UNFPA

Kosova Women's Network

Serving, Protecting and Promoting the Rights of Women and Girls

Exploratory Research on The Extent of Gender-Based Violence in Kosova and Its Impact on Women's Reproductive Health

Prishtina, Kosova
2008

Exploratory Research on
The Extent of Gender-Based Violence in Kosova and Its Impact on Women's Reproductive Health

The Kosova Women's Network (KWN)
Prishtina, 2008

By Nicole Farnsworth for the Kosova Women's Network

With assistance from Adelina Berisha, Mimoza Gashi, Dafina Beqiri, Remzije Asllani, and in close cooperation with The Kosova Coalition against Family and Sexual Violence

Design and layout by Nicole Farnsworth

Published by Night Design in Prishtina

Acknowledgements

First and foremost KWN wishes to thank the women who told us their personal stories and relayed very intimate information about themselves. Many of them said they hoped that sharing their stories would move institutions, organisations, and citizens to action so in the future women would not suffer as they had. KWN hopes that through this report and future advocacy we make their dream a reality.

The team at UNFPA led by Karl Kulessa demonstrated commitment, patience, and understanding throughout this project. We thank them and especially Ann Jones for their input and consistent support. We look forward to cooperating in the future.

Special thanks to shelter representatives in Peja, Gjakova, Gjilan, and Prizren as well as Medica Kosova whose hard work and dedication facilitated this research. Recommendations made by KWN in this report represent the opinions of the researchers as well as these KWN member organizations.

The Ministry of Justice, Ministry of Labour and Social Welfare, and Kosova Police Service granted approval for interviews and use of their statistics. We appreciate greatly the time that doctors, lawyers, jurists, gynaecologists, Victim Advocates, Social Services Officers, KPS officers, and NGO staff put aside from their busy schedules in order to share their experiences with us.

Delina Fico and Rachel Wareham reviewed the draft report and provided valuable suggestions.

Acronyms and Abbreviations

CDHRF	Council for Defence of Human Rights and Freedoms
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CPWC	Centre for the Protection of Women and Children
CSW	Centre for Social Work
DSW	Department of Social Welfare
EU	European Union
GBV	Gender-based violence
GDI	Gender-related Development Index
HHC	Hope and Homes for Children
HRW	Human Rights Watch
ICASDV	Idaho Coalition against Sexual & Domestic Violence
ICTY	International Criminal Tribunal for the Former Yugoslavia
IOM	International Organisation for Migrations
IRC	International Rescue Committee
IRIN	Integrated Regional Information Networks
ISF	Interim Secure Facility
KFOR	Kosova Force (NATO)
KGSC	Kosovar Gender Studies Centre
KPS	Kosova Police Service
KRCT	Kosova Rehabilitation Centre for Torture Victims
KWN	Kosova Women's Network
KWI	Kosova Women's Initiative
MLSW	Ministry of Labour and Social Welfare
NATO	North Atlantic Treaty Organisation
NGO	Non-governmental organisation
OGA	Office of Gender Affairs of UNMIK
OSCE	Organisation for Security and Cooperation in Europe (refers to Kosova mission)
PISG	Provisional Institutions of Interim Self Government in Kosova
PVPT	Centre to Protect Victims and Prevent Trafficking
SOK	Statistical Office of Kosova
SRSG	Special Representative to the Secretary General
SSO	Social Service Officer
UN	United Nations
UNCHS	United Nations Centre for Human Settlements
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNMIK	United Nations Mission in Kosova
UNSCR	United Nations Security Council Resolution
USAID	United States Agency for International Development
VAAD	Victims' Advocacy and Assistance Division
VAAU	Victims' Advocacy and Assistance Unit
WHO	World Health Organisation
WWC	Women's Wellness Centre

Contents

Executive Summary

Gender-based violence can negatively impact economic development and impede efforts to fulfil Millennium Development Goals. Yet, violence has only recently begun to be discussed globally as a public health issue. In 2007, KWN used an exploratory research design involving multiple data sources to explore how gender-based violence may have impacted women's reproductive health in Kosova. Data sources included existing statistics; 51 in-depth interviews with women who experienced violence; and 96 interviews with professionals assisting women. The research resulted in the following main findings and recommendations for local and international institutions and organisations:

- During the conflict in 1998-1999, Serb forces psychologically, physically, and sexually abused women. War rape resulted in unwanted pregnancies, abortions, and long-term physical injuries.
- Reports of domestic and sexual violence have increased which may or may not mean violence increased. Eighty percent of domestic violence victims have been hurt by their abuser before.
- While international trafficking appears to be decreasing, the trafficking of Kosovars seems to be increasing. Girls under age 18 with low levels of education are especially at risk.
- Rape in Kosova has resulted in sexually transmitted diseases, AIDS, miscarriages, haemorrhaging, ruptures, bruises, and additional injuries to women's reproductive systems.
- Most women know about contraception, but few living in violent home situations can use it. Half of the women interviewed were "often" pressured to have sex without contraception. Nearly 40 percent had at least one abortion, and nine underwent two or more abortions. Half had been prevented regularly by their partner or family members from visiting doctors or gynaecologists.
- Of 47 ever pregnant women experiencing violence, 87 percent suffered violence during pregnancy. One-third were prevented from visiting the doctor during pregnancy. Eight had two or more miscarriages. In their work, 73 percent of professionals had encountered pregnant women experiencing violence. Violence resulted in injuries to the foetus, miscarriages, low infant birth-weight, infant mortality, and maternal mortality.
- Violence negatively impacts mental health, contributing to physical health problems (e.g., high blood pressure, gastritis, sleeping and eating disorders). More than half of the women reported depression, anger, eating disorders, sleeplessness, and/or high blood pressure, among other mental health issues. Strikingly, 90 percent had contemplated suicide. Half of the professionals knew women who attempted and 14 knew women who committed suicide following violence.
- Centres for Social Work are hugely under-funded and understaffed. The Government of Kosova must immediately increase funding so Social Service Officers can carry out their legal responsibilities.
- Some civil servants lack knowledge and adequate professional capacity for assisting women experiencing violence. All civil servants should undergo extended multi-week training on recognizing symptoms of violence and a sensitive approach to clients to prevent re-traumatisation.
- Health professionals can be among the first to encounter women experiencing violence; they need training on recognizing violence and providing information about assistance options.
- The Department for Social Welfare, Victims' Advocacy and Assistance Division, Kosova Police Service, and Ministry of Health have inadequate data collection systems that must be rectified immediately. A Kosova system with required reporting would enable better monitoring of violence.
- Shelters urgently need strategies for financial sustainability. The Ministry of Finance should create a financial code so shelters can receive funding from the various ministries with which they work.
- No reintegration services are available to women who suffered violence largely due to inadequate finances and infrastructure. A reintegration program should be developed by all stakeholders, including relocation, subsidized housing, assistance finding employment, and ongoing counselling.
- A National Action Plan to Combat Domestic Violence must be immediately drafted with input from all stakeholders, including shelters and gender experts.

Introduction

"Peace is not just the absence of war," Chris Corrin wrote. "[T]he violence experienced in war remains part of a continuum of gender-based violence that threatens many women in their daily lives."[1] In Kosova, various writers have suggested that the "peace" after war in 1998-1999 has included gender-based violence, usually directed at women.[2] "Gender-based violence" is any violence or harm committed against a person as a result of unequal power relations resulting from the social roles society has assigned to females and males.[3] While boys and men can experience gender-based violence, women's inferior status in most contemporary societies has meant that girls and women experience gender-based violence more often.

At minimum, one out of three women internationally has experienced beating, coercion into sex, or other abuse in her lifetime.[4] Johns Hopkins University has suggested that "violence against women is the most pervasive yet least recognized human rights abuse in the world."[5] Despite its broad reach, gender-based violence such as domestic violence, rape, murder, sexual violence, and psychological violence has only recently begun to be discussed globally as a public health issue. As Lori Heise stated, "Although a significant cause of female morbidity and mortality, gender violence is almost never seen as a public health issue."[6] Yet, gender-based violence can affect healthcare costs and economic development. As the International Rescue Committee has written:

> While gender-based violence often takes place in the private sphere, it has an indirect but dramatic impact on a country's health care system, and places a severe burden on the national workforce. According to several studies cited by the World Health Organization, women who have been victims of physical or sexual violence use health care services more often than those who have not, and that rape and other violent assault is the "strongest predictor of health care use than any other variable." […] Gender-based violence disempowers and disables women, and drives health care costs up. The importance of addressing gender-based violence is therefore not only related to the physical and psychological well-being of women and girls, but to the economic and social welfare of any given community and nation.[7]

---

[1] Chris Corrin, "Developing Policy on Integration and Re/construction in Kosovo." *Development in Practice*, Volume 13, Numbers 2 &3. Eds. Haleh Afshar and Deborah Eade. Oxford: Oxfam GB Carfax Publishing, May 2003, p. 190.

[2] Kosova, the Albanian spelling, is used throughout this report (as opposed to Kosovo, the Serbian spelling) because ethnic Albanians are the majority. Authors who suggested an increase in gender-based violence after war have included Corrin, "Developing policy"; Radhika Coomaraswamy, "Report of the Special Rapporteur on violence against women, its causes and consequences: Violence against women perpetrated and/or condoned by the State during times of armed conflict (1997-2000)," *Integration of the Human Rights of Women and the Gender Perspective: Violence Against Women*. UNs Economic and Social Council. Commission on Human Rights, 57th session, 23 January 2001, E/CN.4/2001/73, p. 12; S. Fitamant, *Assessment Report on Sexual Violence in Kosovo*, New York: UNFPA, 2000; Human Rights Watch (HRW), *Kosovo: Rape as a Weapon of 'Ethnic Cleansing'*; Elisabeth Rehn and Ellen Johnson Sirleaf, *War Women Peace. Progress of the World's Women*, Vol. 1. New York: UNIFEM, 2002; and UNIFEM by Rachel Wareham, *No Safe Place: An Assessment on Violence against Women in Kosovo*, Prishtina: UNIFEM, 2000.

[3] In December 1993, the United Nations General Assembly adopted the Declaration on the Elimination of Violence against Women, defining violence against women as "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" (Declaration on the Elimination of Violence against Women, A/RES/48/104, Article 1, 1993).

[4] Heise, Ellsberg and Gottmoeller, 1999, cited in Women's Wellness Centre, Reproductive Health Response in Conflict Consortium, and the United States Centres for Disease Control and Prevention (WWC et al.), *Prevalence of Gender-based Violence: Preliminary Findings from a Field Assessment in Nine Villages in the Peja Region, Kosovo,* Peja: Women's Wellness Centre, December 2006, p. 9. The phrase "women who experienced violence" is used in this report instead of the word "victim" because KWN does not wish to categorize women as victims, but rather as persons who can be empowered to break free from violent situations.

[5] Heise, Ellsberg and Gottemoellller, p. 135, cited in WWC et al., p. 11.

[6] Lori Heise, "Gender-based abuse: the global epidemic." Cad. Saúde Pública vol. 10, suppl. 1. Rio de Janeiro, 1994.

[7] IRC website, "Addressing Gender-based Violence," at http://www.theirc.org/media/www/addressing_genderbased_violence_1.html, accessed 9 December 2007.

In the United States, researchers have estimated that a single act of rape, when tangible as well as intangible costs are included, can cost the government as much as 100,000 U.S. dollars.[8] Violence against women can result in absence from work, incapacity to work, and drains on social welfare systems. Thus, violence against women in Kosova likely impacts the budgets of the Ministry of Health, Ministry of Labour and Social Welfare, and Ministry of Justice, as well as the Kosova Consolidated Budget.

Gender-based violence can also impede efforts to fulfil Millennium Development Goals (MDGs).[9] While the intersection of violence and the third MDG, gender equality, is obvious, the relation to other MDGs may be less considered. Yet, if a woman experiences gender-based violence, especially sexual violence, it could affect child mortality, maternal health, and HIV/AIDS, as this and other research illustrates.[10] Children experiencing violence at home cannot perform well in school and trafficked children are forced to discontinue their education. Although Kosova was not part of the Millennium Summit in 2000 and therefore could not sign the MDG declaration, the achievement of these goals can affect positively the lives of everyone in Kosova. Thus, the Government of Kosova has a responsibility to address social issues related to poverty, education, gender equality, health, reproductive health, and the environment. The European Union, UNMIK, World Bank, and International Monetary Fund all have reason to monitor Kosova's progress toward fulfilling MDGs. Since UN agencies and international development organisations are major players in efforts to implement the goals, especially at the country level, they also should have an interest in combating gender-based violence.

Action to fulfil MDGs, including combating gender-based violence and improving reproductive health, needs research. Research can impact policy formation, inform strategies, identify areas to target resources, and be used in programmatic planning for awareness-raising campaigns, among other activities. However, as of fall 2007, no comprehensive research dealt with the prevalence of gender-based violence in Kosova *and* how violence may impact reproductive health.[11] UNFPA and the Kosova Women's Network (KWN) sought to meet the need for such research.[12] While more and continued research will be required, this research provides a more complete understanding of the extent of gender-based violence and its impact on women's reproductive health in Kosova.

A Brief Summary of the Methodology[13]

Using a mixed methodology, this research sought to explore the extent of gender-based violence in Kosova, as well as whether and how gender-based violence has impacted women's reproductive health. Since the second half of the research mandate was to analyze *women's* reproductive health, research concentrated on violence against women rather than gender-based violence against men.[14] While the research touches upon potential repercussions of violence against children, this was not an area of focus either; more research is needed. The research team initially defined "gender-based violence" to include murder, sexual violence, and domestic violence. "Domestic violence" was defined to include physical, psychological, sexual, and economic violence, as well as verbal abuse, isolation, coercion, harassment, abusing trust, threats/intimidation, emotional withholding, destruction of property, and self-destructive behaviour.[15]

"Reproductive health" was defined according to the World Health Organisation:

> Within the framework of WHO's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes,

[8] Post et al., cited by WWC et al., p. 11.

[9] MDGs are eight goals agreed to by 189 heads of state to be achieved by 2015. The goals include: 1) eradicate extreme poverty and hunger; 2) achieve universal primary education; 3) promote gender equality and empower women; 4) reduce child mortality; 5) improve maternal health; 6) combat HIV/AIDS, malaria and other diseases; 7) ensure environmental sustainability; and 8) develop a global partnership for development, with targets for aid, trade, and debt relief.

[10] For indicators and a baseline report on Kosova's progress toward fulfilling MDGs, see United Nations Agencies in Kosovo, *Where Will We Be in 2015: Millennium Development goals Baseline Report for Kosovo*, March 2004.

[11] UNFPA emphasized the need for research in *Gender-based Violence in Kosovo: A Case Study* (Prishtina: May 2005, p. 25). A survey of prior research on gender-based violence and reproductive health is in appendix one.

[12] The need for this research was highlighted in UNFPA, *Gender-Based Violence in Kosovo*, p. 26.

[13] A detailed explanation of the methodology is in appendix seven.

[14] The research did not examine, for example, how sexual violence could affect boys' reproductive health.

[15] Drawn from The Idaho Coalition against Sexual & Domestic Violence (ICASDV), *It Shouldn't Hurt to Go Home: The Domestic Violence Victim's Handbook*. Boise, Idaho: Idaho Coalition Against Sexual & Domestic Violence, 2007. Harassment can involve stalking, following, refusing to leave if asked, public embarrassment, and "constantly checking up on" a person.

> functions and system at all stages of life. Reproductive health implies that people are able to have responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.[16]

The research team hypothesized that gender-based violence could impact negatively women's reproductive health, including unwanted pregnancy, abortion, miscarriage, low infant birth-weight (less than 2,500 grams), infant mortality, injuries to the child, haemorrhages in internal reproductive organs (e.g., uterus, vagina), ruptures, bruises to genital organs, additional injuries to a woman's reproductive system, injuries to the mother (e.g., broken limbs, internal/external haemorrhages, concussions), sexually transmitted diseases, AIDS, other genital infections, lack of adequate pre- and post-natal care, not receiving gynaecological or breast examinations as a preventative measure against disease, resistance to future relationships or pregnancy, high blood pressure, gastritis, inability to concentrate, depression, sleeping disorders, eating disorders, self-isolation, misuse of medication, suicide, and death.

KWN used an exploratory research design employing multiple data sources and data collection methods. By gathering qualitative information and limited amounts of quantitative data from a diverse array of informants, the research team aimed to create a broad initial inquiry into the so-far under-researched issue. In addition to reviewing all current data available on gender-based violence and reproductive health in Kosova, two researchers with backgrounds in psychology and one doctor conducted 96 interviews throughout Kosova with gynaecologists at private and public clinics; counsellors working at women's shelters; doctors working with shelters; legal counsellors assisting women experiencing violence; Medica Kosova counsellors; Social Services Officers from Centres for Social Work (CSWs); Victim Advocates from the Ministry of Justice Victims' Advocacy and Assistance Division (VAAD); Kosova Police Service (KPS) Officers in Domestic Violence Units; and representatives of other non-governmental organizations (NGOs) working with women who experienced violence. In this report, all of these interviewees are referred to as "professionals" unless otherwise noted. Then, KWN contracted four shelter and three Medica Kosova counsellors with experience assisting traumatized women to conduct 51 in-depth interviews with women who had suffered violence. The women chosen for interviews had either lived in shelters (20 women) or had received psychological services from Medica Kosova (31). All interviews were conducted between 21 September and 14 November 2007.

Research Limitations

The most serious limitation confronting the research team was the short timeframe. More time would have benefited the literature review, enabling further comparison between Kosova and international findings and better question formation for interviews. Additional time may have also allowed for a more thorough report; many organisations and institutions told KWN that they had useful information, but due to the elections held on 17 November and end of year reporting they could not compile it in time.

Second, inadequate data collection systems in Kosova meant that limited statistics were available for analysis; demographic information was especially lacking. As this report later explains, institutions and organisations assisting persons who suffered violence maintained very basic statistics, if any. Persons responsible for maintaining databases often lacked knowledge in statistical analysis and therefore had difficulties compiling statistics or understanding the importance of sharing such information.

Third, the research team recognizes that the use of translation in research can impact findings. All interviews were conducted in the Albanian language. Responses were translated into English by two researchers when entered into SPSS or Microsoft Word. The final publication was written in English and then translated back into Albanian (as well as Serbian). Key respondents checked quotations through participant checks. Even so, the final publication may contain errors as a result of translation. The research team apologizes for any mistakes.

Structure of the Report

The first chapter deals with the pervasiveness of gender-based violence in Kosova, examining the extent of four main categories of violence: war time violence and war rape (section 1); trafficking (section 2); domestic violence (section 3); and violations of women's reproductive rights and violence against pregnant women (section 4). The second chapter considers the impact of gender-based violence on reproductive health, including an overview as to whether particular forms of violence affect reproductive health (section 1); a description of physical injuries that can result from gender-based violence and the known extent of these injuries (section 2);

[16] World Health Organisation (WHO), *Definitions and Indicators in Family Planning Maternal & Child Health and Reproductive Health used in the WHO Regional Office for Europe.* Reproductive, Maternal and Child Health European Regional Office, WHO: January 2001, p. 13.

and how gender-based violence has impacted mental health, which can affect reproductive health (section 3). The third chapter discusses referral systems, services, and data collection procedures in place for women who have experienced gender-based violence. The chapter examines the work of institutions, women's shelters, and other NGOs. The report concludes with recommendations for shelters, local NGOs, the Ministry of Labour and Social Welfare, Kosova Police Service, Ministry of Health, and Victims' Advocacy and Assistance Division to improve the services they offer to women who suffered gender-based violence and to develop programs to prevent future violence. The Government of Kosova and international organisations can use recommendations to inform their strategies and future programs toward achieving MDGs, combating gender-based violence, and improving reproductive health.

Chapter 1

THE PERVASIVENESS OF GENDER-BASED VIOLENCE IN KOSOVA

The main categories of gender-based violence identified by non-governmental organisations (NGOs) and institutions in Kosova include psychological violence, physical violence, sexual violence, domestic violence, trafficking, and economic violence. Less frequently used terms are institutional violence, material violence, moral violence, incest, isolation, war rape, and violence during wartime.[1] These categories often overlap. For example, domestic violence can involve physical, psychological, and economic violence, as well as isolation, and/or incest.

Kosova lacks adequate mechanisms for collecting and recording the extent of violence. While most institutions and organisations maintain records, their databases do not include pertinent demographic and geographic information and staff lack training in statistical analysis.[2] Since violence tends to be underreported in general, even the best data collection systems cannot show the true extent of violence.[3] Keeping these issues in mind, this section discusses the extent of gender-based violence in Kosova.

1. War Time Violence and War Rape

Numerous reports have described the violence perpetrated against Kosova Albanians during the 1990s and especially during the conflict in 1998-1999.[4] Serb police, paramilitary troops, and soldiers did not spare mothers, children, or pregnant women from physical and sexual assault.[5] According to prior research, nearly a third of the women in Kosova suffered physical violence when they were displaced from their homes.[6] In areas isolated by Serb forces like Drenica, women were deprived of sanitary supplies and medical attention, which affected pregnant women in particular. A woman interviewed through this project gave birth to twins while hiding in the mountains during the war.[7] Another woman refugee told D. Serrano Fitamant that soldiers "cut open the stomachs of many pregnant women and skewered the fetus on their blades."[8] She escaped because her pregnancy had not begun to show, but she suffered "severe contractions" that began while witnessing this torture.

Serb forces impregnated women by force as part of their ethnic cleansing campaign.[9] Various sources have estimated that between 10 and 45 thousand women were raped during the war.[10] While Serb forces targeted Kosova Albanian women, most under age 25, Serb, Roma, Egyptian, and Ashkali women also suffered sexual violence during the

---

[1] KWN interviews with professionals.

[2] See chapter three. UNFPA has also noted the lack of adequate training for professionals on collecting and analyzing data (*Gender-Based Violence in Kosovo*, p. 26).

[3] See, OSCE and the Ministry for Labour and Social Welfare (MLSW), *Responding to Incidents of Domestic Violence: Manual for Social Services Officers*, Prishtina: January 2006; and Centre for Protection Women and Children (CPWC), Annual Report 2002.

[4] See HRW, *Humanitarian Law Violations in Kosovo* (U.S.A.: HRW, October 1998); HRW, *A Week of Terror in Drenica: Humanitarian Law Violations in Kosovo* (U.S.A.: HRW, February 1999); OSCE, *Kosovo/Kosova, As Seen, As Told, Part III*; WWC et al.; UNFPA, Gender-Based Violence in Kosova, p. 6; and Chris Corrin, "Post-Conflict Situation in Kosovo" in *If Not Now, When?*, 11-16 June 2001, p. 93. According to OSCE, Serb forces ousted 863,000 Albanians from Kosova from March to June 1999. In May, approximately 590,000 Kosova Albanians were internally displaced (p. 146). American Bar Association Central and Eastern European Law Initiative and the American Association for the Advancement of Science estimated that 10,000 civilians died ("Political Killings in Kosovo/Kosova" March - June 1999), and the U.S. Committee for Refugees and Immigrants approximated that more than a million people were displaced ("World Refugee Survey 2000: Yugoslavia").

