



**THE ROAD MAP AND COSTING
OF THE COUNCIL OF EUROPE CONVENTION
ON PREVENTING AND COMBATING VIOLENCE AGAINST
WOMEN AND DOMESTIC VIOLENCE IN ALBANIA**

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ABBREVIATIONS

CoE Convention	Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence
CCR	Coordinated Community Response against Violence against Women and Domestic Violence
CoM Decision	Council of Ministers' Decision
CSO	Civil Society Organization
DPEOF	Directory of Policies on Equal Opportunities and Family
DV	Domestic Violence
EPO	Emergency Protection Order
GoA	Government of Albania
GBV	Gender Based Violence
INSTAT	Institute of Statistics in Albania
MoE	Ministry of Education
MoH	Ministry of Health
Mol	Ministry of Interior
MoJ	Ministry of Justice
MoLSAEO	Ministry of Labour, Social Affairs and Equal Opportunities
NGO	Non-Governmental (not-for-profit) Organizations
NSGE-GBV & DV	National Strategy on Gender Equality and for the Reduction of Gender based Violence and Domestic Violence
PO	Protection Order
VAW	Violence Against Women
UN Women	United Nation Entity for Gender Equality and the Empowerment of Women

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EXECUTIVE SUMMARY

Following the signature in 2011 of the new Cooperation Agreement (2012-2016) between the Government of Albania (GoA) and UN Women, UN Women has supported the development of the present “road map study” (referred to as “the study” hereafter) for progressive realization of the standards of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (CoE Convention), particularly with respect to the provision of services in response to violence against women (VAW). This study focuses on an analysis of the costs, modalities for financing and implementation of the services covered by the scope of the CoE Convention.

This study started in September 2012, prior to the GoA’s ratification of the Istanbul Convention on the 4th February 2013. It provides insights on the actions and measures the GoA has to adopt to comply with the standards of the CoE Convention, regarding services to survivors of gender based violence and domestic violence. The policies and measures described in the study are seen as dynamic interventions that can take place in the short and long-term. The different resources, mainly financial ones, required at the national level to support policies and measures to prevent and combat violence against women are assessed and planned in the most cost-efficient manner.

The team gathered some basic information about existing services to understand where the GoA has to spend funds to support existing ones and disburse new ones to address the requirements of the CoE Convention. This study is not an assessment of the existing services in Albania. The team did not conduct a systematic review and research about what each service is providing since this would require independent studies. The GoA has already undertaken this type of dedicated study (as in the case of the Coordinated Community Response¹), which results were used also for the present study.

For this study, specific methodology was adopted to fulfill all requirements. The methodology made use of mixed methods, qualitative and quantitative, and undertook the following steps: desk review, formal and informal meetings, development of instruments for qualitative and quantitative data collection, data collection via focus groups, face to face interviews and a self-administered questionnaire. The questionnaire was developed by taking the following aspects under consideration: a) which services are already in place and their cost; b) how these services operate.

The questionnaire was sent to private and public services dealing with violence against women and domestic violence to get an overview of what they are providing, how many persons work in these services, and how they are financially supported. The questionnaire was sent by email.

Specifically, to achieve the aims of the study, these two methods were used:

- 1) Qualitative (in-depth interviews with public institutions and non-for-profit organizations working against gender-based violence (GBV) and domestic violence (DV) and providing support to victims/survivors of violence);
- 2) Quantitative (questionnaires distributed to service providers working with victims).

Data obtained from both sets of methodologies were used to identify the needs of beneficiaries as required in the CoE Convention and to establish the financial and human resources needed to deliver services for the support of victims of violence outlined by the Convention, identifying those measures the GoA still had to undertake.

The GoA has made noticeable progress in implementing measures against GBV&DV: adoption of legal amendments from 2006 up to May 2013, establishment of institutional structures under the philosophy of coordinating community response

¹ The Coordinated Community Response (CCR) is a team of community professionals who come together to respond to a specific issue. This strategic structure has proven to be particularly effective in addressing the various needs of domestic violence victims. These teams are multi-disciplinary and each member plays a key role in the overall community response to the crime of domestic violence. This model has been piloted in Albania since November 2007 through a project of the Network against Gender-Based Violence and Trafficking entitled: “Making it real – Implementing the Domestic Violence Law in Albania”, supported by the UN Trust Fund to End Violence against Women and managed by “Refleksione” Association. After being piloted in five Municipalities in Albania, with the request of GoA in 2009, the first “National Strategic Platform for the Establishment of the Coordinated Community Response in Albania” was prepared by T. Gentle and M. Kocaqi. With the Council of Ministers Decision no. 334 of 17th February 2011 “For the Establishment and Functioning of the Referral Mechanism for the Domestic Violence Cases”, this CCR model has been transposed/integrated into the Referral Mechanism and it is now compulsory to have it established in all local level units in Albania. A dedicated study on the costs for the implementation of this CoM Decision was prepared in November 2012 by the Center for Legal Civic Initiatives, with the request of the GoA and supported by UN Women.

against violence at the central and local levels, as well as services for victims/survivors of violence. However, there is still a lot to do mainly to strengthen the rule of law, improve access to general and dedicated services to victims/survivors of violence, and strengthen and intensify measures to prevent violence by means of awareness raising, education and social inclusion.

The set of measures, deemed important for the GoA to align its policies, service delivery access and standards to the requirements of the CoE Convention, as well as necessary resources to support this intervention, are summarized throughout the study.

Legal Framework: In order for Albania to comply with the requirements of the CoE Convention recently ratified, it is necessary to extend the legal framework so to include in the Albanian Criminal Code all the types of offenses prescribed in the CoE Convention. The Albanian Criminal Code includes most of the provisions. However, the definition it gives of 'domestic violence' should more specifically refer to 'intimate partner violence', which would therefore include married and co-habiting couples, as well as partners having or having had a relationship. The definition should also specify which type of violence occurred between partners or former partners, i.e. physical, psychological, economic and/or sexual violence.

Prevention and protection measures: Are strongly based on the coordination of actors and resources, as well as on information and research. This philosophy of the CoE Convention on designing prevention and protection measures for women at risk of violence or victims/survivors of violence is already part of the policies Albania is currently implementing. The inter-institutional mechanism of responding to violence against women and domestic violence at the central and local government levels is a best practice of coordinated gender policies (especially the coordination mechanism at local levels²), however there is a need to extend it in order to have a better national coverage. The coordination mechanism should be better supported by the public and non-public partnership especially with regards to service delivery for victims/survivors of violence. The formalization of the coordination between actors will create a synergy of efforts in preventing and combating GBV&DV and improve the quality, variety and access to services and support for victims/survivors.

Long-term prevention measures to induce cultural changes have to be consistent, not dependent on donors' financial support and be part of the educational sector. These measures, in addition, have to rely on research findings looking at risk and protective factors related to violence against women and to what works and does not work and based on international experiences. The establishment of a standardized database of information from administrative sources and a national periodic survey of around 3,500 women on GBV&DV would greatly assist policy makers and practitioners to make decisions and take action on proper monitoring of the issue of gender based violence.

Albania has to design and implement prevention measures that target perpetrators. These programs are currently just being piloted, and as indicated by the domestic violence law and the CoE Convention have to be systematic and structured.

With regards the legal system, judges and prosecutors in particular lack proper training and awareness on the issues of GBV&DV. The system also suffers from a lack of staff and resources to provide high quality support to victims/survivors of violence in a domestic or non-domestic environment. **Priority lines** are to be established in the state police and in the courts to ensure immediate attention and support when dealing with such cases. **Other general public services, such as health or social protection, also have to establish priority lines** of intervention for GBV&DV victims/survivors.

Dedicated services for such victims/survivors have to meet the standards set by the CoE Convention regarding access, quality and services provided. These can be delivered by the State (and/or supported by public funding) based on the three principles of the CoE Convention: **prevention, protection** of victims, **prosecution** of offenders (PPPs), mainly in cooperation with specialized non-governmental organizations (NGOs) or social businesses operating in the field of social service delivery.

Albania has to **establish a National Hotline Service** (free of charge, 24h operational) for victims/survivors of GBV&DV to receive immediate protection and basic information. Such a hotline, however, would not be a counseling service but would rather function as a referral system to locally based services (according to where the victim lives and which is closed to her), which would also have their own hotline.

² This Coordination Mechanism is based on the Coordinated Community Response' philosophy and has to be established locally based on the Council of Ministers Decision no.334 of 17th February 2011 "For the Establishment and Functioning of the Referral Mechanism for the Domestic Violence Cases".

Albania currently has 8 (eight) shelters [throughout the country]³, two of which are emergency shelters, accommodating approximately 100(one-hundred) victims/survivors of GBV&DV⁴. The country should provide 180 (one hundred eighty) additional shelter places (beds) in order to meet the minimum requirement of the CoE Convention (1 bed for 10.000 inhabitants⁵ - Albania has a population of 2,800,000⁶). In order to address these needs, **5 (five) new regional shelters will have to be established**, based on the model of the national shelter established in the capital, Tirana⁷. This national shelter offers different types of services for the victims/survivors of violence (mainly of domestic violence), such as: actual residential sheltering, psychological and legal support, legal assistance, vocational trainings and when it is possible even employment support/job placement. The model of this national shelter, however, has a requirement that constitutes a substantive limitation that is in contrast with the CoE Convention standards and therefore needs to be removed: here the victims/survivors can be sheltered only if they have applied for and obtained an Emergency Protection Order, or a Protection Order issued by a court.

The concept of shelter for victims has to reflect the CoE Convention requirements and international best practices. The national standards for licensing a shelter service for GBV&DV or technical standards for government to outsource this service to specialized NGOs have to define “a shelter” as a multiple service delivery center for victims/survivors of violence or their dependents who sometimes have witnessed violence (their children in particular).

The minimum standards required for shelters are: provision of 24h counseling and information delivery through phone or face- to-face counseling, free legal support, and in most high risk cases, housing for the victims/survivors and any children.

The aim of these shelters is to develop a tailored program for each case to end violence, addressing in each case the needs of victims/survivors involved from a social, psychological, legal and economic point of view. This program has to be agreed upon with the victim/survivor and has to be undertaken and shared with all relevant actors and institutions. In such structures, victims/survivors should be able to find shelter and long-term support for reaching economic independence, via vocational training, job places in order to reduce the risk of re-victimization due to the high vulnerability of some of these victims/survivors. In order to step out of violence, several needs shall be addressed, which are related to the woman victim/survivor directly but also towards any dependent accompanying her (children, parents). The future regional shelters could lead and take-up the function of coordination at the regional level, which is currently the responsibility of the municipality and/or commune. Long-term recovery and support for victims/survivors of violence is also an important dimension of their re-integration and especially for the reduction of re-victimization. Measures of support for long-term recovery of these women/girls have to be supported by the inter-agency networks involved in social affairs and social policies, by considering them as a special vulnerable group. This, for instance, could imply a housing allocation system where a priority of available houses is given, among other categories, to women victims/survivors of GBV&DV with or without children.

The allocation of a certain number of municipality jobs to this category of women could also be provided, in order to reduce to a minimum their level of vulnerability which often might increase their risk of continuous victimization, simply because victims/survivors do not have another alternative than to stay with the abuser.

Education and employment policies, mainly based on the instrument of quotas for women of this target group, would help in supporting these women. Social support, financial and non-financial assistance, as well as social housing opportunities for those leaving shelters, are necessary measures to help victims/survivors of violence start and live a new life free from violence.

³ Re: four in Tirana (two State-operated), one in Elbasan and one in Vloera. From these six shelters, one in Tirana is State-run (“Linza” Shelter) and is specifically focused on victims/survivors of trafficking, another one in Tirana (D&E) run by NGO is mainly focused on victims/survivors of trafficking, but is also used for victims/survivors of domestic violence; the same situation is for the shelter in Vloera (“Vatra”) – run by an NGO. While the shelter in Elbasan (“Other Vision”) - run by NGO and the remaining two shelters in Tirana are specifically dedicated to victims/survivors of domestic violence, (one of this shelters in Tirana is run by state “National Shelter” while the other is run by the NGO “Shelter for Women and Girls”). There is also an Emergency Shelter (for 72 hours) in Elbasan run by the NGO “Women’s Forum” and another one in Berat run by the cooperation of the Municipality and an NGO.

⁴ Data gathered from our field work (interviews and questionnaires)

⁵ Council of Europe/ Task Force to Combat Violence against Women, Including Domestic Violence (2008): Final Activity Report, Strasbourg; minimum standard, quoted in the explanatory report of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence 2011.

⁶ Census 2011

⁷ The shelter opened in April 2011

Compensation of victims/survivors is another requirement of the CoE Convention. Compensation is made by the State in cases where the offender is unknown, or when no reparation can be made by the perpetrator. Compensation should not be confused with costs related to victims' needs following victimization (legal, psychological, shelter), meaning the costs that victims should not have to disburse in order not to burden them with extra costs/damages.

Compensation is thought of as a way to try to 'pay' for the damage caused by the crime. The damage already caused should be quantified and paid back. Some damages are easier to quantify (material damages, and some physical damages) than others, such as psychological damages.

Some countries, such as Albania, can make changes in their legislation to address the issue of compensation and foresee a Fund for specific cases and under certain conditions. This would also avoid unlawful requests for compensation. Under these conditions, Albania could look into policies of other European Union countries in the field of compensation and set a period of three years to comply with article 30 of the CoE Convention.

The GoA has cost the types of measures and interventions it plans to implement in the Action Plan for the Implementation of the National Strategy on Gender Equality and for the Reduction of Gender Based Violence and Domestic Violence 2011-2015⁸. Interventions under the CoE Convention requirements would be mainly to improve adequacy and standards of existing services in terms of access, coverage and diversity.

In order for Albania to fully comply with the requirements of the CoE Convention with regards to service provision for victims/survivors of violence, the Government will need to adopt new national policies and increase its funding/budget by approximately USD 1(one) million per year for the next five years.

⁸ Approved with CoM Decision No. 573 of 16th June 2011 and published in the Official Government Newsletter No. 127 of 7th November 2011. See: www.mod.gov.al/images/pdf/vkm_buxhetimi_shanset.pdf

I. INTRODUCTION

The efforts Albania devoted to gender equality and domestic violence, strategically framed from 2007 in the National Strategy on Gender Equality and against Domestic Violence (NSGE-DV 2007-2010), have marked achievements in ensuring women equal participation in decision-making, politics and economy. The strategy was focused on fighting domestic violence through prevention measures and an Action Plan was drafted in order to implement this strategy. As a result, a lot of awareness raising and capacity building activities occurred and the State combined its efforts with NGOs. Several other strategic priorities were set out in the strategy ranging from legal and regulatory framework improvement, representation in elected bodies, combating discrimination in the labor market (public and private), specific policies in health (including reproductive health) and education, social services and social protection, as well as improved monitoring of the status of women and gender equality. Gender priorities were also elaborated in the cross-cutting strategies ensuring that some gender equality issues are reflected in other strategies, such as those dealing with human trafficking and social inclusion, approved by the GoA in February 2008.

Under Albanian Law No.9669 of 18th December 2006 “On Measures against Violence in Family Relations”⁹, “domestic violence” is an act committed by a person in a family relation, which results in violating physical, moral, psychological, sexual, social and economic integrity of a person¹⁰, and as such is often a covert crime.

The national survey of 2009 on domestic violence showed that 56% of interviewed women aged between 15 and 49 experienced some forms of domestic violence. The risk of victimization is high and varies according to the level of education, employment and a degree of economic dependence. These victims often suffer more than one form of violence at the same time. The survey also revealed that victims/survivors seldom ask for assistance and support following acts of violence and that they usually ask help from their families, families of their spouse or relatives (INSTAT, 2009). The legal framework, the institutional set up and capacity building, training and awareness campaigns appear to have influenced the willingness and confidence of victims/survivors to report cases of GBV&DV. As a result, the issuance of protection orders was increased by three times in the last three years.

The monitoring and evaluation of the implementation of the National Strategy 2007-2010, based on reported cases of DV and mechanism of referral and support for victims, concludes that prevention measures applied so far have improved the situation considerably. Awareness-raising campaigns and institutional structures have improved the trust of victims in the protection system. International organizations, as well as local organizations providing support, legal and psychological counseling, social support, shelter, as well as long term recovery for victims, have played an important role in increasing the trust of vulnerable or violated women into the protection mechanism. The assessment report¹¹ on the outcome of the NSGE-DV identifies the need to equally distribute efforts and support among urban and rural areas, as rural areas have low or no coverage of the policies or support targeted to domestic violence and gender based violence.

Methodology of the study

Strategic documents, research and reports for Albania’s effort to prevent and combat violence against women were reviewed aiming at identifying the measures previously implemented and those currently in place regarding legal and policy framework, institutions, network of organisations, infrastructure and other resources (public and non-public).

The methodology used a combination of qualitative and quantitative methods for data collection. Data were gathered directly from key informants such as official representatives from the government as well as professionals and volunteers working in services¹². The sources of information were indirect and direct: archival data, national and international documents, legislations, interviews, questionnaires, focus groups.

⁹ This Law has entered into force on 1 June 2007 and is improved with Law No. 10329 of 30th September 2010

¹⁰ Law No.9669 of 18th December 2006 “On Measures against Violence in Family Relations”, Article 3, point1/2.

¹¹ National Strategy on Gender Equality and for the Reduction of the Gender Based Violence and Domestic Violence 2011 – 2015 and the Action Plan for its implementation approved with CoM Decision No.573 of 16th June2011 and published in the Official Government Newsletter No. 127 of 7th November2011. See: www.mod.gov.al/images/pdf/vkm_buxhetimi_shanset.pdf

¹² The information were gathered from: State Police, Office for Rehabilitation, Police Department, different municipalities such as in Tirana, Lushnja, Korçë, Shkodër, Vlorë, Elbasan, Durrës, Directory of Public Health, Women’s Center “Light Steps” in Shkodër, “Women’s Forum” in Elbasan, Ministry of Justice, National Center for Treatment of the Domestic Violence Victims (national shelter), “Shelter for Women and Girls” in Tirana, “Me, the Women” Association in Pogradec, “Different & Equal” Organization in Tirana, Employment Office, “Kennedy” Foundation in Korçë, District Court in Korçë, Directory of Public Health, Bailiff Office, Center for Legal Civic Initiatives, Police Department in Lushnja, Directory of Public Health, Policlinic No. 7 Health Center at Bregu i Lumit, Educational Directory, Employment Office, Regional Directory of the Employment, “Other Vision” Association in Elbasan,Community Center “Today for the future” in Durrës.

The analyses were performed through the following 5 steps:

Step one

- Review of existing legislation in Albania and studies conducted in the field. *Method: desk review*
- Review of existing legislation in other CoE countries and on studies conducted in the field, with special attention to the costs on services. *Method: desk review*

Step two

Development of semi-structured in-depth interview format for key informants in Albania. ***In-depth interviews with selected actors and experts on preventing and combating gender based violence were conducted (please see appendix 4 for the list of interviews).*** At this stage the team aimed at discussing the road map with key actors, and experts provided crucial inputs which contributed to the finalization of the draft road map for Albania in order to fulfill the requirements of the CoE Convention. Primary data was also gathered through a survey targeting providers of services for GBV&DV victims/survivors.

