until they receive the license from the MLSP. Furthermore, CSOs must have provided adequate space and professional staff who will be employed in accordance with the LLR, with paid benefits, as well as a financial plan for the sustainability of the service for at least one year after obtaining the license.

However, after receiving the license, the MLSP does not provide sufficient funding to the specialized services for women victims of GBV and DV, because the prices of the services according to the methodology and the decision on the cost of services according to the MLSP, are quite low. Namely, the methodology refers to **general social services** and does not take into account **specialized** services, which according to the standards and recommendations of the Istanbul Convention, have their own **specificities and special conditions** in which they are provided. This is crucial, because this is how the general and specialized services for women victims are separated, which are provided for in the LPPVWDV. Until now, MLSP has prepared and adopted a costing price for social services, which do not include and are not recognized as specialized, the services provided to women victims. Therefore, at this moment, any CSO or WCSO that provides specialized services for women and children victims of GBV and DV can be licensed, but the funds that they would possibly receive from the MLSP will be in accordance with the cost of general social services.

According to this process, MLSP can provide 15-20% of the total finances on an annual level needed for the operation of specialized services, which does not guarantee even minimal sustainability of the service.

Conclusion: With the introduction of the process of licensing of social services, MLSP mandates mandatory licensing of specialized services for women victims of GBV and DV, so that such services entered the protection system and would receive financial support from MLSP. However, the minimal standards required for licensing, as well as the licensing process itself, are difficult to achieve for CSOs and WCSOs, and for those who succeed in obtaining the license, MLSP does not provide sufficient funding and sustainability due to the low cost of services.

2. METHODOLOGY

When preparing the endline study, the same methodology was used according to the baseline study (January 2021) with small variations in the parameters according to the field research.

The endline study was made during October 2022 with data from the research conducted in the period from April to September 2022. According to the baseline study, such studies were carried out in 6 countries from the Western Balkans, that is, in Serbia, Kosovo, Montenegro, Albania, Bosnia and Hercegovina and North Macedonia.

The aim of the endline study is to assess the satisfaction of women victims of violence as users of general and specialized services, with a focus on the services provided by the CSW at the local level, and to compare the findings with those of the baseline study in order to gain insight into whether there have been changes in user satisfaction in a positive and/or negative direction.

For the purposes of this study, 2 questionnaires were applied, 1 for the evaluation of the services provided by the CSWs, and 1 for the evaluation of the services in CSOs. The questionnaires were answered by 68 respondents who were the users of the services in the CSW and 68 respondents who used specialized services in the CSO. All participants are women victims of GBV and DV, who reported violence or sought help in CSW in the period from January 2021 to April 2022.

At the same time, the research included 35 users of services from PI IMCSW Skopje, 6 users from PI IMCSW Kumanovo, 3 from PI IMCSW Ohrid, 8 from PI IMCSW Tetovo, 2 from PI IMCSW Shtip, 6 from PI IMCSW Veles, 1 from PI IMCSW Prilep, 5 from PI IMCSW Bitola and 2 from PI IMCSW Sveti Nikole. Additionally, in the section of specialized services provided by the CSO, 68 users evaluated 149 services, of which: individual psychosocial counseling – 51 services, Telephone, and online counseling – 53, Free legal aid – 25, SOS line -7, Crisis Center (24/48) – 4 services, Shelters/shelter center – 6, and supported housing – 3 services.

Local CSW	Number of participants/ responses	Specialized services for women victims of GBV and DV in CSOs	Number of services
Skopje	35	Individual psychosocial counseling	51
Kumanovo	6	Free legal aid	25
Ohrid	3	Telephone and online counseling	53
Tetovo	8	SOS line	7
Shtip	2	Group psychosocial counseling	0
Veles	6	Crisis Center (24/48)	4
Prilep	1	Shelter center	6
Bitola	5	Supported housing	3
Sveti Nikole	2	Total	149
Total	68		

3. ANALYSIS OF SATISFACTION FROM SERVICES IN CENTERS FOR SOCIAL WORK (2022)

3.1 Demographic characteristics and specifics

Most of the participants in the research or 57.4% (39 respondents) were aged 36-45, 19% or 13 respondents were aged 26-35, 11.8% or 8 respondents were aged 46-55, while the rest were over 56 years old with 7.4% and 18-25 years old with 4.4%.

96% of participants are citizens of R. North Macedonia, 2 are refugees and 1 declared as a foreigner. 12 participants belong to ethnic minorities, of which 9 are Albanian and 3 are Roma. The remaining 56 participants declared themselves Macedonian.