[5] Fitamant.

[6] Medica Kosova records, 2007 in Gjakova region. WWC et al. found 27 percent of women suffered violence during displacement in Peja region.

[7] Chapter two details the impact war time violence and especially sexual violence had on women's reproductive health in Kosova.

[8] Fitamant.

[9] HRW, *Kosovo: Rape as a Weapon of Ethnic Cleansing*; OSCE, *Kosovo/Kosova, As Seen, As Told*; Coomaraswamy, para. 82; Corrin, "Post-Conflict Situation in Kosovo," p. 93; and UNIFEM, p. 62. HRW identified 96 accounts of sexual assault from 24 March to 7 May 1999. War rape was included in the International Criminal Tribunal for the Former Yugoslavia (Case No. IT-99-37-PT, Second amended indictment, 29 October 2001).

[10] Michelle Hynes and Barbara Lopes Cardozo estimated that between 23,200 and 45,600 Kosovar Albanian women were raped between August 1998 and August 1999 ("Sexual Violence Against Women in Refugee Settings," *Journal of Women's Health and Gender-based Medicine*, 9, no. 8 (2000): pp. 819-824, cited by WWC et al., p. 12. Corrin cited estimates ranging from ten to thirty thousand war-related sexual assaults ("Post-Conflict Situation in Kosovo," p. 93). CPWC estimated that "at least 20,000 women and girls were raped" during the war (*Annual 2003*, p. 136). CPWC used estimates made by Physicians for Human Rights that one percent of unprotected intercourse results in pregnancy for its estimate. CPWC assisted 1,960 war rape survivors (pp. 120-137).

war.[11] Groups of five to thirty women were transported by truck to unknown locations or houses inhabited by Serb soldiers where they were "individually raped by many men, during a few hours but sometimes even for days," Fitamant wrote.[12] Exceptionally brutal rapes used the cutting of women's faces, breasts, and genitals and/or drugs to affect women's memory or cause death, according to UNIFEM.[13] Few women who suffered rape reported it, largely due to social stigmas.[14] Women who reported rape risked excommunication from their families, divorce, becoming "unmarriageable," and social isolation.[15]

2. Trafficking

Kosova is a country of origin, destination, and transit for trafficked women and children.[16] The *United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons* defines trafficking as:

> [T]he recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.[17]

While trafficking was rare in Kosova before the war, it rapidly increased following the arrival of the predominantly male international administration and peacekeeping forces: UNMIK, CivPol, KFOR, and OSCE.[18] Kosova does not have a central database for recording trafficking cases; therefore monitoring the extent of trafficking is difficult, as Table 1.1 illustrates.[19] At least 658 trafficked persons were assisted between

Table 1.1 The Extent of Trafficking as Reported by Various Agencies by Year

Source	1999	2000	2001	2002	2003	2004	2005	2006	2007	Total
UNMIK/KPS TPIU	-	-	172	89	70	58	71	65		525
IOM-assisted foreign victims	2	113	134	85	45	32	15	24	(Sep) 5	455
IOM-assisted Kosova victims	0	0	6	12	17	11	12	30	(Sep) 15	103
VAAD	-	-	-	-	20	24	35	35	(Oct) 23	137
DSW-assisted Kosovars	-	-	-	7	6	27	45	47	(Sep) 8	140
DSW-assisted internationals	-	-	-	10	14	4	7	10	(Sep) 1	46
CPWC	-	54	60	157	151	-	-	-	-	422

[11] UNIFEM, p. 23. See also, Fitamant; Corrin, "Post-Conflict Situation in Kosovo," p. 93; UNHCR/OSCE, *Assessment of the Situation of Ethnic Minorities in Kosovo*, (period covering November 1999 through January 2000), 12 July 2000; European Roma Rights Centre, "Press statement: the current situation of Roma in Kosovo," 9 July 1999, p. 1; HRW, *Abuses against Serbs and Roma in the New Kosovo*, August 1999; and the UN Commission on Human Rights, "Integration of the Human Rights of Women," para. 84. Sexual violence against men was also reported.

[12] Fitamant. See also, UNIFEM, p. 62.

[13] UNIFEM, p. 65.

[14] Amnesty International, Kosova (Serbia and Montenegro): *'Does that mean I have rights?': Protecting the human rights of women and girls trafficked for forced prostitution in Kosovo*, 6 May 2004, p. 33.

[15] Rehn and Sirleaf, pp. 18 and 40.

[16] See Amnesty International, IOM reports, UNIFEM, and Dr. Terry Roopnaraine for Save the Children Kosovo, *Child Trafficking in Kosovo* (Save the Children Kosovo, July 2002).

[17] Article 3, para. (a).

[18] See Corrin, "Developing Policy," p. 63; Coomaraswamy; Amnesty International; UNIFEM, p. 81; and James Pringle, "Sex slave trade thrives among Kosova troops," *The Times* (UK), 5 February 2000. Reports noted an increase in trafficking in Kosova: UNICEF, UNOHCHR, OSCE/ODIHR, *Trafficking in Human Beings in South Eastern Europe: 2004 Focus on Prevention*, UNDP, 2005, p. 120; UNIFEM, p. 81; and UNICEF, *Trafficking in Children in Kosovo*. Prishtina: 2004, p. 18.

[19] UNICEF, *Situation Analysis of Children and Women in Kosovo*. Kosovo: UNICEF, 2004, p. 70. IOM, TPIU, VAAD, the Department of Social Welfare (MLSW, sheet including statistics from 2002 to 2007, November 2007), CPWC (*Annual 2003*, p. 9), and the Centre to Protect Victims and Prevent Trafficking (PVPT) that cooperates with IOM all utilized various methods for maintaining records on trafficking cases assisted.

1999 and September 2007.[20] While the trafficking of foreign victims may be decreasing in Kosova, internal trafficking appears to be increasing.[21]

Both males and females are trafficked, but the vast majority are female.[22] Most internationally trafficked persons have been adults, but most internally trafficked Kosovars are children.[23] Persons from rural areas seem to be at higher risk of internal trafficking.[24] Most internally trafficked persons have been Kosova Albanian, though people from all ethnic groups have been trafficked.[25] Few trafficked persons had finished secondary or high school.[26] Thus, children with limited education from rural and likely poor communities appear to be at the greatest risk. Prior awareness-raising campaigns in Kosova have often targeted high school students.[27] Since few trafficked persons reach high school, NGOs should develop new methods to educate high risk groups, including children in rural, poor communities.

3. Domestic Violence

Domestic violence in Kosova is rarely discussed publicly, especially not with unfamiliar persons.[28] Experts have identified various reasons as to why domestic violence is underreported, including a culture that considers domestic violence an "internal affair";[29] extended families and informal dispute resolution techniques;[30] the hesitancy of SSOs and police to intercede in private disputes;[31] and the woman's fear of bringing "shame" to herself or her family.[32] Women who report violence also risk being ousted from their home, having their children taken away by family members,[33] or vengeance from perpetrators. Other women did not know they lived in unhealthy situations or that alternatives were available. While people seem to be reporting domestic violence more than in previous years, underreporting continues. More than half of the women experiencing domestic violence interviewed by KWN in 2007 did not inform police about the most recent case of violence.[34]

---

[20] The International Organisation for Migrations (IOM) assisted 455 foreign trafficked persons and 103 Kosovars ("IOM Kosova Activities Overview," p. 4). IOM included trafficking for sex (414 cases), labour (30), and "N/A" (10). The Trafficking and Prostitution Investigation Unit (TPIU) identified 525 cases between 2001 and 2006.

[21] IOM, DSW, and TPIU recorded increases. CPWC consistently assisted more internally trafficked persons.

[22] All persons assisted by IOM were female and in 2003, 98 percent of persons assisted by CPWC were female (two percent were boys). Of 221 children sheltered by Hope and Homes for Children from 2001 to October 2007, more than two-thirds were girls (160) (MLSW).

[23] More than half of the internally trafficked persons assisted by IOM were children (53.4 percent). Of those assisted by CPWC, 32 percent were ages 11-14, 49 percent 15-18, and 19 percent 19-31. IOM assisted 48 children and 400 adults who were internationally trafficked (p. 4). IOM had overlap in the categories of 18- and 25-year-olds.

[24] IOM reported that 60 percent of Kosovars came from rural areas and CPWC 62 percent.

[25] CPWC, *Annual Report 2002*, p. 40.

[26] IOM reported that ten internationally trafficked persons lacked any formal education; 86 completed primary education, 162 high or secondary school, 173 "vocational training," and 16 university. For Kosovars, 11 did not have formal education, 36 finished primary school, 47 elementary school, eight high school, and one university. CPWC reported that 94 percent of the trafficked persons it assisted, primarily from Kosova, had completed eight or fewer years of schooling (*Annual Report 2002*, p. 42).

[27] For example, an activist expressed concern that NGOs brought the best high school students to lunch to talk about trafficking when they were probably the least at risk (informal conversation, 2007).

[28] Renate Weber and Nicole Watson (eds.), *Women 2000: An Investigation into the Status of Women's Rights in Central and South-Eastern Europe and the Newly Independent States*, Vienna: International Helsinki Federation, 2000, p. 515; CPWC, *Vjetari 2002*, p. 19; and Medica Mondiale Kosova by Flutura Zajmi, *Stop Violence against Women: Results of a Survey Undertaken in Gjakova*, Gjakova: Medica Mondiale Kosova, November 2000.

[29] CPWC, *Annual 2003*, p. 22.

[30] UNICEF, *Situation Analysis*, p. 70.

[31] UNICEF, *Situation Analysis*, p. 70. CPWC called this the "policy of non-intervention" (*Vjetari 2002*, p. 19).

[32] CPWC, *Annual 2003*, p. 27 and UNIFEM, *No Safe Place*, p. 44.

[33] UNICEF, *Situation Analysis*, p. 70. UNICEF reported, "In situations where a mother chooses to leave an abusive relationship, there is a strong likelihood that she will lose access to her children who will remain the responsibility of the father's family."

[34] Interviews by shelter and Medica counsellors for KWN, 2007.

MLSW/DSW, VAAD, and KPS all recorded increases in reports of domestic violence (see Table 1.2).[35] CPWC reported the most cases, totalling 8,055 from 2000 to 2003. Medical facilities do not record the number of patients who show symptoms of domestic violence, but gynaecologists estimated that they had seen between 819 and 1,372+ cases of domestic violence.[36] A gynaecologist recalled, "I will give an example of a patient on whom I operated. She had a detached placenta, and when I ask her about the bruises on her face, she told me that a boiler had fallen on her face when she was helping her husband. And in the beginning I thought that she was attacked by somebody." Of the 37 gynaecologists interviewed, only five had never seen a woman who had experienced domestic violence.

A few organisations and institutions have researched the prevalence of domestic violence in Kosova, and Table 1.3 on the next page compares their findings.[37]

Table 1.2 Number of Domestic Violence Cases Reported by Year According to Various Sources

Source	2000	2001	2002	2003	2004	2005	2006	2007	Total
KPS - domestic violence cases (men and women)[38]	-	-	1273	1251	1318	1370	1371	(Jun) 557	7140
VAAD	-	-	-	314	414	592	703	(Oct) 555	2578
MLSW/DSW	-	-	-	-	223	380	438	(Sep) 170	1211
KWN - gynaecologists									819 - 1371+
CPWC[39]	1886	2425	1485	2259	-	-	-	-	8055
Sheltered women who suffered domestic violence (4 shelters)									572

Table 1.3 Estimates of the Rate of Domestic Violence in Kosova from Various Sources

Source	Sample	Year	Rate
CPWC	All clients throughout Kosova who received psychological or physical assistance from CPWC (n=6437)	1995-2000	47.6%
WWC et al. Research	Percent of all women with partners who reported experiencing domestic violence (n=226)	1997-1998	36%[40]
Medica Kosova	Survey in Gjakova municipality (rate involves percent of sample experiencing violence in their family) (n=440)	2000	21%
Medica Kosova	Same survey (percent of sample who *know a woman* experiencing violence in her family)	2000	28%
UNIFEM	Kosova Albanian respondents surveyed throughout Kosova (n=216)	2000	23%
WWC et al. Research	Percent of all women with partners who reported experiencing domestic violence (n=212)	2001-2002	34%
Voice of Women	Survey throughout Kosova representing various ethnic groups, respondents who *saw or heard arguments or violence in their neighbourhood* (n=1338)	2004	46%
Voice of Women	Same survey, respondents who *witnessed domestic violence*	2004	12%

[35] Kosova Police Service (KPS). "Paraqitja tabelore e punës në gjashtë mujorin e pare / 2007" (Sheet of six months work / 2007) and MLSW.

[36] Interviews by KWN, 2007. See the graphs in appendix six.

[37] In household surveys the possibility of underreporting exists. The absence of census data and poor sampling methods usually mean that research findings are not statistically accurate. Even so, findings are indicative for the samples surveyed and geographic areas studied.

[38] In 2006, according to KPS, 1096 were female ("Total Female Victim Count of Below Offences (2006-2007) (Committed-Attempted)," given to KWN, 2008).

[39] CPWC, *Annual 2003*, pp. 25-26. Another page had a different number for 2003, 2,349 (p. 10). Among the other shelters, WWC had housed 172 clients, Gjakova 230, Liria 95, and Prizren 75, totalling 572.

[40] WWC et al., p. 6.

In the *Voice of Women* survey, 46 percent of Kosovar women cited evidence of domestic violence in their neighbourhood, and 12 percent had witnessed a husband beating his spouse.[41] Just under half of CPWC's clients between 1995 and 2000 experienced domestic violence.[42] In 2000, 23 percent of the 213 Kosova Albanian women surveyed by UNIFEM had suffered violence.[43] The same year in Gjakova municipality, Medica found that 21 percent of respondents experienced violence in their family and 28 percent knew a woman suffering from domestic violence.[44] In Ferizaj, Afrodita women's organisation surveyed 500 Kosova Albanian women and men, and 39 percent agreed that "husbands beat their wives."[45]

Prior research suggests that domestic violence in Kosova has remained at similar levels or potentially decreased. According to WWC et al., 36 percent of respondents with partners suffered at least one incident of violence from partners in the year before the war and 34 percent in the year before the survey (September 2001 to August 2002).[46] Their findings indicate a slight decrease in domestic violence in Peja. Still, insufficient research exists to conclude whether domestic violence has increased or decreased in Kosova.

Women of all ages, ethnicities,[47] marital statuses, and geographic areas suffer from domestic violence in Kosova. However, some groups of women appear to be at greater risk: rural,[48] married,[49] middle-aged,[50] poorly educated,[51] and economically challenged. A person's level of education can impact job opportunities and economic status.[52] Perhaps it is

[41] The survey asked 1,338 women across Kosova and from various demographic groups whether they had seen or heard arguments or violence in their neighbourhood in the prior twelve months. Ten percent replied "often," and 36 percent "sometimes." Three percent had heard or seen it "often" and nine percent "sometimes" (pp. 8-9).

[42] Interviews with 6,437 clients located throughout Kosova between 1995 and 2000 showed that 68 percent had experienced violence, and 70 percent of the perpetrators were family members (CPWC, *Social Map*, 2004).

[43] UNIFEM, p. 15. OSCE and MLSW suggested this was a "conservative estimate," due to the absence of "a culture of reporting domestic violence" (p. 79).

[44] More than half of the 440 women respondents had suffered a form of violence. Nearly ten percent reported physical violence at home. Five reported sexual violence and 117 suffered psychological violence at home. Approximately half the respondents "knew" a person who experienced violence, and 54 percent said the violence occurred in the woman's family. Findings cannot be generalized due to the non-representative sampling method.

[45] Cited in Corrin, "Post-Conflict Situation in Kosovo," p. 94 and Cari Clark, "Gender-based Violence Research Initiatives in Refugee, IDP, and Post-Conflict Settings: Lessons Learned" (Working Paper No. 17, Reproductive Health for Refugees Consortium, 2003).

[46] WWC et al., p. 6. The WWC et al. report details increases/decreases in various sup-categories of domestic violence. Physical violence, sexual coercion, and intimidation/control all decreased after the war, they found.

[47] In 2007, KPS reported that of the domestic violence victims, 81.8 percent were Albanian, 11.3 percent Serbian, 3.9 percent RAE, 1.8 percent Bosnian, 0.2 percent Goran, and 1.1 percent other.

[48] Definitions of "rural" and "urban" were generally unclear. From 2000 to 2003, 82 percent of CPWC domestic violence clients came from rural areas (*Annual 2003*, p. 29, see also, *Annual Report 2002*, p. 41), and 72 percent of WWC clients. Only 27.5 percent of KPS cases were from rural areas, but 56.1 percent of CSW cases. The disparity between institutions' and NGOs' records could indicate that women in rural areas are less likely than urban women to report violence to institutions, though insufficient data exists for any conclusion.

[49] From three shelters, 18 percent of 694 clients were single, 68 percent married, 7 percent separated, 6 percent divorced, and 1 percent widowed. Seventy-four percent of CPWC's 1074 clients were married, 23 percent single, and 3 percent widowed (*Annual 2003*, p. 31). Nearly half the women KWN interviewed were married, 26 percent widowed, 22 percent separated, and 4 percent single. Widowers spoke of violence perpetrated by former husbands, and/or current violence by family members. Of 49 ever-married women, 16 percent were married five years or less, 22 percent six to ten years, 25 percent 11 to 15 years, and 37 percent more than 16 years.

[50] According to CPWC, women ages 30 to 40 were most affected (40 percent), then women 41 to 51 (24 percent), and women 19 to 29 (21 percent) (*Annual 2003*, p. 30). Three other shelters reported that 57 percent of persons assisted were women and 43 percent children (ages 18 and under).

[51] In the KWN study, Pearson Correlation with a two-tailed test of significance showed a strong negative correlation between the level of education women completed and whether they experienced violence while pregnant (at the level of .001 or r = -396).

[52] In 2003 and 2004, 11 percent of people with higher education were unemployed compared to 50 percent of people with less than an upper secondary education (SOK, *2004 Labour Market Statistics*, p. 26).

unsurprising, then, that women experiencing violence tended to be unemployed.[53] Further, women tended to come from households with poor economic circumstances.[54] Eighty percent of women interviewed estimated that their monthly household income from all sources was two hundred euros or less.[55]

Activists dealing with the issue have asserted that women and children with special physical and psychological needs are particularly in danger of domestic violence, including sexual assault, psychological abuse, isolation, early marriage, broad age differences in marriage, and marriage against one's will.[56] No known research has examined domestic violence against people with special needs.[57] Since persons with special needs have been traditionally isolated within their homes, knowing the extent of mistreatment is difficult.[58] Organisations and institutions need to collect and maintain more thorough demographic information to better understand which groups are most affected by violence. Such information can help NGOs and institutions develop programs to address violence in target communities.

Perpetrators of Domestic Violence

In an estimated 95 percent of domestic violence cases, men perpetrate violence against women.[59] A KPS officer from the Domestic Violence Unit commented, "We separate cases according to gender, but always the biggest number of cases are female."[60] KPS records in 2006 and 2007 showed that women were perpetrators in only eight percent of domestic violence cases. Research in Kosova further verifies the finding that women tend to be more at risk of being violated by a person they know than a stranger.[61] Eighty-eight percent of the women interviewed by KWN said a current or former husband, intimate partner, or boyfriend caused them harm; 10 percent said other family or household members; and one by her child. Most women were violated by someone of their own ethnicity.[62] Women tended to live with their abusers when the violence occurred (82 percent), 80 percent had been hurt by their abuser before, and 91 percent reported experiencing violence from the same perpetrator multiple times in the last year.[63]

More than half of the women had suffered abuse from a second person: 53 percent by other household members and two by their children. In some parts of Kosova, traditionally and due to the economic situation, multiple families live in one house. In these households, it is often customary for young women, especially new brides, to succumb to the directions of older family members. Inexperience and a lack of alternatives meant young women remained in situations where husbands and in-laws exercise physical, psychological, and economic

---

[53] Among the 51 women interviewed, 71 percent were unemployed (13 percent did unpaid work outside the home like farming; 53 percent did unpaid work at home like childcare, gardening and housekeeping; and 4 percent were unable to work), and 27 percent were employed in a paid position outside the home. CPWC reported that 92 percent of interviewed clients were unemployed (*Annual 2003*, p. 31).

[54] ESK concluded in 2004 that 61 percent of family economies have an income below 200 euros per month. A 2001 World Bank report found that 12 percent of the population lives in extreme poverty with income below 0.92 euros per day and half the population on less than 1.79 euros per day (KWN, *Monitoring Implementation of UNSCR 1325 in Kosovo*, p. 7). See also, UNIFEM, *Women at Work*: *The Economic Situation and Opportunities for Women in Kosovo*, Pristina: UNIFEM, 2000).

[55] More than 15 percent had a household income ranging from 201 to 400 euros, and two percent more than 1000 euros. At three shelters, 21 percent of clients were employed, 70 percent unemployed, and 9 percent farmers (only one shelter had the category "farmer"). Half WWC's clients came from families with "very poor" living conditions, 37 percent "poor" living conditions, and 12 percent "medium" living conditions.

[56] Handikos, a NGO with branch offices throughout Kosova, has worked to identify, locate, and assist people with special needs. It offers educational programs, sports, and therapy. For more information, contact KWN.

[57] The Anti-Discrimination Law guarantees equal access to education, employment, and public places. KPS registered only one case of abandonment and mistreatment of a disabled person (in 2007).

[58] UNICEF reported that only 16 percent of children with special physical or mental needs attend regular schools, which impacts employment opportunities and increases economic dependency on others (*Situation Analysis*, p. 75).

[59] OSCE and MLSW, p. 79. Weber and Watson wrote that men perpetrated 99 percent of domestic violence cases, according to police reports (p. 516).

[60] KPS statistics showed that 61 percent of victims were female from January 2006 to October 2007, probably because children were included.

[61] Heise, Ellsberg, and Gottemoeller 1999; Watts and Zimmerman 2002, cited by WWC et al.

[62] Of 1,990 KPS cases from 2006 to October 2007, 81.5 percent of perpetrators were Albanian, 10.5 percent Serbian, 4 percent RAE, 1.7 percent Bosnian, 1 percent Turk, 0.2 percent Goran, and 1.3 percent other.

[63] Eight women said the perpetrator had been convicted of a crime, while 36 women said the offender had not.

violence against them. A counsellor reported, "The client was married when she was 13 years old and she experienced violence always from her husband's family." Other women recalled:

> I married very young and against my will. I was very unprepared at that time [when I first had sexual intercourse]. I am afraid now when my husband drinks alcohol. Also I was afraid when he brought other females.