Method: semi-structured face-to-face interviews.

Step three

Development of a questionnaire for existing private and public services working at different levels on domestic violence and gender based violence. *Method: structured self-reported questionnaire electronically sent and filled up.*

The questionnaire comprised of several items measuring (see Annex 5):

- type of services;
- staff employed;
- services delivered/provided;
- organization of services;
- targets, beneficiaries;
- financial support (public, private and amount);
- outcomes.

Step four

Analysis of responses to the questionnaire to design a map of existing services.

Method: Use of statistical package: SPSS (Statistical Package for Social Science) for frequency and table summary.

Step five

Development and organization of Focus Groups for relevant beneficiaries and target professionals who deliver different services for victims.

Method: Two focus groups with victims/survivors of GBV&DV and one with professionals working in close contact with victims (lawyers, social workers, psychologists), to address the needs of victims/survivors and the major problems encountered (see Annex 5).

Costing of the road map was done by converting the “unit cost” per service, multiplying with the approximate numbers of victims/survivors it needs to reach. The number of possible beneficiaries was used to determine an approximate size of the activities and resources the GoA needs to allocate (please see Appendix 1). The costing exercise was done based on estimated “unit costs” for activities to be undertaken. This methodology would create a baseline for future simulation, since unit costing can easily be used in cases of intensifying efforts or extension of services. The sources of the unit costs used are mainly previous research and the primary data collected.

II. THE COE CONVENTION ON COMBATING AND PREVENTING GBV&DV

The next three paragraphs provide information on the international and national legal framework on violence against women/gender-based violence and domestic violence. In particular, they will discuss the legal framework which was already in place when the CoE Convention was adopted in April 2011 and which new measures/legal provisions have been undertaken since, in order to understand the impact and use of the CoE Convention framework.

A. Violence against women/gender based violence in international law

Several non-binding legal instruments (also referred to as 'soft' laws) contain definitions of violence against women as gender-based violence based on which the CoE Convention established its principles.

Council of Europe Recommendation Rec (2002)5 of the Committee of Ministers to Member States on the protection of women against violence defines violence against women as follows:

Violence against women is to be understood as *“any act of gender-based violence, which results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life. This includes, but is not limited to, the following:*

a. Violence occurring in the family or domestic unit, including, inter alia, physical and mental aggression, emotional and psychological abuse, rape and sexual abuse, incest, rape between spouses, regular or occasional partners and cohabitants, crimes committed in the name of honor, female genital and sexual mutilation and other traditional practices harmful to women, such as forced marriages;

b. Violence occurring within the general community, including, inter alia, rape, sexual abuse, sexual harassment and intimidation at work, in institutions or elsewhere, trafficking in women for the purposes of sexual exploitation and economic exploitation and sex tourism;

c. Violence perpetrated or condoned by the state or its officials;

d. Violation of the human rights of women in situations of armed conflict, in particular the taking of hostages, forced displacement, systematic rape, sexual slavery, forced pregnancy, and trafficking for the purposes of sexual exploitation and economic exploitation.”

The **United Nations Declaration on the Elimination of Violence against Women** (1993) provides the following definitions:

Article 1

“For the purposes of this Declaration, the term ‘violence against women’ means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”

Article 2

“Violence against women shall be understood to encompass, but not be limited to, the following:

- (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;*
- (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;*
- (c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.”*

The **Beijing Platform for Action** adopted at the United Nations Fourth World Conference in 1995 contains the following definition:

“The term ‘violence against women’ means any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Accordingly, violence against women encompasses but is not limited to the following:

a. Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

b. Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

c. Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.”

The United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) as a legally binding instrument does not contain a definition of violence against women. However, **General Recommendation 19** adopted by the United Nations Committee on the Elimination of Discrimination against Women (CEDAW Committee) declares that gender-based violence is a form of discrimination prohibited by the CEDAW, using this definition:

Gender-based violence is *“...violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.”*

B. Domestic violence in international law.

There is no internationally agreed definition of domestic violence that addresses the issue in its entirety. In the context of violence against women, the **Council of Europe** provides:

Recommendation (2002) 5 on the protection of women against violence defines domestic violence as *“violence occurring in the family or domestic unit, including, inter alia, physical and mental aggression, emotional and psychological abuse, rape and sexual abuse, rape between spouses, regular or occasional partners and cohabitants”*.

The **United Nations Declaration on the Elimination of Violence against Women** (1993) contains a definition of domestic violence in the context of violence against women only. According to this definition, domestic violence is defined as *“physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation”* (Article 2 a).

These definitions are limited to women as victims and do not include other forms of domestic violence such as child abuse (abuse of boys), elderly abuse, same-sex abuse and the abuse of men.

Sexual abuse of children by family members or others is present in the **Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse** (CETS No.201), which defines sexual abuse of children in Article 18 as *“engaging in sexual activities with a child who, according to the relevant provisions of national law has not reached the legal age for sexual activities”* or *“engaging in sexual activities with a child where:*

- use is made of coercion, force or threats; or*
- abuse is made of a recognized position of trust, authority or influence over the child, including within the family; or*
- abuse is made of a particularly vulnerable situation of the child, notably because of a mental or physical disability or a situation of dependence”.*

C. The legal framework on gender-based violence and domestic violence in Albania

Albania has taken significant steps towards human rights, gender equality, social inclusion and economic empowerment. The most relevant developments to be mentioned regarding gender-based violence or domestic violence are as follows:

- Law No. 9669 of 18th December 2006 “On Measures against Violence in Family Relations”, entered into force on 1st June 2007 and improved with Law No.10329 of 30th September 2010. It represented a considerable step towards the prevention of family violence, in particular through the introduction of protection orders. Since the adoption of the law, there has been a remarkable increase in reported incidents of domestic violence.
- Law No. 9970 of 24th July 2008 “On Gender Equality in the Society”. Apart from providing definitions on gender, gender discrimination, women’s rights in the workplace, equality in education, combating discrimination by the media and equal representation, this law contains measures like the country’s first quota for the under-represented gender in elected and appointed positions, and the strengthening and establishment of gender equality structures at central and local levels of government. The Electoral Code adopted in December 2008 incorporated aspects of the 30% gender quota found in the Gender Equality Law into local and national party lists and some of the bodies administering the elections.
- The first National Strategy on Gender Equality and against Domestic Violence 2007-2010 (NSGE-DV) and its Action Plan approved on 19th December 2007. The Strategy provided the basis for coordinated implementation of gender equality goals by all public institutions as well as donors in the country.
- The revised National Strategy on Gender Equality and Gender Based Violence 2011-2015 and its Action Plan. The above-mentioned document was evaluated and revised, in coordination with the Sectoral Working Group on Gender Equality and Domestic Violence.
- In February 2010, Parliament approved the Law on Protection from Discrimination, which regulates the implementation and respect of the principle of equality in connection with a non-exhaustive list of grounds, including gender.
- In March 2011, the amendments to the Economic Aid Law¹³ were approved, recognizing the importance of government support towards survivors of domestic violence and their children, meaning that heads of households (usually men) are no longer the sole claimants of government aid cash transfers;
- Council of Ministers Decision No. 334 of 17th February 2011 “For the Establishment and Functioning of the Referral Mechanism for the Domestic Violence Cases”;
- Domestic violence is now considered a criminal act and it is part of the Albanian Criminal Code, with the Law No. 23/2012, which introduced changes in the Law No. 7895 of 27th January 1995, “Criminal Code of the Republic of Albania”. This new law was approved on 1st March 2012 and entered into force on 11th April 2012.
- On 19th December 2011, the GoA signed the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence and subsequently ratified it on 4th February 2013.

¹³ Law No.10 399 of 17th March 2011: Amendments to Law No.9355 of 10th March 2005 “On Economic Aid and Social Services”.

III. ROAD MAP FOR ALBANIA TO SUPPORT THE RATIFICATION OF THE CoE CONVENTION

The CoE Convention aims at protecting women against all forms of violence, and prevent, prosecute and eliminate violence against women and domestic violence. It also aims at contributing to the elimination of all forms of discrimination against women and promote substantive equality between women and men, including by empowering women. It wants to enable to design a comprehensive framework, policies and measures for the protection of and assistance to all victims of violence against women and domestic violence and promote international co-operation with a view to eliminating violence against women and domestic violence. Finally the CoE convention aims at providing support and assistance to organisations and law enforcement agencies to effectively co-operate in order to adopt an integrated approach to eliminating violence against women and domestic violence.

It is important to start with the definition of GBV and DV.

A. The CoE Convention policy framework and the current situation in Albania

Definitions according to the CoE Convention

VIOLENCE AGAINST WOMEN: violation of human rights and a form of discrimination against women and all acts of gender-based violence that result in physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

GENDER-BASED VIOLENCE AGAINST WOMEN: violence that is directed against a woman because she is a woman or that affects women disproportionately.

VICTIM/SURVIVOR: any person who is subjected to any conduct of violence, including domestic violence, and this includes not just acts of violence within the family or domestic unit, but also between partners, whether or not the perpetrator shares or has shared the same residence with the victim.

The CoE Convention covers women and girls from any background, regardless of their age, race, religion, social origin, migrant status or sexual orientation. The CoE Convention recognizes that there are groups of women and girls that are often at greater risk of experiencing violence, and States need to ensure that their specific needs are taken into account.

The CoE Convention identifies all forms of violence and wants each Member State to recognize all of them separately, so to make sure that these are acknowledged and that dedicated services are in place.

The CoE Convention is a binding convention that will enter into force as soon as at least eight (8) countries will ratify it. The first country that ratified it is Turkey (14th March 2012). Albania was the second country to ratify the Convention on 4th of February 2013¹⁴.

The minimum standards of the Council of Europe Convention

The CoE Convention is based on the concept that violence against women and domestic violence are a form of human rights violation. The Convention aims at zero tolerance for such violence and it represents a step forward in making Europe and beyond a safer place. This is also Albania's specific aim.

The CoE Convention seeks to make a radical change not only in each country legislation and services but at a more structured and profound level, by addressing attitudes of people, their stereotypes, especially those of men and boys. In essence this convention addresses in a more structured way equality between women and men, because violence against women is deeply rooted in the inequality between women and men in society and is perpetuated by a culture of tolerance and denial.

¹⁴ See: <http://www.conventions.coe.int/Treaty/Commun/ChercheSig.asp?NT=210&CM=&DF=&CL=ENG>

States are also encouraged to apply the CoE Convention to other victims of domestic violence, if applicable, such as men, children and the elderly.

The CoE Convention establishes a number of important criminal offences. It ensures that the following behaviors are subject to criminal or other legal sanction:

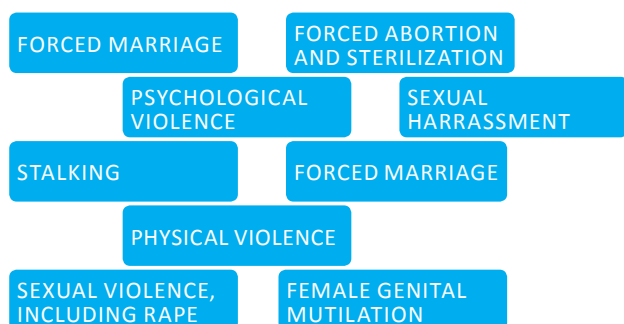


Figure: Convention set of GBV&DV offenses

This sends a clear message that violence against women and domestic violence are not private matters. On the contrary: to emphasize the particularly traumatizing effect of crimes within the family, a heavier sentence can be imposed on the perpetrator when the victim is a spouse, partner or a member of the family. This has been in place in several European Union countries, with regard to crime such as murder, sexual violence, and stalking.

In addition to addressing governments and NGOs, national parliaments and local authorities, the CoE Convention sends a clear message to society as a whole. Every man, every woman, every boy and girl, every parent, every boy/girl-friend must learn that violence- any kind of violence - is not the right way to solve difficulties and live a peaceful life. Everyone must understand that now and in the future violence against women and domestic violence are no longer tolerated and that everyone has the right but also the obligation (moral rather than judicial in the first place) to do all he or she can to change structured/deeply rooted attitudes, stereotypes, behaviors that infringe the safety and well-being of abused women and children.

The innovative aspects of the CoE Convention are the recognition that violence against women is a violation of human rights and a form of discrimination. This means that states are held responsible if they do not respond adequately to such violence.

In fact, the principle stated in article 5 of the CoE Convention clearly states that parties have to take “necessary legislative and other measures to exercise due diligence to prevent, investigate, punish and provide reparation for acts of violence covered by the scope of the Convention, and where perpetrated by non-state actors” (emphasis added). Due diligence is the concept with which a State can then be held responsible if it does not fulfill its obligation to protect its citizens, in this case women and children, and/or if it adopted a discriminatory procedure or legal provision. Therefore, under the CoE Convention, States have to foresee and take actions to be able to prevent, investigate, punish and provide reparation for victims.

The Convention firmly establishes the link between achieving gender equality and eradicating violence against women and provides very clear measures to reach both of these goals.

B. The Road Map for Albania to adopt the CoE Convention

Albania, in just over half a decade, has made notable progress in the promotion of gender equality, as well as commitments at the international and national levels for the reduction of the gender gap.

Thus, since 2006, Albania has done the following:

- adopted Law No. 9669 of 18th December 2006 “On Measures against Violence in Family Relations”¹⁵ and amended it in 2010;
- passed Law No. 9970 of 24th July 2008 “On Gender Equality in the Society”;
- set up in 24 (twenty-four) municipalities¹⁶ the Coordinated Community Response against Domestic Violence (CCR)-the Referral Mechanism, according to CoM Decision No. 334 of 17th February 2011;
- drafted¹⁷ the first National Strategy for Gender Equality and Domestic Violence (2007-2010) and evaluated it¹⁸;
- opened the first national state shelter for survivors of domestic violence¹⁹;
- approved the National Strategy on Gender Equality and Reduction of the Gender Based Violence and Domestic Violence 2011-2015²⁰ and cost its Action Plan;
- changed the Criminal Code by adding domestic violence as a crime²¹.

As previously stated, Albania signed the CoE Convention in December 2011 and after some preliminary studies, and also thanks to the UN support and the current ongoing study, the country ratified the convention in February 2013.

Via the present road map study, Albania is establishing the costs associated with the ratification of the text and is also identifying which measures are already in place and which additional ones need to be taken, especially regarding services.

There are **12 principles** that the CoE identified as minimum standards to make sure that all the requirements of the CoE Convention are addressed. In particular, the GoA, by ratifying the CoE Convention, agreed to have in place minimum services that respond to the following principles:

1. **Condemn discrimination against women** and recognize that violence against women is a violation of human rights and a manifestation of historically unequal power relations between women and men.
2. **Invest in preventive measures** by changing attitudes, gender roles and stereotypes through education, training and awareness-raising, by empowering women, by involving men and boys and by creating new partnerships with the media and the private sector.
3. **Help victims get support** by running a free national telephone hotline, offering shelters, medical, psychological and legal counseling, and housing, financial and employment support and assistance.
4. **Protect victims at risk** with the help of emergency barring orders, restraining and protection orders, risk assessment and risk management.
5. **Change, where/when needed, the law** so that it includes specific criminal offences for psychological violence, stalking, physical violence, sexual violence including rape, forced marriage, female genital mutilation, forced abortion and forced sterilization and that it prohibits sexual harassment.
6. **Enhance the performance** of the police, prosecution services and of the judiciary in handling such cases.
7. **Empower victims in judicial proceedings** by ensuring they are supported and protected throughout the proceedings,

¹⁵ Entered into force on 1st June 2007 and improved with Law No.10329 of 30th September 2010.

¹⁶ The Referral Mechanism (the Coordinated Community response – CCR) started to be piloted in 2007. This model has so far been introduced or is being implemented in these municipalities: Shkodra, Puka, Lezha, Rreshen, Elbasan, Berat, Vlora, Manza, Pogradec, Mini-Municipality no. 6 in Tirana (implemented by the Network against Gender Based Violence and Trafficking through two projects managed by “Refleksione” Association and supported by UN Trust Fund); Gramsh, Lushnje (implemented by “Refleksione” Association with the support of EiG project/ADA); Shijak (implemented by “Refleksione” Association with the support of USAID); Lac (implemented by “Refleksione” Association with the support of Welthaus-Graz); Durres, Korca, Kamza, Permet, Fier, Tirane, Burrel (implemented by UNDP), Kukes (implemented by UNICEF), Gjirokaster and Tropoja (introduced by MoLSAEO).

¹⁷ 19th December 2007

¹⁸ 15th March 2011

¹⁹ In Tirana in April 2011

²⁰ Approved with CoM Decision No. 573 of 16th June 2011 and published in the Official Government Newsletter No. 127 of 7th November 2011. For more details, please see: www.mod.gov.al/images/pdf/vkm_buxhetimi_shanset.pdf

²¹ Law No. 23/2012 introduced changes in Law No. 7895 of 27th January 1995, “Criminal Code of the Republic of Albania”. This new Law was approved on 1st March 2012 and entered into force on 11th April 2012.

informed on the general progress of the case, their role, and by enabling victims to be heard and supply evidence without having to confront the perpetrator.

8. **Design comprehensive policies** for all branches of government to ensure that professionals join forces to better protect and assist victims, to prevent more violence and to end impunity for acts of violence against women or domestic violence.

9. **Recognize gender-based violence as a form of persecution** when determining refugee status of women asylum seekers and respect the principle of non-refoulement.

10. **Respond to the special needs of children** as victims or witnesses of domestic violence in all measures of protection and support.

11. **Recognize and support the role of NGOs and civil society** in combating violence against women and domestic violence by allocating adequate financial and human resources and by establishing effective cooperation with these organizations.

12. **Collect national data and support research** to expand the knowledge base on violence against women and domestic violence.

The CoE Convention is based on the principles of the 3Ps: prevention, protection of victims, and prosecution of offenders.

IV. Prevention measures

A. Policies and coordination

Prevention measures in the field of violence against women have to be based on integrated, holistic and coordinated policies. The CoE Convention is based on the concept that no single agency or institution can deal with violence against women and domestic violence alone. An effective response to such violence requires concerted action from many different actors.

The CoE Convention calls **for nation-wide effective, comprehensive and coordinated policies and measures to prevent and combat all forms of violence against women**. The need for coordination and cooperation among actors involved in preventing and combating all types of violence/abuses/offences against women in a domestic or non-domestic environment is based on the complexity of the problem and the factor causing it, which is mainly cultural.

This philosophy is part of the National Action Plan on Violence against Women and Domestic Violence that Albania has endorsed as part of its strategy until 2020.