7 participants had some kind of disability, of which 3 are visually impaired, 3 are physically disabled, and 1 is hearing impaired. 4 participants also had a specific medical condition, that is, 3 had diabetes, and 1 suffered a stroke.

The largest number of participants have minor children, or 71% (49), 12% (8) have adult children, and the rest have no children.

60% (41) declared themselves as single mothers, where 8 women are single mothers by law, the rest or 33 are single mothers by circumstances. For 48% of single mothers, there is no specified alimony for the children, mostly due to ongoing divorce proceedings, and for 2 respondents, the children's father is deceased. For 36% of single mothers, child support/alimony is determined, which ranges from MKD 2,500 to MKD 6,000 per child. More than half stated that the father does not pay alimony regularly. 60% of single mothers are employed, the rest are unemployed and have support from other members of the extended family.

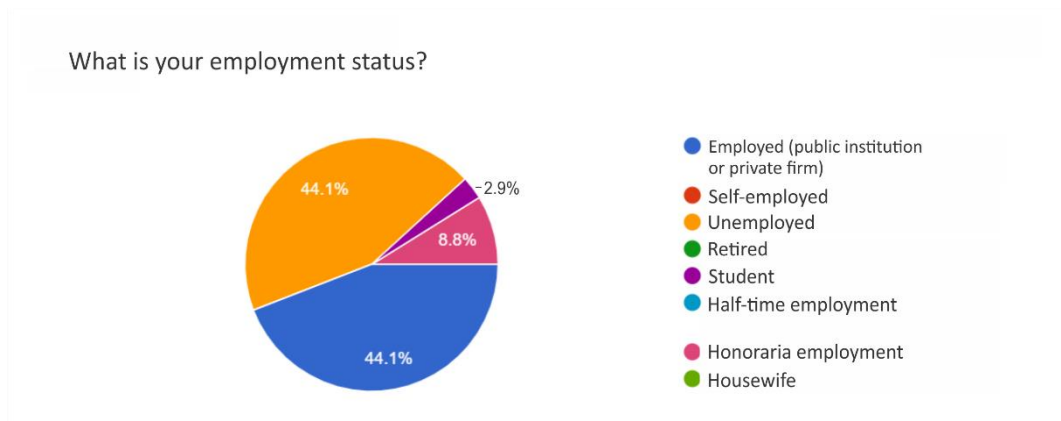


Chart 1. Employment status of the users

Out of the total number of participants, an equal percentage of them are employed, i.e. unemployed or 44.1%. The remaining 8.8% are part-time employees and 2.9% declared themselves as students.

Most respondents do not own their own property and/or car, and only 16% own their own house or apartment. 46% of them during the research lived with their parents or relatives, 23% live in a temporary residence for rent, and 15% still live in a common residence with the perpetrator of violence that is jointly owned or owned by his parents.

3.2 Safety and security measures

The most common forms of violence reported by women victims in this research are physical violence reported by 59 users and psychological/emotional violence reported by 62 users. 24 users reported economic violence, and 9 reported sexual violence, 11 reported marital rape, 10 stalking, 4 forced abortions, 3 reported forced marriage and 1 woman reported trafficking in women. Most women suffered multiple forms of violence from the same perpetrator, that is, an intimate partner, some happened during the marriage, that is, union or relationship, and some after the termination of the marriage, that is, union or relationship.

Which form of violence are you dealing with?

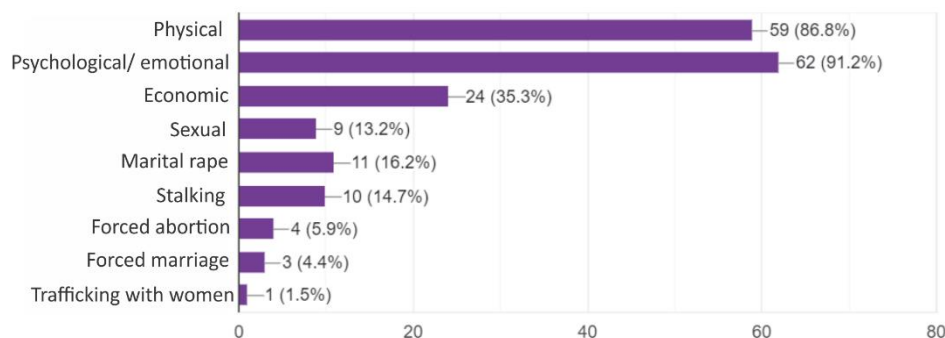


Chart 2. Forms of violence suffered by an intimate partner

The duration of violence for each woman varied from 1 year to 21 years of violence. Most users (27) stated that the duration of the violence was between 2 and 4 years, while the rest stated as follows: up to 1 year - 10 users, 5 to 7 years - 9 users, from 8 to 10 years - 13 users, from 11 up to 15 years - 8 users, 16 to 21 years - 4 users.