> I was accused by my husband's family ever since I married. They accused me for things, for example, broken, [that] I lie, I don't know how to take care of the children, to take care of the house, and other things.

Another woman was abused by her father, husband, and son, substantiating prior findings internationally that women who grow up in violent home situations are more likely to experience violence later in life.[64] Since they have been socialized to accept such power relations within their families, some women do not realise they are experiencing violence.[65] Counsellors commented in their notes that some women considered violence "normal." For example:

> [The] client was very calm while she was talking, and she made excuses for all the [violent] acts that her husband did, but not those from her family members. During the interview she manifested the feeling of guilt for the death of her husband. Even though he slapped her, she took that as very normal and considered herself very lucky that she had a chance to live with him.

Strikingly, none of the women interviewed reported abuse from a stranger, and very few sheltered women suffered violence at the hands of an unknown perpetrator.[66]

In Kosova, domestic violence has been attributed to high unemployment;[67] poverty and inadequate dwelling space;[68] and political tension combined with unemployment that contributes to "stress and depression," especially among men who traditionally carry the responsibility as "breadwinners."[69] The war in Kosova also contributed to a traumatized population.[70] A counsellor described how a woman began experiencing violence only after the war because of post-war depression and financial issues:

> [T]he spouses were happy and loved each other until the husband began drinking alcohol and playing the lottery. The problems began since then (after 1999) with maltreatment. It was rare in the beginning but more often later. The husband had begun expressing the violence also against the children who helped their mother. During the interview, the woman spoke with a high voice and was afflicted and nostalgic about the happy time that she had [with her husband].

Post-war trauma among men may contribute to domestic violence, activists said. While women's organisations organised "psychosocial" groups to improve mental health among women after the war, few men had access to such programs. Programs led by male professionals could help men deal with war trauma and potentially decrease domestic violence. One such program where international male experts spoke with men in Has region proved effective for decreasing domestic violence in that region, reported activists from Motrat Qiriazi, a women's organisation in the area.[71]

---

[64] WWC et al. found that women who saw their parents use physical violence were three times more likely to be intimidated and controlled by a partner than women who did not witness violence between their parents (p. 6).

[65] CPWC, *Vjetari 2002*, p. 19 and Weber and Watson, pp. 515-6.

[66] Of 816 clients assisted by three shelters, 56 percent were violated by an intimate partner or spouse, 0.4 percent by a former partner, 23 percent by a parent, 1 percent by a child, 13 percent by another family member (primarily in-laws), 4 percent by a stranger, and 3 percent by "other." WWC documented perpetrators' level of education: 3 percent had "high" education, 36 percent 12 grades, 46 percent eight grades, 10 percent four grades, and six percent were illiterate. Seventy percent of 680 women suffered domestic violence primarily at the hands of men during the war, but other relatives also physically and psychologically abused them (CPWC. Annual reports contained case studies describing domestic violence involving female family members as perpetrators).

[67] CPWC, *Vjetari 2002* (*Annual Report 2002*), p. 19 (citations to Albanian version); UNIFEM, p. 28; and Weber and Watson, p. 515.

[68] CPWC, *Annual Report 2002*, p. 19 and UNIFEM, *No Safe Place*, p. 42.

[69] Weber and Watson, 515.

[70] CPWC, *Vjetari* 2002, p. 19 and Weber and Watson, p. 515. The Kvinna till Kvinna Foundation reported, "War is often followed by a new wave of domestic violence when men act out their war traumas they have not been able to heal" (*Rethink! A Handbook for Sustainable Peace*, Halmstad: Bulls tryckeri, 2004, p. 10).

[71] Motrat Qiriazi annual reports.

In conclusion, women are more likely to experience gender-based violence from an intimate partner of the same ethnicity with whom they live than a stranger and this violence tends to be part of a continuum of violence. Other family members also perpetrate violence against women, and this is rarely reported. Increasing employment opportunities and addressing war trauma among men could help decrease domestic violence in Kosova.

Women living in violent home situations often endure numerous forms of violence. The forms of violence described in the following sections frequently correspond with domestic violence: isolation (3.1), psychological violence (3.2), physical violence (3.3), sexual violence (3.4), economic and institutional violence (3.5), violations of women's reproductive rights (4), and violence against pregnant women.

3.1 Isolation

Isolation is a characteristic of domestic violence when a perpetrator tries to control a person's movement, freedom to make decisions independently, and conversations and interactions with other people.[72] For example, one woman commented, "Because of my husband now I am afraid. I am afraid even to talk with family members, talking with strangers is impossible." Isolation can involve preventing a person from seeing family members or friends; listening in on telephone calls or reading a person's mail; restricting where a person can go; and confiscating or destroying personal identification documents.[73] Obstructing freedom of movement is a crime and grounds for a protection order.[74]

In 2003, CPWC recorded 76 cases of isolation.[75] Approximately half the women interviewed by WWC et al. were "forbidden from seeing friends or family," and more than a third "forbidden from participating in activities" outside the home.[76] More than half the 31 women interviewed through this project said their partner made it difficult for them to see family or friends at least every week. Nearly half said their partner monitored or listened to their phone calls, and two-thirds felt controlled by their partner. One woman recalled, "I was isolated in a room and others [family members] commanded me what I should do." A counsellor wrote about another woman, "her mother-in-law closes her door and takes the key, so the client must take water and a container for urination during the night. Often visits of [her] husband's uncle are accompanied with sexual harassment…" Thus, in addition to husbands, other family members also isolated women. Few reports of isolation have been filed with police, probably because the idea that isolation within a domestic environment is a crime is fairly new and because women do not feel they have any alternative.[77]

3.2 Psychological Violence

To date, psychological violence has been more discussed among psychologists, counsellors, shelter staff, and women activists than institutions or the general public. A SSO commented, "We rarely have psychological violence cases because psychological violence is more hidden."[78] Activists said few people know how to recognize the symptoms of psychological violence and therefore do not know that they are experiencing it. Ninety percent of clients demonstrated symptoms, but only a fraction knew they suffered from psychological violence, CPWC reported.[79] Other shelters reported that almost every client experienced psychological violence.[80] KPS recorded 47 cases of "psychological maltreatment" in 2006 and 16 cases as of October 2007.[81]

---

[72] OSCE and MLSW, p. 14.

[73] ICASDV.

[74] UNMIK Resolution No. 2003/25, Provisional Criminal Code of Kosova, Article 137 and Regulation No. 2003/12, section 1.1(f) "unlawfully limiting the freedom of movement of the other person."

[75] CPWC, *Annual 2003*, p. 23.

[76] WWC et al., p. 23.

[77] KPS recorded only five cases of obstructing freedom of movement in a domestic relationship from 2006 to 2007.

[78] Interview with KWN, 2007.

[79] CPWC, *Annual 2004*, p. 23. In their random sample of women in Peja, WWC et al. reported that one in four women experienced verbal abuse from their partner, and one in five had been intimidated (p. 34). Medica Kosova estimated that 90 percent of the 1,246 clients in their psychosocial program from 2000 to 2006 suffered psychological violence during and/or after the war (Veprore Shehu, email correspondence, 6 December 2007).

[80] KWN conversations with shelter staff.

[81] KPS, *Annual Report 2006 & 2007*, Cases of Domestic Violence in Kosova, November 2007.

Table 1.4 shows the extent of psychological violence reported or estimated by various sources.

Sixty-five percent of the women interviewed by KWN said the most recent incident of abuse involved psychological or emotional abuse like lying, threatening harm, or cheating. Medica counsellors asked 31 women about types of violence they may have experienced at home, but may not have considered violence (see Table 1.5 on the next page). Approximately two-thirds of the women reported constant criticism, name calling, and stalking.[82] More than half said their partner controlled them; made them feel guilty; shouted at them; made decisions for them; and/or would not give them any money. Nearly half said their partner refused to leave when asked; followed or stalked them; was overly jealous; made impossible "rules" for them to follow and punished them if they broke the rules; and/or did not help around the house. More than a third said their partner threatened to hurt them at least every week.[83] Approximately one-third of the women said their partner swore at them; monitored and listened to their phone calls; manipulated children or family members; did not allow them to work outside the home; and/or threatened to hurt them. One-fourth of the women said their husband was unfaithful or cheated on them on a weekly basis.

3.3 Physical Violence

Table 1.5 also illustrates the frequent use of physical violence against women in violent home situations. More than two-thirds of the women said partners slapped, hit, punched, kicked, strangled, and beat them. Half of the women were slapped at least every week, some daily. Nine women were hit, punched, or kicked at least every week. Three women were beaten every day, and eight women every week. One woman recalled, "He was extremely jealous about me. He used me like a tool on which he must express violence, and he was very violent." In the larger sample of 51 women, 71 percent experienced physical harm like beating, pushing, and slapping. The most recent incident of abuse also involved physical abuse of a child, 39 percent of the women said.[84] Women described instances of child abuse on behalf of their drunken husbands and expressed deep concern that their children could grow up with similar violent tendencies.

Table 1.4 Number of Cases of Psychological Violence Reported by Various Sources

Source	2000	2001	2002	2003	2004	2005	2006	2007	Total
KPS						17	47	(Oct) 16	
CPWC report[85]	799	560	436	360					2155
WWC (persons outside the shelter counselled for psychological violence)	97	430	373	407	77	91	45	80	1600
Women housed at four shelters									1009
Victim Advocates[86]									154-298
SSOs (from CSWs)[87]									112-244
Gynaecologists[88]									1203-2442+

[82] Women experienced multiple forms of psychological violence. This description focuses on violence women experienced at *least every week* (adding "daily" and "weekly").

[83] Seven women received threats every day and five weekly.

[84] If committed against a child because of her or his gender, maltreatment and abandonment are gender-based violence. KPS registered only two cases in 2006 and one case in 2007.

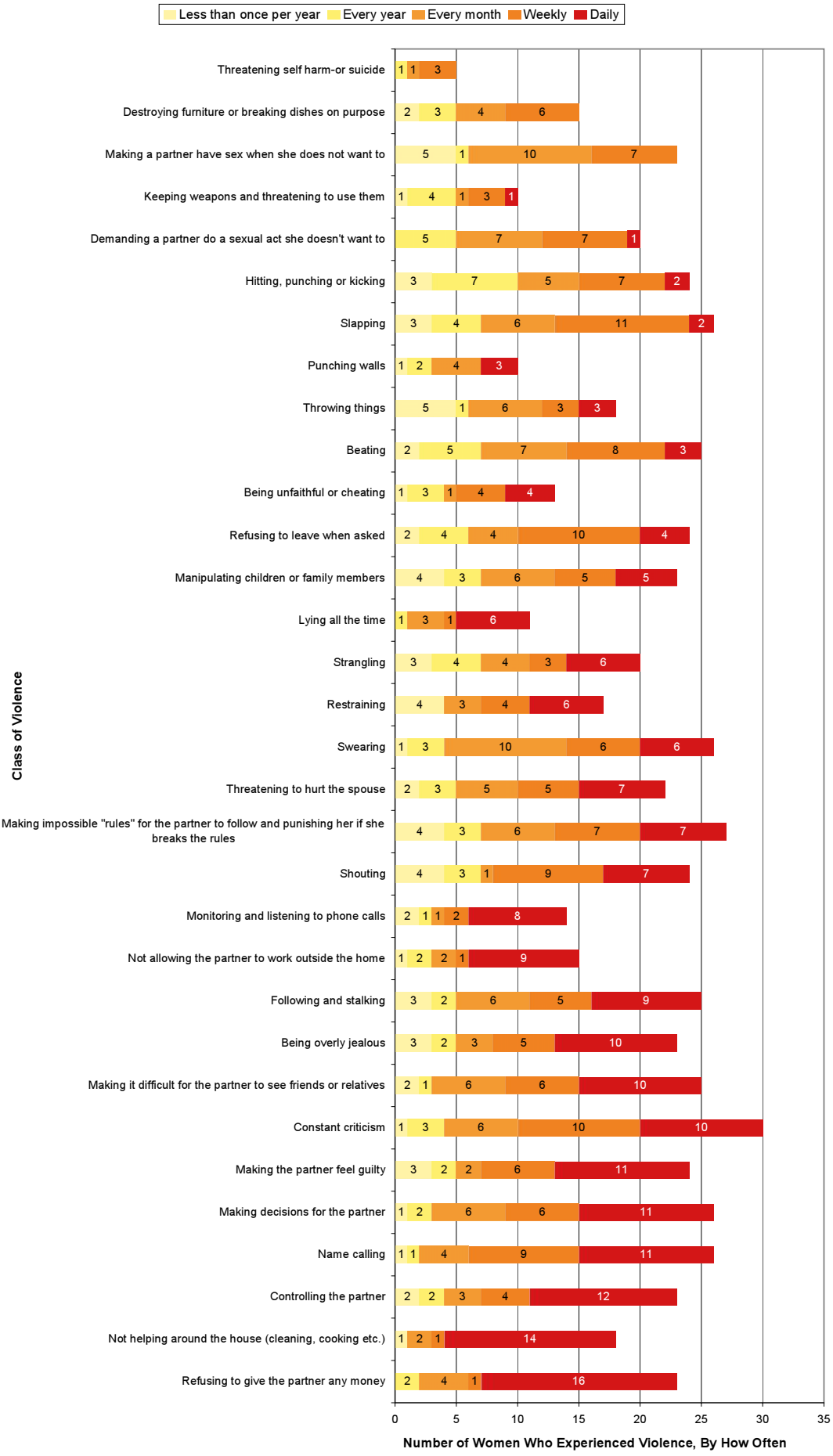
[85] CPWC, *Annual 2003*, p. 24 and *Annual Report 2002*, p. 25. Numbers of psychological violence cases in 2002 differs from psychological violence under "domestic violence" (474) and "outside" psychological violence (423) (CPWC, *Annual Report 2002*, p. 25).

[86] Interviews by KWN, 2007. They estimated the number of cases they had seen since they began work in 2003.

[87] Estimate by seven SSOs interviewed by KWN, 2007.

[88] Altogether, 34 gynaecologists estimated they saw between 1,203 and 2,442 patients who experienced psychological violence (interviews by KWN, 2007).

Table 1.5 How Often Women Surveyed by KWN Experienced Types of Violence

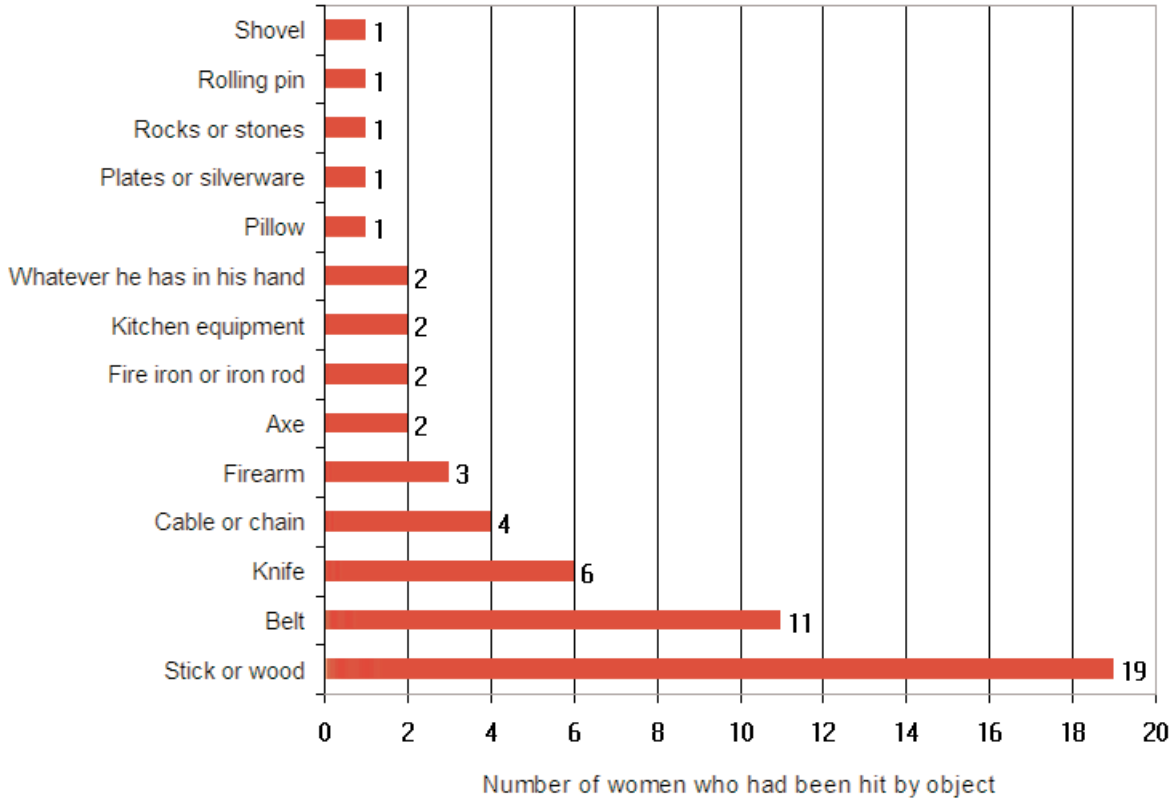


Two-thirds of the women had been hit with an object.[89] As Table 1.6 illustrates, most women were beaten with wood, sticks, branches, or a belt. Women were also threatened with or injured by knives, cables, chains, and firearms.[90] Women listed numerous other objects used to batter them: axes, fire irons, iron rods, kitchen equipment, a pillow, plates, silverware, rocks, stones, a rolling pin, a shovel, and/or "whatever he has in his hand."

Perpetrators may also use destruction of property to demonstrate power or control (e.g., ruining furniture, purposely breaking dishes, punching walls, throwing household items, destroying personal possessions).[91] From 2006 to October 2007, KPS reported only two cases of property damage and nine cases of "infliction of property damage" in domestic disputes. Yet, destruction of property affected half the 31 women experiencing gender-based violence. Six said their partners purposely destroyed furniture or broke dishes on a weekly basis. A third of the women said their partners punched walls, and for three women this happened daily. Eighteen women said their partner threw things. Women may not know that such violence is unusual or illegal, which may explain why few report it.

Physical violence is defined within the Regulation on Protection against Domestic Violence and the Provisional Criminal Code of Kosova.[92] In 2006 and 2007, KPS recorded 529 cases of grievous assault, 730 assaults, 45 attempted murders, and 21 murders in which women were victims.[93] CPWC had 2,132 cases of "physical violence" and 804 additional cases of "assault" between 2000 and 2003.[94] The other four shelters housed 429 and Medica Kosova 135 women who suffered physical violence, primarily from husbands and/or in-laws.[95] WWC et al. found

Table 1.6 Objects Used against Women



[89] Counsellors asked whether women had ever been hit with and object, and then with which object (open question).

[90] In 2006 and 2007, KPS recorded ten threats with a firearm.

[91] ICASDV.

[92] Thus, KPS officers, Victim Advocates, and SSOs received training on forms physical violence. The SSO handbook defines "non-accidental" physical abuse to include "inflicting bodily injury, whether light or severe," "any physical assault that would cause the victim to fear for his or her physical well-being," "to forcibly remove someone from his or her residence," "behaviors such as pushing, shoving, slapping, hitting, kicking, biting, use of tools or weapons," and "other acts which may result in fear, injury or death" (OSCE and MLSW, p. 13).

[93] KPS, "Total Female Victim Count." It was unclear whether these took place in a domestic relationship.

[94] CPWC defined physical violence to include "grave and minor ill treatment, bodily injuries, and acts of sexual violence." Thus sexual violence was included in the total (*Annual 2003*, p. 23-4).

[95] Veprore Shehu, email correspondence, 6 December 2007.

that domestic physical violence had decreased from 17 percent of respondents experiencing it before the war to 11 percent after the war. However, insufficient information is available to conclude whether physical violence has increased or decreased throughout Kosova.

3.4 Sexual Violence[96]

In the context of a domestic relationship, the SSO handbook defines sexual abuse as:

> [A] non-consenting sexual encounter or encounters within the family in which someone is either pressured, coerced (expressed or implied), or forced into sexual activity. If one of the persons is under 16 or is between 16 and 18 years and a child, foster child, step-child, grandchild, nephew or niece of the other person, it is always assumed that they cannot consent, and thus sexual activity constitutes abuse under any circumstances. Sexual abuse involves behaviours such as fondling, fellatio or cunnilingus, anal or vaginal penetration. It can also include exploitation through forcing someone to have photographs taken of a sexual nature, or by forcing someone into prostitution.[97]

The handbook also mentions "battering rapes" and "obsessive forced sex" where perpetrators require an "extra-ordinary number of sexual encounters" or "sex as a form of sadistic, brutal or perverse behaviour."[98] In Kosova, all are crimes in the absence of a partner's "active" consent. Yet, marital rape is rarely reported.[99]

Eighteen percent of the respondents to UNIFEM's survey were raped by known Albanian men.[100] Eight percent of women with partners interviewed by WWC et al. experienced sexual coercion from their husbands before the war and six percent after the war.[101] Of the women who reported intimate partner violence before the war, nearly half said their partners wanted to have sex immediately after abusing them, and 38 percent reported the same occurring after the war. Nearly three-fourths of the 31 women interviewed through this project said their partner made them have sex.[102] A woman recalled, "My partner, ex-husband, was aggressive, when I didn't want sexual intercourse. I had to do it because, if not, he hit me or brought other females home for me to serve them." One woman said her husband made her do sexual acts that she did not want to do "every day"; many more women said "every week" and "every month." While almost half of the 51 women interviewed said their partner made them do sexual acts they did not want to do, only two said they had experienced sexual assault. Women may not know that being forced to have sex is marital rape, which may partially explain why it is underreported. Pride, fear of social isolation, and a lack of alternatives may prevent women from coming forward, as well.

Some women also reported being sexually abused and harassed when they were young, which contributed to a lack of interest in sexual relationships, described in the next chapter. A woman recalled an event in her childhood, "A close cousin attempted to rape me. He picked me up, he undressed, and I began to cry. I began to fight, and I don't know how I escaped. One other case was when a stranger stopped me in the road and caught me and some people heard my screams and they rescued me." When asked whether she had any upsetting sexual experiences in childhood, another woman answered "sexual assault" and began to cry. Counsellors conducting interviews believed that other women may have been sexually abused, but did not wish to talk about it.

Table 1.7 shows the extent of sexual violence reported by institutions and organisations in Kosova.[103] CivPol, the UN international civilian police, logged 362 cases of sexual assault/rape between 2000 and 2002.[104] From 2006 to October 2007 KPS had one report of sexual assault, 42 attempted rapes, 107 rapes, and one incest report.[105] DSW recorded 72 "victims of sexual crime" between 2002 and September 2007.[106] VAAD assisted 288

---

96 Sexual violence is gender-based violence whether committed against a woman or man because of her or his gender. Statistics were not always disaggregated by sex, so the number of men and women affected was unclear.