The GoA, in cooperation with international and national organizations, in its effort to prevent and combat domestic violence and gender-based violence, has endorsed a strategic policy and legal framework that comply with the CoE Convention approach. The national agenda against GBV&DV urges for the cooperation among different actors (public and non-public) and has established inter-institutional or stakeholders coordinating mechanisms at the central or local levels. The existing institutional framework and policymaking bodies have to strengthen their capacities and technical knowledge so that they respond to GBV&DV through policies and measures as per the CoE Convention requirements.

The National Strategy on Gender Equality and Reduction of Gender Based Violence and Domestic Violence 2011-2015 acknowledges the need for increased and strengthened capacity of the inter-institutional alliance against GBV&DV. This means that the successful implementation of the strategic priorities cannot be fulfilled only by the central or local governments. The engagement of more actors/stakeholders is needed. The GoA encourages private sector, media, political parties and NGOs to be actively involved in achieving the goals of this strategy²².

This is done by reinforcing and extending the participation of the National Council on Gender Equality, strengthening the capacity of the Ministry of Labor, Social Affairs and Equal Opportunities (MoLSAEO) and the local actors involved in combating gender-based violence.

The experience from countries such as Spain, the Netherlands, the United Kingdom where this has already been done shows that results are improved when law enforcement agencies, the judiciary, NGOs, child protection agencies and other relevant partners **join forces on a particular case**. This is what the GoA is trying to achieve by adopting the Referral Mechanism (Coordinated Community Response (CCR) to Domestic Violence), which is being implemented in 24 municipalities²³. The Referral Mechanism is composed by the representatives of different institutions such as: municipality, police department, court, prosecutor, bailiff, health office, employment office, educational office and NGOs specialized on GBV&DV issues. The philosophy of this mechanism is that once the victim/survivor contacts one of the members of the Referral Mechanism - it does not matter which member is contacted first - the contacted member immediately initiates the supporting process by informing at least the representative from the municipality, police and health structures. The services provided to the victim/survivor are short-term and long-term. In the short-term, these services include: immediate protection and safety, health support, sheltering (including transport to the safe place) and also information and assistance to initiate the

²² National Strategy on Gender Equality and for the Reduction of the Gender Based Violence and Domestic Violence 2011 – 2015 and the Action Plan for its implementation approved with CoM Decision No. 573 of 16th June 2011 and published in the Official Government Newsletter No. 127 of 7th November 2011. For more details, please see: www.mod.gov.al/images/pdf/vkm_buxhetimi_shanset.pdf, Chapter 2.

²³ The Referral Mechanism (the Coordinated Community response – CCR) is introduced and started to be piloted in 2007. This model is so far introduced or being implemented in these municipalities: Shkodra, Puka, Lezha, Rreshen, Elbasan, Berat, Vlora, Manza, Pogradec, Mini-Municipality no. 6 in Tirana (implemented by the Network against Gender Based Violence and Trafficking through two projects managed by “Refleksione” Association and supported by UN Trust Fund); Gramsh, Lushnje (implemented by “Refleksione” Association with the support of EiG project/ADA); Shijak (implemented by “Refleksione” Association with the support of USAID); Lac (implemented by “Refleksione” Association with the support of Welthaus-Graz); Durres, Korca, Kamza, Permet, Fier, Tirane, Burrel (implemented by UNDP), Kukes (implemented by UNICEF), Gjirokaster and Tropoja (introduced by MoLSAEO).

procedures for Emergency Protection Order. In the meantime, the case is further referred to other institutions based on the needs of the case. The long-term support includes the referral to employment offices for job support, for receiving any professional training, referral to the social department for economic assistance, long-term sheltering, legal advice and assistance in case the survivor wants to initiate a divorce procedure or file a complaint against the perpetrator, counseling and psychotherapy for recovering from the trauma but also for re-integration, and assistance for children (i.e. transfer to another kindergarten or school, counseling/therapy if needed).

The coordinating structures are established at the central level²⁴ and afterwards at the community level²⁵. The principles and the philosophy of the current coordinating mechanisms dealing with GBV and DV cases at the local level fulfill the requirements of the CoE Convention. This means that the GoA has a piloted model to be referred to as “best practice” and to reproduce it throughout the country. *However, the capacity and vitality of these mechanisms have to be assessed and evaluated so that their competences and tasks comply more to the role and responsibility prescribed in the CoE Convention.*

At the local level, the Referral Mechanism (which is the Coordinated Community Response (CCR) model), should be extended to all municipalities and communes in the country²⁶. If this seems impossible to be established in the short to medium-term, then this system must be established at least in those local units that covers a defined number of inhabitants (for example similar with the EU standard for shelter places – i.e. a referral mechanism to be established for every 10 thousand inhabitants). Taking into consideration the data on the population that covers the 24 (twenty four) referral mechanisms (CCRs) already established in Albania²⁷, it seems that there is a need to add 250 (two hundred fifty) local units of referral mechanisms around the country, in the medium to long-term.

Table 1: Strengthening coordination of policy and actions against GBV&DV

Activities	Annual Financial resources (in USD)	References on costing	Time Frame
Strengthening capacities of the National Coordinating Mechanism on preventing and combating domestic and gender based violence	25,000	Technical assistance in the form of advisory for the National Council of Gender Equality	Continuous
Establish Referral Mechanisms in 250 local level units	1,055,000	Referral Mechanism in local level, with average annual operating cost of 5000 USD	Long Term
Establish Referral Mechanism in 39 municipalities	585,000	Establish Referral Mechanism in all municipalities (unit costs of 15000 USD) ¹	Mid to long Term

Source: our own calculation based on:(i) the data of questionnaire drafted in the framework of this study, (ii) Previous studies, (iii) Current budget of shelters, (iv) Costing of National Strategy on Gender Equality, Reduction of Gender-based Violence and Domestic Violence (2011-2015).

The CoE Convention requires countries to put efforts in establishing sustainable systems of statistical information gathering, on all forms of violence against women and run extensive research as part of understanding the phenomenon

²⁴ Through different bylaws, such as: 1) The Cooperation Agreement for the implementation of the Law No. 9669 of 18th December 2006 “For Measures against Violence in Family relations”, signed on 14th November 2008 between Ministry of Labour, Social Affairs and Equal Opportunities, Ministry of Interior, Ministry of Justice, Ministry of Health and Ministry of Education. 2) The Order of the Minister of Interior No. 379, date 3.3.2008 “For Measures that will be undertaken from State Police for the Prevention and Reduction of the Domestic Violence”, and in addition also the Order of the General Director of the State Police No. 981 of 31st October 2008 “For Measures that will be undertaken from State Police for the Prevention and Reduction of the Domestic Violence and for the treatment of the victims of domestic violence”. 3) The Orders of the Minister of Health, such as: Order No. 13 of 23rd January 2008 “For proving the proper medical report to the victims of domestic violence”, Order No. 14 of 23rd January 2008 “For recording the domestic violence cases in the proper register and individual file for the victims of domestic violence” and Order No.15 of 24th January 2008 “For the medical treatment in public health institutions of the persons abused in family relations”, etc.

²⁵ Please refer to all the explanations about the Referral Mechanism or Coordinated Community Response.

²⁶ According to CoM Decision No. 334 of 17th February 2011 “For the Establishment and Functioning of the Referral Mechanism for the Domestic Violence Cases”. In Albania there are 65 municipalities and 308 communes (see http://www.lgpa.al/files/Overview%20of%20LG%20in%20Albania%20for%20Borrowing%20Purposes_ALB.pdf).

²⁷ These referral mechanisms cover approximately 270,000 inhabitants in Albania, while the total population number according to the latest Census conducted in 2011 is 2, 8 million.

and embody research findings in long-term strategies to prevent violence against women. The CoE Convention recognizes the importance of administrative data gathering and data dissemination, but it also requires national surveys at regular intervals to assess the situation regarding gender-based violence and domestic violence, and to provide information on cases never reported to the police, by of course ensuring to preserve the confidentiality of information gathered and the anonymousness of victims/survivors.

In Albania, central and local authorities are under the obligation to collect administrative data, since they are the leading figures for coordinating and implementing policies and actions against domestic violence and gender based violence.

Given the short time span of data collection on gender based violence in administrative ways, and the complications of the process for standardization and dissemination, it would seem wise and necessary for Albania to invest in increasing technical capacities of units among central and local administrations responsible for information gathering and statistical processing. The technical capacities can be related to human/individuals as well as increasing the methodological standards, IT infrastructure and network of experts that make use of those data in terms of improving evidence-based policy.

In order to comply with the requirements of the CoE Convention on the issue of obtaining information and data on gender based violence, Albania has to establish a periodic national representative sample survey of about 3,500 women, to set up an electronic portal of data and information from the administrative sources, also to be used to police makers.

Table 2: Strengthening coordination of policy and actions against GBV&DV

Activities	Responsible authorities to implement	Estimated Financial Resources (in USD)	Time Frame
National Periodic survey (every 3 years)	Ministry of Labour (MoLSAEO) and Institute of Statistics in Albania (INSTAT)	100,000	Mid-term
Centralized administrative data and information gathering (annual activity and budget)	Ministry of Labour (MoLSAEO) and Local Government	10,000	Short-term
Periodic research and public debates based on the national data dissemination. (Every 3 years)	Ministry of Labour (MoLSAEO) in cooperation with Civil Society and International Donors	120,000	Periodic

Source: Our own calculation based on: (i) the data of questionnaire drafted in the framework of this study, (ii) Previous studies, (iii) Current budget of shelters, (iv) Costing of National Strategy, (v) Current budget of CCRs.

B. Activities

Prevention implies avoiding any forms of victimization (primary prevention). Secondary and tertiary prevention instead refer to the opportunity to stop re-victimization and to the management of high risk of situations of reoccurrence.

The direct and indirect costs of violence are enormous. Estimates on the costs of violence against women conducted in the United States of America, Denmark, the United Kingdom, and Scandinavian countries have shown important figures (Walby, 2004, 2009), which should lead Governments to adopt policies still targeting service provision to victims/survivors to prevent re-victimization, but also addressing prevention, in order to reduce occurrence of acts of violence in the first place.

In this view, the GoA (as well as all other Governments that will agree to adhere to the CoE Convention) will have to take the following steps or strengthen its existing efforts in:

- regularly organizing awareness-raising campaigns;
- involving the media and the private sector in eradicating gender stereotypes and promoting mutual respect;
- taking steps to include issues such as gender equality and non-violent conflict resolution in interpersonal relationships in teaching material at all levels of education, but in particular in primary schools;

- training professionals in close contact with victims;
- working closely with NGOs;
- set up treatment programs for perpetrators of domestic violence and for sex offenders to prevent and/or reduce relapse and recidivism.

The text of the CoE Convention suggests that prevention of violence against women and domestic violence should not only be the responsibility of the States which ratified the Convention. In fact, the Convention calls on all members of society, in particular men and boys, to help reach its goal of creating a Europe free from all forms of violence against women and domestic violence²⁸.

Violence against women is pervasive because misogynistic attitudes towards women persist. Each person, regardless of her age and profession can help challenge gender stereotypes, harmful traditional practices and discrimination against women. It is only by achieving real gender equality that violence against women can be prevented and globally eradicated. It is a process that requires time and coordination of interventions, but that is the far reaching road to undertake and is essential for a stable and durable change.

Research on elements contributing to GBV&DV occurrence provides undisputable evidence that these kinds of violence are strongly related to cultural and socio-economic factors. Measures that bring about cultural changes are crucial to prevent violence against women and are strongly required by the CoE Convention.

Awareness-raising campaigns conducted on a regular basis and in different contexts²⁹, close cooperation among public institutions and non-governmental organizations, and wide public outreach are important measures for tackling cultural roots of violence against women.

Awareness campaigns initiated by the GoA, NGOs and civil society organizations (CSOs) are intense³⁰, and do reflect the general consensus that domestic and gender based violence are harmful to the family, the society, and to the economy. The degree of GBV&DV prevalence rate as well as distributional features of this phenomena identify a need to intensify awareness-raising campaigns and ensure better national coverage of such measures, especially targeting suburban and rural areas.

A sensitive education system on issues related to gender-based discrimination and gender-based violence also embarks society efforts to combat GBV&DV on a sustainable long-term path. The reforming of curricula in all levels of pre-university education created space and possibility for introducing into the education system extra-curricular subjects and curricular activities that promote gender equality. There are efforts to review textbooks at the primary education level and to introduce a gender perspective. Such kinds of interventions are taken by the educational vocational system through the project supported by the Austrian Development Agency (ADA) on trying to equip policy-makers and teachers with the skills of gender analysis of curricula and introduce gender-sensitive aspects into curricula. The initiative was not extended to the full range of textbooks, but it would be good to have such a review ensuring that there are no stereotyped gender roles or other aspects of gender based discrimination remaining in texts. In a long-term perspective, there is no better measure to induce cultural changes than through the education system. In fact, such measures contribute to the changing of mentalities and therefore to the reduction of violence against women.

The CoE Convention emphasizes the need for continuous and appropriate trainings for the relevant professionals dealing with victims or perpetrators of all acts of violence/offences as a way to prevent violence and secondary victimization. The

²⁸ These initiatives of involving men and boys on the campaigns against VAW have started to be implemented from the Network against Gender Based Violence and Trafficking, since 2007. These initiatives became more visible during 2010 with the new project supported by the United Nations Trust Fund to End Violence against Women (UN Trust Fund), while at the end of 2011, the GoA dedicated the year 2012 particularly to this initiative. In this framework, despite the trainings and awareness-raising activities, "Refleksione" Association produced also specific awareness raising materials in the 16 Days of Activism against VAW during 2012, dedicated to men and boys (post cards that were distributed free of charge through Mania Card), while the Counseling Center for Women and Girls launched her new program on focusing on the men and boys and working with perpetrators. This initiative will be piloted during 2013. For more information, please see www.hotlinealbania.com

²⁹ Campaigns organized for the 16 Days of Activism against VAW; campaigns against gender stereotypes, campaigns for the CEDAW Convention and its implementation, etc.

³⁰ It has now become a tradition to coordinate activities between the GoA and NGOs each year during the campaign on the 16 Days of Activism against VAW/DV. The means used are through media, community meetings, DVDs and TV spots, etc.

trainings also aim at improving coordination between different institutions dealing with these cases (i.e. police, health sector, courts, and social services).

In Albania, there have been regular trainings on technical capacity building in the network of public agencies and NGOs that work with victims/survivors of GBV&DV (police, health sector, teachers, psychologists and social workers). In the National Strategy on Gender Equality and for the Reduction of Gender Based Violence and Domestic Violence 2010-2015, and its corresponding National Action Plan, the GoA is planning to spend around USD 4.5 million in trainings and capacity-building of professionals working on prevention of violence against women or offering support to victims/survivors, and also on setting up program on economic empowerment for these women³¹.

Important parts of the prevention measures are programs for treatment or counseling of the victims of GBV&DV and their perpetrators. Such programs or services exist, for instance non-for-profit organizations working in the field of domestic violence started to offer such counseling services³². However, these services remain insufficient in light of the proportions of the phenomena. *Albania therefore needs to improve geographical coverage with counseling service and it also needs to develop standards for this service delivery.*

A sustainable partnership with NGOs and the public sectors is crucial for the success of all prevention measures of GBV&DV.

³¹ National Strategy on Gender Equality and Reduction of Gender based Violence and Domestic Violence 2011-2015, Council of Ministers Decision No. 573 of 16th June 2011.

³² See: www.hotlinealbania.com

V. Protection measures

The most obvious level of intervention to adopt, when preventive measures have failed and violence has been committed is to provide victims and witnesses with protection and support. This means police intervention and protection as well as specialized support services such as shelters, telephone hotlines etc. It also means making sure that general social services understand the realities and concerns of victims of domestic violence and violence against women and support them accordingly in their quest to rebuild/resume their lives.

Some examples of measures set forth in the CoE Convention, in several of its articles include:

- Granting the police the power to remove a perpetrator of domestic violence from his or her home: in situations of immediate danger, the police need to be able to guarantee the safety of the victim. In many instances this may mean ordering the perpetrator for a specified period of time to leave the family home and to stay away from the victim.
- Ensuring access to adequate information: after experiencing violence, victims are usually traumatized and need easy access to clear and concise information on available services, in a language they understand. Setting up easily accessible shelters in sufficient numbers and with an adequate geographical distribution: victims come from a wide range of social realities, and equal access to shelters for women victims/survivors from rural and urban areas needs to be organized.
- Making state-wide 24/7 telephone helplines free of charge available: specialized helplines for victims of gender-based violence and domestic violence can direct the victims to the services they need. They are essential in offering immediate expert advice and directing victims/survivors towards additional service providers.
- Setting-up easily accessible rape crisis or sexual violence referral centers: these centers provide immediate medical counseling, trauma care and forensic services. It is important to make these services widely available in Europe, including in Albania. Rape interventions are done with regards to first aid in hospital, and following this stage the victim will have to go to the counseling service. The advantage of having all needs addressed in one single place would help the victim to reduce any stress or risk of secondary victimization.

The CoE Convention clearly states that it is not enough to set up protection structures and support services for victims. It is equally important to make sure victims are informed about their rights and know where and how to get help.

The CoE Convention requires appropriate mechanisms to provide protection and support of victims of all forms of violence and those witnessing violence. In order to have the level of protection and support required by the Convention, an effective co-operation should exist between all relevant state agencies and NGOs, including the judiciary system, law enforcement agencies, health, education and social protection system as well as local and regional authorities.

Support and general services to victims of violence have to be based upon a deep understanding of the GBV&DV violence. Support and services delivered to victims of violence have to take into account the whole circle of those affected victims, children, perpetrators and the wider family or social network. The services should aim at pulling out of violence those affected ensuring that no secondary victimization occurs and victims become empowered and independent of conditions that drove them into violence.

A. Protection and support through general public services

To guarantee an efficient protection and support scheme, all bodies (general public services of law enforcement, judiciary system, health and social care, education, NGOs) delivering services and providing support for all actors involved in GBV and DV need to adopt an efficient referral mechanism system so that each actor has a specific function. Such mechanism should also bear in mind the need to adopt a system of priority line system when dealing with each single case based also on the risk assessed and the needs of those involved, i.e. legal, health, material, psychological. This could be done with

the set up and joint signature of protocols³³ including parties adequately staffed with trained professionals, guaranteeing proper space, equipment and material to assist victims of violence.

Article 20 of the CoE Convention requires that general health services have to provide psychological support and medical treatment to victims of GBV&DV available 24 hours. Health centers or hospitals should as well have a referral system for cases of domestic violence and rape, ensuring that victims are offered proper and immediate medical treatment as well as counseling (psychological, legal, or assistance in finding safe accommodation, protection).

By the adoption of Law No.9669 of 18th December 2006 “On Measures against Violence in Family Relations”, the Albanian Ministry of Health has established necessary structures to provide health care in domestic violence cases in emergency units and in health care centers in municipalities and communes. The Ministry of Health has issued several orders regarding reporting, evidence gathering, and provision of care to persons who experienced violence in family relations³⁴. The existing structures and guidelines in the health sector are in compliance with the requirements of the CoE Convention. However, they lack adequate resources (human and material), and protocols on dealing with GBV&DV cases have been updated and improved to ensure these cases are dealt with swiftly and given priority. The protocols also contain information on how health services should refer cases to additional support services, such as counseling. Counseling services in Albania, although they must be offered by different institutions and professionals, including public health services, are mainly provided by NGOs and in some cases by national shelters (only for women sheltered there), or by some police departments (usually in cases of children).