To the question of **whether the violence happened in the last 12 months and how many times it was repeated**, 98% of respondents answered in the affirmative. 9% of the users answered that the violence happened once in the past 12 months, 77% answered that it happened several times, and in 14% there was no violence.

80% of the violence that occurred, or 54 cases were reported to the police by women victims who suffered violence.

After reporting, in 20 of the cases temporary protection measures (TPM) were issued within 48 (24) hours after reporting, in 27 of the cases TPM were issued after reporting, where in 3 cases there was an extension of TPM, and in 12 of the cases, criminal proceedings were initiated. In 23 cases, there were no protective measures or criminal proceedings.

The table below shows the type and number of measures that were issued after the violence was reported:

Temporary Protection Measure (TPM)	No. of responses	Percentage
To prohibit the abuser from threatening to commit domestic violence	36	86%
To prohibit the abuser from harassing, harassing, telephoning, contact or otherwise communicate with the victim or a member of her family	33	78%
To forbid from approaching the residence, the school, the workplace or a certain place that the victim regularly visits another family member	20	47%
To order the removal of the abuser from the home, regardless ownership until a final decision is made by the court	0	0%
To prohibit from possessing a firearm or to have it confiscated	2	5%
To oblige the abuser to return the items needed to meet the family's daily needs	0	0%
To oblige the abuser to support the family	1	3%
To order the abuser to visit an appropriate counseling center	9	21%
To attend mandatory treatment, if he is a user of alcohol, other psychotropic substances or has any illness	7	17%
To order the abuser to compensate the medical and other expenses arising from domestic violence	0	0%
To impose any other measure deemed necessary to ensure the safety and well-being of the victims and the members of their family	2	5%

Table 1. Issued temporary protection measures

After it was reported to the police and TPM and/or criminal proceedings were imposed, the women victims answered that they felt safer in 27 of the cases, or 50% of the respondents.

IN 23 (44%) OF THE REPORTED CASES, WOMEN VICTIMS DO NOT FEEL SAFE AND REPORTED THAT THE SITUATION HAS NOT CHANGED, AND AN ADDITIONAL 3(5%) STATED THAT THE VIOLENCE HAS WORSE AFTER THE REPORTING.

3.3 Reporting at the Center for Social Work and Support Services

All 68 users reported the violence in one of the CSWs in the previous 12 months of the survey.

72.1% or 49 users answered that CSWs made a risk assessment and an individual safety plan with them when they asked for help. 39 of them agreed with the plan, and 17 received a copy of the plan. 10.3% or 7 users did not receive this service, and the remaining 17.6% or 12 users do not know the answer to this question.