97 OSCE and MLSW, p. 13.

98 OSCE and MLSW, p. 13.

99 Authorities include marital rape in "sexual violence" or "rape" categories so determining the extent is difficult.

100 UNIFEM, p. 37. Of them, 53 percent were married and raped by their partner or a family member, 26 percent were single, and 21 percent widowed or separated (it was unclear whether rape took place before or after).

101 WWC et al., p. 6. After the war was from September 2001 to August 2002.

102 Seven women said their partners forced them "every week" and ten "every month."

103 Numbers include all sexual violence, not only violence in domestic relationships.

104 Annual reports.

105 KPS, "Total Female Victim Count." It was unclear whether these took place in a domestic relationship.

106 MLSW.

cases since 2002.[107] CPWC reported assisting 489 sexual violence survivors.[108] In total, three other shelters housed 66 women who experienced sexual violence, ten victims of incest, and eight who witnessed incest.[109] While women may not report violence to the authorities, they may visit a gynaecologist. Therefore KWN asked gynaecologists whether they had encountered cases of sexual violence in their work. When asked, a gynaecologist in a public hospital recalled, "The husband put out his cigarette on the genitals of his wife." Altogether, gynaecologists had seen between 656 and 1,238+ sexual violence cases.[110]

UNMIK police and VAAD recorded increases in *reports of* sexual violence.[111] An increase in reporting may mean that more people are reporting violence than before. Sufficient information is not available to determine whether sexual violence has increased or decreased in Kosova.

3.5 Economic and Institutional Violence

Economic violence is when a perpetrator uses finances to control a person.[112] Economic violence can include, for example, a perpetrator refusing to: allow a person to work; work himself; pay bills; help support the family; or give a partner money shared by the household.[113] Since discussions over finances can lead to arguments, perpetrators can also use money as an excuse for using physical violence.[114] In multi-family households, sometimes other family members exercise economic violence. For example, a woman said she could not access healthcare because her family controlled the finances: "[T]hey can play with me and my husband as they wish because my husband is unable to work."[115] Three shelters reported assisting 135 clients who had experienced economic violence.[116] More than half of the 31 women interviewed said their husbands refused to give them money, and half were forbidden from working outside their homes.

Table 1.7 Extent of Sexual Violence according to Various Sources

Source	Category/Class	2000	2001	2002	2003	2004	2005	2006	2007	Total
UNMIK Police	Rape and attempted rape	115	133							
CivPol	Sexual assault / rape	362 (2000-2002)								
KPS	Attempted Rape	-	-	-				42	-	
KPS	Rape	-	-	-				107	-	
DSW	Sexual crime	-	-	0	0	31	10	22	(Sep) 9	72
VAAD	Sexual abuse (men and women)	-	-	-	53	28	54	82	(Oct) 71	288
CPWC	Sexual violence	162	47	228	52	-	-	-	-	489
CPWC	Incest cases assisted	13	20	10	15	-	-	-	-	58
Medica Gynaecologist	Sexual violence cases treated									200+
UNIFEM	Rape by known person (n=213)									18%
KWN - gynaecologists	Sexual violence cases seen								~656 to 1238+	

[107] VAAD. Statistics given to KWN representative on 19 November 2007.

[108] CPWC also recorded rape, which may have been included in this total (*Annual 2003*, p. 23).

[109] Statistics given to KWN.

[110] Gynaecologists had worked from one to 31 years, with the average years worked being 12.5. Not all cases reach gynaecologists; women in violent situations are often prevented from visiting doctors, as chapter two discusses. Only thirteen of the 96 professionals had never seen a case.

[111] UNFPA, *Gender-Based Violence in Kosovo*, p. 7. For 2000, see UNMIK Police and Public Information Office, "Crime Statistics: Rape and Attempted Rape Cases by Region (Year 2000)."

[112] OSCE and MLSW, p. 14.

[113] ICASDV.

[114] OSCE and MLSW, p. 14.

[115] Economic violence can impact access to healthcare, as the next section explains.

[116] Institutions did not record economic violence, though a SSO estimated that she had seen 20 cases in her four years of work (interview with KWN, 2007).

While economic violence within the family is perhaps the most recognized form, economic violence can occur at various social levels. For example, women have unequal access to employment due to cultural norms that consider men "breadwinners";[117] hiring and promotion practices within the private and the public sector are discriminatory against women;[118] women have traditionally had unequal access to family inheritance despite laws stipulating equal ownership;[119] and due to a lack of capital women have often been discriminated against in lending practices.[120] Economic inequalities in Kosova are exacerbated by high unemployment rates, which affect women in particular. In 2004, the unemployment rate was 32 percent for men and 61 percent for women.[121] Without economic security, women must often remain in violent situations.

Similarly, institutional violence (a term used more by women's NGOs than institutions) involves unequal access to public services and programs *because of one's gender*, such as education, justice, and social support. Gender-based institutional violence in Kosova could include the failure of the Ministry of Education to finance schoolbooks, transportation, and other costs that would enable girls from economically challenged homes to attend higher levels of education (currently boys in such situations are sent because they have greater chances of securing employment later in life); public institutions failing to actively hire more qualified women to serve as public servants; public institutions not adopting and implementing policies against sexual harassment in the workplace;[122] the slow processing of protection orders by the justice system, which places women already experiencing violence in greater danger;[123] in public hospitals, inadequate financial support, poor oversight, malpractice, and corruption affecting poor quality care; inadequate budgeting for social assistance programs which keeps families in poverty;[124] and the failure to implement existing laws related to gender equality, such as laws stipulating equal inheritance for women and men.[125] CPWC recorded 2,556 cases of institutional violence between 2000 and 2003.

4. Violations of Women's Reproductive Rights and Violence against Pregnant Women

Women experiencing violence are often denied their right to reproductive health. Sexual violence leads to unwanted children. Physical violence and/or isolation can prevent women from accessing healthcare, including pre- or post-natal care. Violence can also impact a woman's health during pregnancy, as the next chapter discusses. This section describes three ways gender-based violence can violate women's reproductive rights: the right to decide when to reproduce; violence during pregnancy; and the right to reproductive healthcare.

---

[117] Weber and Watson, p. 510.

[118] UNMIK/OGA suggested that high unemployment contributes to a "hiring priority for men" in the labour market, estimating the unemployment rate among women to be 69.9 percent in 2001 (*Women and Men in Kosovo*, 2003).

[119] KWN, *Monitoring Implementation*, p. 50.

[120] "Women have difficulty accessing loans from local banks and international credit programmes that require ownership of assets - which is rare when male family members traditionally register property. Men also traditionally hold land in ownership" (KWN, *Monitoring Implementation*, p. 50).

[121] SOK, "Labour Market Statistics 2004," p. 7. In 2001, the World Bank estimated unemployment at 70 percent (*Kosovo Poverty Assessment, Promoting Opportunity, Security and Participation for All*). Since then, estimates have varied due in part to varying definitions of unemployment. In 2004, SOK estimated unemployment near 40 percent ("Labour Market Statistics 2004," p. 7). The Department of Work and Employment reported the rate was 33 percent for men and 64 percent for women the same year. The estimate was based on the number of people who registered as unemployed as a percentage of the population. This method is flawed because it assumes that all persons seeking employment register with unemployment offices.

[122] No research has examined the extent of sexual harassment in institutions. The UN Special Rapporteur on Violence against Women found that women were nine times as likely as men to leave their jobs because of sexual harassment (cited in WWC et al., p. 11). Two women KWN interviewed said they had been sexually harassed. While less prevalent, cases of sexual harassment against men by women in positions of power also exist (conversation with young man in Kosova who was sexually harassed, 2007). Sexual harassment is "prohibited" by the Law on Gender Equality in Kosova (Article 13.11). The Kosovar Gender Studies Centre (KGSC) drafted and advocated for policies against sexual harassment at the University of Prishtina and for public servants. The policy was approved at the University, but it remains to be implemented; the government has not yet adopted the policy.

[123] See OSCE and MLSW, p. 39.

[124] Informal discussions with activists.

[125] Law on Gender Equality in Kosova, section 16, p. 12.

4.1 Violations of Women's Right to Decide When to Reproduce

Few Kosovar women experiencing violence have the "freedom to decide if, when and how often" to reproduce, as per the WHO definition of reproductive health.[126] An estimated 40 percent of trafficked women use condoms only occasionally;[127] and more than one-third are forced to have sex without a condom.[128] Sixty-five percent of the women experiencing violence interviewed by KWN "rarely" or "never" used contraception. Most women knew they had a right to decide whether to use contraception (78 percent),[129] but they could not realize this right while living in abusive relationships. A woman commented, "I should talk with my husband about that [contraception], [but] I would have been beaten by him every night. I am pleased that now we know how to be protected from diseases and other things, and I believe that also other woman know about that." Approximately half of the women had spoken with their partner about contraception, and 43 percent found it "hard" or "very hard" to discuss contraception with their partner.[130]

Institutions and NGOs like Medica Kosova and shelters offer contraceptives free of charge, but women isolated in violent situations cannot access them. Even if they had contraception, many women said their husbands would not let them to use it. Forty-six percent said their partner "often" pressured them to have sex without contraception and 43 percent were pressured to have more children than they wanted. Some women also indicated that in-laws violated their right to decide when and how often to reproduce, consistently pressuring them to have more and/or male children. NGOs dealing with the issue should provide more information to women in violent home situations about contraceptive methods that can be hidden from their partners. Women's NGOs have extensive experience organizing women's get-togethers or sewing groups, which can be used as informal, non-threatening ways of bringing otherwise isolated women together to inform them about and distribute such methods.

4.2 Violence during Pregnancy

Despite existing myths that pregnant women in Kosova never experience violence,[131] violence against women during pregnancy exists. WWC et al. found that 10.5 percent of women with partners were "beaten" while pregnant. For women living in violent home situations, violence does not stop if a woman becomes pregnant. Of 47 ever-pregnant women interviewed by KWN, only six did not experience violence during one or more of their pregnancies.[132] Twenty-five women said their husband or partner inflicted the violence and two women experienced violence from both their husband and other family members. Of the 96 professionals interviewed, an astonishing 73 percent had encountered pregnant women experiencing violence.[133] A professional told of a family forcing an unmarried woman to have an abortion even though she was engaged. Another pregnant woman was hospitalized for two months following physical violence; she subsequently lost the will to care for her children, a professional said. A police officer recalled another case where a husband forced his pregnant wife to serve other men as a

---

[126] WHO continues, "Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice" (p. 13).

[127] UNICEF, UNOHCHR, and OSCE/ODIHR, p. 96.

[128] UNICEF, p. 70.

[129] Four women said the man should decide, three said the woman should decide, and the others believed it should be a joint decision.

[130] Only five women said it was "easy" and one "very easy." More than half "rarely" or "never" spoke about sex-related issues with their partners. Further, 18 percent disagreed with their partners "often" or "very often" regarding contraception use.

[131] Law on Gender Equality in Kosova, section 16, p. See Vlora Basha and Inge Hutter for UNFPA, Population Research Centre of Groningen, and Index Kosova, *Pregnancy and Family Planning in Kosovo: A Qualitative Study*, Prishtina: December 2006, p. 26. Following focus groups, they concluded, "A pregnant woman is seen as fragile and everyone around her in the family is more caring. She also garners more respect." Most participants said, "Pregnancy was always respected in Kosova culture."

[132] Thus, 41 women suffered violence during 111 separate pregnancies. See appendix six for a table describing the types of violence perpetrated during pregnancy. Sadly, the woman who had ten pregnancies experienced psychological, physical, and sexual violence during all of her pregnancies. KWN also found a correlation between women experiencing violence while pregnant and women experiencing physical harm while pregnant (Pearson Correlation two-tailed test of significance at the level of 0.05 or r = .303).

[133] UNICEF, UNOHCHR, and OSCE/ODIHR, p. 96.Twelve respondents saw a pregnant woman experiencing violence every month and three every week. As the table in appendix six illustrates, nearly half the respondents had seen between one and five pregnant women who had suffered violence, nine respondents six to ten women, six 11 to 20, one 21 to 30, two 31 to 40, two 41 to 50, and three more than 51 women. Together, the four shelters housed 43 pregnant women who suffered physical violence.

prostitute. A SSO told of a pregnant woman, isolated by her husband and family, who attempted to commit suicide by cutting the arteries in her wrists. International and local organisations should organise joint Kosova-wide campaigns to debunk existing myths about violence against pregnant women and encourage better care for women, especially during pregnancy.

Shelter representatives reported another undocumented phenomenon: families ousting women from their homes when they became pregnant out of wedlock. Shelters had cared for 33 of these pregnant women. Considering the strong social stigma against women having premarital sex, families made the often young single women leave until they gave birth. In order to save face, family members told friends and neighbours that the woman was studying or working abroad. If the woman gave the child up for adoption, she could return home. If not, many families instructed young mothers to find other living arrangements. Shelters often continued to house women until they identified other options. The psychological trauma of being ousted from one's home and isolated from one's family could affect the mental health of the mother and thus the health of the infant, as chapter two discusses.

4.3 Violations of Women's Right to Reproductive Healthcare

The WHO definition of reproductive health includes "the right of men and women […to access] appropriate health care services that will enable women to go safely through pregnancy and childbirth."[134] As this section explains, women experiencing violence tend to be prevented from accessing healthcare services before, during, and after pregnancy. First, KWN found that women suffering violence rarely have access to preventative healthcare. Trafficked women especially do not have access;[135] an estimated 36 percent of trafficked women were denied access to healthcare, and only 10 percent had regular access in 2002.[136] A doctor working with an international organisation in Prizren told UNIFEM in 2000:

> The brothel owners before the war used to give some relative or friend a pay-back to provide elementary medical care for the girls. I know because I spoke once with a doctor who admitted examining the girls in the Park Hotel. But now, well, it seems that the girls do not display a great state of health.[137]

If traffickers allowed women to visit doctors, they went to private clinics and women had to pay from their earnings.[138]

For all women in Kosova, preventative healthcare is essential, especially given the numerous reports of cancer, the most common random cause of mortality among women.[139] The Kosovar Centre for Combating Breast Cancer Jeta Vita has estimated that one in every nine or ten women in Kosova may be affected by breast cancer. Mammograms can detect irregularities in a woman's breast when cancer is at its early stages, enhancing a woman's chances of fighting the cancer. Yet, 80 percent of the women interviewed by KWN had never had a mammogram. Only four women had a breast exam in the last year, probably with support from Medica or shelters. Women with breast cancer also experienced violence; when women had breasts surgically removed to prevent the spread of cancer, some husbands deserted them.[140] Other women suffered psychological abuse from name-calling and humiliating treatment.

Regular visits to the gynaecologist and doctor can also help women detect illness early. Just over half the women interviewed had visited a gynaecologist in the last year.[141] Two women had not gone to a doctor in more than ten years, three women had never seen a doctor, and six women had never seen a gynaecologist. Since the women interviewed received assistance from shelters and Medica, they may have had better access than other women living in violent situations. Sixty percent of the women had experienced difficulties visiting the doctor. Women gave various reasons as to why they did not visit doctors or gynaecologists regularly. More than half said a partner or family member prevented them:

> My health was not important for my spouse. I think so because when I complained that I had pain, he answered, "You have nothing." He was saying to me, "You are not so ill to visit the doctor."

---

134 World Health Organisation, *Definitions and Indicators*, p. 13.

135 Amnesty International concluded that trafficked women do not have the right to healthcare, ensured by Article 12 of CEDAW and Article 12 of the International Covenant on Economic, Social and Cultural Rights (p. 16).

136 UNICEF, UNOHCHR, and OSCE/ODIHR, p. 96.

137 UNIFEM, *No Safe Place*, p. 85.

138 UNICEF, UNOHCHR, and OSCE/ODIHR. Also in Amnesty International, p. 16.

139 Quoted in KWN, "Start the Fight against Breast Cancer," *Kosovar Women's Voice*, Vol. V, Issue I, December 2006 - February 2007, p. 1.

140 Dr. Zuna, gynaecologist at Medica, interview by Nicole Farnsworth for KWN, 2007.

141 Sixty-three percent had visited a general practitioner in the last year. Seventeen women had not visited a doctor in three or more years.

> They never trusted that I needed treatment… [They] always thought that I was pretending to be sick only to escape housework.
>
> They were afraid that I might tell someone how they were treating me.

Half of the professionals interviewed by KWN said they had seen women who did not receive gynaecological care and 41 percent had encountered women who did not receive breast examinations *because* women's families did not allow it. Women said their husbands or families were not interested in their health:

> He was not interested in my health. Sometimes he didn't believe me that I was sick. He said to me that we can't go to the doctor for every pain.
>
> My health is not important for him. He said to me, "You don't need to go to the doctor because the pain will pass without visiting the doctor."
>
> My husband didn't believe that I was sick, and he didn't take me to the doctor because the primary thing for him was securing money to go outside the home the whole night and create problems at home and express violence against the children and me when he came back home.

Four women said their husbands were jealous and refused to let them visit a doctor or gynaecologist:

> [M]y husband always thought that I am going to visit the doctor only to see the doctor, to show myself.
>
> They don't take my complaints seriously, and they thought that I was going to the doctor because of meeting any man or meeting with my ex-partner. When I go to visit the doctor they don't give me money.

Others said they could not go to doctors, especially gynaecologists, because of family honour, personal honour, or religious belief:

> My father-in-law said, "A woman who visits the doctor is not a woman."
>
> I am very religious, and because of it I have consequences from my husband. Because when I had a little [medical] control, when I came back home, my husband hit me.
>
> I consider the doctor a strong man, and I can't tell him about my problems, so it is impossible for me to undress in front of him.
>
> I am afraid about what my husband will say after [I visit the gynaecologist], asking provocative things in the sexual aspect. It doesn't matter for him that I am old now.
>
> Visiting the gynaecologist is more difficult for me because I am ashamed; it is easy for me to visit female doctors.

Two women did not go because they were concerned about their health, and they feared what the doctor might tell them. Many women mentioned inadequate finances, and five said this was their primary reason for not visiting the doctor:

> Unemployment, they didn't have money. I was young and when I told them that I had pain, my mother-in-law said to me, "The same thing happened to me but it will pass and don't tell about this because it is shameful."

The *Voice of Women* report also identified a link between a woman's health, especially maternal health, and socio-economic status.[142] In addition, the survey found that inadequate confidentiality practices and social stigmas prevented some women from visiting the gynaecologist. A young Serb woman commented:

> The hardest thing is when you need a psychiatrist or a gynaecologist. The hardest part is to visit them without other people finding out. For the rest of the doctors it is easier, but it's the psychiatrist and gynaecologist that we need the most.[143]

Stigmas against single or widowed women visiting the gynaecologist continue in many parts of Kosova. A woman commented:

> After the death of my husband I needed to go to the gynaecologist, but it was difficult for me because the gossip from people [and their] guesses that I could be pregnant, kept me from doing that.[144]

A general misconception exists that women only need to visit gynaecologists in relation to pregnancy. Few women have regular exams as a preventative

[142] KWN, KWI, and UN Country Team in Kosovo, *Voice of Women*, Prishtina: December 2004, p. 27.

[143] Quoted in *Voice of Women*, p. 31.

[144] Two others cited distrust and doctors' lack of confidentiality as reasons for not seeking medical attention.

measure.[145] Since society in general frowns upon single women having sexual relations, only married women of reproductive age have a socially acceptable reason to see gynaecologists. The *Voice of Women* survey showed that roughly 68 percent of Albanian and Serb women and almost 78 percent of minority women did not visit a gynaecologist in the year prior. Women in the height of their childbearing years, ages 20 to 39, tended to go more often.

Research findings illustrate the need for improved professionalism among healthcare workers including implementing codes of conduct that guarantee confidentiality. Further, immediate awareness-raising campaigns on behalf of women's NGOs that target women and emphasise the importance of regular gynaecological and mammography exams are needed. Donors should continue to support organisations like Medica Kosova, which provides confidential, quality, free of charge healthcare to women in isolated areas.[146] Since it is against personal integrity or family honour for some women to undergo examinations by male gynaecologists, increasing the number of women gynaecologists and raising awareness about women gynaecologists working in nearby clinics could give more women access to regular check-ups. The Government of Kosova and international organisations should consider financing scholarships for more women to become gynaecologists.

Second, KWN found a negative correlation between violence during pregnancy and visits to the doctor during pregnancy. In other words, women experiencing violence during pregnancy tend not to visit the doctor while pregnant.[147] According to the global recommended standard, women should visit a clinic more than three times during pregnancy. While approximately 95 percent of women in Kosova have access to antenatal care, few make use of it.[148] UNFPA's Micronutrient Status Survey in 2002 found that one-third of women visited an Antenatal Care Clinic only once during pregnancy and only one-fourth visited the recommended more than three times.[149] Further, women primarily received ultrasounds during visits. The 2003 Antenatal Care Knowledge Attitudes and Practice (KAP) survey showed that during their visits nearly three-fourths of the women interviewed:

> [D]id not receive basic advice about normal pregnancy, nutrition, possible complications during pregnancy, labour, and on the importance of breastfeeding. As a result, only 15 per cent of all respondents were able to identify at least three danger signs during pregnancy that would require them to seek care immediately from a trained health worker.[150]

Whether a mother has access to quality antenatal care can be an important determining factor as to whether she is at risk of maternal and infant mortality.

Women interviewed by KWN visited the doctor during approximately two-thirds of their pregnancies.[151] Most women who did not visit the doctor said their families would not allow it. Three women did not have enough money, and three did not think it was important, "I was not allowed to go to a gynaecologist till I gave birth," one woman explained. "Also I didn't think that I should go to the gynaecologist. I thought that it was the usual thing [normal not to go]." Nearly 60 percent of the professionals interviewed had encountered women who did not have access to pre-natal care because of their families.[152] A counsellor wrote about a woman, "[T]he woman lives totally isolated from her family, her children and neighbours. […] It is interesting that she gave all [seven] of her births at home."

Third, KWN found that women experiencing violence may not receive post-natal care, including care for their newborns or children. Shelter representatives reported assisting eight women who did not access post-natal care because their family isolated them. Women prevented from visiting the doctor said

---

[145] Kosovars rarely use preventative healthcare. The *Voice of Women* survey found that 30 percent of the non-Serb minority and Albanian women had gone to a health clinic once in the prior year and less than 20 percent of Serb women had gone. Dr. Zuna had diagnosed numerous cases of cervical cancer. She said few people knew it existed before the war because they did not regularly undergo PAP tests due to stigmas against unmarried, widowed, or divorced women visiting the gynaecologist.

[146] See chapter three for more information about Medica Kosova.

[147] Using Pearson Correlation with a two-tailed test of significance, KWN found a negative correlation at the level of 0.05 or r = -.350.