The adequacy of services rendered in rural areas needs focused attention due to the increased level of vulnerability of victims/survivors living there. Taking into consideration the actual socio-economic conditions of Albania, it would be unrealistic to assume that changes would happen in the short-term. Improving health care in rural areas should be part of the whole reform of the health system, and it could be effective only with a long-term perspective. Putting in place well-functioning and efficient referral mechanisms in rural areas might be a good solution to have adequate services in these areas. Currently, health centers are members of the Referral Mechanism (CCRs) at a local level and they provide immediate and confidential medical care to victims of GBV&DV.

In order to provide specialized health care for victims of GBV&DV, continuous training is needed for professionals of the health care sector offering support and services to victims of GBV&DV. According to the 2011 annual report of the Albanian Social Security Health Institute, the average number of family doctors is 1,567 and of specialist doctors is 305. The average number of nurses in the primary health caregiver’s centers is 6,410. The total number of hospitals is 39 for the country, from which 24 hospitals are at the municipality level, 11 hospitals are at the regional level (qarks) and 4 are university hospitals.

Technical expertise can be used to develop protocols of treatment and referral of GBV&DV cases in the health sector, in hospitals and primary health centers. These would improve the current situation, the quality and adequacy of the care provided to women victims/survivors.

Article 25 of the CoE Convention dealing with post rape provides that victims require immediate health treatment, beside psychological support. In these cases, the Convention stipulates that specific immediate forensic examination and collection of evidence and counseling services must be undertaken. Currently, the existing health system is providing health treatment to victims of rape and sexual violence. Forensic examination is not performed at hospitals, but rather by specialized personnel (in the Institute of the Forensic or its structures) who assist the police/prosecution.

It seems from the interviews conducted with key personnel working in the different institutions³⁵ that specialized counseling for rape victims is not feasible in hospitals because there is not a dedicated space, and the same is true for police stations. It bears mentioning that Albania does not have specialized centers that offer counseling specifically to victims of rape, usually such services are offered by different NGOs working on GBV&DV issues or the ones focused on trafficking of human beings.

³³ In the existing referral mechanism established in Albania at the local level, these protocols are endorsed by the CCR members such as: Municipality, Police Department, Health Department, Court, Prosecutor, Bailiff Office, Employment Office, Education Office as well as specialized NGOs focused on VAW/DV issues.

³⁴ MoH Order No.13 of 23rd January 2008; Order No.14 of 23rd January 2008; and Order No.15 of 24th January 2008.

³⁵ I.e. Deputy Minister of MoH, representative from hospitals and other medical structures, etc.

Post rape care has to be included in protocols dealing with GBV&DV cases. This would imply that emergency rooms become staffed with clock-round specialized medical personnel who can undertake the needed examination. This means medical examination (biological, forensic) as well as post-traumatic immediate counseling.

In addition, in both emergency rooms and police stations, leaflets with information about counseling, legal support services should be made easily accessible and available to victims/survivors of sexual assault. There could be a 24hour on call system, in order for the relevant personnel to be contacted when a rape case is signaled and the victim/survivor receives immediate attention, i.e. health care and psychological support. This referral system could be arranged by identifying a special ‘medical code’ in the emergency room (e.g. ‘pink code’, as it functioning in other EU countries) so that each time a rape case arises, such ‘pink code’ which is assigned manually by the nurse or the doctor at the emergency room, automatically activates a referral system with shelters, legal advice, protection, medical examination and subsequent investigation, and other services to address additional needs of victims/survivors. Though no official studies have been conducted yet on its efficacy, it is providing positive impact, meaning more women are then reporting, ending violent relationship, asking for counseling.

These dedicated services could be improved by increasing the personnel in the ‘national and local shelters’ who can also deal with rape cases and sexual violence. These should be established in at least the five regions of Albania.

B. Protection and support by law enforcement authorities

The CoE Convention defines and criminalizes various forms of violence against women and domestic violence. In order to implement the Convention, the GoA will have to amend its legal framework and introduce a number of new offenses when they do not already exist.

These may include: psychological and physical violence³⁶, sexual violence and rape³⁷, stalking³⁸, female genital mutilation³⁹, forced marriage⁴⁰, forced abortion⁴¹, forced sterilization⁴², and sexual harassment⁴³. Not all are yet criminalized in Albania. In addition, the GoA will need to ensure that culture, tradition or so-called “honor” are not regarded as a justification for any of the above-listed courses of conduct.

Once these new offenses have found their way into the national legal system, allegations of GBV&DV should promptly be investigated and subsequently prosecuted if sufficient evidence is gathered. This means that police will have to respond to calls for assistance, collect evidence during their investigation, and assess the risk of possible further violence to adequately protect the victim, and that is when police will be in a position to contact the Prosecutor’s office to ask for protection orders.

The CoE Convention requires that the police force (State Police Directorate) has the power to respond to GBV&DV cases by offering adequate and immediate protection to victims. Law enforcement agencies, as per the CoE Convention, should be granted the power to order the perpetrator to vacate the residence of the victim in case of risk of recidivism or escalation of violence. In conformity with the text of the CoE Convention, restraining or protection orders are made available to victims/survivors with immediate effect and without any financial or administrative burden placed on them. Law enforcement authorities subsequently have to ensure that the orders are enforced and the violence victim/survivor is safe.

³⁶ Article 90 of the Criminal Code (Law No.7895 of 27th January1995) and article 130/a - for the domestic violence - (added with Law 23/2012).

³⁷ Defined as criminal offence in the Albanian Criminal Code, article 102 (changed with Law No. 8733 of 24th January 2001); article 100/101 (changed with Law No. 8733 of 24th January 2001) and article 102/a (changed with Law 23/2012).

³⁸ Defined as criminal offence in our Criminal Code, article 121/a (added with Law 23/2012).

³⁹ This offence is not defined in the Albanian legislation; since Albania does not have records about this form of violence against women (it is not considered part of the Albanian tradition/culture).

⁴⁰ This is not defined in the Albanian Criminal Code but according to the Family Code (approved with Law No. 9062 of 8th May2003), in cases of forced marriages, when it is proved, this marriage is considered not legal/void, based on the articles 33, 37 and 44.

⁴¹ Defined as criminal offence according to the Albanian Criminal Code (Law No. 7895 of 27th January1995), article 93.

⁴² This offence is not defined in the Albanian legislation; since Albania does not have records about this form of violence against women (it is not considered part of the Albanian tradition/culture).

⁴³ Sexual harassment is not defined in the Albanian Criminal Code. Its definition is mentioned in Law No. 9970 of 24th July2008 “For Gender Equality in Society”, article 4, point 9 and 10, while the measures are defined in articles 16/8, 9, 18/1, 2 and 28. This form of violence is also defined in Law No. 10221 of 4th February2010 “Anti-Discrimination” in Chapter 3, article 17/3.

Since the adoption of Law No. 9669 of 18th December 2006 “For Measures against Violence in Family Relation”, the Ministry of Interior has started to set up special units in its organizational structure to implement the new law. Police officers have the duty to facilitate the procedures for the issuance of Protection Orders (PO) or Emergency Protection Orders (EPO) (starting from providing information to the victim/survivor, assisting to fill the request for emergency protection order or protection order, send the request to court, participate in the Court trial for issuing the order and also supporting the bailiff office for the implementation of the issued order). Manuals on standard operation procedures for police officers have been prepared since 2008. They include tasks, duties and procedures a police officer must follow to ensure protection and care to the violated person, investigation and interviews guidelines, and reporting format as well as steps to follow for having a PO/EPO issued. A PO is a decision issued by the Judicial District Court which provides protection measures for victims/survivors of domestic violence. The Judicial District Court decides on issuing a PO within 15 days following the request made to the court. An EPO is a temporary decision issued by the Judicial District Court until a PO is issued. The Judicial District Court decides on issuing an EPO within 48 hours following the request to the court for adults, and within 24 hours in case of children.

One representative of the Police Department is a member of the Referral Mechanism (the coordinated community response (CCR) mechanism). Police officers are the lead agents in contacting and transporting the victim to medical facilities when needed. The protocol used by the police to refer the case to the court foresees that once they come in contact with a violence case, they get in touch with the prosecutor’s office and other responsible institutions to request the necessary measure to be granted, such as obtaining a protection order from a judge. In cases where police officials are not directly involved, other service providers may liaise with courts and medical personnel as needed. Police officers who are part of the special unit on domestic (and minor) violence inform victims or the person(s) accompanying them about different opportunities available to them for protection. Police officers have the responsibility to accompany victims to services such as health care, shelters, counselling services or other types of social services. When there is reasonable doubt that domestic violence has indeed occurred, the police shall promptly initiate an investigation. The police are in charge with different actions such as: they have to intervene when a perpetrator has violated a protection order, and they also have to refer such cases to a prosecutor when they have gathered sufficient evidence so that the latter decides whether to file charges or not.

Police officers also have to regularly update cases. They currently have to register cases in which Protection Orders (PO) and Emergency Protection Orders (EPO) have been issued, and they must report this information to the General Directory of Police on a monthly or bi-monthly basis. A copy of POs and EPOs is also provided to municipalities and bailiffs. These data include those cases in which individuals have filed an official complaint at the police station and/or the court.

The Albanian legislation on domestic violence⁴⁴ and the institutional structures of law enforcement authorities provide the support required by the CoE Convention for victims of GBV&DV. The GoA has to improve the regional coverage of police protection and support to victims and their delivery (although services are offered on a 24h basis, they might not be equally good in all regions of the country). There is also a need for capacity improvement among police officers dealing with GBV&DV so that standards and protocols of dealing with cases of GBV&DV are updated and in compliance with the standards of the CoE Convention. Protection and support offered by the State Police to women at risk of violence or victims/survivors of GBV&DV should be more adequate, extended to counseling and crisis management practices, and provided by professionals that are continuously trained and made aware and updated on new practices. The already existing manual of standard operation procedures (SOPs) should be extended to a more rigorous protocol of rules and procedures to deal with cases of GBV&DV with a concept of priority line/order of priority embedded in the protocol in order to ensure proper and immediate protection of women at risk of violence.

The CoE Convention requires acts of psychological violence, stalking, physical violence, sexual violence (including rape), forced marriage, female genital mutilation, forced abortion and forced sterilization to be criminalized. In Albania, investigations and judicial proceedings in relation to all forms of violence are carried out without any delay and all offences or acts of violence are punishable. Victims of violence are granted legal assistance and free legal aid under the conditions provided by the law currently in place⁴⁵.

⁴⁴ Law No. 9669 of 18th December 2006 “For Measures against Violence in Family Relations”, entered into force on 1st June 2007 and was amended on 10th September 2010; CoM Decision No.334 of 17th February 2011 “For the Establishment and Functioning of the Referral Mechanism for the Domestic Violence Cases”.

⁴⁵ Law No. 9669 of 18th December 2006 “On Measures against Violence in Family Relations”, Article 7 point 3/c; Law No. 10039 of 22nd December 2008 “For Legal Assistance”; Project-Law/2013 “For some adds in Law No. 10039 of 22nd December 2008 “For Legal Assistance” in its article 13, point c/2 (this is a project law that improves Law No. 10039 of 22nd December 2008 “For Legal Assistance”);

C. Protection and support through specialized and dedicated services

The CoE Convention requires that GBV&DV victims/survivors receive the following services in response to the violence they have suffered: (i) free legal assistance and counseling (ii) psychological counseling (iii) financial assistance (iv) safe housing and (v) education and employment opportunities to empower them. These services must be provided immediately and without creating any financial or administrative burden on victims/survivors. These services have to be delivered according to the individual needs in each violence case. The CoE Convention does not contain consolidated standards of services dedicated to victims but rather documents of technical working groups that give a presentation of the Convention requirements. This means that each country party to the Convention, by respecting the minimum standards and requirements of the text, makes its own decision to set up services for victims/survivors of violence.

1. Safe Housing

The CoE Convention requires that violence victims/survivors have appropriate, easily accessible shelters in sufficient numbers to provide safe accommodation to them and their children.

Availability of support services for women victims of GBV&DV is not uniform throughout Albania and not for all victims of GBV. Thus, services are available mainly in bigger cities, and for women victim of domestic violence or victims of trafficking, while women from rural and isolated areas do not have access to direct support services. Women's centers mainly supporting women survivors of domestic violence or the victims of trafficking are operating in Tirana, Shkodra, Pogradec, Elbasan, Durres, Berat, Vlora, Gjirokaster and Kukës.

Law No.9669 of 18th December 2006 "For Measures against Violence in Family Relation", article 6, point c, refers to the need of setting up shelters for victims of family related violence.

According to existing information provided by NGOs, there are four shelters operated by NGOs and two government-run shelters, as well as two emergency shelters run by NGOs, which offer approximately 100 places (beds) in total for victims/survivors of GBV&DV. According to the standard set by the Council of Europe Task Force to combat violence against women Albania, the country has to provide at least one place/bed for 10,000 inhabitants. With Albania's current population of around 2.8 million, there should be approximately 280 places/beds made available to victims. As noted previously (in p. 7 of the present study), Albania currently has about 100 places/beds available, and thus 180 places/beds are still missing.

Another important element that should be considered regarding shelter provision is the geographical coverage which currently does not seem adequate, leaving many victims from rural and remote areas with poor alternatives to end violence due to paucity of safe sheltering. The standards or the concept of the existing shelters also need to be improved and to reflect the modern concept of shelters as one place where victims get all the necessary support ranging from counseling to employment services, shelter and education, health care and free legal aid. The GoA's future investments in this direction, including donor's support, will have to comply with the standards prescribed by the CoE Convention. The State might, for instance, establish regional shelters (one in each of the five geographical regions) which would each provide services in the most cost-efficient manner.

2. Counseling

Based on what the CoE Convention states, i.e. that counseling is a form of support for victims of GBV and DV that helps them understand what is going on and identify the best solution to step out of violence, the GoA has to adopt new legislation to set up state-wide round-the-clock (24/7) telephone help lines free of charge to provide psychological counseling to victims of violence.

Counseling has to be immediately available, free of charge and available in multi-languages. Counseling should be provided by psychologists/social workers; there is no need to be a psychotherapist at this stage since victims need a 'first aid' psychological intervention, not yet addressing trauma and post traumatic stress disorder. This is an intervention in the short-term which helps victims understand what has happened to them, what the risks are, and to decide to take adequate measures. This is why this type of assistance and support should be always available, as it is done in Albania, which can also be provided in police stations.

Counseling for children witnesses of violence as well as counseling for issues related to custody and/or their rights to meet the other parent, must be taken into consideration while establishing such services.

In Albania, there is no free hotline for victims of domestic violence available yet, accessible from all types of phones (land and mobile) and operated 24/7. Interviews with key stakeholders in the field showed that there is broad support to the idea of establishment of such hotline, and this has now become an obligation to do so since the ratification of the CoE Convention by the GoA. When established, the national hotline should be available to all victims of GBV&DV and should also be a source of information about other existing local (and regional) services and sources of support for victims/survivors.

3. Free Legal assistance

The CoE Convention requires that legislative or other measures be passed in order to ensure that victims have the right to claim compensation from perpetrators.

The GoA has approved Law No.10 039 of 22nd December 2008 “For Legal Aid” aiming at improving access to justice. This Law defines the conditions, the type of aid, and the procedure for offering legal aid. The Law gives an order of classification for the legal aid offered by the State as follows: a) primary and b) secondary.

Primary legal aid is the aid through which information is provided about rights and obligations of the parties (victim and perpetrator), the procedures available under the justice system, due process rights, and assistance is given in the drafting of legal documentation.

Secondary legal aid is the aid consisting in the provision of legal counseling/advice, representation in court proceedings, (in criminal, civil and administrative cases), and representation in front of administrative authorities. Information on availability of legal aid is also provided through public awareness, i.e. TV spots, written media, etc.⁴⁵.

The 2008 Law “For Free Legal Aid” designates the Ministry of Justice, the Chamber of Attorneys and the State Commission for Legal Aid as responsible institutions to administer legal aid services. The State Commission for Legal Aid (SCLA) is a state collegial body composed of five members: a representative from the Ministry of Justice, a representative from the Ministry of Finance, a representative from the National Chamber of Attorney, a representative from the High Council of Justice and a representative from civil society organizations⁴⁶.

According to Article 12 of the 2008 law, legal aid is provided by : a) ensuring information, providing counseling and needed explanations on legal cases, direct interviews or communication in distance; b) compiling legal acts; c) continuous counseling of the persons that will follow the case in court (victim and perpetrator); d) representation in front of administrative authorities; e) protection and representation of the interests for the suspect, accused and aggrieved parties in the criminal court; f) protection and representation of the interests of parties in civil or administrative cases.

While according to Article 13 of the 2008 law, the parties can receive free legal aid in the following cases: a) when they request the court to designate an attorney (ex officio) when they cannot afford one in criminal proceedings and; civil and/or administrative cases. In order to be granted an ex officio lawyer, the party concerned must prove that he/she fulfils the conditions, i.e. that he/she is part of a social protection program; c) in cases involving minors where legal aid is mandatory. The legal aid may be requested before, during or after the court case.

According to the report prepared by the Albanian Helsinki Committee, “[...]although there are passed three years [sic] from the approval of this law, its implementation into practice is really slow and with very small steps. The engagement of the responsible state structures has not been appropriate and the factors influencing this process have been mainly technico-organizational ones, such as the lack of coordination and collaboration, insufficient budget for covering the need for human and material resources, lack of infrastructures and bylaws, etc. Until now, the implementation of this law has been focused only on organizational issues. With the CoM Decision no. 98, date 09.02.2011 is approved the structure of

⁴⁵ See chapter III, article 11 “Legal aid and beneficiaries” of Law No. 10 039 of 22nd December 2008 “For Legal Aid”.

⁴⁶ See: “Report on offering state legal aid in Albania” prepared by Albanian Helsinki Committee on February 2012. http://www.ahc.org.al/site/doc/Raport_ndihma_juridike_falas-shkurt%202012.pdf

the State Commission for the Legal Aid (SCLA) and its organics and secretariat, while the Ministry of Justice has approved the internal regulation of the SCLA with the Order No.7301/3, date 19.01.2012. Despite all important steps undertaken until now for the implementation of the free Legal Aid Law, the Albanian Helsinki Committee has pointed out that no one has profited [sic] from the state free legal aid. The needs of citizens for free legal aid support have continued to be addressed / covered only by NGOs specialized on this issue, through their restricted human and material resources”⁴⁷.