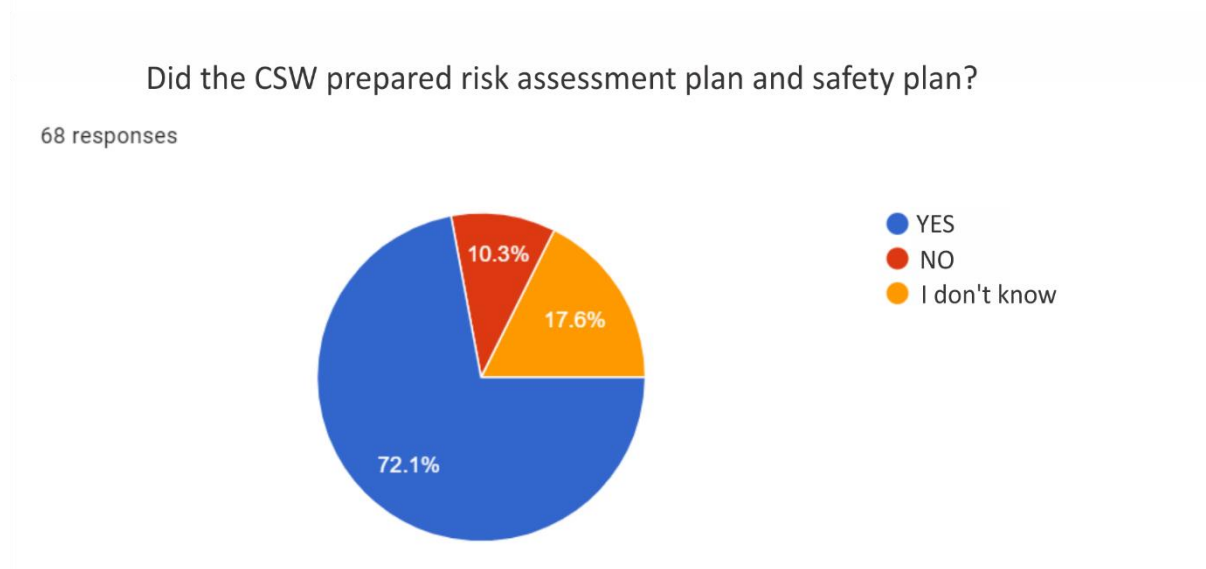


Chart 3. Prepared risk assessments and individual safety plans from CSW

70% or 48 of the users were informed about their rights and the available protection by the CSW employee who acted on their case. 32 of them were asked what they need or what are the individual needs of the women victims.

94% or 64 women victims stated that they needed psychosocial support, and 72% or 49 of them were informed about the possibility of receiving psychological and/or social support from CSW if they needed it. The largest part or 67% (38 women) used this type of service in the WCSO, 26% (15 women) received this service in the CSW, and the rest were referred to health facilities or independently turned to a private counseling center.

50% or 34 women victims stated that they needed a safe place to live, and 46% or 33 of them were asked if they needed a safe place to live by the CSW. 11 of them were placed in a shelter (shelter center) and 3 in a crisis center (24/48) with their children.

42% OR 29 WOMEN VICTIMS SAID THAT THEY NEEDED LONG-TERM HOUSING, BUT ONLY 6% OR 4 WOMEN WERE ASKED IF THEY NEEDED LONG-TERM HOUSING BY CSW. 3 women used supported housing (in CSO), and 2 used a state service providing residence for persons at social risk.

70% or 48 women victims were in need of financial assistance, and 48% or 33 women were informed about the possibility of receiving financial assistance from the CSW. 18 women received one-time cash assistance for victims of DV, 6 women exercised the right to *guaranteed minimal income*, 10 women received child allowance, 7 women used educational allowance for their children, 3 used cash compensation for disability, 2 used cash compensation for care from another person and 2 women received financial assistance for medical needs of DV victims.

- ▶ 51% or 35 women were in need of employment, but only 30% or 20 women were informed about the possibility of employment assistance from the CSW. **ONLY 9 WOMEN USED THE SERVICES OF EARNM**, or rather the measure for employment, as well as trainings for further qualification and training for new skills.

48% or 33 of the women answered that their children needed psychosocial support, and 38% or 20 women were informed by the CSW about the possibility of receiving psychosocial support for their children. 73% of the children who needed psychosocial support received counseling in a specialized civil organization, and 23% were referred to an institution specializing in mental health for minors, and the remaining 4% were referred to a race and development counseling center.

38% or 26 of the women needed measures to supervise the parental rights of the abuser, 55% or 27 women were informed by the CSW about the possibility of introducing measures to supervise the parental rights of the abuser. In 14 of the cases, such measures were imposed on the father (8 cases) and both parents (4 cases).

22% or 11 of the women were informed about the possibility of limiting or terminating the parental rights of the abuser, and in 4 of the cases such measures were initiated by the CSW.

Women victims who left the abuser stated that they have/had other needs, apart from the services offered by the CSW. These needs include the following:

- ▶ Additional financial assistance for a longer period
- ▶ Legal assistance in granting custody of children
- ▶ Legal assistance related to property-legal relations
- ▶ Urgent pronouncement and implementation of protection measures
- ▶ Long-term housing
- ▶ Medical treatment
- ▶ Psychological counseling and treatment for the use of psychoactive substances.

Some of them reported that they received other services such as food donations and hygiene kits and soft skills training and career counseling (CSO).

3.4 Assessment of the treatment towards the users/women victims of GBV and DV from the CSW

53% or 36 women victims stated that they felt understood and supported by the CSW employees who handled their case, 34% or 23 of them stated that the trust and support was partial, while the remaining 13% or 9 women did not feel supported and understood from the CSR.

9% or 6 women answered that the comments or general attitude of the CSW supported the abuser. 28% or 19 of them answered that the support for the abuser was partial, and the remaining 63% or 43 of the women victims answered that the CSWs did not show any support for the abuser. The following are quotes from women victims who felt that the CSW supported or trusted the abuser:

„You should have known who you were dealing with."

“You both will get over this, you have kids."

“He's an elderly man and if he goes to treatment, he still has to go home."