[148] Cited in UNICEF, p. 25.

[149] Cited in UNICEF, p. 26. The KAP survey showed improvements.

[150] Cited in UNICEF, p. 26.

[151] Interviewed women visited the doctor during 109 pregnancies, but not during 54 pregnancies.

[152] Fifteen professionals saw such cases less than yearly, 24 yearly, 16 monthly, one weekly, and one daily. Shelters housed 21 women who did not access pre-natal care because their family isolated them or did not allow it.

their partners and/or household members forbid them from taking their children to the doctor as well:

> They think that I don't need that [visiting the doctor] and that I shouldn't visit the doctor for anything. Even my daughter who needed to visit the ophthalmologist, she never visited the doctor alone and without having disputes.

> [M]y husband didn't see it as important for me to go to the doctor, saying to me, "You are healthy. You don't need to go to the doctor." And also he was not caring about our children.

Interviews with women experiencing violence indicated that their children may not receive adequate healthcare either, including basic immunization.

In conclusion, isolation and other forms of domestic violence prevent women from accessing adequate healthcare before, during, and after pregnancy. Given the economic restraints on families in Kosova, more affordable and accessible healthcare could enable more women to receive exams. Expanded support for Medica's current program and perhaps improved government funding that would enable clinics to provide quality care at no cost could also help. Women's NGOs need to continue awareness-raising efforts that emphasize the importance of preventative healthcare, concentrating especially on reaching rural areas and households where violence may be occurring.

Chapter 2

THE IMPACT OF GENDER-BASED VIOLENCE ON REPRODUCTIVE HEALTH IN KOSOVA

Research around the world has documented the negative impact gender-based violence can have on women's reproductive health. In 1993, a World Development Report suggested that violence was "as serious a cause of death and incapacity among women of reproductive age as cancer, and a greater cause of ill health than traffic accidents and malaria combined."[1] As WWC et al. stated, "GBV has serious consequences on women's mental, physical, and reproductive health."[2] Beyond the initial physical injuries, violence contributes to long-term psychological and physical, even chronic, health problems, including issues that may impact reproductive health.[3] Research has shown that violence can affect a woman's gastrointestinal, muscular, urinary, and reproductive systems;[4] neurological state,[5] acute and chronic pain;[6] hypertension;[7] and chronic irritable bowel syndrome.[8] Sexual violence in particular can cause chronic pelvic pain, vaginal bleeding, vaginal discharge, vaginal infection, pain during menstruation, sexual dysfunction, fibroids, pelvic inflammatory disease, painful intercourse, urinary tract infections, and infertility.[9] Sexual violence can also result in unwanted pregnancy[10] and sexually transmitted diseases, including HIV/AIDS.[11]

While the negative impact of gender-based violence on reproductive health has been documented elsewhere, no such inquiries have been conducted in Kosova.[12] Considering the dearth of research, this chapter draws from in-depth interviews with 51 women who experienced violence and 96 professionals, including gynaecologists. The chapter begins with an overview as to whether particular forms of violence impact reproductive health. The second section examines physical injuries resulting from gender-based violence that may impact reproductive health. The third section discusses how gender-based violence may impact mental health which may in turn affect reproductive health.

1. An Overview as to Whether Particular Forms of Violence Impact Reproductive Health

Eighty percent of the women interviewed through this project said they had health problems or injuries as a result of being physically or psychologically abused.[13] Further, 77 percent of the professionals interviewed said they had seen cases where gender-based violence directly impacted a woman's health. Table 2.1 shows the number of cases respondents said they had encountered where a woman's reproductive health was "negatively affected AS A RESULT of violence."[14]

Initially, KWN sought to examine how individual forms of gender-based violence could impact a woman's reproductive health (e.g., sexual, physical, psychological, domestic, or war-time violence, and trafficking). The findings according to these categories are presented here. However, as the end of this section discusses, the usefulness of creating such categories is questionable.

---

[1] Cited by WWC et al, p. 10.

[2] WWC et al., p. 10.

[3] In Latin America and the Caribbean, Andrew Morrison, Mary Ellsberg and Sarah Bott found that "injuries -- previously considered the most common outcome of violence -- represent only the tip of the iceberg, and that violence is more appropriately conceptualized as a risk factor for health problems than as a health condition in itself" ("Addressing Gender-Based Violence in the Latin American and Caribbean Region: A Critical Review of Interventions," cited by WWC et al.).

[4] Martinez, Garcia-Linares, and Pico-Alfons 2003, cited in WWC et al., p. 10.

[5] Coker 2000, cited in WWC et al., p. 10.

[6] Grisso, Wishner, Schwarz, and Weene 1991; Mullerman Lenaghan, and Pakieser, 1996; Varvaro and Laska 1993. Goldberg and Tomlanovich 1984; Campbell, Snow-Jones, Dienemann, Kub, Schollenberger, O'Campo, Gielen, and Wynne 2002; Coker, Smith, Bethea, King, and McKeown, 2000, cited in WWC et al., p. 10.

[7] Rodriguez 1989; Coker et al. 2000; Letourneau, Holmes, Chasedunn-Roark 1999, cited in WWC et al., p. 11.

[8] Drossman, Leserman, Nachman, Li, Gluck, Toomey, Mitchell 1990; Leserman, JLi, Drossman, Hu, 1998, cited in WWC et al., p. 11.

[9] Campbell et al. 2002, cited in WWC et al., p. 11.

[10] Campbell 2002; Watts & Zimmerman, 2002, cited in WWC et al., p. 11.

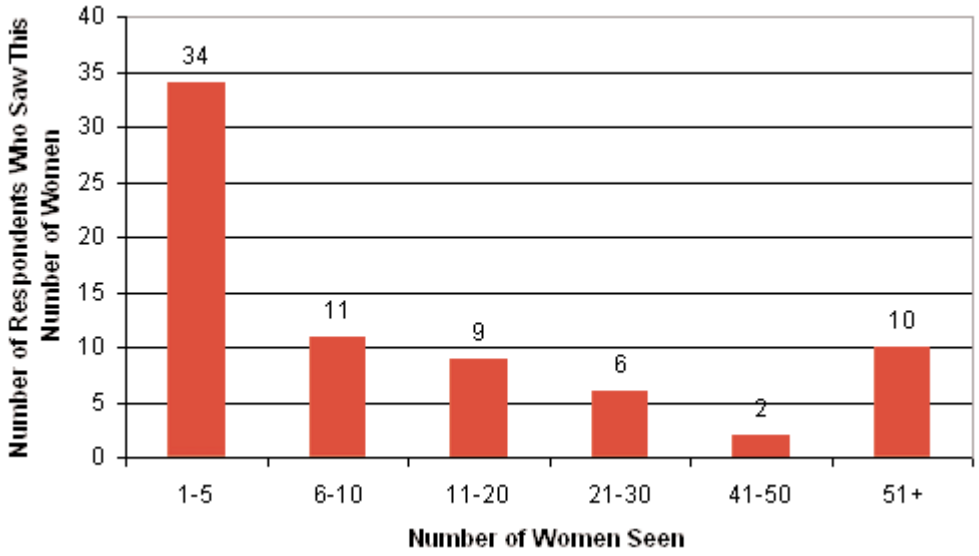
[11] Campbell et al. 2002; Watts and Zimmerman 2002, cited in WWC et al., p. 11. Rehn and Sirleaf noted that the rate of HIV/AIDS infection increased in post-conflict situations where peacekeepers were present (p. 64).

[12] Examining the reproductive health of abused children and men was beyond the scope of this study. Insufficient data was available to suggest whether any specific demographic groups were disproportionately affected.

[13] Three women did not respond.

[14] Since some interviewees worked at the same location or cooperated, they may have seen the same cases.

Table 2.1 Number of Women Respondents Saw Whose Reproductive Health Was Affected by GBV



1.1 Sexual Violence

Professionals assisting women who experienced violence said sexual violence could contribute to trauma, fear of sexual intercourse, sexually transmitted diseases, infections, injuries to genital organs, injuries to the foetus, unwanted pregnancy, an irregular menstrual cycle, inhibited sexual desire, phobias of having serious health problems, self-damage to genital organs, fistula, anorexia, and bulimia. Table 2.2 illustrates the number of professionals who identified each potential affect of sexual violence on reproductive health.

Twenty-three percent of the professionals recalled seeing women with sexually transmitted diseases that resulted from rape.[15] Sexual violence can also negatively impact women's mental health, UNFPA explained:

> Women who have experienced sexual violence are at risk for a number of mental health problems, including increased rates of depression, anxiety, stress-related syndromes, pain syndromes, substance use, medically unexplained somatic symptoms, poor subjective health and changes to health service utilization.[16]

Following gynaecological exams and interviews with clients, CPWC found that women who suffered sexual abuse "became lost," lacked self-confidence, had difficulty trusting others, demonstrated confusion, and "lost control over their bodies and minds."[17] Sexually violated women experienced further psychological distress due to social stigmas associated with rape. Stigmas resulted in social rejection, divorce, being ostracized from the family or community, and, in extreme cases, murder to diminish damage to family honour.[18] Rather than face such stigmatization, many women preferred to remain silent about their traumatic experiences. Remaining silent can further psycho-

Table 2.2 How could sexual violence affect reproductive health?

Ways sexual violence could affect health	Nr. of professionals who identified it
Trauma	32
Fear of sexual intercourse	20
Sexually transmitted diseases	22
Infections (e.g., urinary tract infection)	15
Injuries to genital organs	25
Unwanted pregnancy	17
Injuries to foetus	7
Irregular menstruation cycle	3
Inhibited sexual desire	1
Phobias of serious health problems	1
Self-damage to genital organs	1
Fistula	1
Anorexia, bulimia	1

[15] Two respondents saw women with AIDS as a result of rape less than yearly and three respondents yearly.

[16] "Women's mental health: an evidence based review" WHO, Geneva: 2000, cited in UNFPA, *Gender-Based Violence in Kosovo*, p. 21.

[17] CPWC, *Annual 2003*, p. 81.

[18] UNFPA, *Gender-Based Violence in Kosovo*, p. 25. See also CPWC reports.

logical trauma, resulting in anxiety, stress, depression, eating disorders, and sleeping disorders. As later sections illustrate, poor mental health may impact reproductive health. A counsellor explained:

> Sexual violence can lead to a loss of desire to have children. She doesn't feel free to have sexual intercourse, and it results in a lack of children. Sometimes [women] tried to prevent unwanted pregnancy for example using quince tea. They injured themselves punching [their abdomen] just not to be pregnant. They could also have suicidal thoughts.

Kosovar activists recalled assisting women who were raped and who had attempted suicide.[19]

1.2 Physical Violence

Based on their experience, professionals said physical violence could affect reproductive health in the following ways: miscarriage, abortion, internal bleeding, injuries to the foetus, premature birth, head injuries, bruising, fear of relationships, fertility and sterility, infection, attempted suicide, cystoractocele, lesions, ruptures, and premature birth. Table 2.3 shows the number of professionals who identified each.

Table 2.3 How could physical violence affect reproductive health?

Ways physical violence could affect health	Nr. of professionals who identified it
Internal bleeding	30
Injuries to the foetus	29
Abortion	25
Miscarriage	13
Bruising	9
Head injury	7
Fertility/sterility	6
Fear of relationships	4
Infection	1
Attempted suicide	1
Cystoractocele	1
Lesion	1
Premature birth	1
Ruptures	1

1.3 Psychological Violence

Professionals said psychological violence could lead to sterility, an irregular menstrual cycle, illness, hate of the unborn child, isolation, suicidal thoughts, abortion or miscarriage, fear of relationships, depression, neurosis, lack of care for self, misuse of medication and drugs, inability to participate in family planning, phobias, diarrhoea, perspiration, and self-hate. Professionals also suggested that psychological violence could affect the emotions of the foetus. Table 2.4 illustrates the number of professionals who identified each way that psychological violence could impact reproductive health.

Table 2.4 How could psychological violence affect reproductive health?

Ways physical violence could affect health	Nr. of professionals who identified it
Depression	18
Fear of relationships	16
Irregular menstruation cycle	13
Affects emotions of infant	12
Hate unborn child	11
Sterility	7
Illness	7
Isolation	6
Suicidal thoughts	6
Abortion or miscarriage	5
Lack of care for self	3
Misuse of medication and drugs	1
Incapable of family planning	1
Phobias	1
Diarrhoea	1
Perspiration	1
Self-hate	1
Neurosis	1

1.4 Domestic Violence

Domestic violence can affect mental health, resulting in depression, alcohol and drug abuse, anxiety, and Post Traumatic Stress Disorder (PTSD).[20] In Kosova, SSOs are being trained to identify cases of domestic violence by looking for symptoms that indicate psychological distress, including low self-esteem, self-

[19] Arjeta Rexha, telephone conversation, December 2007, and discussions with counsellors.

[20] Cohen, Deamant, Barkan, Richardson, Young, Holman Anastos, Cohen, and Menick 2000; and Wingood, DiClemente, and Raj 2000, cited in WWC et al., p. 10. See also, CPWC, *Annual 2003*, p. 22.

isolation, feeling unable to cope, attempted suicide, depression, panic attacks, anxiety symptoms, alcoholism, drug abuse, and post-traumatic stress.[21] Twelve percent of the women with partners interviewed by WWC et al. had a physical injury in their lifetime that resulted from physical violence perpetrated by their partners.[22] Further, WWC et al. found that women who experienced domestic violence demonstrated "significantly more symptoms of psychological distress" than women who reported experiencing violence during the conflict from someone other than their partner.[23] Professionals said that violence against a pregnant woman could result in miscarriage, injuries to the foetus, low infant birth-weight, emotional instability of the child, and premature birth.

1.5 War-time Violence

War-time violence has had serious consequences for the mental health of people in Kosova. Research has suggested that approximately one-fourth and some activists believe that as much as half the population suffers from PTSD.[24] Dr. Melita Kallaba and Dr. Agim Selimi, psychologists working with the Kosova Rehabilitation Centre for Torture Victims (KRCT), explained, "One person had to cope with several traumatic moments, which made it more difficult to overcome and influence his/her own life or [which] caused secondary traumas."[25] Nearly one-third of the respondents to WWC et al.'s survey demonstrated symptoms of acute psychological distress and impaired social functioning as a result of war time violence; none had accessed mental health services.[26] Women interviewed through the Voice of Women survey also said they suffered mental health problems following the war.[27] Similarly, fewer than ten percent had visited a mental health clinic in the year prior.

Medica Kosova counsellors have often encountered trauma resulting from missing persons. Women and men whose family members disappeared during the war continued to suffer from trauma eight years later. Their trauma was extremely difficult to treat, Medica counsellors said. Women still hoped that one day they would see their loved ones again. Approximately 40 percent of Medica clients whose family members remained missing in 2007 had not had the psychological closure that comes with grieving because the bodies of their loved ones still had not been located. The women experienced moodiness, pessimism, anxiety, and sleeping disorders, among other symptoms of trauma.[28]

War-time violence also affected women's physical health. Women were deprived of healthcare services, which can impact negatively women's reproductive health and the health of newborns. Stress and trauma affiliated with war led some women to have premature deliveries; few if any had access to medical facilities at the time. Some women, including a woman interviewed through this research, gave birth while hiding in the mountains.[29] Rehn and Sirleaf reported that war rape in Kosova led to physical injuries, unwanted children, and psychological trauma among women.[30] In January 2000, the International Red Cross documented women in Kosova delivering approximately one hundred babies conceived as a result of rape.[31] According to Rehn and Sirleaf, additional women gave birth to children

---

[21] OSCE and MLSW, p. 15.

[22] WWC et al., pp. 6, 28.

[23] WWC et al., p. 30.

[24] L.B. Cardozo, F. Agani, R. Kaiser, A.C. Gotway, "Mental Health, Social Functioning, and Feelings of Hatred and Revenge of Kosovar Albanians One Year after the War in Kosovo," *Journal of Traumatic Stress*, Vol. 16, No. 4, 2003, pp. 351-60, quoted in KRCT, *Coping with Torture*, Prishtina: KRCT, 2005. The Swiss Agency for Development and Cooperation in Kosova estimated that 25 percent of the population suffered from PTSD ("Gender in Kosovo - Context analysis of COOF Pristina," January 2004).

[25] Dr. Melita Kallaba and Dr. Agim Selimi, "Loss, grief and guilt in torture survivors," in KRCT, *Coping with Torture*, p. 29.

[26] WWC et al., p. 36. Women experienced psychological distress as a result of: a male relative being killed or disappearing (80 women); witnessing atrocities (38); witnessing a male relative being beaten (33); mistreatment, threats, beating (27); separation from family member (23); worry about family member (22); displacement (20); evacuation (17); home destroyed (15); and fear (13). Less common responses included fear regarding pregnancy during displacement. Only 18 of 332 respondents did not have a traumatic experience during the war (pp. 30-31).

[27] More Serb women than other ethnic groups considered stress and depression major health issues. Respondents said stress and unemployment also contributed to trauma (*Voice of Women*, p. 29).

[28] Conversations with Veprore Shehu, Director of Medica Kosova, and Medica counsellors.

[29] In refugee camps in Albania, Lumnije Deqani met a woman who gave birth while fleeing violence. The woman said two other women also gave birth in the mountains (telephone conversation, 14 December 2007).

[30] Rehn and Sirleaf, p. 17.

[31] Cited in Rehn and Sirleaf.

following rape, but chose not to disclose this information.[32] CPWC reported assisting 29 young women who aborted pregnancies resulting from war rape.[33]

1.6 Trafficking

IOM and Zimmerman et al. have noted the shortage of research regarding the psychological effects of trafficking on women and children.[34] However, IOM reported that the systematic use of violence and rape on women and children has serious psychological consequences.[35] Trafficked women suffer from exhaustion, anxiety, damage to self-esteem, and long-term stress.[36] IOM also found that many trafficked women have PTSD, depression, and acute stress reaction.[37] Due to psychological distress, women have induced self-harm by burning themselves with cigarettes or cutting themselves.[38] Unprotected sex can lead to unwanted children, sexually transmitted diseases, and other genital infections and/or injuries. Since few trafficked women have access to medical services,[39] contracted diseases can cause serious health problems. Failing to treat sexually transmitted diseases can lead to pelvic inflammatory disease, permanent damage to the reproductive system, kidneys, and bladder, infertility, miscarriage, infant morbidity and mortality, and cervical cancer.[40]

1.7 The Usefulness of Categories

The research team quickly learned that since most women suffered numerous forms of violence, they had various health problems that could not be attributed to any one form of violence. Instead, a combination of many forms of violence carried out over a long period of time affected a plethora of health problems among women. Women recounted:

> I usually had haematomas [bruises], oedemas, and body pains. For two years I've had a thyroid glandule - a thyroid hormonal increase, increasing of heartbeat, neuroses, sweating, and fear.

> [I had an] injured hand, broken teeth, despair, sorrow, a lack of will to live, etc.

> I was psychologically abused. I have problems with constant bleeding, and from that now a myoma [tumour] has grown. Physically one of my hands was very badly injured, and the other was swollen and with haematomas.

Altogether, 43 women had the health problems listed in Table 2.5 as a result of violence.

Since one woman often experienced multiple forms of violence which could when alone or combined impact her reproductive health in numerous ways, findings in the following sections are presented according to the potential repercussions that all forms of violence could have on reproductive health. Where a particular form of gender-based violence may have a specific affect on reproductive health, it is stated.

2. Physical Injuries Resulting from Gender-based Violence

The training manual for SSOs in Kosova drew from prior research to create a list of physical symptoms that could indicate a woman was experiencing violence:

- Contusions, abrasions, and minor lacerations, as well as fractures or sprains;
- Injuries to the head, neck, chest;
- Self-inflicted cuts to the wrist and arms;
- Injuries during pregnancy;
- Multiple sites of injuries;
- Repeated or chronic injuries;
- Chronic pain, psychogenic pain (psychologically induced pain, normally non specific in nature), or pain due to diffuse trauma without physical evidence;

---

[32] Rehn and Sirleaf, p. 17.

[33] See CPWC, *Annual 2003*, pp. 120-137.

[34] Kathy Zimmerman et al., London School of Hygiene and Tropical Medicine, *A General View of the Psychological Support and Services Provided to Victims of Trafficking*, 2003, pp. 49-51, cited in Amnesty International, p. 16.

[35] Cited in UNICEF, "tremendous psychological damage," *Situation Analysis*, p. 70.

[36] Amnesty International, p. 16.

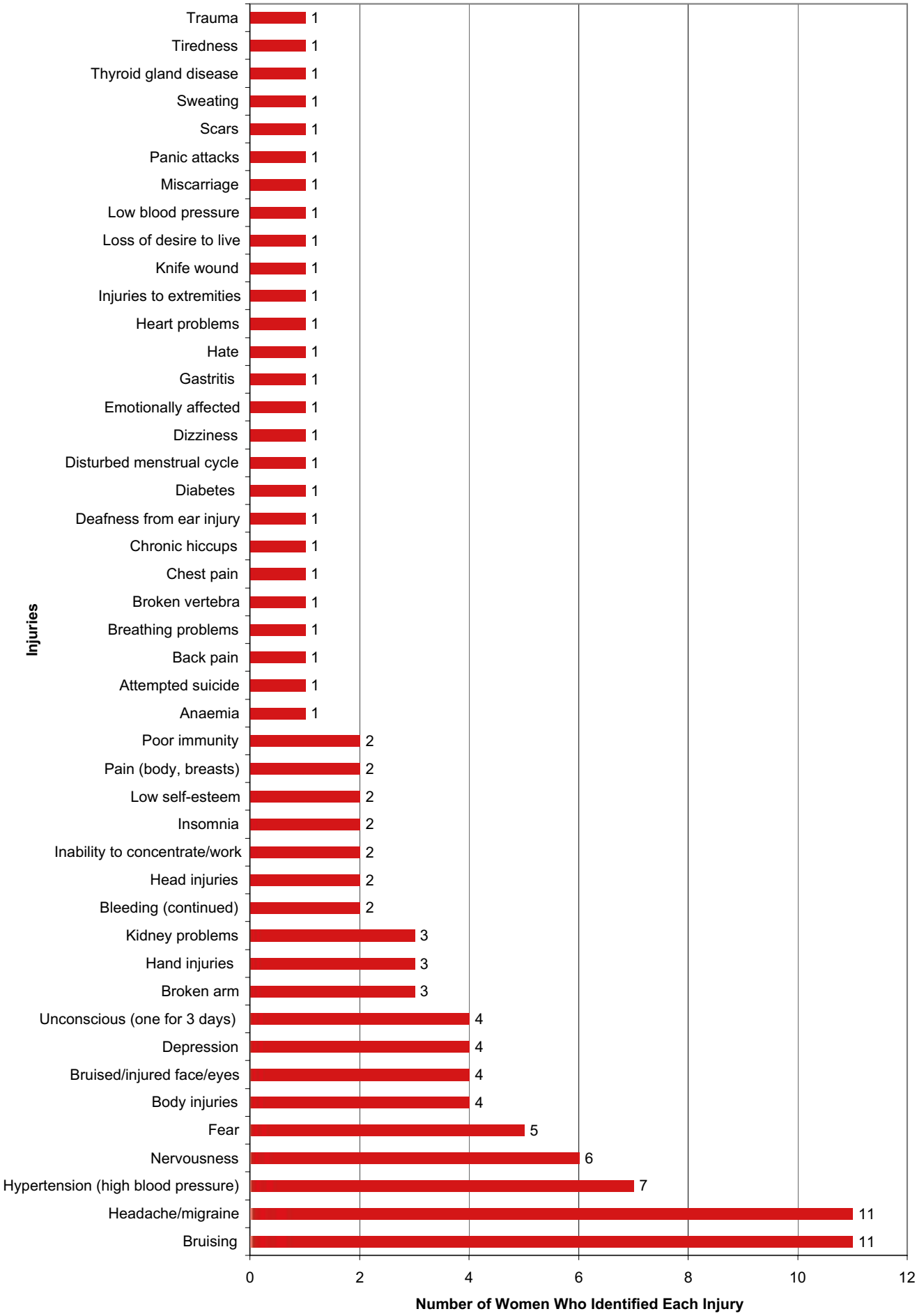
[37] *A General View of the Psychological Support and Services Provided to Victims of Trafficking*, Kosovo: IOM Kosovo, September 2003.