From the information gathered during interviews conducted in the field for the purpose of the present study, the team noticed that the assistance provided to survivors of domestic violence with regards the issuance of POs/EPOs is focused mainly on filling the request, providing the needed information on the law, services, court proceedings and gathering of the needed documents (this support is provided mainly by NGOs). Usually attorneys from NGOs, in some cases even representatives from the police, support victims/survivors even during and after the trial (in order to be sure that POs/EPOs are executed). It also bears noting that practices such as testimony via video link are not yet applied in Albania.

4. Compensation measures

The CoE Convention provides that adequate State compensation shall be awarded to those who have sustained serious bodily injury or impairment of health, within a reasonable time and in cases where the offender cannot provide any reparation (Art. 30). Albania has not yet adopted any legal provision regarding the awarding of compensation to victims/survivors. This is a very sensitive aspect because it is not easy to set a priority criteria for which individuals should have the right to receive such compensation and how it should be issued. The GoA could think about a legislation that sets criteria for payment to victims of GBV and DV who suffer most consequences and who live under the worst economic conditions.

5. Long term recovery measures (education, employment and social inclusion measures).

The CoE Convention also requires that countries put in place dedicated services that address specific long-term needs of victims. These are related to health, legal and employment support. These services could be dedicated to women victims/survivors but it could be sufficient to have a referral system to inform them of the possibilities open to them after they leave the shelter.

Employment and economic empowerment of victims/survivors remain the most sustainable way to avoid and/or prevent victims/survivors from falling back into the cycle of violence.

The social inclusion and social protection systems in Albania provide support to women victims/survivors of GBV&DV. Violence victims/survivors are defined in all strategic documents and in the legal framework as a vulnerable group which is eligible to benefit from social protection and inclusion systems. However, interviews taken during this study and other studies in this field reveal that the eligibility of victims of violence to receive support is sometimes hindered by the complexity and the cost of bureaucracy needed to prove that someone is a victim/survivor. The need to organize for the dealing of GBV&DV cases as a priority matter is also demonstrated in all protection policies and practices. The GoA could also undertake to provide support to victims/survivors and empower them by applying the quota policy in employment, social housing or education (higher education or vocational training). Such measures would greatly contribute to the long-term recovery of victims/survivors of GBV&DV.

⁴⁷ See: “Report on offering state legal aid in Albania” prepared by Albanian Helsinki Committee on February 2012 (pg 2). http://www.ahc.org.al/site/doc/Raport_ndihma_juridike_falas-shkurt%202012.pdf

VI. Costing methodological approach and results

Costing of the road map was done by converting measures into smaller, concrete and measurable activities. The number of the beneficiaries was estimated based on an approximate size of the activities and resources. The costing exercise was done based on estimating “unit costs” for activities to be undertaken multiplied by the estimated number of targets and beneficiaries. It is anticipated that this methodology could create a baseline for future simulation, since unit costing can easily be used in cases of intensifying efforts or extension of services. The sources of unit costs used are mainly mid-term budget, previous research and the primary data collected by the questionnaires.

Table 3: Source of information for costing exercise

Unit Cost	Source of information
Cost of training per individual	MID-Term Budget
Unit cost for publication	MID-Term Budget
Unit cost for counseling service (face to face)	(i) Data of questionnaire drafted in the framework of this study (ii) Previous studies (iii) Current budget of Referral Mechanism
Unit cost for shelter	(Data of questionnaire drafted in the framework of this study (ii) Previous studies (iii) Current budget of shelters (iv) Costing of National Strategy
Unit cost for referred case	(i) Data of questionnaire drafted in the framework of this study (ii) Previous studies (iii) Current budget of Referral Mechanism.
Unit cost for bail	(i) Data of questionnaire drafted in the framework of this study (ii) Previous studies (iii) Current budget of Referral Mechanism
Unit cost for health service	(i) Data of questionnaire drafted in the framework of this study (ii) Previous studies (iii) Current budget of the Referral Mechanism
Unit cost of employment office/ education	(i) Data of questionnaire drafted in the framework of this study (ii) Previous studies (iii) Costing of National Strategy
Unit cost for secure of the victims (bailiff office PO/EPO)	Previous studies
Standard unit cost for international expertise	Daily average fee for international expertise (UN Rates)
Standard unit cost for national expertise	Daily average fee for national expertise (UN Rates)
Costing of national studies	Budget of national survey conducted by INSTAT
Assessment of providing Hotline for victims	Reference Study

The costing methodology was a three steps exercise, and it made use of a variety of information sources, depending on the costing activity. The aim of the costing exercise was to find out the amount of funds the GoA needs to disburse in order to comply with the CoE Convention requirements regarding standards on preventive measures and services dedicated to GBV&DV, with the main focus being on service provision.

The road map for Albania to endorse the CoE Convention and comply with its standards was adopted from the assessment prepared by the international expert. This implied looking at what the CoE Convention requirements were in terms of services, define what they are, who should be involved, who they are for and for which aim, therefore addressing the gap from which services should be put in place and which services are currently available in Albania (see appendix 2 for extensive details). The costing exercise was further developed on a set of assumptions and data from field observations.

The set of data used were data already existing on different official reports and documents, complemented by primary data on services and their operational budget. As mentioned before, the sources of information was the qualitative and quantitative data derived from our study. The primary data were gathered through a questionnaire that identified key actors in service delivery and coordination of actions against GBV&DV.

Respondents belong to different categories. According to answers provided by respondents from different services, it appears that in 67.7% of cases public bodies [e.g. police, hospitals] provide the service(s) requested by victims/survivors. Another group of services for victims/survivors are the private sector but they have no external financial support and they are not very frequent (6.5%). Finally, another category consists of NGOs which provide services financed by donors (25.8%). In particular, it emerged that more than one activity is provided by each service, so the total exceeds 100%. With regards to compensation, this was implemented by 19.4% of responding services.

Data collection and conducting research is done by 32.3% of all services consulted. Prevention in school and in the community is done by 61.3% of all services, and 29% provide services facilitating long term recovery from violence, financial assistance, education, training for women in order to find a job (29% of the total). Of all responding services, 22.6% are in charge of treatment programs for offender, 54.8% provide telephone counseling, 32.3% provide post rape care, and 51.6% deliver training for special professionals. Of all services, 32.3% have shelters or alternative housing, 54.8% provide legal aid, 48.4% provide civil protection, 12.9% provide psychotherapy and most of all in 71% of all cases deliver face to face counseling.

According to these analyses, we can actually see that existing services are diverse and respond to the different needs of women victims. In addition to this, of all services required and identified by the CoE Convention, most are addressed in Albania. However, this is done in a very sporadic way and in most cases services are not gathered in one place, and often victims/survivors have to move between services before all their needs have been fully addressed. This is a limitation and in some regards a risk, because it exposes victims/survivors to potential re-victimization either because women are not aware of where these services are located, or do not have the time or the resources to visit them, also fearing that the perpetrator finds out that they are trying to seek help and end the relationship, which would create economic instability for victims/survivor and would expose them to possible risks for their safety.. It is worth underlying that in this regard, the referral mechanisms are organized in a way that this migration from one place to another to seek help and get answers, can and should be avoided. This is why this Albanian model is of high relevance, because it works according to what was identified as a good practice, namely the "anti-violence centers", also called "one-stop centers", which should have all needed services for the assistance of victims in one place. Such centers provide all services necessary for victims/survivors in one location, and they can be run by the State or an NGO. This practice is already in place on countries such as Malaysia or Rwanda.

The main sources of information for the production of the present study were as follows (see appendix 1 for more details):

- The mid-term budgeting guidelines were used for unitary costs in activities or services delivered by the public sector directly or tendered to social enterprises or NGOs;
- There are short, medium and long-term activities and costing as well;
- Inflation rate in the short term is the current inflation rate, published by INSTAT;
- Inflation rate in the mid and long term is the inflation of the Bank of Albania Exchange rate used is 100 ALL/1 USD.

Some of the unit costs used in estimation especially regarding key service delivery are summarized in appendixes.

Table 4: Costing results

	Protection Measures	Estimated Annual financing needs (in USD)	Time Scale of intervention
Protection Measures	Strengthen the capacity of the Police Dedicated Unit to GBV&DV cases (EPO/PO)		
	Strengthen Police Dedicated Units to deal with GBV&DV cases		
	Investigator Specialist (2 specialists, one woman)	5,400	Mid Term
	Intervention Specialist (available on call 24 hour)	1,800	Immediate Intervention
General Services	Establish a priority line for treatment of GBV&DV victims (reporting violence at Police Station)		
	Prepare a protocol of implementing the priority line at police station (Cost of technical assistance)	25,000	Short term
	Have Special Facilities (room for accommodation and reporting) for treatment of GBV&DV cases (54 rooms established in directorate and police stations)	270,000	Short term
	Training and capacity building for police officers		

	Trainings for specialized units (around 800 officers)	15,100	Continuous trainings
	Training for implementation of the GBV&DV protocol of treatment (800 police officers)	15,100	Continuous trainings
	Training of police officers regarding standards and requirements of the CoE Convention (800 police officers)	15,100	Immediate
Court and Justice system			
	Training of a core team of three judges, specialized in cases of GBV&DV, for each district (100 judges)	4,200	Immediate
	Establish a priority line when court cases are scheduled for GBV&DV cases, especially for ensuring protection of victims (procedural aspect and security costs of having priority treatment of GBV&DV cases)	35,000	Mid to Long term
Specialized and dedicated services	Legal Aid		
	Have a list of minimum three attorneys, as experts for providing free legal service in GBV&DV cases for each region (serving 40 cases per year)	No cost	Mid Term
	A National List of Lawyers specialized in assistance in cases of GBV&DV	No cost	Immediate
	Establishing a national hotline service		
	Maintaining a 24h phone service in regional shelters	150,000	Immediate (short term)
	Establish this service at the 5 regional shelters established (this option becomes mandatory for those shelters licensed to provide services to GBV&DV cases)	600,000	Mid to long term
	Establish a Referral system in hospitals		
	Technical assistance and training in developing protocol of treatment for cases where different forms of violence were experienced, including a formalized referral system within the health sector for such cases. This protocol covers primary health care as well as hospitalized treatment of victims.	55,000	Immediate
	Have a specialist for GBV&DV cases affiliated at each regional hospital emergency rooms, which can be available 24h on call. This person can be an employee from the public sector or non-profit sector.	48,000	Mid Term
	Train all the staff of emergency services on GBV&DV cases treatment (based on the protocol)	15,100	Continuous bi-annual trainings
Train a representative from each unit of primary health care on GBV&DV cases	35,000	Continuous bi-annual trainings	
Post Rape Care			
Health treatment			
	Have a protocol of immediate health care for victims of rape for units of primary health care centers. Ensure that emergency service at hospitals (secondary health care) provide specialized health treatment of rape victims, based on a rigorous protocol (technical expertise)	35,000	
	Hospitals and primary care services should be equipped with contact details of the nearest specialists that are responsible for forensic examination of cases of rape (budget an outsource service)	25000	
	Improved technical capacity and supply of materials needed on post rape counseling through trainings dedicated to:		Short term
	Health sector	4,500	
	Shelters and centers dealing with GBV&DV	4,500	
	Police unit dealing with GBV&DV	9,000	
	Forensic examinations	15,000	

Shelter and alternative safe housing (art 20.1 and 23 of the CoE Convention)		
Set up regional specialized shelters for GBV&DV (additional shelters to cover capacity of 180 beds, to meet Convention criteria), 5 additional regional shelters to set up	750,000	Mid to long term
Set up management standards of the shelters and convert them from housing into Centers for Victims of Violence Treatment. Outsource management of the shelters to experienced NGOs dedicated to gender and anti-violence services.	25,000	
Have the Regional Shelters play the Regional Coordinating Role and Multiple Specialized Service Delivery (have technical assistance and legal framework adjusted)		Mid to long term
<i>Information (on desk and phone hotline service, 24h, 7 days of the week)(Shelters have a specific budgets for each service they deliver)</i>	10,000	
<i>Immediate Counseling</i>	10,000	
<i>Immediate protection and medical treatment</i>	10,000	
<i>Mid and Long term counseling</i>	10,000	
<i>Free Legal advice and aid</i>	10,000	
<i>Safe housing</i>	10,000	
<i>Child care</i>	10,000	
<i>Elderly care and support</i>	10,000	
<i>Regional Coordination Role</i>	10,000	
Psycho-social counseling service for GBV&DV counseling	Standardize the existing counseling service for GBV&DV (technical assistance to establish standards of the service delivery and training modules accreditation)	25, 000. Short to mid term
Psycho-social counseling should be part of the activities provided by the shelter		No Cost
Strengthen the capacities to deliver counseling services through training and increase staff at:		Bi-annual trainings
Health Care (primary and secondary level)	5,000	
Police	5,000	
Local Government structures (Referral Mechanism, Social Protection Department)	5,000	
Public Shelter for GBV&DV	5,000	
Licensed NGOs run shelters	5,000	
Counseling Centers	5,000	
National Hotline	5,000	

Source: The team which completed this study provided this calculation on the costing

Albania has to invest around USD 2,7million per year in order to put in place prevention measures and services to victims/survivors required by the CoE Convention. The main part of the funds should be allocated to the establishment of coordination structures in municipality or regions of no less than ten thousand (10,000) inhabitants, responsible for referring cases and provision of immediate support. The other immediate component that would require considerable funding is the creation of the national free of charge hotline service available 24h, through which counseling and referral of GBV&DV cases to other service providers would be made. Prevention measures do usually target a larger scale of beneficiaries, many of them are made to serve to the larger public, like in awareness-raising campaigns and are thus very costly.

Dedicated services to victims of violence need also interventions to ensure a good geographical coverage and adequacy in delivery. The GoA has made progress in providing specialized services through the public sector and through the network

of specialized NGOs. In the short-term, Albania has to improve the access, adequacy and standards of such services, while in the long-term the country has to ensure the financial sustainability of those services. A better alliance with the network of NGOs or social enterprises working in this field would help the sustainability of dedicated services delivery to victims of GBV&DV. Without including the compensation measures, Albania would need to invest around US 1,14 million in the next five years to improve the dedicated services for victims of GBV&DV violence. Short-term measures include the setting up of 180 additional beds in shelters, post-rape care and health dedicated services, perpetrators treatment programs, as well as counseling and free legal aid. Long-term recovery programs and compensation of victims are also important investments the GoA has to plan in order to comply with the CoE Convention (see table 5).

If current policies and interventions are being considered (though the National Strategy on Gender Equality and for the Reduction of GBV&DV, for instance), the GoA has to increase its investment in adopting new measures to prevent and combat the GBV&DV phenomena and services dedicated to victims of violence by around USD 1,14 million in the next 5 years, in order to ensure respect of the text of the CoE Convention.

Table 5: Long-term recovery measures for victims of GBV&DV

Services Facilitating Long-Term Recovery of GBV&DV Victims	Annual Financing	Immediate measures
Services that address specific needs that victims of violence face in the long-term, mainly after emergency and shelter phases have been taken care of/successfully provided. Their aim is to ensure that no secondary victimization occurs and that long-term recovery of victims of violence happens (PO/EPO).	12,120	Immediate measure
Each referral mechanism at municipal or commune level strengthens the capacity to refer the victims for their long-term recovery providing them with information or referring them to outsourced services as counseling service, health care, legal support and information on employment)	120,165	Mid to long-term
Referral Mechanism' capacity building		
Regular trainings on setting up sustainable services for the referral mechanism coordinators	28,125	Regular trainings
Databases at municipal level on services available (regional service mapping)	18,750	Immediate
Referral Mechanisms sign Memorandum of Understandings with all service providers (public or private) to ensure the sustainability of their referral system. Referral Mechanisms are equipped with financial resources to outsource services required in the long-term recovery of victims of violence		No cost
Social Inclusion measures are designed for victims of GBV&DV (technical assistance)		National Programs
Community housing	125,000.00	Annually 5 apartments are being supplied to GBV&DV victims
Labor market inclusion measures		Mid to long-term
Quotas for Vocational and Professional Education Training trainings and exclusion of GBV&DV victims from the education fee	No additional costing, policy measures	
Quotas for higher education seats for victims of violence and financial support for their education	No additional costing, policy measures	
Quotas of GBV&DV in employment in the public sector (new jobs openings)	No additional costing, policy measures	

CONCLUSIONS AND RECOMMENDATIONS

The present study started in September 2012, prior to the GoA's ratification of the Istanbul Convention on the 4th February 2013. It aimed at providing insights on the actions and measures the GoA had to and now still has to adopt to comply with the standards of the CoE Convention, in relation to services to survivors of gender-based violence and domestic violence foreseen by the convention.

This study, now that the CoE Convention has been ratified, is even more of relevance since it sheds light on where the GoA has to invest and improve its services to combat and prevent gender-based violence and domestic violence. In the last 10 years, Albania has taken significant steps into this direction, with tangible outcomes and results. However, actions are still needed to guarantee the respect of rights of GBV and DV victims and this report is a valuable tool.

This study concretely can help the GoA to know which actions are most needed in the short, medium and long-term and how much this will cost. The fact that the Convention has already been ratified is an advantage for the GoA since it puts more pressure to fulfil requirements set out in the Convention.

The policies and measures described in this study are seen as dynamic interventions that can take place in the short and long-term. The different resources, mainly financial ones, required at the national level to support policies and measures to prevent and combat violence against women, are assessed and planned in the most cost-efficient manner, and were referred to throughout the study.

The team thinks that one of the priorities is to establish services (the CCR, shelters) in all municipalities. Even before this is done, it is important for the GoA to set up a free help line available 24/7 which will refer victims/survivors to local service providers.

A consistent process of monitoring and data collection is also needed, at least every five years, to make sure the monitoring of prevalence and incidence rate of violence is conducted and also to understand whether investment in services are having a significant effect in reducing violence.

Another essential measure is the allocation of a certain number of municipality jobs to women victims/survivors, in order to reduce to a minimum their level of vulnerability which often might increase their risk of continuous victimization, simply because they do not have another alternative than to stay with the abuser.

Education and employment policies, mainly based on the instrument of quotas for women of this target group, would help in supporting these women. Social support, financial and non-financial assistance, as well as social housing opportunities for those leaving shelters, are necessary measures to help victims/survivors of violence start and live a new life free from violence.

In order for Albania to fully comply with the requirements of the CoE Convention with regards to service provision for victims/survivors of violence, the Government will need to adopt new national policies and increase its funding/budget by approximately USD 1 million per year for the next five years. Though this might seem a significant amount of funds, this investment is actually going to save the GoA 5 times as much, in a 5-year time. This is based on international studies on the cost of violence, related to the material, physical and emotional damage for the victims and for society in general (number of days out of work, the health system, the law enforcement. Saving lives of women and their children is a human rights and moral obligation for any Government and Albania has this great opportunity.