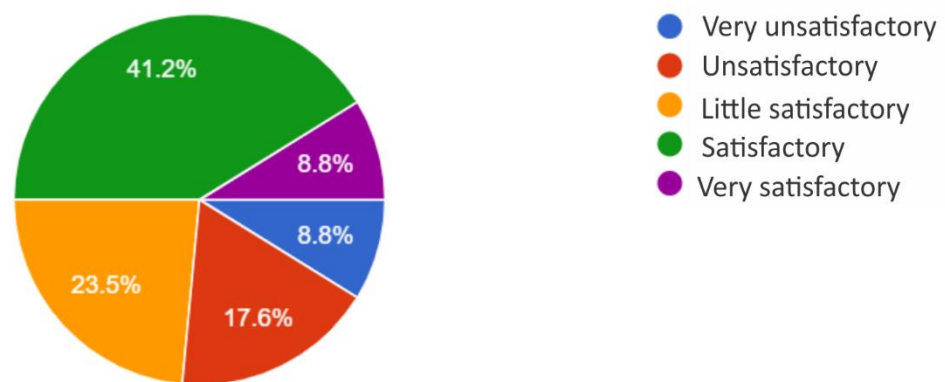
A low 7% or 5 of the women victims stated that they were accused by the CSW employees for the violence they experienced. 19% or 13 women stated that the accusations were partial, and the remaining 74% or 50 women did not feel blamed for the surviving violence. The following are quotes from women who felt blamed for the violence they experienced:

**“They commented on how I looked on my clothes and make-up.
They said to me: where do you work dressed up like this?”**

“We, Roma fight every day, it was normal for us to have violence. “

THE GENERAL ASSESSMENT OF THE TREATMENT OF WOMEN VICTIMS IN CENTERS FOR SOCIAL WORK WAS ASSESSED AS "VERY UNSATISFACTORY" BY 8.8%, "UNSATISFACTORY" BY 17.6% AND "SLIGHTLY SATISFACTORY" BY 23.5%. 41.2% ASSESSED THE TREATMENT AS "SATISFIED" AND 8.8% AS "VERY SATISFACTORY"

How do you assess the reaction of the CSW to your needs:



Graph 4. Satisfaction with the services received in the CSW

4. ANALYSIS OF SATISFACTION FROM SPECIALIZED SERVICES PROVIDED BY CSOs AND WCSOs (2022)

According to the methodology of the baseline study, a survey was made about the satisfaction with specialized services for women victims of violence that were provided by CSOs. The following services were examined: SOS telephone line, telephone or online counseling, legal counseling, individual psychosocial counseling, group psychosocial counseling, accommodation in a crisis center (24/48), accommodation in a shelter (shelter center) and supported housing. All 68 women, who received 149 services, answered the questionnaire.

The most used services were telephone or online counseling (53) and individual psychosocial counseling (51). Next, 25 services were provided for legal counseling, 7 on SOS line, 6 were placed in a shelter, 4 in a crisis center, 3 received supported housing, and no services were provided for group counseling.

Regarding the **telephone or online counseling service**, which was introduced in the baseline study due to the adaptation to the COVID-19 pandemic, was the most used service in the endline study by a total of 53 women. 62% of respondents who used this service were very satisfied, 34% were satisfied, and only 4% were dissatisfied. With these findings, this service is also the second highest rated as satisfactory. Part of the respondents used this service informatively to request information on where and how to report violence, but in addition to that information they received advice and guidance according to their question. The rest used the service due to the inability to come to face-to-face meetings due to work commitments, health conditions or staying abroad.

25 respondents received **legal counseling and support**. 18 of them or 72% are very satisfied with the service, 6 or 24% are satisfied, and only 1 (4%) was not satisfied with the legal advice service. What they are most satisfied with is that they received free legal services and were accompanied to competent institutions by women legal advisers. Most respondents emphasized that they exercised their rights in a short period of time, and additionally they were informed about rights that they did not know existed.

The users who received **SOS telephone line services**, 57% or 4 of them were satisfied with them. The remaining 43% or 3 of the users were not satisfied with the service. The most common reason given for dissatisfaction was that they did not receive support other than being referred to another service or institution. The users stated that they were not consulted, but only referred.

6 women interviewees were placed in a **Shelter Center**, of which 17% are very satisfied, 67% are satisfied, and the remaining 16% are dissatisfied with the service. Those who are satisfied with the service pointed out that they felt safe and protected in the shelter, they were accommodated immediately on the same day. Those who are not satisfied pointed out that the reason for this is the limited movement and the feeling of confinement.

All 4 respondents who were placed in the **Crisis Center** for victims of GBV and DV were satisfied with the service. They pointed out that the accommodation was neat, and they had a feeling of security.