[38] Amnesty International, p. 16.

[39] See chapter one.

[40] *The Health Risks and Consequences of Trafficking in Women and Adolescents*, p. 46, cited in Amnesty International.

Table 2.5 Women's Injuries Resulting from Violence



- Sexually transmitted diseases;
- Damage to sexual organs and anus - this is often a sign/consequence of sexual abuse and lack of control over the sexual relationship;
- Physical symptoms related to stress, chronic post-traumatic stress disorder, other anxiety disorder or depression;
- Sleep and appetite disturbances;
- Fatigue, decreased concentration;
- Chronic headaches;
- Abdominal and gastrointestinal complains;
- Palpitations, dizziness and dyspnoea (a non-specific skin irritation, without obvious cause);
- Atypical chest pain.[41]

KWN found extensive evidence that violence impacts women's physical health. Forty-three percent of the professionals had seen women with broken limbs, internal/external haemorrhages, or concussions resulting from violence.[42] According to records maintained by two shelters, 54 women had injuries including broken limbs, internal and/or external haemorrhages, and/or concussions. CPWC reported that its clients "often" had haematomas, "especially changes around sexual parts, early and recent deflorations of the hymen, with loss of blood, secondary infections and pain."[43] Women interviewed for this study said they had numerous physical injuries that resulted from violence:

> [I had a] broken arm, was hurt by a knife, and many and often haematomas covered my entire body.
>
> I had a deformed face, bruised and swollen eyes and lips from the hitting.
>
> [I had a] miscarriage, swollen eyes, headaches, injured limbs, etc.

Only two women had not been injured severely, and many women experienced multiple injuries. Yet, approximately half the women did not seek medical attention for their serious injuries. Similarly, only 6.5 percent of the 31 respondents to WWC et al.'s survey sought medical attention for injuries resulting from violence.

The following sections describe the extent to which violence impacted women's reproductive health physically, including damage to reproductive organs (section 2.1), unwanted pregnancy (2.2), miscarriage or "spontaneous abortion" (2.3), abortion and sex selection (2.4), health issues affecting the infant (2.5), and maternal mortality and death (2.6).

2.1 Damage to Reproductive Organs

More than 40 percent of professionals saw women with haemorrhages, ruptures, and/or bruises to their reproductive organs and/or other genital infections as a result of rape.[44] One respondent encountered such cases on a weekly basis, and eight professionals every month.[45] A Victim Advocate provided the example of a girl who was raped by her boyfriend, which resulted in injuries to her genital organs. The girl suffers from stress and fear, isolating herself from others, the Victim Advocate said. As a result of other forms of physical violence, one-third of the professionals had seen women with haemorrhages or other injuries to their internal reproductive organs.

2.2 Unwanted Pregnancy

Violence and rape in particular can result in unwanted pregnancy.[46] Women interviewed through this research indicated that their inability to participate in decision-making regarding birth control resulted in unwanted pregnancy. A woman said, "I was always afraid if I would be pregnant again." Two other women said they were afraid of sexual intercourse because of their "fear of unwanted pregnancy." Basha and Hutter cited examples of women using the withdrawal method of birth control becoming pregnant due to their husbands' negligence.[47] A SSO told of a 14-year-old girl who was raped, became pregnant, and had to have an abortion. There have also been reports of trafficked women becoming pregnant.[48]

---

[41] OSCE and MLSW, p. 15.

[42] Fourteen had seen such cases less than yearly, twenty yearly, seven monthly, and one weekly.

[43] CPWC, *Annual 2003*, p. 81.

[44] Four sheltered women had haemorrhages in their internal reproductive organs that resulted from rape and eight women had haemorrhages following physical violence. As a result of rape, a woman had ruptures and bruising to her genital organs and another woman had additional injuries to her reproductive system.

[45] Nineteen respondents encountered such cases less than yearly and 13 respondents yearly.

[46] See UNFPA, *Gender-Based Violence in Kosovo*, p. 25; and Rehn and Sirleaf, p. 17.

[47] Basha and Hutter, p. 8.

[48] Regional Clearing Point, "First Annual Report on Victims of Trafficking in South Eastern Europe," 2003, p. 66.

2.3 Miscarriage or "Spontaneous Abortion"[49]

Little data is available concerning the number of miscarriages in Kosova, mostly due to inadequate record-keeping in public and private clinics. Of the professionals interviewed, 42 percent had seen miscarriages resulting from rape, and one respondent saw such cases as often as weekly. Two others saw women miscarry following rape every month and fifteen annually. Slightly fewer professionals (38 percent) had encountered women who miscarried due to other physical violence.[50]

Miscarriages appear to be common among women experiencing violence. Of the 47 ever pregnant women interviewed, nearly half reported having at least one miscarriage. Fifteen women had one miscarriage; seven women had two miscarriages each, and one woman three miscarriages. When asked whether they were experiencing violence at the time, 15 women answered affirmatively. A woman recalled:

> [I had a miscarriage] in my third month of pregnancy. My husband beat me. He punched me in the stomach and for three days I was bleeding, and after that the doctors told me that I had a miscarriage.

As Table 2.6 illustrates, two women said they experienced physical violence at the time of miscarriage, five women psychological violence, one woman sexual violence, six women physical and psychological violence, and one woman physical and sexual violence. Only seven women said they did not experience violence at the time of the miscarriage.

Counsellors asked women why they thought they had a miscarriage. Eight women attributed their miscarriages to physical violence:

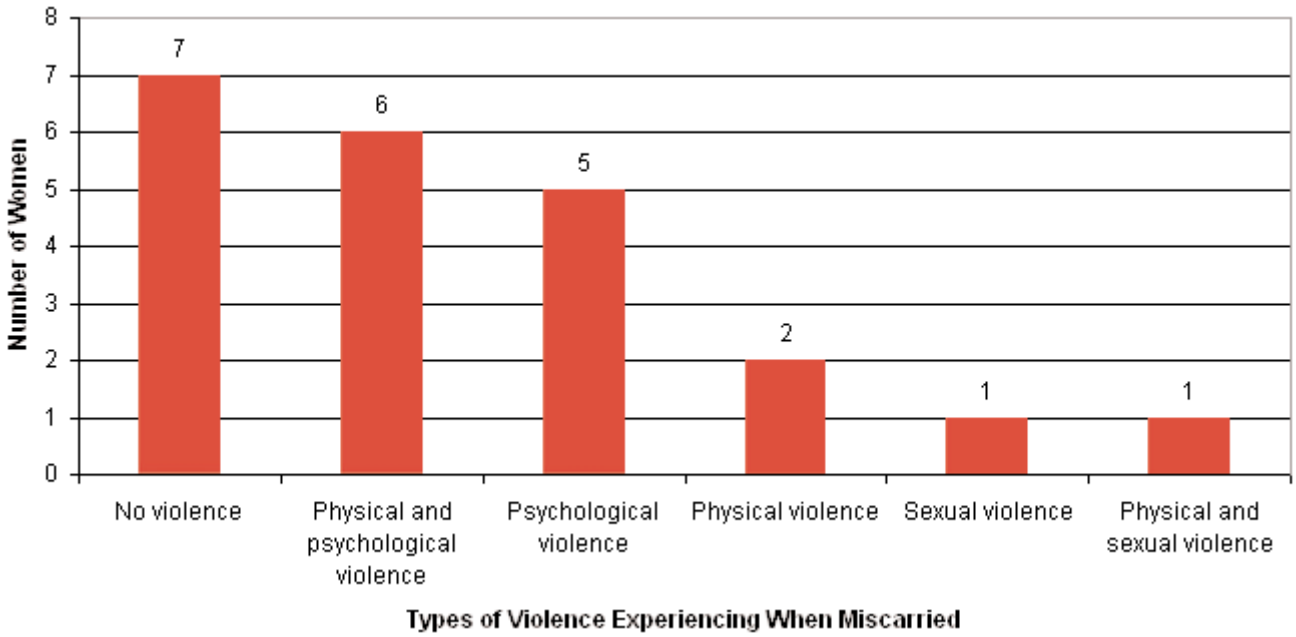
> From the kicking [of my abdomen] that I experienced, I had a [spontaneous] abortion because my husband didn't trust that the baby was his.

> I think that my failures [miscarriages] happened because of disturbances, physical and psychological violence. I experienced various offences, and all of these have harmed me so much and have affected my health, mood, and [spontaneous] abortion.

Three women believed strenuous physical work led them to miscarry:

> [I had a miscarriage] because of psychological pressure and maltreatment and also an overload of housework, for example, carrying water by the bucket from the well and splitting and loading wood.

Table 2.6 Types of Violence Experienced during Pregnancy by Women Who Had Miscarriages



[49] Some respondents used the word "abortion" to describe what was in reality a miscarriage. Terms were clarified during interviews, though confusion may have existed. Usually, the context indicated whether the abortion was spontaneous or induced.

[50] One respondent saw women who had miscarriages as a result of violence weekly, two monthly, 17 yearly, and 18 less than yearly. Shelters assisted seven women who miscarried following rape and 15 who miscarried following physical violence.

Many women said they miscarried after suffering multiple forms of violence:

> During pregnancy my husband beat me. I was forced to work very hard doing physical things like cutting wood or working in the field, etc.
>
> Difficult economic conditions, physical violence used very often, and drinking alcohol resulted in a [spontaneous] abortion.
>
> I had miscarriages, and I spontaneously aborted from the physical and psychological violence that my spouse expressed against me. I was cleaned by a doctor after the abort.

Given KWN's findings that women in violent situations tend not to have access to healthcare, Dr. Nexhmije Fetahu commented that women experiencing violence may not visit gynaecologists after miscarriages for health examinations to ensure that reproductive organs are in good condition and there will not be future complications. Without proper examinations, women risk infections and future reproductive health issues, she said.[51] Having multiple miscarriages could contribute to additional reproductive health problems. Indeed, a woman told a counsellor, "[C]ontinual miscarriages have resulted in myoma [tumours]."

Women in Kosova have also suggested that institutional violence, such as inadequate concern for the environment, could contribute to miscarriages. In the Voice of Women survey, women blamed the coal power plant in Obiliq and zinc factory in Mitrovica for creating environmental hazards that led to miscarriages and sterility in these regions.[52]

2.4 Abortion and Sex Selection

Abortion in Kosova is legal if performed during the first ten weeks of pregnancy.[53] According to data collected by public hospitals, Basha and Hutter estimated that 4.8 abortions were performed for every 100 live births in 2000 and five abortions for 100 births in 2002.[54] In order to perform abortions, clinics must have permits from the Ministry of Health. However, many private clinics perform abortions illegally and these are never registered.[55] Abortions performed at home, such as purposely carrying heavy objects, falling, kicking the abdominal area, "drinking beer with bread yeast and sitting in a hot pot," consuming special teas, or overdosing on medication, documented by Basha and Hutter, are not recorded either. They also wrote about a traditional method "administered by old women who are 'specialized' in this stomach massage technique where the foetus is killed then separates from the mother and is miscarried."[56]

Amnesty International has cited cases of trafficked women being forced to have abortions.[57] Shelters reported taking 13 women to have abortions, and 18 women in their care had given themselves an abortion, before, during, or after coming to the shelters. Nearly 40 percent of the women interviewed by KWN had undergone abortions. Since the sample was small, no generalizations can be made, but KWN's findings suggest that many women are visiting private clinics for abortions (approximately one-third of this sample). Women respondents to Basha and Hutter's study also said they preferred having abortions at private rather than public clinics.[58] Since few abortions performed at private clinics are reported, the overall number of abortions performed in Kosova annually is likely underreported.

Eleven of the women interviewed by KWN had one abortion; three women had two abortions, two women three abortions, three women four abortions, and one woman "five or more abortions." The woman who had five or more abortions found it "very difficult" to discuss important issues with her husband, including contraception. She had never spoken about sex related topics with him and had "often" been pressured to have more children than she wanted. Clearly, the woman's lack of decision-making power in her relationship resulted in numerous unwanted

---

[51] Dr. Nexhmije Fetahu, telephone conversation, 11 December 2007.

[52] KWN et al., *Voice of Women*, p. 29.

[53] Law No. 2004/4, Termination of Pregnancy and Artificial Sterilization, Section 107. Exceptions are allowed if there are serious health implications for the mother or/and baby, or when pregnancy resulted from rape or incest.

[54] Basha and Hutter, p. 11. SOK reported the following abortion rate per 100 live births: 1972-1973 = 1.8 abortions, 1974-1975 = 2.3, 1976-1977 = 1.8, 1978-1979 = 2.7, 1980-1981 = 3.0, 1982-1983 = 2.8, 1984-1985 = 2.9, 1986-1987 = 4.0, 1988-1989 = 3.4, 1990-1991 = 5.3, 1992-1993 = 4.5, 1994-1995 = 4.8, 1996-1997 = 5.7, 1998-1999 = 4.7 (*Demographic, social, economic situation and reproductive health in Kosovo following the 1999 conflict,* November 1999 - February 2000, p. 117).

[55] Basha and Hutter, p. 11. They cited a report on Health and Healthcare in Kosovo by the Ministry of Health in 2004 that private clinics may be performing abortions even after the legal ten weeks of pregnancy (p. 31).

[56] Basha and Hutter, pp. 38-39.

[57] Amnesty International, p. 16, citing "Si u dhunua Shqipja 22 vjeçara?" *Kosovarja* (magazine), 1-15 May 2003.

[58] Basha and Hutter, p. 42. Women cited better service, hygiene, and treatment as well as shorter waiting time as reasons they preferred private clinics.

pregnancies. Having multiple abortions likely further negatively impacted her reproductive health.

Even when performed by an accredited healthcare professional in a certified clinic, abortions involve risks to women's reproductive health, including potential complications such as septic shock; foetal pain; a perforated uterus, bowels, or bladder; sterility; poor mental health including depression; and even death.[59] Women who underwent abortions in Kosova most frequently experienced bleeding, back pain, ovarian pain ("eye aches"), stomach aches, and body aches when the weather changed.[60] Multiple abortions or abortions performed illegally by untrained doctors could place women at higher risk of complications.

When asked who decided she should have an abortion, six women said it was their own decision, six said their partner decided, and nine made a joint decision. Two women had an abortion secretly. The two main reasons women cited for having abortions were inadequate financial resources or their husband forced them. They recalled:

> One case was when I had to do an abortion because the baby was dead as a result of the beatings that my husband did to me. The other I was forced by my husband to do an abortion because he didn't believe that the baby was his. […] My husband loved another woman. They gave me a beer to drink with caffeine to abort [the foetus].

> [I had an abortion] Because my husband began to drink and didn't work. He was anxious and aggressive. I wanted to have one more child, but I was afraid that I might give birth [to an infant] with some anomaly.

Another woman had an abortion because she was raped: "That child was as result of sexual violence. I didn't want to keep that child. That child shouldn't be kept," she said. Three women said they had abortions because of health reasons, as one woman recalled:

> I have two children that I gave birth to with surgery, and during this pregnancy I experienced physical and psychological violence. Because of the violence that I experienced I had many pains in my waist and abdomen so I decided to abort because of the fear of risking my life if I had surgery in that pregnancy and because of the pains that I felt.

One woman was afraid that her child would have health problems resulting from alcohol consumption, and two other women became pregnant outside of wedlock. UNICEF suggested that "the continued social stigma of having children out of wedlock combined with limited access to family planning services" has contributed to an increase in unsafe abortions in Kosova.[61] Activists commented that abortion tends to be used in Kosova as a method of birth control among women who do not use contraception. Other reasons provided by women as to why they had an abortion included that they experienced physical violence; they did not want another child; and they wanted a boy.

Experts, researchers, and doctors have suggested that sex selection may be occurring as a result of new, more available ultrasound equipment in Kosova.[62] While most societies have sex ratios at birth that vary from 103 to 105 male births for every hundred female births, the Kosova estimated sex ratio at ages zero to nineteen is high, between 107 and 109.[63] UNICEF and activists have expressed concern that the disparity between the number of males and females could be a result of sex selection practices.[64] The KAP survey showed that most women received ultrasounds but not other pertinent care during prenatal visits; pregnant women had as many as four ultrasounds before birth. UNICEF expressed concern that this could be related to sex selection practices.[65] Indeed, two women interviewed by KWN said they had abortions because they knew or feared they would have a female child:

> [I had an abortion] because it was noticed that I would give birth again to a female.

> [I have] haematomas, swelling, and stress because I always think that it would be easier for me if I would have a son. [… I had an

[59] Basha and Hutter, pp. 39-40.

[60] Basha and Hutter, p. 40.

[61] UNICEF, *Situation Analysis*, p. 55.

[62] UNICEF, *Situation Analysis*, p. 26. Sen 1990 in Hatti et al. 2004, cited by WWC et al., estimated the number of women who should live but are not as a result of discriminatory practices between 50 and 100 million (p. 9).

[63] UNFPA, KPS, SOK, *Demographic, social and reproductive health situation in Kosovo, Result of a household survey July 2003*, Prishtina: January 2005, p. 13.

[64] UNICEF, *Situation Analysis*, p. 26.

[65] Cited in UNICEF, *Situation Analysis*, p. 26.

> abortion] because of the bad economic situation and the fear that I could give birth to a fourth daughter.[66]

Women suffered trauma following extreme pressure to have a son. Two Medica counsellors explained:

> The client told about the insecurity that she feels in her marriage because of the fact that she has not born a son, but only daughters. And she correlates this fact with the psychological violence of her husband and his family against her.
>
> The client has lost self-esteem. She has been accused always because she didn't give [birth to] a son, and because of it she feels totally unsafe.

Encountering women being pressured to have sons and women requesting free ultrasounds to determine the sex of their unborn child, Medica instilled a policy whereby it refuses to reveal this information.[67]

2.5 Health Issues Affecting the Infant

Inadequate access to quality healthcare for mothers and children has contributed to a worryingly high infant mortality rate in Kosova.[68] The demographic health survey showed an estimated 44 infant deaths per thousand live births in Kosova.[69] Between 2000 and 2002, the neonatal mortality rate (death within the first 28 days of life) decreased slightly from 14.8 to 12.6 per thousand, respectively.[70] The three main causes of neonatal mortality cited by UNICEF were low birth-weight (less than 2,500 grams) and premature birth (38 percent), and perinatal asphyxia (28 percent). Congenital anomalies accounted for 16 percent, infections 15 percent, and others three percent.

Gender-based violence could contribute to the high infant mortality rate in Kosova, considering that violence may impact low birth-weight, premature birth, and other health problems. Isolation can prevent women from visiting the doctor for prenatal care, and inadequate prenatal care can affect a child's health at birth. A doctor commented, "If she was under psychological pressure for nine months, it would impact for sure a lack of a well-fed mother and also low birth-weight for the foetus." A gynaecologist added that violence could impact premature birth, and "an infant born before its normal time has a greater possibility of having interferences with his/her development. Also it could cause foetus injuries." Shelters reported housing four women who had injuries to their foetus as a result of physical violence, and two cases where women had foetal injuries resulting from rape.

Nearly one-third of the professionals had seen injuries to the foetus as a result of physical violence.[71] Forty-five percent had encountered cases where an infant was born with low birth-weight as a result of the mother experiencing psychological or physical violence. Twenty-three respondents saw such cases every year and three other professionals every month. Further, fourteen professionals had seen infant mortality as a result of the mother experiencing violence. Shelters also reported assisting two women who delivered babies with low infant birth-weight because the mother had experienced violence.

More than one-fourth of the women interviewed gave birth to children that had health problems at birth. Women said their infants had low birth-weight (nine infants), bronchitis or breathing problems, death, premature birth, high body temperature, problems with their neck vertebrae, strabismus, body pain, down syndrome, a head injury, heart problems, hip problems, a paralyzed arm, diarrhoea, psychological problems, and a spinal deformity. Out of 211 total births, 16 percent of the children died.[72] While not all women provided the age of the child at death, of those who did, five infants died in the first year.[73] Of the nineteen women who reported that their child had health problems at birth, 63.6 percent did not visit the doctor during pregnancy. Although the sample was small, KWN found a positive correlation between a woman experiencing violence while pregnant and a

---

[66] Interviews by shelter counsellors for KWN, 2007.

[67] UNICEF expressed concern about discriminatory immunization practices, with more than 70 percent of males being fully immunized and only just over 50 percent of females. Forty percent of females compared to approximately 25 percent of males were partially immunized (UNICEF, *Situation Analysis*, p. 31).

[68] The infant mortality rate is the number of deaths per thousand live births before age one.

[69] UNFPA et al., *Demographic, social and reproductive health situation*. Perinatal mortality, death occurring after twenty-two weeks gestation, during birth, or during the first week of life, was estimated at 29.1 per 1000 births in 2000, 28.7 in 2001, and 27.1 in 2002 after a study of nineteen maternity wards (UNICEF, *Situation Analysis,* p. 28).

[70] UNICEF, *Situation Analysis*, p. 28.

[71] Eighteen respondents had seen injuries to the foetus as a result of physical violence less than yearly, nine yearly, and four monthly. Ten had seen injuries to the foetus as a result of rape less than yearly and six yearly.

[72] Of 211 births, 34 children died.