Appendixes

Appendix 1. Unit Cost on different services offered to GBV&DV victims

Unit Cost on different services offered to GBV&DV victims	Staff costs (measured through evaluating the average time dedicated to a case/ converting time to money through official wage rates	Approximate Non staff costs	Total Costs
Counseling or help for children who witnessed violence provided in schools	11.14	2.23	13.37
Central Government Cost (Coordination and Referral)	12.87	2.57	15.44
Local Government Cost of Coordination and Referral	80.11	16.02	96.13
Law Enforcement (Bailiff Office)	37.48	7.50	44.98
Shelter	64.38	12.88	77.25
Health services	20.22	20.22	40.43
Employment Services	2.83	0.57	3.39
NGOs Offering services for GBV&DV	20.06	4.01	24.07
Social services	5.65	1.13	6.77

Appendix 2. Costing services and procedure

Services and provisions foreseen by the CoE Convention are listed and presented in this Appendix. The list contains the requirements under the Convention with a reference to what measures Albania has to put in place, as well as which actors/ stakeholders should be involved, who is targeted, and who the beneficiaries are. This list is useful because it indicates which services are currently not available and which ones are already functioning and funded.

Procedure: for each of the services foreseen and required by the CoE Convention, the following information is described:

- **What** these services are according to the CoE Convention (*services*);
- **What** is needed for their implementation that is still not in place (*needed*);
- **How** they should function (*functioning*), minimum requirements;
- Who are the **targets** and **beneficiaries** of such services (*target and beneficiaries*);
- **Who** should run them/personnel involved (*personnel*).

Please note: when the term 'victim' is used in the chart below, it refers to women victims/survivors of gender based violence and domestic violence, as indicated in Article 3 of the CoE Convention.

SERVICE required by the CoE Convention	Services	Needed	Functioning	Target and beneficiaries	Personnel
Telephone helplines (art. 24)	<p>There are two types of hotlines that need to be taken into consideration.</p> <p>- <i>Emergency hotline available 24-hours, 7 days.</i></p> <p>This is a state-wide telephone line; it should be in different languages according to the needs of the Albanian population. A free of charge telephone number easy to remember and to dial that a victim or anyone needing information can dial 24h to provide crisis support, first-hand information on what to do, where to go to get help, legal advice, shelter.</p> <p>- <i>A 24h number in each shelters/antiviolence counseling center, located at least one for each region in Albania that victims in need or the police or the hospital can contact to provide support or in most at risk cases shelter for those victims in need.</i></p>	<p>A centralized system of toll free calls gathering with dedicated trained (female) phone staff open 24h, 7days. This should be centralized in terms of organization. Confidentiality and anonymity if requested should be granted. This is a first aid system and does not overlap with the subsequent one. They have to coexist. This service comprises also of a database with all information available of existing territorial services that can directly help the victim.</p> <p>The shelter/center existing in the country (should be one for each regions) should have a number that can be reached locally at a charge (local phone) for getting direct contact with such service and make an appointment.</p>	<p>Answer to the requests of information, need for immediate help, refer to relevant service, reassure, calm the victim</p> <p>Always available</p> <p>In multiple languages, if applicable.</p> <p>Operational 24hr</p> <p>Personnel working in the shelter service will answer, ask about the case and according to the request make an appointment.</p>	<p>All victims of gender based violence and domestic violence</p> <p>Anyone working in the field and dealing with these victims who need information about existing services (professionals, friends of victims, relatives).</p> <p>Victims of gender based violence and of domestic violence</p>	<p>Trained operator with good communication skills and listening capacities. Some counseling skills would be an asset</p> <p>Specialized counselor, preferably women, with skills for dealing with violence</p>

Immediate police [law enforcement] protection (art 50.1)	<p>Special police units with specialized personnel for the investigation stage, interviewing as well as for immediate intervention.</p> <p>Dedicated courts, magistrates specifically dealing with these cases</p> <p>Law enforcement should be prepared to quickly and accurately assessment of risk, manage such risk by monitoring and supervising the perpetrator and apply adequate restraining measured if needed. Provide victims the accurate legislative and service information. Non judgmental listening skills</p>	<p><i>Extra dedicated training</i></p> <p><i>Creation of special DV units also for patrol intervention</i></p> <p><i>Female law enforcement officers also at high ranks</i></p> <p>A 'priority line' for these cases when they get to the police and at the court level</p>	<p>Provide immediate intervention for the protection of the victim.</p> <p>Be able to assess level of risk and act consequently.</p> <p>Have the opportunity to have direct contact with courts for sharing information and taking a decision</p>	<p>Victims and family members, friends or other relatives involved in the victimization</p>	<p>Police of different ranks working in patrol cars as well as those conducting investigations and working in the office where victims go to report their cases.</p>
Specialist support service: Health care for treatment of injuries (art 20.2)	<p>In addition to general services open for the public at large, <i>specialist support service</i> financed by the government / run by NGOs that are exclusively for victims of GBV and DV</p>	<p><i>Hospitals should have a referral system for cases of rape and domestic violence so that they can be immediately referred to coordinated services for post violence care and support. Special location, special equipment, dedicated personnel:</i></p> <ul style="list-style-type: none"> - <i>Extra dedicated training needed for health personnel.</i> - <i>new dedicated personnel (psychologists, social workers)</i> 	<p>In emergency rooms victims should get immediate and sensitive help and in a professional way according also to what is needed by the law.</p>	<p>Health care professionals</p> <p>Victims of violence</p>	<p>Doctors Nurses Psychologists</p>
Post-rape care (art 25)	<p><i>Health treatment as immediate intervention for treating any injuries.</i></p> <p><i>Specific immediate forensic examination procedure and kits to collect evidence.</i></p> <p><i>Short and long-term counseling. Post Traumatic Stress Disorder Therapy, debriefing.</i></p>	<p>Medical unit with Specialized sensitive personnel.</p> <p><i>Rape crisis centers</i> with specialized sensitive personnel, preferable females, who take care of rape victims and victims of sexual violence. Services in the hospital but also detached from it, especially in those cases where the victim has mobility capacities</p>	<p>Available 24h. Immediate intervention. Short-term counseling Long-term therapy</p>	<p>Rape and sexual violence victims Family members</p>	<p>Medical doctors Nurses Forensic investigators Psychologists Psychotherapists</p>

Counseling (art 20.1)	<p><i>Psycho-social support service for helping victims understand what they need to live a life free from violence and what they can do.</i></p> <p><i>Legal and psychological counseling</i></p>	<p><i>Services provided by shelter open 24h with or without housing service providing short-term specific support [dedicated services].</i></p> <p><i>Day service provided by shelter services</i></p> <p><i>Extra services are needed in the country (at least one per region and at least two in province like Tirana)</i></p>	<p><i>Run by NGOs financed by central government or nationally run. This guarantees professionalism</i></p>	<p>Victims of gender based violence and of domestic violence and their children</p>	<p>Counselors Psychologists</p>
Shelter and alternative safe housing (art 20.1 and 23)	<p><i>A shelter is intended appropriate, easy accessible places where victims can find immediate protection and accommodation 24h.</i></p> <p><i>In these dedicated services/places the various problems these victims face must be addressed</i></p>	<p>Specialized shelters for victims of GBV and DV (no general homeless housing) for sheltering and for providing responses to the needs of the victim.</p> <p>At least one for each region and in bigger provinces, two. These women's shelters are intended also as places for promoting prevention, networking, cooperation with multiple agencies and can be a referent point for the CCR</p> <p>They provide: information, immediate counseling and mid-term counseling, medical advice, legal advice, children witness of violence support, safe housing.</p>	<p>Best run by female NGOs with dedicated experience in working with these targets</p> <p>Accessible 24hr/7 days.</p> <p>Multiple service response providers</p>	<p>Victims of GBV and DV and their children.</p> <p>The whole society benefits from these services in reducing the risk of re-victimization, reducing the cost of violence which also cost for the population (direct and indirect costs)</p>	<p>Experienced staff on GBV and DV.</p>

Legal aid (art 20.1 and 57)	<i>Civil, penal and administrative and related to immigration, legal consultancy and legal assistance free of charge or under some facilitating condition for all victims of gender based violence and domestic violence. This is so that victims who have already suffered material, physical and psychological damages do not have to suffer extra financial burden.</i>	<p><i>Civil, penal and administrative legal aid has to be free of charge for victims. The list is a first step, but each local service for victims has to provide their own specialized lawyers to provide in situ help and legal assistance.</i></p> <p><i>Unit cost for civil, penal and administrative cases (multiplied by number of putative victims)</i></p> <p><i>Immediate after violence legal aid due to need to leave belongings, housing and bring children with them, so not to lose their rights.</i></p> <p><i>According to Albanian legislation, under which victims can receive free legal aid, amplify the system, provide specialized training for these lawyers and make sure victims are correctly assisted.</i></p> <p><i>Lawyers should be in contact or be part of NGOs to guarantee a specific and dedicated approach to the problem of violence is shared.</i></p>	<p>Lawyers and legal information need to be provided to the victims to understand their rights and what steps they can undertake</p> <p>A list of specialized lawyers needs to be provided to victims, ideally by the services they are helped by.</p>	<p>Victims of GBV and DV and their children</p> <p>A dedicated legal service and aid will benefit to the whole law enforcement system due to the extra expertise they will provide.</p>	<p>Trained and specialized lawyers who either belong to the women NGOs or are registered in a special list fulfilling minimum requirements. Their tariff should be agreed and established in advanced and should be minimally or not at all affecting the victim (maybe only file costs, such as stamps)</p>
Services facilitating longer term recovery from violence, such as financial assistance, education, training and assistance in finding employment (art 20.1)	<i>Dedicated services that address specific needs long-term victims face. These are related to work consultancy, health and legal support. These services could be dedicated for women victims of violence and domestic violence but it could be sufficient to have a referral system for informing victims of further steps once they are out of the shelter, to live on their own.</i>	<p>A database system in each district or nationally based that can inform victims about what is available in their districts, easy to access or consultant where different services are available, training schools, schools for children, kindergarten, vocational schools, financial support, micro-credit.</p>	<p>Former victims who have ended a high risk situation can access either dedicated agencies or regular agencies that provide information on how to access to different services, provisions these women might have</p>	<p>Former women victims of domestic violence and their children</p>	<p>Financial consultants, teachers, social workers Schools Employment services</p>

Prevention and treatment services (art. 16)	<p><i>Prevention can be primary (for those who have not yet been involved in violence); secondary prevention to prevent revictimization; Tertiary prevention to avoid damage from the violence and PTSD. Prevention should be done in schools and via media campaigns for increasing general awareness.</i></p>	<p>An educational campaign of bullying and gender violence should be developed for primary and secondary schools. An online anonymous questionnaire could be developed to address the prevalence and incidence rate of violence.</p>	<p>Meeting with experts, focus groups with students, roundtables,, video broadcasting Creation of an ad-hoc on line anonymous questionnaire for measuring attitudes towards conflict and aggression among peers</p>	Children and adolescents	Teachers, psychologists, media experts, educators
	<p><i>Treatment for offenders within the correctional system and in the community for released offenders.</i></p>	<p>An awareness-raising campaign through the radio and TV should be launched attached to the national hotline number with indication of the importance to break the silence and seek help</p>	<p>Treatment programs should be started in an experimental way with a limited number of inmates and provide a volunteers support group in the community for offenders who have been released in the community</p>	Offenders	Psychotherapists, criminologists, lawyers, psychologists
Data collection and research (art. 11)	<p>A dedicated survey with a representative sample of women interviewed with the CATI method (using the WHO questionnaire)</p>	<p><i>Conduct every 5 years a dedicated survey on violence against women with a national representative sample of 3500 women aged 16-70 years.</i></p>	<p>Universities should be encouraged to develop and conduct studies on risk factors, consequences, and on cost of violence in Albania The National Institute of Statistics of Albania will be in charge of a national survey based on the VAW international data collection questionnaire to have a picture on nature and characteristics of victims and needs to do so to play a role for policy makers.</p>	Female adult population	Trained interviewers, researchers University
	<p>A national database with reported cases of violence against women and domestic violence</p>			Whole population	

Compensation (art. 30)	Compensation is the one paid by the State to victims whose damage cannot be paid by the offender	A National scheme should be put in place to have a 'bucket' where victims with specific requirements can apply to cover costs derived from the victimization	Difficult to assess the amount	Victims of violence Relatives in cases of permanent damage or death	Judges Politicians
	A system to pay for the damage already suffered (it does not have to be confused or overlapped with all services the State and the private sector have to provide for the victims so not to suffer from extra costs)				

Appendix 3

Statistical report from the survey conducted with 31 agencies/services which were provided with the self-reported questionnaire in activities, functions, costs.

Introduction

Based on the methodology work plan set up at the beginning of the assignment, the following are the main results derived from the analysis of responses provided by public and private services to the self-reported questionnaire sent out to known services and bodies dealing with GBV and DV. The questionnaire was developed by taking the following aspects under consideration a) what exists and how much it costs; b) how it works and what services/institutions are doing.

When developing the questionnaire, the team also took into consideration the existing legislation in Albania and studies conducted in the field and international similar studies and methods.

The questionnaire had the scope of designing a map of existing and running services dedicated to the needs of GBV&DV. The questionnaire addressed possible services known to exist already and in addition, we included information about the existence and functioning of those services foreseen by the CoE Convention.

Target

The questionnaire was sent out to all possible public and private interested organizations for the scope of this survey.

Considering the type of information demanded from the survey, the questionnaire was sent out and filled in either by the person in charge of the service, or by someone within the organization who knows the service and its activities as well as the administrative and operational issues. Unfortunately, this was not always the case. Of all the questionnaires sent out, approximately 50, only after several reminding messages, and in several cases sending the questionnaire again, 31 questionnaires were finally returned with several missing information, so analysis and comments on results could be made and are presented here only in a limited number of cases and on a few variables of the questionnaire.

The following are the services, organizations which sent a response to the questionnaire, fully or partially completed.

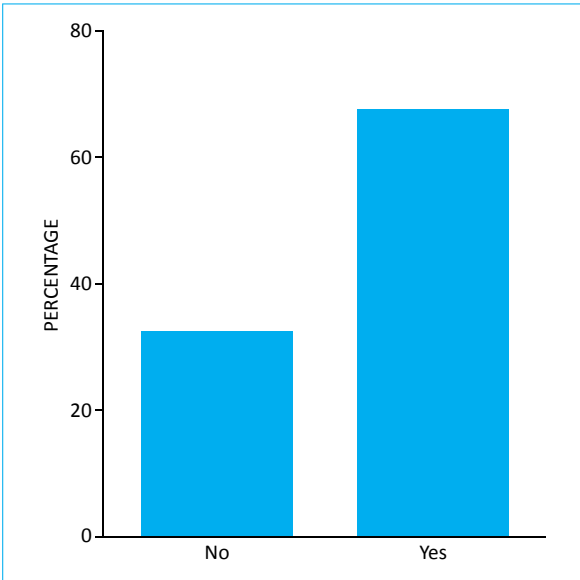
1. State Police;
2. Office for Rehabilitation;
3. Police Department;
4. Municipality;
5. Directory of Public Health;
6. Women's Center "Light Steps" in Shkodra;
7. "Women's Forum" in Elbasan;
8. Ministry of Justice;
9. National Center for Treatment of the DV Victims (national shelter);
10. "Shelter for Women and Girls" in Tirana;
11. "Me, the Women" Association in Pogradec;
12. "Different & Equal" Organization in Tirana;
13. Employment Office;
14. "Kennedy" Foundation in Korca;
15. District Court in Korca;
16. Directory of Public Health;
17. Bailiff Office;
18. Center for Legal Civic Initiatives in Tirana;
19. Municipality of Lushnja;

20.	Police Department in Lushnja;
21.	Directory of Public Health;
22.	Municipality of Shkodra;
23.	Policlinic nr. 7 in Tirana;
24.	Health Center at Bregu i Lumit, Tirana;
25.	Educational Directory;
26.	Employment Office;
27.	Mini-Municipality nr.11 in Tirana;
28.	Regional Directory of the Employment;
29.	Association "Other Vision" in Elbasan;
30.	Community Center "Today for the future" in Durres;
31.	Municipality of Durres.

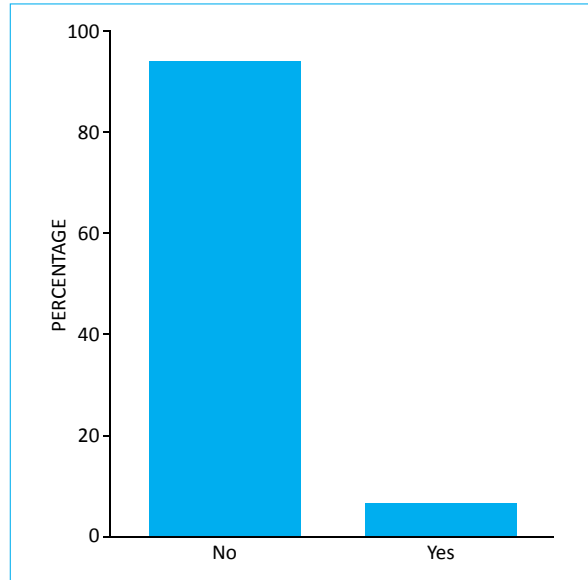
Respondents belong to different categories. According to answers provided by respondents from different services, it appears that in 67.7% of cases public bodies [e.g. police, hospitals] provide the service(s) requested by victims/survivors. Another group of services for victims are the private sector but they have no external financial support and they are not very frequent (6.5%). Finally, another category consists of NGOs which provide services financed by donors (25.8%). In particular, it was revealed that more than one activity is provided by each service, so the total exceeds 100%. In particular, with regards to compensation this was implemented by 19.4% of the services which responded.

Data collection and conducting research is done by 32.3% of all services consulted. Prevention in school and in the community is done by 61.3% of all services, and 29% provide services facilitating long-term recovery from violence, financial assistance, education, training for women in order to find a job (29% of the total). Of all responding services, 22.6% are in charge of treatment programs for offenders, 54.8% provide telephone counseling, 32.3% provide post rape care, and 51.6% deliver training for special professionals. Of all services, 32.3% have shelters or alternative housing, 54.8% provide legal aid, 48.4% provide civil protection, 12.9% provide psychotherapy and most of all in 71% of all cases deliver face to face counseling.