Regarding the **supported housing service**, 3 users were accommodated in an Open Housing House, of which 2 are very satisfied, and 1 is satisfied. Most of all, they appreciated the fact that they themselves participated in making decisions, had enough space for themselves but also for the children, and had daily support for any issue. They also pointed out that they had the opportunity to save part of their income after they got a job, because they did not have any expenses in the House.

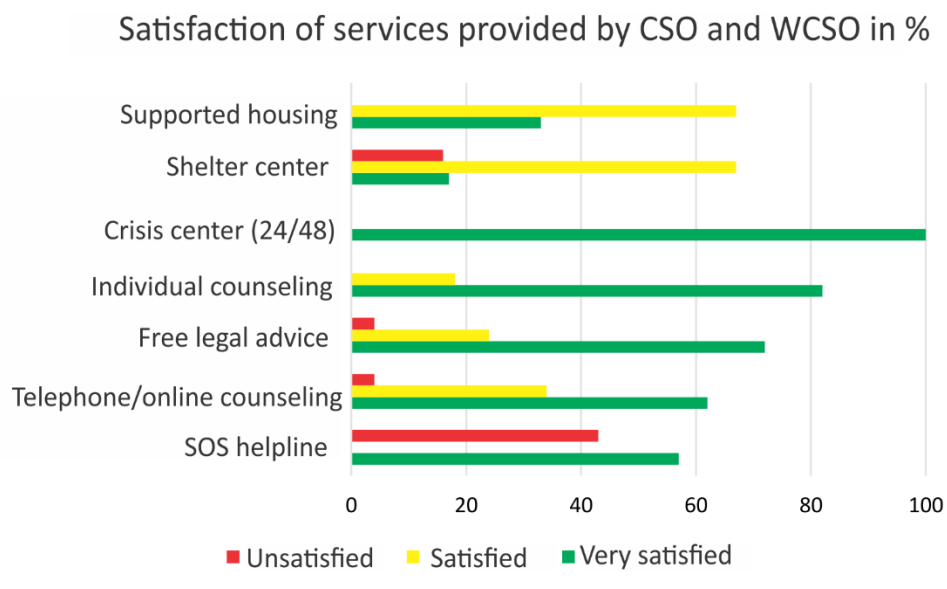


Chart 5. Satisfaction with the services received in CSOs and WCSOs

CONCLUSIONS

The conclusions of the endline study are derived according to the findings of desk analysis and research with an online questionnaire, but also in comparison with the findings of the baseline study. In general, there is a positive change in the provision of services by CSW to women victims of GBV and DV, as well as greater satisfaction with these services. However, the change is small and thus insufficient for significant improvement of the system of protection and reintegration of women victims of GBV and DV in RNM.

Progress has been made in adopting better legal solutions for better prevention, protection and ending of violence, but the application on the ground still lags behind. The lack of a protocol for joint action of the institutions, as well as the absence of a Program for the reintegration of women victims of GBV, is significantly felt. Therefore, there is also a lack of systemic action from the aspect of reintegration, especially among those CSRs and service providers who did not have any reintegration training. The lack of a Reintegration Program also reflects negatively on the possibilities for establishing new specialized services for reintegration at the local and national level. In general, there are no reintegration services in RNM, except for one service for supported housing in Skopje, and psychosocial counseling services that provide rehabilitation and economic strengthening within the counseling centers.

The number of specialized services for women victims of GBV and DV has been increased, and standards and procedures have been adopted for these services in accordance with the Istanbul Convention. However, a large part of the services does not meet the minimum standards of the Istanbul Convention, which is why they do not provide quality services, and standards for free legal aid services are also missing. The specialized services that exist are not equally available and accessible everywhere in the country, as well as for women with disabilities, or those belonging to different minorities. In addition, the services that are managed by the locally competent CSWs are not in accordance with the Istanbul Convention, which stipulates that they should be managed by WCSOs, and that they should be in a different location from the general services, that is, the CSW.

In addition, the establishment and sustainability of specialized services are made more difficult by the process of licensing service providers (CSOs and WCSOs). The licensing process is quite difficult for most CSOs and WCSOs, and on the other hand, the financial support that would be provided by MLSP after acquiring the license can cover 15-20% of the annual costs of the service. The reason for this is that the cost of the services is made according to a Methodology that evaluates general services, and not the specialized services for GBV and DV, which are provided for in the LPPVWDV and the Istanbul Convention.