[73] Most of the 23 children whose age of death was not reported were probably within their first year of life.

child having health problems at birth. In other words, women who experienced violence during pregnancy tended to have children with health problems.[74]

2.6 Maternal Mortality and Death

Since women visited various clinics after giving birth and record-keeping was unsystematic, the maternal mortality rate has been difficult to measure in Kosova.[75] Estimates have ranged from 12 to 509 per 100,000.[76] The vast disparity means determining the extent of the problem is impossible; better data collection practices are urgently needed. Fourteen professionals told KWN they saw maternal mortality as a result of violence.[77]

The WHO reported in 1998 that interpersonal violence was the tenth leading cause of death for women ages 15 to 44.[78] In Kosova, KPS recorded 21 murders of women in 2006 and 2007. Nine professionals cited cases of women dying as a result of violence; two saw such cases annually. Shelters reported eight women and CPWC six women died following gender-based violence.[79]

3. The Effects of Gender-based Violence on Mental Health

Determining the extent of poor mental health resulting from gender-based violence in Kosova is difficult because the psychological impact is often less recognizable than physical symptoms.[80] Yet, according to Enver Çesko, a well-known Kosovar psychologist, "Psychological effects after experienced violence have more long term effects than every other kind of influence." Poor mental health can impact human development, as individuals can discontinue education, be incapable of finding or securing employment, and have chronic health issues.[81] This section examines the prevalence of mental health disorders and symptoms of psychological distress among women who have experienced violence, including: trauma and Post-Traumatic Stress Disorder (section 3.1); misuse of medication (3.2); stress and its symptoms like high blood pressure and gastritis (3.3); depression (3.4); eating and sleeping disorders (3.5); self-isolation and resistance to future relationships, including fear of sexual relations (3.6); refusal or inability to feed her infant (3.7); and suicide (3.8).

3.1 Trauma and Post-Traumatic Stress Disorder

Psychological or behavioural issues can lead to trauma resulting in physical injury, emotional stress, or mental stress.[82] Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder in which fear and related symptoms continue long after the traumatic event has ended.[83] Symptoms of PTSD can include headaches, back pain, depression, nervousness, inability to concentrate, insomnia, nightmares, difficulties with personal relationships, and loss of will to work or live.[84] Women who experience gender-based violence may have short-term trauma or PTSD. A woman receiving psychological assistance from Medica showed clear signs of trauma, a counsellor reported:

> The client was very disturbed. She cried and damned her life, her young, and her fear of contradicting [her partner]. She got up during the interview. She was scared by every noise, and checked to see if her husband was coming. […] She held her head in her hands and said very often, "I am going crazy."

---

[74] Using Pearson Correlation with a two-tailed test of significance, the correlation between a woman experiencing violence while pregnant and a child's health problems at birth is positive at the level of 0.05 or r = .433.

[75] UNICEF, *Situation Analysis*, p. 27. "Mortality rates are generally considered to be a good indicator of how well a country is looking after its children and women."

[76] In 2000, the Demographic Health Survey estimated the maternal mortality rate to be 509 per 100,000. In 2002, the UNDP National Human Development Report used the same data to suggest the maternal mortality rate was 126 per 100,000; UNICEF considered the latter more realistic. A health system study showed the maternal mortality rate in 2000 and 2001 to be 23 and 12 per 100,000, respectively. Another facility study in 2002 showed 21 per 100,000 (*Situation Analysis*, p. 28).

[77] Liria had one case of maternal mortality following violence and reported two women died as a result of violence.

[78] WHO, "Violence Against Women," WHO Fact Sheet 239, June 2000, cited by IRC.

[79] CPWC, *Annual 2003*, p. 23. CPWC also provided legal aid to women who killed their husbands after repeated violence (p. 68).

[80] WWC et al. found "a strong correlation between exposure to GBV and mental distress." Women who suffered violence showed "more symptoms of psychological distress" than women who had not suffered violence (p. 30).

[81] UNFPA, *Gender-Based Violence in Kosovo*, p. 24. UNDP, *Human Development Report*, Kosovo, 2004.

[82] Merriam-Webster Online Medical Dictionary, "trauma," at http://medical.merriam-webster.com/cgi-bin/medical, accessed 8 December 2007.

[83] Ronald J. Comer, *Fundamentals of Abnormal Psychology*, Second Edition, p. 152.

[84] KRCT, *Coping with Torture*, p. 34.

The woman, like many other women interviewed, demonstrated symptoms of trauma including fear, depression, and anger. More than half of the women said they had difficulties concentrating "often" or "very often," another symptom of trauma. Inability to concentrate can impact a person's capacity to hold a steady job and carry out daily functions in life.

3.2 Misuse of Medication

Persons experiencing violence may take unneeded medication or refuse to take medication that has been prescribed. Taking medication too often can result in immunity so the medication does not work when it is needed. Overdosing on medication can lead to illness and even death. Medication taken during pregnancy can negatively impact the health of the foetus, resulting in deformities and health problems. In general, medication usage is under-monitored in Kosova. Virtually all medication is available over the counter without a prescription. A pharmacist commented, "If I kept track of what I sell during the day, 90 percent of it would be anti-depressants, Viagra, and condoms."[85] Irresponsibility among doctors contributes to misuse of medication. Antibiotics are frequently prescribed by Kosova doctors unnecessarily because of inadequate conditions for lab tests, which would enable doctors to know the cause of the disease or infection.[86] Secondly, doctors are overloaded by patients and spend little time with individual patients. Therefore they tend to prescribe antibiotics regularly, a short term solution that in the long-term, when unnecessarily used, can cause health problems.

Untreated post-war trauma and unemployment may mean that large segments of the population misuse medication, though no known research has examined this issue. The *Voice of Women* study did find that most Kosova Serb women who considered stress a serious health issue took sedatives "on a daily basis."[87] Shelters had housed ten women and more than 60 percent of the professionals had treated women who were misusing medication as a result of violence.[88] Further research is needed on the misuse of medication throughout Kosova and in particular among women experiencing violence.

3.3 Stress

Symptoms of stress or anxiety can include sleep disorders, an inability to concentrate, irritability, and sexual problems.[89] Gynaecologists listed numerous ways violence could impact stress, which in turn could affect reproductive health:

> Stress can compress blood vessels so that the foetus is not well-fed and cannot develop well, so it could result in abruption [detachment of the placenta].
>
> Stress from domestic violence could result in endocrine disorders, which cause menstrual disorders.
>
> Stress can put the foetus at risk and contribute to hypertension.

According to Dr. Minire Zuna, a gynaecologist from Medica Kosova, when women experience violence, their level of stress increases, which increases the level of prolactin, potentially affecting the woman's ability to feed her child.[90] Professionals also said stress could impact the health of the foetus and contribute to miscarriages. Indeed, four women interviewed attributed their miscarriages to stress or other psychological issues resulting from violence.

High blood pressure (medically referred to as hypertension) can be a symptom of stress, depression, and other mental health issues. Hypertension can contribute to numerous health problems, including heart disease, paralysis, impotence, kidney failure, and stroke. Seventy-five percent of the women interviewed had high blood pressure at some point in time. One-third had it "often" or "very often." Of the professionals interviewed, 60 percent had encountered women suffering from high blood pressure as a result of violence.[91] Shelters reported housing 53 women who had high blood pressure.

Stress contributes to the production of more gastric acid, which can create or worsen problems in the mucous membrane. Prolonged stress can contribute to gastritis (inflammations in the stomach especially of the mucous membrane). Nearly two-thirds of the professionals interviewed had seen women suffering from gastritis following violence.[92] Shelters had 111 clients with gastritis.

---

[85] Informal conversation with pharmacist, December 2007. She said clients were mostly middle-aged women.

[86] Dr. Nexhmije Fetahu contributed to this section.

[87] KWN et al., *Voice of Women*, p. 30.

[88] Two respondents saw such cases daily, two weekly, 10 monthly, 26 annually, and 20 less than annually.

[89] Comer, p. 152.

[90] Prolactin is "a protein hormone of the anterior lobe of the pituitary that induces lactation" (Miriam-Webster dictionary online, "prolactin," http://mw1.merriam-webster.com/dictionary/prolactin, accessed 4 October 2007).

[91] While 10 respondents saw such cases less than yearly, 16 had yearly, 29 monthly, two weekly, and one daily.

[92] Eight respondents encountered such cases less than yearly, 15 yearly, 32 monthly, four weekly, and one daily.

3.4 Depression

In 2000, approximately 30 to 50 percent of the women who sought psychological care in Kosova attributed their poor mental health, including depression, to domestic issues.[93] According to Comer, depression is "a low state marked by significant levels of sadness, lack of energy, low self-worth, guilt, or related symptoms."[94] Depression can impact reproductive health, including loss of appetite which affects the foetus and hormonal irregularities that prevent pregnancy, among other issues. "Psychological harm results in depression, which results in a disorder of hormone production," a gynaecologist said. "And if it is harmed, then reproduction will miss [a woman cannot become pregnant]." Eighty percent of the professionals had seen women suffering from depression as a result of violence. One-third encountered such cases at least every month. Most of the women who experienced gender-based violence (84 percent) said they "often" or "very often" felt "down or depressed." Four shelters reported housing 161 women who suffered from depression that resulted from violence.

3.5 Eating and Sleeping Disorders

Violence can affect a woman's ability to eat, which can impact her health. Violence against pregnant women can result in "refusal to suckling their children, trouble with children, [and] eating disorders," Dr. Jëlldeze Gorani, a gynaecologist, said. Approximately 70 percent of the professionals had encountered women with eating disorders resulting from violence.[95] Shelters had housed 91 women with eating disorders. During interviews, fifteen women said they "often" or "very often" had difficulties eating, and eighteen women "occasionally" had difficulties. A woman recalled:

> Because of the physical violence that I experienced, I had an injured vertebrae in my spine, my hand cut with a knife, and head broken. I was physically and psychologically very tired, disturbed. I didn't sleep. I couldn't eat. I was just smoking and drinking coffee. And those sleeping disorders and anorexia resulted in anaemia, etc.

Seventy-eight percent of the women reported that they "often" or "very often" could not sleep at night. A Victim Advocate told of a woman he assisted:

> A woman had suffered physical and psychological violence by her spouse and because of that she left the home. Her husband didn't allow her to meet with her children for a long time, and it has impacted her psychological health, losing trust in others and institutions as well. She dreams about her children every night.

Of the professionals, 75 percent had encountered women with sleeping disorders resulting from violence, and a startling 293 women who stayed at shelters had sleeping disorders.[96]

3.6 Self-isolation and Resistance to Future Relationships

Women who have been abused can develop a fear of being close to others, have difficulties interacting with others, and express anger towards others and themselves. Approximately two-thirds of the women interviewed felt angry with themselves "often" or "very often." A counsellor wrote about one woman:

> [She] has symptoms of PTSD [and] tendencies to change her position from a victim to a perpetrator. She has started to act viciously with her children. It's very obvious to see the hate that she has.

Forty-five percent of the women said they felt angry with other family members "often" or "very often," and an additional 24 percent were "occasionally" angry. Violence thus negatively impacts relationships within families, including relationships between parents and children.

Women who experience violence may also isolate themselves from others. Forty-three percent of the women reported wanting to be alone all the time and 22 percent "sometimes." Shelters had assisted 23 women who isolated themselves as a result of violence. Self-isolation can impact an individual's ability to reproduce or care for children. For example, a SSO recalled a woman who spent two months in the hospital to recover from physical violence; it affected her psychologically and as a result she self-isolated herself and was not willing to care for her children. KPS officers in Domestic Violence Units reported cases of women who suffered violence losing interest in sexual intercourse and being unable to become pregnant. One-third of the women who suffered violence were "often" or "very often" afraid of intimacy.[97] A woman commented, "I was married once and now I am afraid to be married again or to have another partner." Another woman who experienced repeated violence did not want any children.

Nearly 60 percent of the women reported a

---

[93] Weber and Watson, p. 515.

[94] Comer, p. 167.

[95] Four professionals saw such cases less than yearly, 21 yearly, 33 monthly, six weekly, and three daily.

[96] Eight saw women with sleeping disorders less than yearly, 22 yearly, 30 monthly, nine weekly, and three daily.

[97] Seven women said they were "occasionally" afraid, and 15 were "rarely" afraid.

fear of sexual intercourse. One woman said, "I was always afraid of it [sexual intercourse], and I was afraid even if another man looked at me."[98] Another woman who indicated that something happened to her sexually when she was a child said she feared intercourse.[99] A woman who has been sexually violated is "psychologically not prepared to forget her experiences after the violence," Dr. Çesko explained. "She isn't free to go back to her normal sexual life. [She is affected] also in family planning because she is traumatized."[100]

When asked why they were afraid of sexual intercourse, a few women commented that they were married very young and were not prepared. Three women feared unwanted pregnancy. Twenty percent of the women feared intercourse as a result of past, present, or pending violence affiliated with sex. Three women said their husbands often beat them after intercourse, and other women had a perpetual fear that their husbands might harm them:

> I am afraid to have intercourse with my husband. He yells even when I am walking. I don't know if he will try to attack me for any thing.
>
> My husband yelled at me during sex, and I was afraid.
>
> My husband came home drunk and cheated on me so I was afraid.

Other reasons women feared sexual relations included: "I was raped," "I was humiliated by my husband prior to sex," "My husband continues to be missing since the war," and "I had a bad experience before."

In response to a separate question, six women said they had an upsetting experience in their childhood or adolescence. A woman explained:

> I have experienced sexual harassment from my uncle's son, but I achieved to avoid [his advances]. When I was 16 years old I had a boyfriend, but he did the first sexual intercourse with me in a violent way. I didn't know what would happen to me, and after that I lost control, and I thought that my body was just for him. I didn't accept my family's help and also I lost self-respect and respect for others.

Another woman said she was sexually maltreated by her uncle when she was nine years old, which influenced her fear of sexual intercourse. While other women said they had traumatic experiences when they were young, they did not wish to elaborate. Thus, numerous women who experienced gender-based violence expressed fear of relationships and sexual intercourse.

3.7 Refusal or Inability to Accept or Feed the Infant

After suffering violence, especially sexual violence, a woman could refuse to accept her unborn or newborn infant. A police officer gave the example of a woman who experienced continuous physical and psychological violence. Her spouse called her a "traitor" and "faithless." He refused to allow her to wear white clothing, threatened her with a knife, and isolated her at home. As a result, she wanted to abort her child because it reminded her of the violence she had experienced from her husband.

Dr. Zuna recalled assisting women who could not breastfeed their children because men had fondled their breasts, and they had not healed psychologically from this sexual abuse. Another woman sought care because she was lactating constantly. After performing numerous medical tests, no physical abnormality could be identified. Using anamnesis, Dr. Zuna gently questioned the woman as to whether something might be bothering her psychologically. The woman disclosed that she had been abused in her childhood, something she had not told anyone in more than twenty years. With counselling from Medica, the woman began to cope with this trauma and her physical health issues were resolved. Dr. Zuna also treated women abused before or during pregnancy who demonstrated disinterest in their unborn children.

3.8 Suicide

A multi-country study by the WHO found that women who suffered violence from their partners were more likely to consider and/or attempt suicide than women who did not experience violence.[101] In Kosova, activists have cited cases of women attempting suicide because they were raped during the war.[102]

---

[98] The counsellor commented in her notes that the woman did not want to speak further.

[99] The counsellor noted, "I had the impression that she experienced sexual violence because she correlated the fear of sexual intercourse with the words 'could happen as rape.'"

[100] Interview by KWN, 2007.

[101] WHO, *Multi-country Study on Women's Health and Domestic Violence against Women: Initial Results on prevalence, health outcomes and women's responses*, Switzerland: WHO, 2005, p. 16.

[102] Arjeta Rexhaj, telephone conversation with Nicole Farnsworth, 12 December 2007.

CPWC also expressed concern that domestic violence and untreated war trauma could lead to suicide, recording 23 cases of suicide in 2002 alone.[103]

Half of the professionals had encountered women who attempted suicide as a result of gender-based violence. Two respondents had seen such cases every month, and 21 respondents annually. Fifteen percent knew women who had committed suicide following violence.[104] KPS officers alone recalled encountering 96 women who attempted suicide and 17 women who committed suicide following violence. An officer remembered arriving at the scene where, following domestic violence, a pregnant woman attempted suicide. Another officer had seen a girl overdose on medication, attempting to kill herself because her parents were violent.

Strikingly, 90 percent of the women interviewed had contemplated suicide. A woman recalled:

> [I had] scars all over my body. The psychological burden made me feel suicidal. I drank many pills to try to kill myself, but I didn't achieve my goal because they sent me to the hospital and the doctors cleaned my body with infusions, so I got better.

Obviously, suicide, like death, renders women unable to reproduce or care for their children. Death and suicide resulting from violence can also traumatise women's children and family members. The high percentage of women contemplating suicide as a result of violence demonstrates the urgent need for quality mental healthcare for women in violent situations. The next chapter discusses the services being provided and possibilities for enhancing these services.

[103] CPWC argued that trauma may be contributing to rising suicide rates in Kosova (*Annual 2003*, pp. 22, 41). In two years, the Association of Psychology Students' helpline received 112 calls related to suicide, slightly more than half made by women. The association did not record whether callers had suffered violence. More information about the helpline is in chapter three.

[104] Three respondents encountered cases of women committing suicide as a result of violence every year.

Chapter 3

REFERRAL SYSTEMS, SERVICES, AND DATA COLLECTION PROCEDURES IN PLACE FOR WOMEN WHO HAVE EXPERIENCED GENDER-BASED VIOLENCE

Organisations and institutions in Kosova have established systems and procedures for assisting persons suffering from gender-based violence. This chapter describes the services available from the Kosova Police Service (KPS) (section 1.1); Ministry of Labour and Social Welfare (MLSW), Department for Social Welfare (DSW), and Centres for Social Work (CSW) (1.2); Ministry of Justice and Victims' Advocacy and Assistance Division (VAAD) (1.3); healthcare facilities (1.4); shelters (2); and other NGOs (3). The fourth section discusses efforts on behalf of these organisations and institutions to have a coordinated response in the services they offer. Despite progress in recent years, much work remains to better serve persons who experienced violence and to improve data collection procedures. Each section includes recommendations for organisations and institutions on how they can improve performance.

1. Public Institutions Assisting Women who Have Experienced Gender-Based Violence

Three public institutions play a role in assisting women who have experienced violence: the KPS Domestic Violence Unit and the Trafficking and Prostitution Investigation Unit; MLSW, DSW, and CSWs; and the Ministry of Justice VAAD. The Ministry of Health is not currently involved, but could play an important role in the future.

1.1 KPS Domestic Violence Unit and Trafficking and Prostitution Investigation Unit

The Kosova Police Service (KPS) put in place Regional Domestic Violence Coordinators and Primary Domestic Violence Investigators in 2004.[1] Every police station must have two trained Domestic Violence Investigators, typically a man and a woman, who comprise Domestic Violence Investigation Units. Officers must respond to and investigate every report of domestic violence, including child abuse, 24 hours per day.[2] KPS officers attend mandatory training at the Kosova Police Service School on gender, domestic violence, procedures for domestic violence cases, trafficking, and human rights.[3] In addition, OSCE taught more than seven thousand officers procedures for domestic violence cases through a program entitled "Enhancing Response" in 2004. Following training, most KPS officers demonstrated a thorough understanding of the term "gender-based violence" and what constituted domestic violence according to the Regulation on Protection against Domestic Violence.[4]

KPS officers from Domestic Violence Units said they followed specific procedures: secure the location where the incident took place; confiscate weapons; separate the victim from the abuser; photograph the scene and injuries; interview persons at the scene;[5] arrest the abuser; take the victim to receive medical treatment and to a shelter if she wants; inform the Prishtina command centre, CSW, Victim Advocates, and local shelter, as needed; send the file to the prosecutor; assist with protection orders; and intervene if a protection order was broken. KPS had a 24-hour emergency hotline to report domestic violence and other crime, but police were slow to respond to emergency calls.[6] Most KPS officers seem sensitive in communicating with persons who suffered violence. While additional training could always help, shelter representatives generally praised highly the performance of officers in Domestic Violence Units and encouraged them to "keep up the good work."

KPS used electronic databases at the regional and national level to monitor the extent of gender-based violence.[7] Of all the institutions examined, KPS had the most complete database. By further dis-

[1] Cited by WWC et al, p. 10.Following the passage of the Regulation on Protection against Domestic Violence in 2003 and in accordance with UNMIK Police Operational Bulletin 0073 on 29 January 2004.

[2] Their responsibilities are outlined in KPS, "Policies and Procedures," p. 3. See also, OSCE and MLSW, p. 27 and UNICEF, *Situation Analysis*, p. 66.

[3] Some officers also received training from OSCE and various NGOs. Training ranged in length from one-day to five weeks (KWN interviews with 12 officers in domestic violence units in Gjilan, Prishtina, Ferizaj, Peja, Mitrovica, Prizren, and Suhareka, 2007).

[4] Between 9 and 12 officers considered the following forms of violence: constant criticism, name-calling, making it hard to see family and friends, listening in on phone calls, controlling where a partner goes, making decisions for a partner, being overly jealous, following or stalking, and refusing to leave when asked. Eight considered not helping around the home, lying all the time, and being unfaithful violence.

[5] All KPS officers "always" asked clients how they received injuries.

[6] Grisso, Wishner, Schwarz, and Weene 1991; Mullerman Lenaghan, and Pakieser, 1996; Varvaro and Laska 1993. Goldberg and Tomlanovich 1984; Campbell, Snow-Jones, Dienemann, Kub, Schollenberger, O'Campo, Gielen, and Wynne 2002; Coker, Smith, Bethea, King, and McKeown, 2000, cited in WWC et al., p. 10.Calls made by KWN staff members in fall 2007.