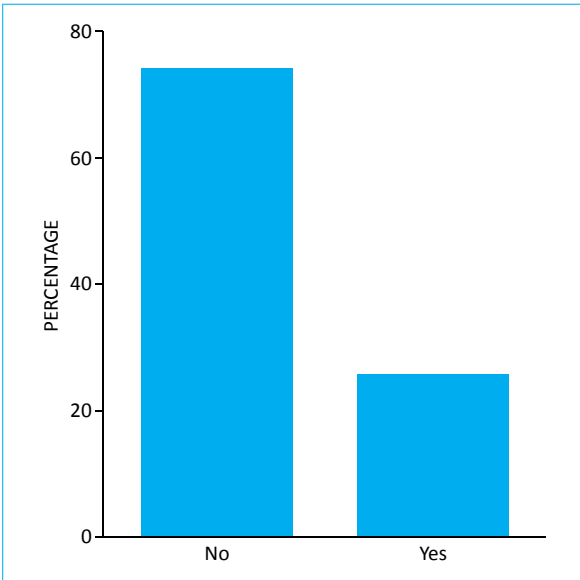
Public entity that supplies public services



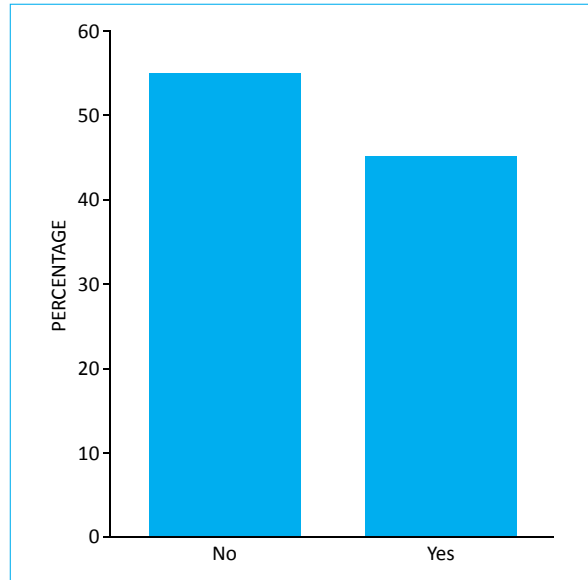
Private operator supplying services privately



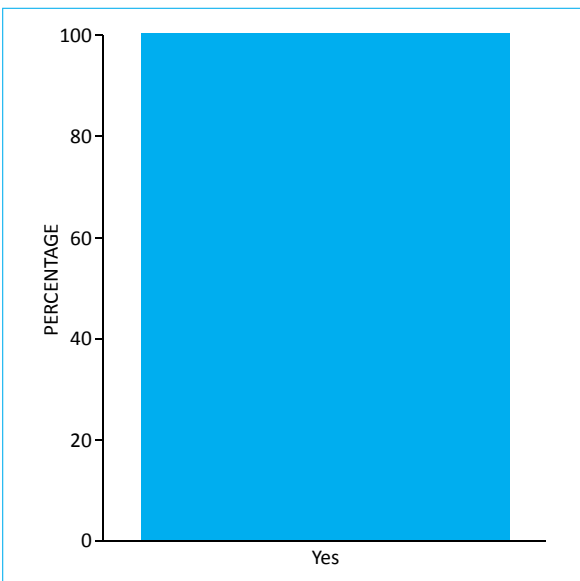
NGO supply mainly donor supported services



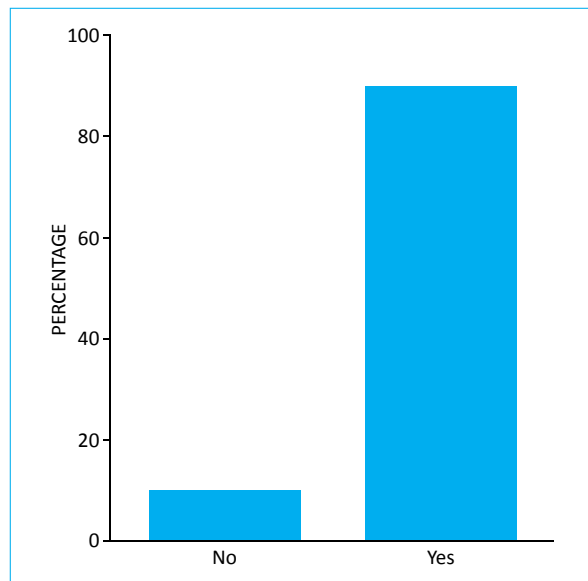
Please indicate professionals working in the service dedicated to VAW and DV



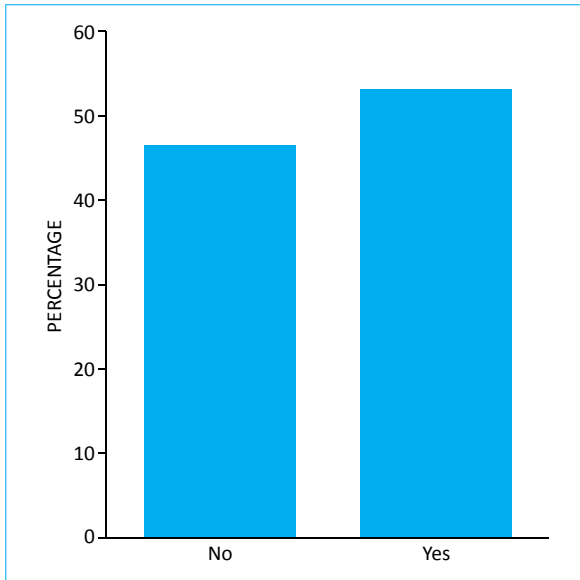
Public source of founding (Government Only)



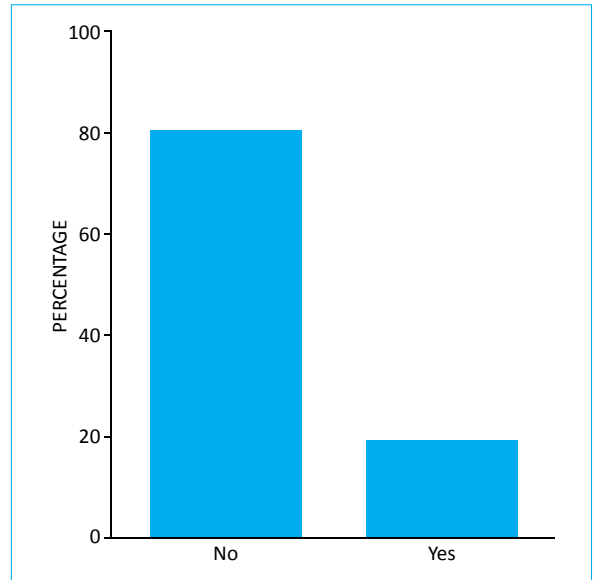
Private source of founding (Donours, Int Organisations etc.)



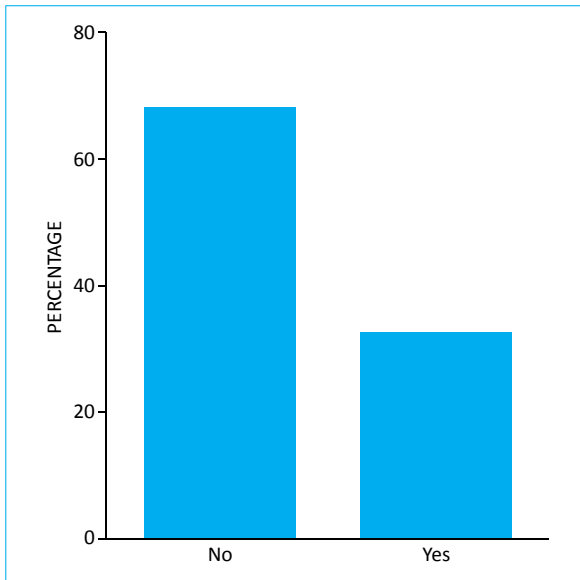
Telephone Counseling



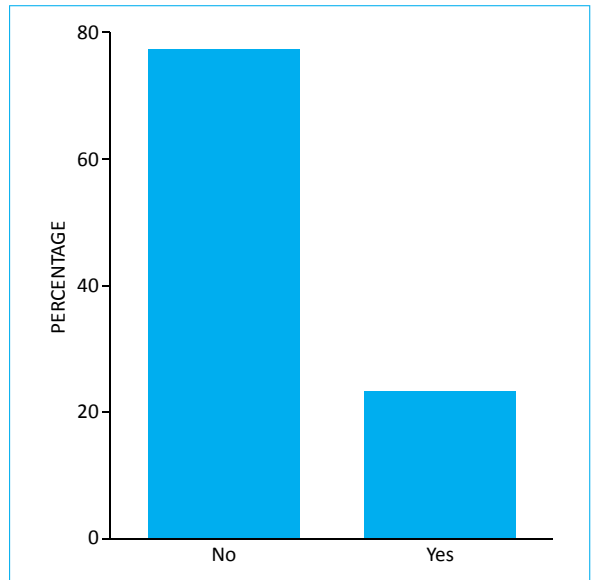
Compensation/reparation scheme



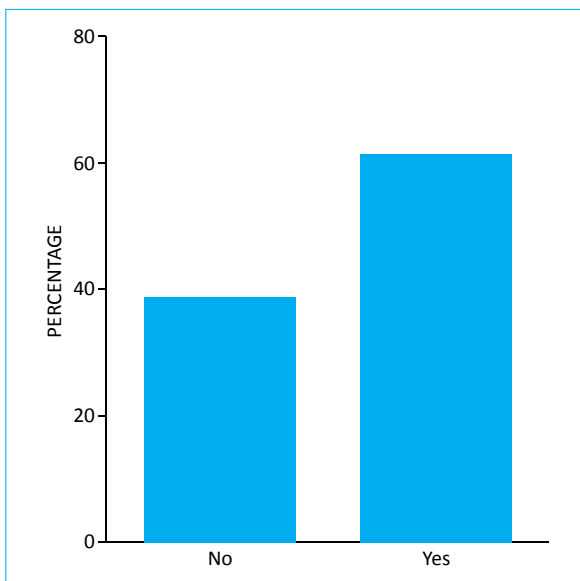
Data collection and research



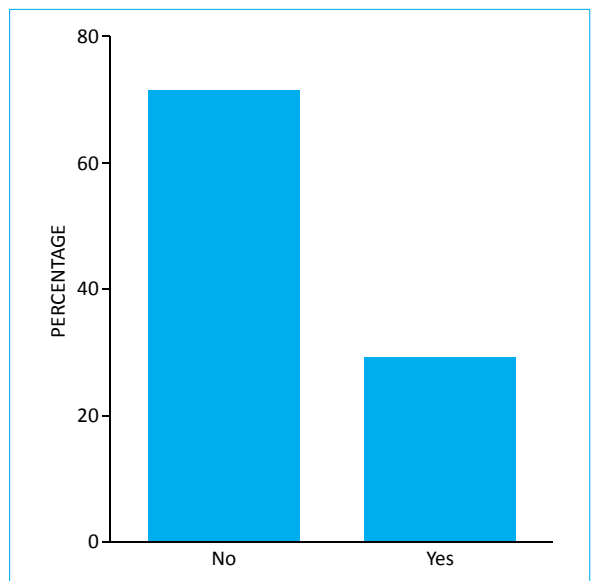
Treatment service for offender



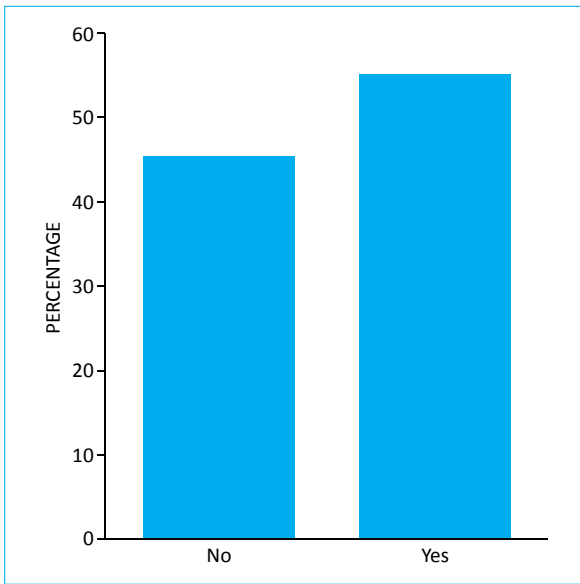
Prevention in school and community



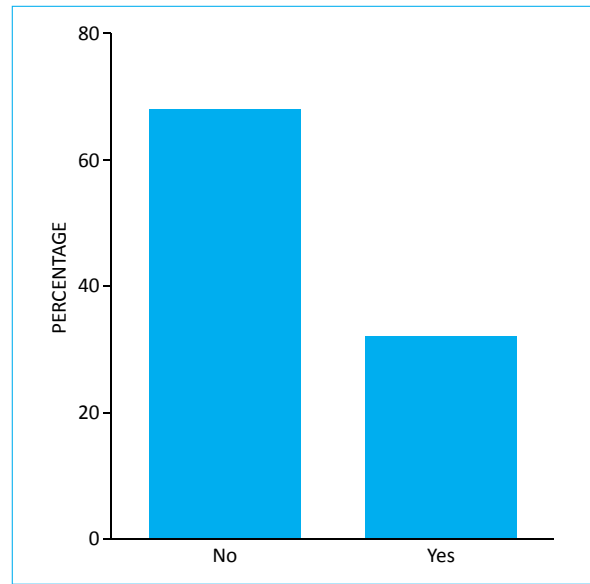
Services facilitating longer term recovery from violence such as financial assistance, education, training and assistance in finding employment and housing



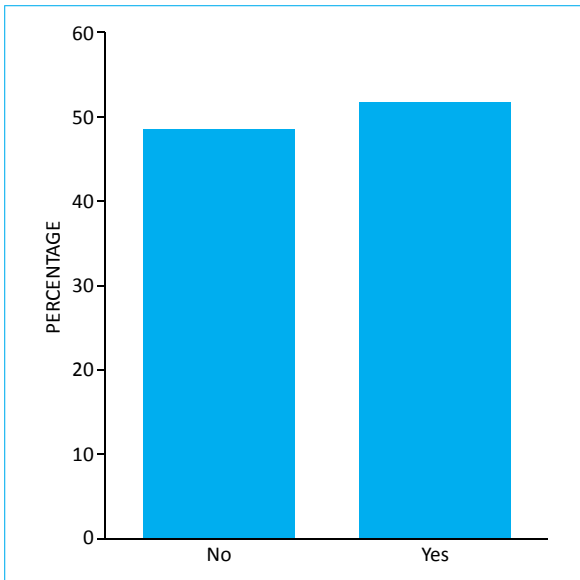
Work orientation



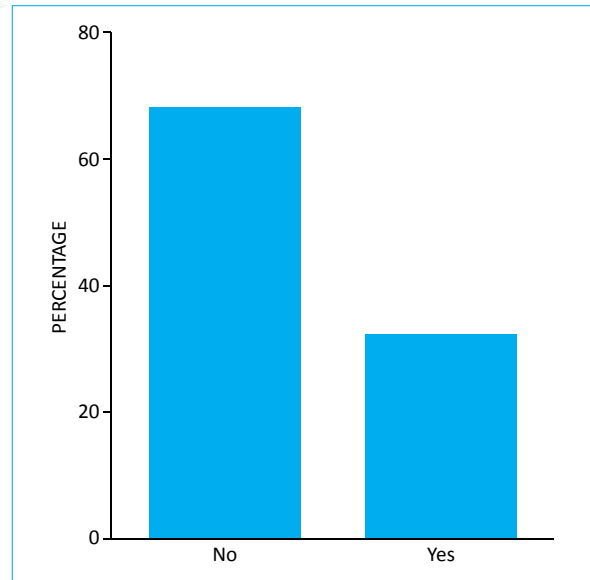
Post-rape care



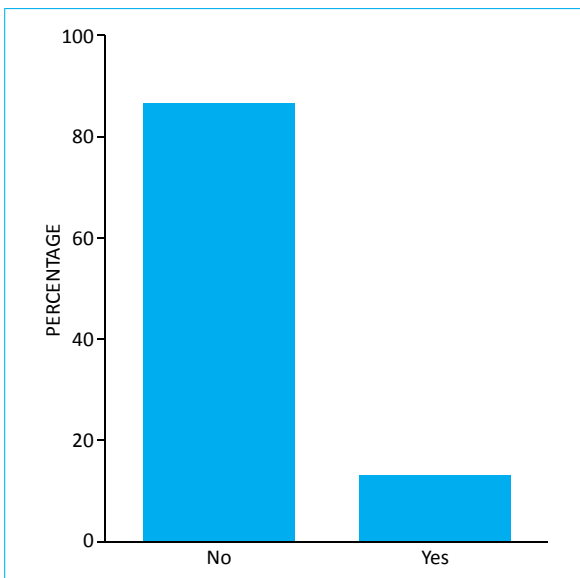
Training for special professional



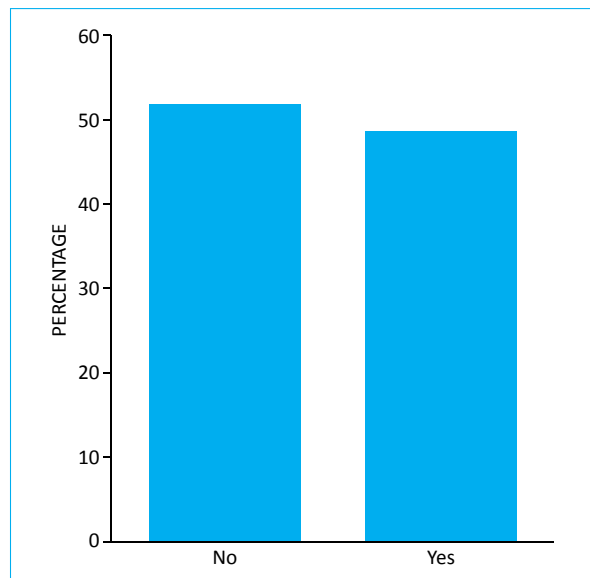
Schelter and or alternative safe housing