According to the findings of the questionnaires on satisfaction with the services of the CSW and CSO, the conclusions are as follows:

- ▶ In the majority of cases, CSWs made a risk assessment and an individual work plan and informed the victim about his rights. However, in some cases the assessment and the plan are

still not done according to the individual needs of the user, but in a general way, with a focus on violence, and very little focus on social risks;

- ▶ Where there are resources for psychosocial sanctification, CSWs refer users and their children to WCSO to receive this service. Where there were no counseling centers outside of the CSW, psychosocial counseling was provided within the CSW;
- ▶ In terms of safe accommodation, the CSW adequately informed the users about the possibilities of accommodation, but a small part of them used this service due to the inadequate conditions in the accommodation services. The users pointed out that the stay in the shelter was short or insufficient;
- ▶ CSWs did not offer the possibility of long-term housing to those users who needed it, especially those who were placed in a shelter. They emphasized that after leaving the shelter, they did not receive support for securing long-term housing;
- ▶ CSW offered opportunities for financial assistance only to those users who were unemployed. A small part of the users realized the right to guaranteed minimal income, educational and child allowance, as well as one-time financial assistance for victims of domestic violence;
- ▶ Although half of the users were in need of adequate employment, CSW offered employment opportunities to a small part, that is, only to the unemployed users, while those with low incomes insufficient to meet their daily needs did not receive such services;
- ▶ A very small number of the users used the opportunities for employment in EARNM;
- ▶ Although most of the users pointed out that they have minor children, and that the violence happened several times in the past year, only a small part of them were informed about the possibilities of introducing supervision over the exercise of parental rights of the abuser, as well as limiting or taking away the parental rights of the abuser;
- ▶ Most of the users pointed out that the CSW employees supported and trusted them, they did not support the abuser. In a small part, it was emphasized that the woman was accused of the violence, condemned for her appearance, or the violence was justified due to belonging to a certain minority.

Compared to the baseline study, there was an increase in satisfaction with CSW services from 31% to 41% as "satisfactory", and a further 8.8% as "very satisfactory".

In terms of services from CSOs and WCSOs, satisfaction ranges from 60% to 80% as "very satisfied", which is also in line with the findings of the baseline study. However, the users consider that the services in the shelters are not suitable for a long-term stay due to the limited movement and permanent confinement. Some of the users are not satisfied with the services received on the SOS lines, because they did not receive the advice or information, they called for but were directed to another service where they could receive appropriate advice, guidance, and information.

The women users of the services in the CSW and CSOs pointed out that they have additional needs that they could not satisfy with the provided services. Especially women who left a violent environment and are in the process of reintegration emphasized that they need the following:

- ▶ Additional financial assistance for a longer period
- ▶ Legal assistance in granting custody of children
- ▶ Legal assistance related to property-legal relations
- ▶ Urgent pronouncement and implementation of protection measures
- ▶ Long-term housing
- ▶ Medical treatment
- ▶ Psychological counseling and treatment for the use of psychoactive substances.

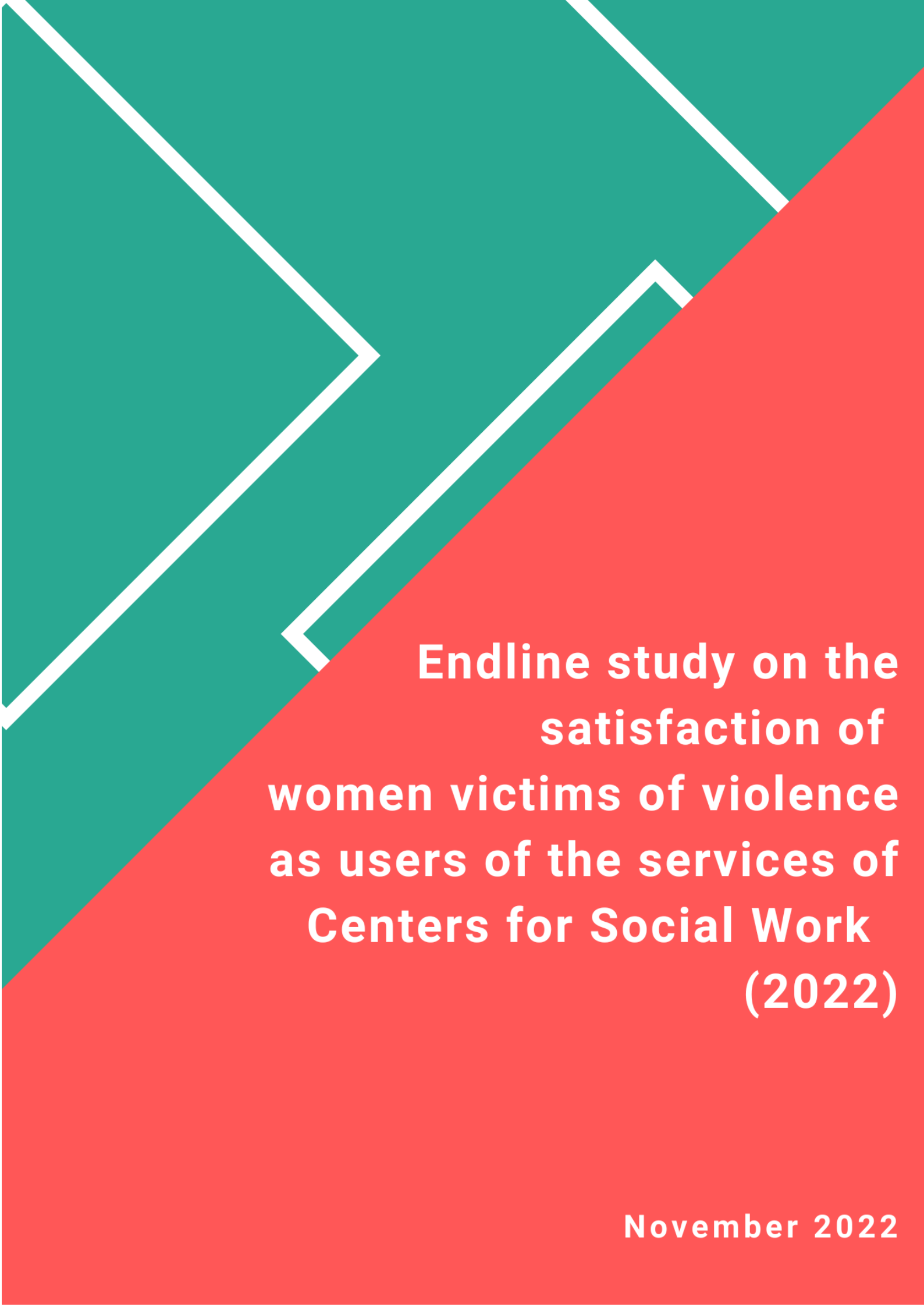
RECOMMENDATIONS

The main recommendation of this study, similar to the baseline is that the protection system must be significantly improved to provide adequate protection and must include the process of reintegration and rehabilitation of women victims of GBV and DV. Without adequate reintegration, women who leave a violent environment, as well as their children, are exposed to social risks of poverty and homelessness, as well as to the recurrence of violence due to the inability to ensure economic stability and independence.

The training and support of CSW professionals gives results in a positive direction, which can be seen from the fact that the individual needs of the victims are more recognized, and there is a more appropriate referral to specialized services, where they exist. Condemnation and blaming of victims for surviving violence, as well as support for abusers due to their parental rights, has been particularly reduced. However, not all CSWs were covered by trainings, and there is no continuity of trainings on certain topics.

The specific recommendations according to this endline study are the following:

- ▶ The state must ensure easier access to financial resources for the establishment and sustainability of specialized services for women victims of GBV and DV at the local and national level;
- ▶ MLSP must revise the Methodology for estimating the cost of the services provided to women victims of GBV and DV, and thus the Decision on the cost of the same. The revised methodology must assess specialized services according to the minimum standards of the Istanbul Convention, and these services must not be equated with general services provided to other categories or the entire population;
- ▶ Specialized services that do not meet the minimum standards must comply with the standards of the Istanbul Convention at the national level. Especially the services that are managed by a locally competent CSW, where professional staff must be employed for the appropriate service, to provide the services in separate rooms that are in a safe location that will be available and accessible to all women victims of GBV and DV.
- ▶ MLSP must adopt a protocol for joint action of the institutions in dealing with cases of GBV and DV with the aim of immediate and coordinated protection of the victims;
- ▶ MLSP must, as soon as possible, adopt a Program for the reintegration of women victims of GBV and DV, which will contain financial implications for the establishment and sustainability of specialized services for reintegration, as well as obligations for competent institutions to finance such services;
- ▶ CSW professionals must have continuous training for the reintegration and rehabilitation of women victims in order to recognize this process and provide appropriate services for the users;
- ▶ Cases of GBV and DV must be individually assessed according to the individual needs of each woman victim, with a focus on both violence and social risks. Therefore, human resources in local CSWs must be increased, as well as continuous improvement of their knowledge and skills for appropriate risk assessment;



**Endline study on the
satisfaction of
women victims of violence
as users of the services of
Centers for Social Work
(2022)**

November 2022