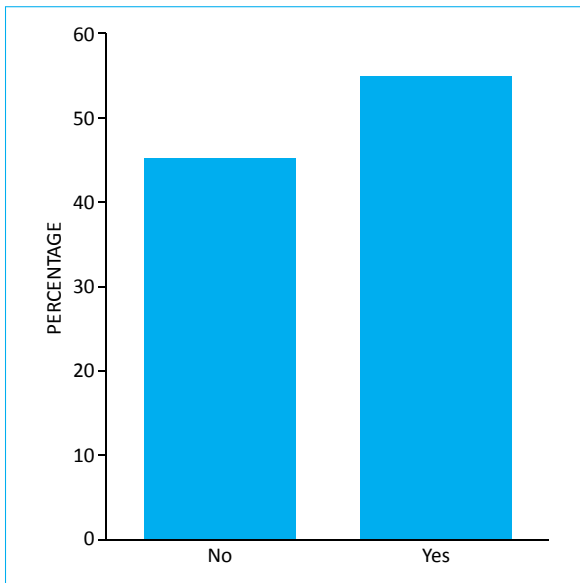
Civil protection



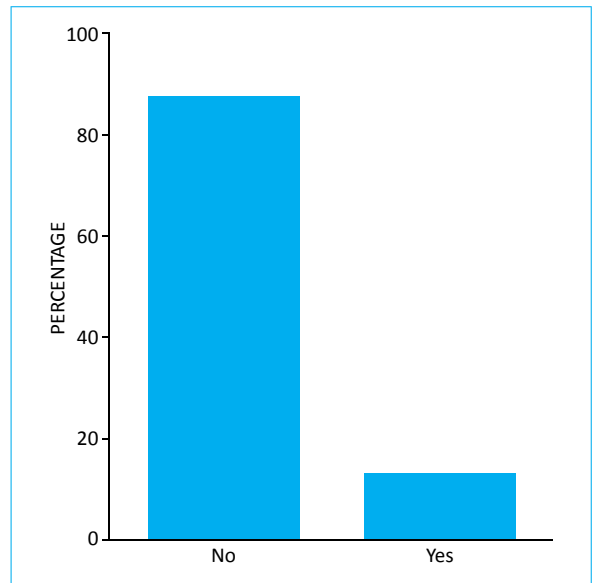
Criminal protection, provisions



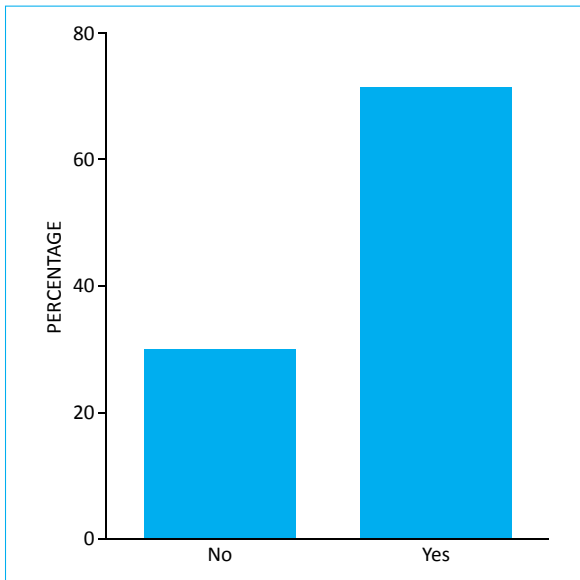
Legal aid



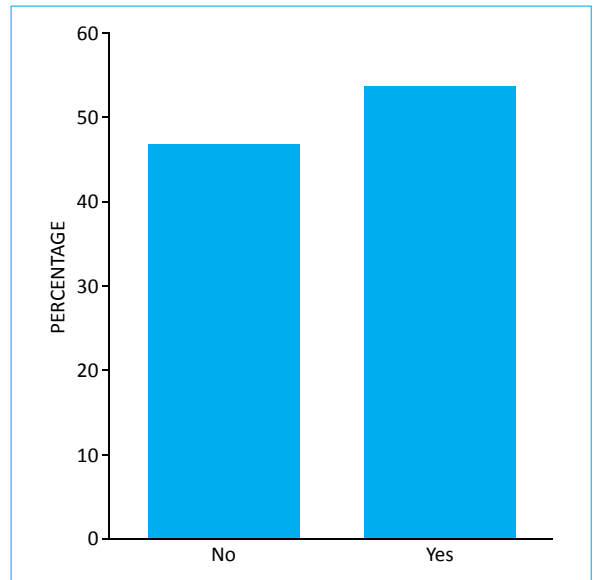
Psychotherapy



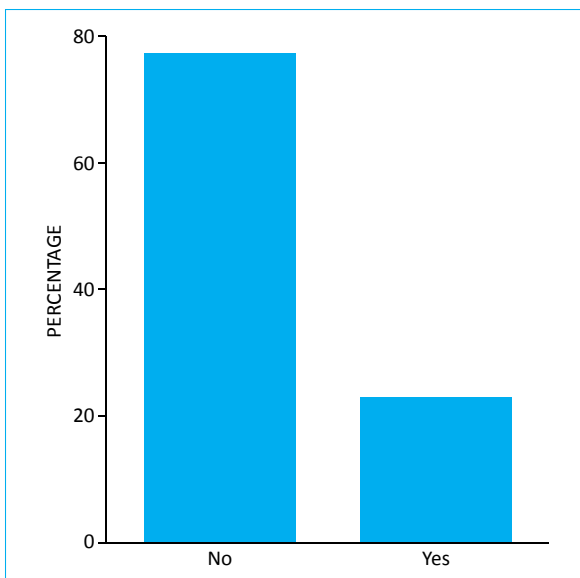
Face to face counselling



Telephone counselling



Emergently hot lines h24



Appendix 4

List of the persons interviewed by the international expert in the frame of this study.

Mr. Albert Gajo	Deputy Minister of the Ministry of Health
Ms. Alida Tota	Director of General Directory of Policies on Equal Opportunities and Family
Ms. Alma Gjurgji	Chief of the Office of Treatment of Domestic Violence and Minors in the General Directory of State Police
Ms. Besa Saraci	Attorney at Center for Legal Civic Initiatives
Ms. Brikena Kasmi	Deputy Minister of Ministry of Justice
Ms. Edlira Haxhiymeri	Director of the Shelter for Women and Girls in Tirana
Ms. Etleva Jubani	Coordinator at Shelter for Women and Girls in Tirana
Ms. Etleva Sheshi	Chief of the Domestic Violence Sector near General Directory of Policies on Equal Opportunities and Family
Ms. Estela Bulku	UN Women Albania
Ms. Filloreta Kodra	Former Deputy Minister of Ministry of Labour, Social Affairs and Equal Opportunities
Ms. Iva Zajmi	Former Deputy Minister of Ministry of Interior and former National Coordinator of Anti-trafficking
Ms. Iris Luarasi	Director of the Counseling Center for Women and Girls
Ms. Marjana Meshi	Director of the “Different & Equal” Organization in Tirana
Ms. Monika Kocaqi	Executive Director of “Refleksione” Association
Ms. Redinela Azizaj	Director of the National State Shelter for the DV victims/survivors
Ms. Semia de Tapia	UN Women Albania

Appendix 5 - The Questionnaire

Questionnaire:

Mapping of existing services and cost of service delivery on combating and prevention of violence against women and domestic violence

A study commissioned by UN Women Albania and implemented by "REFLEKSIONE", under the technical guidance of the International Consultant Ana Constanza Baldry.
November 2012

This questionnaire has the scope to design a map of existing and running services dedicated to the needs of VAW/DV. The indicated services in this survey are a combination of what currently exists in Albania and what the CoE Convention on combating and preventing violence against women demands. The questionnaire is a general form that tends to learn about procedures, best practices or deficits of the service supply available in Albania.

The set of interested organizations for the scope of this survey are the governmental and non-governmental organization providing any type of support or services to the victims of VAW/DV. Considering the type of information demanded from this survey it would be quite important for the quality and accuracy of the information gathered the survey being filled by either the person in charge of the service, or from someone within the organization that knows very well services and activities as well as administrative and operational issues. We would like you to read carefully and respond accurately, and please return the survey within 3 to 5 working days.

Q1. Name of Organization, affiliation _____

Q2. Date of activities Start (Operations) _____

Q3. Location and address _____

Q4. Contact information _____

Q5. Please indicate if your organization is:

Public entity that supplies public services Yes No

Private Operator supplying services privately Yes No

NGO supply mainly donor supported services Yes No

Q6. Day(s) per week you provide services to victims of VAW/DV _____

Q7. Time per day services are provided _____

Q8. Please indicate the number (average and approximate) of people that you provided services or assistance of any type in a month time

Q9. Number of people working at your organization: Full Time _____ **Part Time** _____ **Volunteer** _____

Q.10 Please indicate professionals working in the service dedicated to VAW and DV:

Professionals	Number	Average Working Days per month per employee.
Psychologist		
Psychotherapist		
Educator		
Social Worker		
Medical Doctor		
Nurse		
Psychiatrist		
Police		
Judge		
Other		

Q 10. What are your organization main source of funding

Public source of funding (Government Only): Yes No

Private source of funding (Donors, Int Organizations etc): Yes No

Q 11. Please indicate the annual budget that the organization you represents operates and deliver the annual program/service.

_____ (In 000 Euro) Please provide figures for Year 2011, if different figure are provided like average annual budget of some years please explain)

Q.12 Please indicate the composition of the annual costs (in %) per cost structure as below (Explanation: Shares should equal 100% and the distribution of costs in shares might be an approximate if it is too difficult to accurately calculate cost structure of activities and service delivered):

I. Direct cost of activities/service delivered

- a. **Staff cost**
- b. **Other direct costs**

II. Indirect cost of activities/service delivered

- a. **Staff cost**
- b. **Other indirect costs**

III. Operational costs (administrative and operational not project or activity related costs)

- a. **Premises costs (rent or depreciation)**
- b. **Communication cost (phone/internet/printed communication materials)**
- c. **Travelling costs**
- d. **Supplies and stationary costs**

Q.13 If not highly confidential, please indicates the main source of funding as per table below for your annual budget indicated in question 11.

Type/body source of finance	Amount Public sector	Amount Private sector

Q.14 Please indicate the average number of beneficiaries from the category of victims of VAW/DV that you served annually:

Q.14 In the following table you will find listed several types of services, provisions indicated in the CoE convention on combating and preventing violence against women and domestic violence. Please check as many services or activities that your organization is involved and delivers to the victims.

Type of service:	YES	NO	Annual number of beneficiaries	Annual Cost of service delivery (in value or share of total cost)	Specify more details as possible regarding how the service work, how victims are referred to the service
Telephone counseling					
Emergency hotlines available 24-hours					
Face to face counseling					
Psychotherapy					
Legal aid					
Criminal protection, provisions					
Civil protection					
Shelter and/or alternative safe housing					
Post-rape care					
Work orientation					
Training for special professional					
Medical assistance/health care for treatment of injuries					

Services facilitating longer term recovery from violence such as financial assistance, education, Training and assistance in finding employment and housing (please specify)

Prevention in school and community

Treatment service for offender

Data collection and research

Compensation/reparation scheme

Roadmap for progressive realization of the standards of the Council of Europe Convention on preventing and combating violence against women and domestic violence

A study commissioned by UN Women Albania and implemented by “REFLEKSIONE”, under the technical guidance of the International Consultant Ana Costanza Baldry.

November 2012

Methodology for the Focus Groups (FG)

Introduction

According to our methodology study road map, in the fifth step consists of the Development of Focus Groups for relevant target and beneficiaries of services to better understand their needs and what services provide or should provide.

A qualitative method can be adopted in the preliminary phase of the research to gather useful information on gender based violence and domestic violence to pre-test the validity of the questionnaire to be used in the quantitative phase of the research (Baldry, 1998). We will here refer to the qualitative phase of the study used in this study for the development of the Road-Map.

Qualitative methods such as FG can be used before or after quantitative ones. When used before can help better understand the problem addressed and to deeper address the problem.

Afterwards, they can help to better interpret the responses provided by self-reported questionnaires and shed some light on any unexpected result. This triangulation method increases the validity and reliability of any study and of the findings obtained (Bryman, 1988).

Method

Two/three focus groups with victims of DV and GBV and one with professionals working in the field (lawyers, social workers, psychologist), to address needs of these victims, the major problems encountered.

Structure of the Focus Groups

Sample

We will conduct *three focus groups*:

(A) two with a max of 10 - min 8 women victims of different forms of gender based violence or domestic violence, from two different parts of the Country (Tirana and a more provincial area);

(B) and another one with max 10 min 8 professionals who deal with GBV and DV, mainly social workers, psychologists, lawyers, police, medical doctors.

The aim of the (A) FGs is to gather deep qualitative data on the needs of victims of GBV and DV, whether they contacted a service (which one), what type of service, with what expectation and with what result, whether they received what was of use for them and whether it has been useful.

With regard to FG with professionals (B), we will need to address the type of service they offer to victims, also their perception of service needed, limitations and problems with what is available, and info about new provisions, perception about what is needed.

Procedure

To recruit victims, we will use a ‘snow ball’ method, meaning we will contact victims with local journal adds who in case can inform some other victims they personally know. In addition, Refleksione through the services they know, will contact the victims that the Legal service and the counselling service help to have them volunteer to take part in the FGs. Their identities will be kept confidential.

We will conduct the FG in a natural setting known to participants to allow them to be at ease and provide more spontaneous accounts (Morgan, 1993).

Participants of all of the FGs will be provided with information about the scope of the group discussions and will be informed that we are interested in having their spontaneous points of view and share their experience to ameliorate responses for victims such as them, and refer to any cost encountered, problem faced and the outcome.

Some ground rules will be shared, to which all participants will agree on:

- No interruption when someone else is talking.
- Raise a hand before speaking, ask for your turn of talking.
- No insulting or aggressive behaviour towards participants or to other people not present.
- Provide personal opinions and not socially desirable answers.

Planning route

Here a set of areas for questioning to address during **FG (A) for victims of GBV and DV**.

The points to address during the group discussions will be:

- Who is the 'typical' victim of GBV and DV.
- Explanation of why some women become victims, why some men become abusive. Vice versa?
- Their experience with services: did they go, to which, with what outcome.
- Reporting to the police, why yes, why not.
- Positive outcomes, negative outcomes derived from contacts with services, which service?
- What should be done to stop and prevent GBV and DV.
- How costly has been becoming a victim of GBV and DV? And for children (if any)?
- Explain: 9.1 Social stigma costs; 9.2 direct physical and material damages/costs. Which are the priority needs when being a victim of violence?

Here a set of areas for questioning to address during **FG (B) for professional dealing with cases of GBV and DV**.

The points addressed during the group discussions will be:

- Who is in your opinion most at risk of becoming a 'typical' victim of GBV and DV?
- Explanation of why some women become victims, why some men become abusive. Vice versa?
- Which are, in your experience and knowledge, the most needed services for victims of GBV and DV?
- Why some women are at risk of being revictimised? What is still needed?
- Should services from the private and public sector focus on victims' protection or perpetrator treatment and punishment?
- Role of police/legal representatives in general) and problems of police (legal representatives in general) to address these cases (for police/legal representatives only)
- Role of the medical health sector and problems encountered to address these cases (for health practitioners only)
- What should be done to stop and prevent GBV and DV? Private issue or cultural issues.
- Do you know the Coordinated Community Response to Domestic Violence unit at local level?
- Do you believe dedicated services for dealing with GBV and DV (excluding broader services like police, health sector which might have dedicated units) should be run by NGOs financed by the Government or should be State and run by the public sector (make sure this question is understood).

Conclusions

For each group there will be a summing up stage to make sure the facilitator has understood the content emerged from the discussion

Rephrasing

Debriefing

Left over topics

Data analysis

Based on transcripts and notes and based on the aims of the FGs, accounts derived from the FG will be categorized in areas mainly addressing GBV and DV

Results will be used to better understand the way of dealing publicly and privately on GBV and DV

Source of consultation and information

- Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence.
- “National Strategic Platform for the Establishment of the Coordinated Community Response in Albania”, an UNDP supported guideline prepared by T. Gentle and M. Kocaqi.
- Council of Ministers Decision no. 334 date 17.02.2011 “For the Establishment and Functioning of the Referral Mechanism for the Domestic Violence Cases”
- Council of Europe/ Task Force to Combat Violence against Women, Including Domestic Violence (2008): Final Activity Report, Strasbourg; minimum standard, quoted in the explanatory report of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence 2011.
- Albanian Census 2011
- CoM Decision no.573 date 16.06.2011 published in the Official Government Newsletter no. 127, date 07.11.2011. See: www.mod.gov.al/images/pdf/vkm_buxhetimi_shanset.pdf
- Law no.9669 date 18.12.2006 “On Measures against Violence in Family Relations”, changed on 30.09.2010
- National Strategy on Gender Equality and for the Reduction of the Gender Based Violence and Domestic Violence 2011 – 2015 and the Action Plan for its implementation
- Law no. 9970 of 24th July 2008 “On Gender Equality in the Society”.
- The first National Strategy on Gender Equality and against Domestic Violence 2007-2010 (NSGE-DV) and its Action Plan approved on 19th December 2007
- The Law no. 23/2012, approved on 01.03.2012 and entered into force on 11.04. 2012, which introduced changes in the Law no. 7895 of 27th January 1995, “Criminal Code of the Republic of Albania”.
- <http://www.conventions.coe.int/Treaty/Commun/ChercheSig.asp?NT=210&CM=&DF=&CL=ENG>
- The Cooperation Agreement for the implementation of the Law no.9669 date 18.12.2006 “For Measures against Violence in Family relations”, signed on 14.11.2008 between Ministry of Labour, Social Affairs and Equal Opportunities, Ministry of Interior, Ministry of Justice, Ministry of Health and Ministry of Education.
- The Order of the Minister of Interior No 379, date 3.3.2008 “For Measures that will be undertaken from State Police for the Prevention and Reduction of the Domestic Violence”, and the Order of the General Director of the State Police No. 981, date 31.10.2008 “For Measures that will be undertaken from State Police for the Prevention and Reduction of the Domestic Violence and for the treatment of the victims of domestic violence”.
- The Orders of the Minister of Health, such as: The Order No.13, date 23.01.2008 “For proving the proper medical report to the victims of domestic violence”, The Order No.14, date 23.01.2008 “For recording the domestic violence cases in the proper register and individual file for the victims of domestic violence” and the Order No.15, date 24.01.2008 “For the medical treatment in public health institutions of the persons abused in family relations”
- National Strategy on Gender Equality and Reduction of Gender based Violence and Domestic Violence 2011-2015, Council of Ministers Decision No. 573, date 16.06.2011.
- MoH Order No.13 of 23rd January 2008; Order No.14 of 23rd January 2008; and Order No.15 of 24th January 2008
- Law no. 10039 of 22nd December 2008 “For Legal Assistance”
- Project-Law/2013 “For some adds in the Law no. 10 039 of 22nd December 2008 “For Legal Assistance”
- “Report on offering state legal aid in Albania” prepared by Albanian Helsinki Committee on February 2012.
- http://www.ahc.org.al/site/doc/Raport_ndihma_juridike_falas-shkurt%202012.pdf

- *The Cost of Domestic Violence* by Sylvia Walby published by Women and Equality Unit in 2004 is available at: <http://www.lancs.ac.uk/fass/sociology/papers/walby-costdomesticviolence.pdf>
- Alison Walker, John Flatley, Chris Kershaw, and Debbie Moon (2009) *Crime in England and Wales 2008/09 Volume 1 Findings from the British Crime Survey and police recorded crime*. <http://www.homeoffice.gov.uk/rds/pdfs09/hosb1109vol1.pdf>
- *The Cost of Domestic Violence* by Sylvia Walby, 2009 up-date <http://www.ndvf.org.uk/files/document/1299/original.doc>
- CEDAW the Convention on the Elimination of All Forms of Discrimination against Women, adopted on the 8 December 1979, <http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm>
- Baldry, A.C., Winkel, F.W., Pemberton, A., & Kuijpers, K.F. (2009). Intimate partner violence risk assessment: The prediction of 'recidivism' in terms of short-term self-reported re-victimization. In F.W. Winkel, P.C. Friday, G.F. Kirchhoff, & R.M. Letschert (Eds.), *Victimization in a multidisciplinary key: Recent advances in victimology* (pp. 467-484). ISBN [9789058504425](https://www.isbn-international.org/product/9789058504425), Nijmegen: Wolf Legal Publishers.
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- Baldry, A. C. & Winkel, F. W. (Eds). (2008) *Assessing risk of spousal assault. An international approach to reduce domestic violence and prevent recidivism*. Nova Science Publisher. US.