[7] The database has information about the victim and abuser (e.g., name, date of birth, sex), whether the abuser was arrested, where the case was referred, categories of violence involved according to law, type of incident, date, and whether the victim has children. Officers also made daily, weekly, monthly, and annual case management reports.

aggregating data according to demographic and geographic categories within the database, KPS could assist with better monitoring the extent of gender-based violence in Kosova and how it affects particular communities. KPS already collects the data needed for such monitoring. However, the KPS database either cannot disaggregate data or staff responsible for maintaining the database do not understand how to conduct statistical analysis. KPS staff responsible for statistics may require more training on statistics, including the importance of disaggregating data and making disaggregated data available to the public.[8]

UNMIK formed the Trafficking and Prostitution Investigation Unit (TPIU) within the UN Civilian Police (CIVPOL) in October 2000 to monitor and prohibit sex trafficking. In May 2006, the unit was transferred to KPS. The unit is the primary body responsible for investigating trafficking in Kosova. By 2004, TPIU had raided more than two thousand locales believed to be involved in trafficking, which resulted in 57 closures and 60 indictments.[9] In 2005 and 2006, 76 people were accused of penal acts regarding trafficking, but only 34 of these cases were committed, and only seven cases were completed.[10] Usually KFOR, UNMIK, and other internationals were simply repatriated or the charges were dropped because evidence was lacking.[11] Activists also reported traffickers bribing judges to drop charges.[12]

In 2001, TPIU coordinated with CSWs, OSCE, CPWC, and IOM to establish a Direct Assistance and Shelter (DAW) Coordination Group that would discuss issues of trafficking especially related to internally trafficked persons. CPWC reported poor cooperation between the agencies and accused TPIU of failing to carry out its responsibilities.[13] In 2004, Amnesty International also expressed concern that representatives of the UNMIK Police, KPS, and the justice system had inadequate knowledge about trafficking regulation provisions, especially regarding procedures for protecting trafficked women. Amnesty International asserted that the agencies had failed to implement UNMIK Regulation 2001/4 On the Prohibition of Trafficking in Persons in Kosova.[14]

1.2 The Ministry for Labour and Social Welfare, Department for Social Welfare, and Centres for Social Work

The Ministry for Labour and Social Welfare (MLSW) acts through the Department for Social Welfare (DSW), which has the responsibility to protect children; prevent and reduce abuse and neglect of children; support families experiencing difficulties; and address reports of risk or violence to ensure safety and support.[15] DSW coordinates the 32 Centres for Social Work (CSWs) in each municipality (two in Mitrovica). MLSW is responsible for monitoring the performance of CSWs.[16] As a Ministry, MLSW must ensure the implementation of the Kosova Constitutional Framework and human rights conventions and declarations therein. Therefore, Social Service Officers (SSOs) working at CSWs must ensure that they do not discriminate against women in situations where gender-based violence has occurred, including domestic violence.[17] CSWs have a legal responsibility to assist domestic violence victims. While doing so, SSOs must follow the MLSW "minimum professional standards" for assisting victims of violence,[18] which includes a commitment to confidentiality and privacy.[19]

---

[8] KWN had to file multiple requests for data, which took time and in the end did not include the requested categories of data disaggregated by demographic groups.

[9] CIVPOL annual reports on the UNMIK website. UNIFEM reported that KFOR led separate raids and failed to share information (*No Safe Place*, p. 89).

[10] OSCE monitoring sheet, 2005-2006.

[11] Amnesty International provides examples (pp. 42-47).

[12] Informal conversations between activists dealing with trafficking and Nicole Farnsworth.

[13] CPWC, *Annual 2003*, p. 56.

[14] Amnesty International, p. 22.

[15] UNICEF, *Situation Analysis*, p. 66. DSW also created a Child Protection Manual for CSWs, which outlines response to physical abuse, psychological abuse, neglect, and sexual assault.

[16] Law on Social and Family Services, Article 2.3 on the Role of the Ministry.

[17] OSCE and MLSW, p. 22. The Ministry organized training for SSOs, using the new handbook; *Responding to Incidents of Domestic Violence: Manual for Social Services Officers* provides a comprehensive explanation of SSOs' responsibilities under law. Some SSOs also received training from CARE International and Doctors without Borders lasting three days to two years. Training focused on forms and symptoms of violence; the impact of violence on psychological health, education, and growth; how to treat victims; stress; trauma; and trafficking.

[18] The Law on Social and Family Services mentions specifically victims of domestic violence in Article 1.3(e)(10).

[19] OSCE and MLSW, p. 47. Confidentiality is outlined in section 1.07 *Confidentiality and Privacy of the Code for Social Services Workers*, given by the MLSW / Institute for Social Policy.

Most officers said they followed procedures outlined in the Regulation on Protection against Domestic Violence, and one SSO mentioned the Family Law. The procedures they described using included: interviewing the victim; preparing the necessary documents for monthly social assistance; providing psychosocial consultation; improving the relationship between the victim and her/his family/abuser; reintegrating or sending the victim to a shelter; taking the client for psychological or medical help; helping children; calling the Victim Advocate; attempting to find a job or a school for enrolment if she is a minor; informing DSW about the case within 24 hours; providing advice about legal rights; case monitoring; interceding in court to secure a protection order; regularly visiting the client; making action plans depending on the client's needs; and assisting with court procedures. Most SSOs could identify various forms of domestic violence as such.[20]

If a SSO learns that a perpetrator has committed a crime as defined by the Regulation on Protection against Domestic Violence and the perpetrator is related to the victim according to the same Regulation, the SSO must offer to assist with filing a protection order.[21] SSOs must also ensure that individuals experiencing violence understand the types of protection available.[22] If a CSW refers a woman to a shelter, the SSO remains responsible for follow-up, monitoring, and issues that may affect the woman or her children.[23] Even after officers have placed clients in the care of a shelter, they are still responsible for: assisting with the recovery of the client; cooperating with the shelter; developing and implementing a plan in close cooperation with the client; and communicating this plan and progress towards its implementation with the shelter.[24] During court cases, the CSW must provide "an expert opinion" in cases related to divorce and custody rights.[25]

Shelter representatives said SSOs rarely fulfil these duties. Shelters often struggled to secure basic information from SSOs, largely due to inadequate human resources and finances in CSWs. OSCE monitored cases where CSW representatives should have been present in domestic violence court cases to present their expert opinion concerning children, but were not.[26] Training for SSOs improved the performance of some officers, shelter representatives said, but many problems persisted in 2007. "They have received training," a shelter representative said. "We attended the same training and saw them there. But they told us, 'We don't believe in this gender nonsense. We're just here to have a good time.'" According to shelter representatives and UNICEF, some SSOs preferred forcing women to return to violent family environments rather than empowering women to identify and choose the best solution for their future. "Due to a lack of resources and alternatives for victims of violence there is still a tendency to try to effect reconciliation within the family," UNICEF wrote.[27] The SSO training manual clearly instructs SSOs *not* to take such an approach:

> A SSO should not attempt reconciliation of a couple as a crisis management technique. The safety of the victim should take precedence over all other steps during the crisis period. Close coordination with protective services agencies (the police, the courts, Victim Advocates and specialist NGOs, including shelter providers) is vital for the victim to remain safe. This goal takes priority over family reunification or the resolution of "relationship issues," and should be the foundation on which all treatment decisions with perpetrators are made.[28]

Despite training in 2006 with this manual, shelter representatives reported that family reconciliation was still preferred in 2007 due to the absence of other options.

An external evaluation, improved DSW monitoring, and annual employee performance reviews of individual SSOs' conduct could help CSWs dismiss mediocre employees and hire new, trained professionals. The DSW needs to improve oversight to ensure that SSOs follow standard operating procedures, the "minimum professional standards" including confidentiality practices, and laws pertaining to

---

[20] Of the nine SSOs interviewed in Peja, Prishtina, Prizren, Mitrovica, Gjilan, and Ferizaj, all but one considered the following forms of gender-based violence: constant criticism, name-calling, making it hard to see friends or family, controlling where a partner goes, being overly jealous, and refusing to leave when asked. Two-thirds considered lying all the time and being unfaithful/cheating forms of violence.

[21] OSCE and MLSW, p. 27.

[22] OSCE and MLSW, p. 23.

[23] OSCE and MLSW, p. 24.

[24] OSCE and MLSW, p. 41.

[25] OSCE and MLSW, p. 24, citing the Law on Marriage and Family Relations, Article 3(3.3)(g).

[26] OSCE, "Report on Domestic Violence Cases in Kosovo," July 2007, p. 4.

[27] UNICEF continued, "The lack of social protection schemes for women and children who are victims of violence limits the ability of victims to leave an abusive relationship" (p. 70).

[28] OSCE and MLSW, p. 35.

gender-based violence. Additional professional training for all SSOs on gender-based violence, standardized official procedures, and the best approach to empowering and assisting traumatized women and children can also improve their performance.[29] At the same time, many SSOs interviewed expressed frustration that they did not have adequate funding to carry out their responsibilities:

> We don't have enough cars. For example, when the police call us we don't have a car to go there. Another problem is that we can't help them enough. For example, when she has to leave the shelter, she doesn't have a place to go. Very often she must return home again and in most of these cases the situation is worse because the husband is angrier.

> We give them [women who experienced violence] information about their rights. But we can't do anything about their economic situation and very often it is their main need. Very often we don't have space for her children when we take the victim for an interview. Also we don't have budget for during the protection process, for example buying water for her or buying something to eat. They are closed in shelters, and in that way they are victimized to stay there like in prison.

> The lack of professional services results in victims returning home to the abuser where they don't have protection from violence. Also, the lack of material goods and transport is another difficulty in our work. For example, when the client needs something when we take her to the doctor, we have to buy something for her with our own money. Another thing is the lack of an adequate approach toward violated victims on behalf of institutions. For instance, we send a client to visit a psychiatrist, and we have to wait with other people there. Also KPS doesn't have a special office for taking her testimony, so the anonymity of client is at risk.

Numerous social workers emphasized the need for long-term reintegration or care facilities for women so they would not be forced to return to violent situations. The Government of Kosova and MLSW in particular urgently need to increase budget allocations to CSWs so they can carry out their responsibilities under existing Law, including more funding for fuel, vehicles, social assistance, and human resources for CSWs' caseload. With financial support from the government, CSWs and shelters need to work together to establish long-term rehabilitation and reintegration programs for victims of violence so they will not be forced to return to violence home situations.

The SSO training manual emphasizes the importance of record-keeping, including logging telephone calls and other communication with clients in "clear and unambiguous language," so other SSOs can follow-up with urgent issues when case managers are absent from work.[30] SSOs must compile individual reports within five working days, but "ideally within 24 hours from the time the complaint was received."[31] SSOs use standardised forms to collect information for an electronic database.[32] The DSW representative responsible for maintaining records said the department's database does not contain a section focusing on gender-based violence.[33] Cases are included in sheets dealing with domestic violence or other issues, she said. At the time of this research, DSW could not provide information about the demographic and geographic groups affected by violence due to problems with their database. According to the Law on Social and Family Services, the DSW Social Services Division Domestic Violence Coordinator must compile all statistics submitted by

[29] One SSO suggested that SSOs receive more training related to gender-based violence.

[30] OSCE and MLSW, p. 47.

[31] Reports should include names of parties involved, addresses, relationship of parties, sex, occupation, education, time and date complaint was received, time investigation began, whether children were involved, type/extent of abuse, weapons used, terms any order issued, and other data for analysing "circumstances leading to the alleged incident of domestic violence" (OSCE and MLSW, p. 40).

[32] The form for monitoring domestic violence contained the following fields: CSW, place, case, case manager, name, date of birth, primary type of violence (physical, psychological, sexual, limitation of free movement, and other), case referred before, case referred often, other adult victims, relation with abuser, institution where case is presented, case has gone to court, court decision, date of decision, victim's place of living after violence.

[33] Representative, DSW, interview by Mimoza Gashi for KWN, November 2007, Prishtina.

CSWs and the Institute for Social Policy must publish and promote DSW research.[34] However, it has yet to publish research findings.[35]

1.3 Ministry of Justice

In 2002, the UNMIK Department of Justice formed the Victims' Advocacy and Assistance Unit (VAAU). The "primary responsibility for all victims of crime" belongs to VAAU, the legally appointed representative of domestic violence victims, according to the Provisional Criminal Procedure Code of Kosova.[36] VAAU was later converted into the Victims' Advocacy and Assistance Division (VAAD) within the Ministry of Justice. The Division provides legal, interpretation, psychological, medical, shelter, training, and educational assistance. Victim Advocates from VAAD represent victims during criminal proceedings, and provide legal advice, especially for minors and women.[37] In close cooperation, SSOs must provide case information to Victim Advocates.[38] Victim Advocates implement procedures set forth by the Regulation on Protection against Domestic Violence, and the Provisional Criminal Procedure Code of Kosova. Victim Advocates said they followed the following procedures: respected clients' will and needs; prepared requests for protection orders; informed victims of their legal rights and juridical processes; accompanied clients during juridical processes; found shelter as needed; took clients to the doctor; and sent testimonies given to police to the prosecutor.[39] VAAD had a telephone helpline for victims of violence, but no one ever seemed to answer it in 2007.[40]

Victim Advocates received training on identifying violence, the impact of violence, services to offer, factors causing violence, trafficking, the appropriate approach to victims, procedures, explaining legal rights, and sharing responsibilities with other institutions.[41] All but one Victim Advocate could identify potential forms of domestic violence.[42] "In the moment when sexual intercourse starts, that is not called violence anymore, it's called making love," that Victim Advocate told KWN. Another Victim Advocate said, "We have a case of a 13-year-old girl complaining that a man about 60 abused her sexually, but we still don't know exactly the real story because it might have happened that the girl did that [had sexual intercourse] according to her own will." Obviously, the Victim Advocates lacked knowledge about Kosova law. Further, in 2004, UNICEF reported, "It is not entirely clear how the Unit functions or how effective it is."[43] Additional training for Victim Advocates on standardized procedures, including interviewing and communicating with victims of violence, could enhance their response.

VAAU is also responsible for the only government run shelter in Kosova, which provides shelter food, clothing, psychological assistance, medical aid, and skills development courses.[44] The "Interim Security Facility" (ISF) opened under a memorandum of understanding between OSCE and UNMIK Pillar I for Police and Justice in June 2003. ISF was intended to encourage trafficked women to cooperate with Kosova law enforcement agencies. The facility did not shelter internally trafficked Kosovars or domestic violence victims awaiting court trials. In March 2004, UNICEF, UNOHCHR, and OSCE/ODIHR reported that the facility was practically empty while shelters like CPWC were "overcrowded" with women and

---

[34] Annual reports must include the total number of cases received, reports made by victims of each sex, cases investigated (police, number of crimes, assisted, consulted, sheltered, type of shelter, length), average time lapsed in responding to reports, services provided, and outcome of cases (OSCE and MLSW, p. 35). Article 4.

[35] An inside source said the institute prepared a report, but was blocked from publishing it because MLSW would not allocate budget for publishing. There was a lack of willingness inside the Ministry because representatives did not want to acknowledge the extent of violence, the source said (interview with KWN).

[36] The work of the unit is governed by articles 81 and 82 of the Provisional Criminal Procedure Code of Kosova (UNMIK Regulation 2003/26), according to OSCE and MLSW, pp. 22, 27. See also, Article 206.

[37] UNICEF, *Situation Analysis*, p. 21.

[38] OSCE and MLSW, p. 28. See the Provisional Criminal Procedure Code of Kosova, Article 82.

[39] Interviews with KWN, 2007.

[40] KWN called the hotline numerous times on different weekdays in fall 2007, and no one ever answered.

[41] KPS, MLSW, OSCE, ASTRA, IOM, and some local NGOs provided training lasting from a day to a week.

[42] All six Victim Advocates interviewed considered constant criticism, name-calling, making it hard for a partner to see friends or family, controlling where a partner goes, making decisions for a partner, following or stalking, and refusing to leave when asked forms of violence. All but one considered listening in on phone calls, not helping around the home, being overly jealous, lying all the time, and being unfaithful or cheating forms of violence.

[43] UNICEF, *Situation Analysis*, p. 21.

[44] UNFPA, *Gender-Based Violence in Kosovo*, p. 13.

children identified as "victims of internal trafficking."[45] An international police officer jeopardized the facility's security within a week of opening, so TPIU and the UNMIK Witness Protection Unit did not consider it safe enough to protect witnesses.[46] Further, Amnesty International critiqued the competency of the facility's staff, including clear knowledge of the shelter's role in comparison to other providers, sufficient experience, and language abilities. To date, the justice system has failed to ensure that all witnesses, not only "high risk" witnesses of international trafficking, receive adequate security during court cases.

Despite the introduction of new laws and mechanisms like VAAD, judges and lawyers lack adequate training on sexual and domestic violence and how to approach women who have experienced violence. The justice system is slow to prosecute perpetrators, placing victims at high risk of further violence. "The number of sexual violence and domestic violence cases processed in courts was marginal compared with the number of such victims," UNFPA reported.[47] Indeed, from the 557 cases of domestic violence reported from January to June 2007, KPS had on record only 26 protection orders and 52 emergency protection orders, a mere 14 percent of reported cases. In July 2007, the OSCE Department of Human Rights, Decentralization and Communities, Legal System Monitoring Section expressed concern over the justice system's implementation of the Regulation on Protection against Domestic Violence. OSCE reported that the health and safety of persons experiencing violence may have been jeopardized by "unlawful delays" related to protection orders and hearings.[48] Although courts are required to respond to protection order requests within fifteen days and emergency protection orders within 24 hours from the date the petition is filed, OSCE evidenced in its report four cases where the courts delayed decisions for six weeks to nearly a year, placing victims in grave danger.[49] OSCE was also "concerned" with "the failure of the authorities to *ex officio* prosecute criminal offenses that occur during domestic violence as required by law." Further, CPWC wrote in 2003 that the justice system was failing to prevent future crime by releasing perpetrators with conditions or minimal sentences.[50] When asked whether any action was taken against the perpetrator after the most recent incident of violence, only 12 of the 51 women interviewed by KWN said the perpetrator was arrested and in nine cases issued a citation.

Victim Advocates used forms to collect basic information about victims, including geographic region, age, sex, type of violence, body injuries, and if the perpetrator was arrested. Forms did not include essential demographic information like ethnicity, marital status, and economic status. The forms were sent to headquarters and stored in Microsoft Word. VAAD could not disaggregate data by demographic group because information was not entered into an electronic database conducive for statistical analysis. Only very basic statistics from 2003 were available because it was too time-consuming for staff to compile information from separate Microsoft Word files. The person responsible for statistics said they hoped to start using a more complete database in 2008. "We didn't do it earlier because our aim is to treat every victim the same, without differentiating by demographic, gender, or any background in general," she said. Her comment illustrates the general lack of understanding KWN encountered within institutions regarding the importance of collecting demographic information. All institutions need to be made more aware of the importance of demographic information, which enables NGOs and institutions to know which communities and groups to target with awareness raising and assistance programs. KWN recommends VAAD immediately create and use forms with all demographic categories and install an electronic database at the municipal and national level for improved monitoring of the extent of gender-based violence and demographic groups most affected. Monthly and annual reports should be submitted to the national office for analysis and at minimum annual reports should be made available to the public.

---

[45] The shelter had one victim of domestic sexual abuse in 2003 (UNICEF, UNOHCHR, and OSCE/ODIHR, p. 120).

[46] Amnesty International, p. 33.

[47] UNFPA, *Gender-Based Violence in Kosovo*, p. 27.

[48] OSCE, "Report on Domestic Violence," p. 4. The report cited earlier reports of the same problem: Department of Human Rights and Rule of Law Monthly Reports, March 2005 and August 2005 (p. 8). The report also expressed concern regarding the "legal representation and social protection of children during proceedings; the right to public proceedings; improper composition of the trial panels; insufficient reasoning of decisions; problems with appeals: the failure to execute protection orders and unclear filling deadlines; and the failure of the authorities to prosecute criminal offences arising from domestic violence" (p. 2). The Department was renamed the Department of Human Rights, Decentralization and Communities in 2007.

[49] OSCE, "Report on Domestic Violence," pp. 8-9. The report emphasized that delays could lead to further violence, violating domestic law and international human rights agreements (pp. 13-14).

[50] CPWC, *Annual 2003*, p. 97.

1.4 Ministry of Health

During the nineties women and girls in Kosova did not have access to quality gynaecological and obstetric services or basic healthcare.[51] Communism and war left Kosova's health system in ruins. Numerous hospitals were destroyed or made dysfunctional, and hospitals lacked modern technology and equipment.[52] After the war, health professionals migrated to urban centres, and healthcare became less available to people living in rural areas.[53] The distance people must travel for quality care can contribute to women and children having less regular check-ups, a health risk.

The health system needed investment in medical equipment as well as staff development.[54] With support from the WHO and UNMIK, the Government of Kosova launched an action plan for Kosova-wide healthcare system reforms. The plan included decentralisation and creating a primary healthcare system that utilized a family medicine approach.[55] UNDP also supported the reconstruction of Kosova's destroyed hospital infrastructure.[56] The European Union (EU) funded a college for nurses and midwives within the Faculty of Medicine at the University of Pristhina, which offered a three-year education in line with WHO and EU standards.[57] However, UNICEF reported that the "lack of incentives for improving efficiency and accountability at the local level" delayed progress toward decentralisation and meeting community needs.[58] The health system in Kosova tends to focus more on treatment than prevention, and few women receive adequate antenatal care or gynaecological care.[59] Without early detection through mammograms and regular health check-ups or accessible, affordable treatment, death resulting from cancer may be increasing, especially breast cancer among women.[60]

Considering the high unemployment rate, the cost of healthcare poses problems for many families.[61] Although 95 percent of Kosovars have access to free healthcare,[62] the World Bank and WHO identified monetary expense as the most common obstacle to healthcare. While the Government of Kosova spent an estimated 20 euros per capita on health,

---

[51] UNFPA, *Gender-Based Violence in Kosovo*, p. 24. Until Serbia abolished Kosova's autonomy, most citizens had access to healthcare. In 1989, Serbia imposed new leadership in Kosova institutions and most Albanian healthcare professionals were ousted from their jobs. Without jobs, Albanians were ineligible for healthcare coverage, and healthcare became unaffordable for most. Rumours spread that Serb healthcare workers were secretly sterilizing Albanians, and most Albanians boycotted public health institutions. Albanians organized a parallel health system with 32 primary healthcare clinics throughout Kosova led by the Mother Teresa Society. The system did not receive any state funding and relied on remittances from Albanians living abroad and international donations. CPWC, the Centre for Recovery of Mother and Child, and individual doctors provided basic healthcare to women.

[52] KWN et al., *Voice of Women*, p. 27.

[53] See Chris Corrin, *Gender Audit of Reconstruction Programs in South Eastern Europe*. New York, Fairfax: Urgent Action Fund (UAF) and Women's Commission for Refugees and Children (WCRC), June 2000 (p. 5) and UNICEF, *Situation Analysis*, p. 17.

[54] UNDP, *Project Summary, Hospitals Reconstruction Project*, 23 July 2002.

[55] United Nations Civil Administration, Health and Social Service, "interim health policy guidelines for Kosovo and 6-month action plan" (UNMIK Health Sector Health Policy and Planning Group, WHO, Prishtina, Kosovo: Health and Social Service, 1999, cited in UNFPA, *Gender-Based Violence in Kosovo*, p. 24).

[56] UNDP, *Project Summary, Hospitals Reconstruction Project*.

[57] UNFPA, *Gender-Based Violence in Kosovo*, p. 24.

[58] Health sector spending accounted for 14 percent of the Kosova Consolidated Budget in 2002 and 11 percent in 2005 (UNICEF, *Situation Analysis*, p. 17).

[59] Although the number of women visiting clinics for antenatal care increased after the war, UNICEF warned that the quality of care was extremely poor.

[60] While statistics regarding the extent of cancer in Kosova are lacking, women's groups dealing with the issue reported an increase in women seeking help. As mentioned, NGO Jeta-Vita suggested one in nine or ten women have breast cancer (quoted in KWN, "Start the Fight against Breast Cancer," *Kosovar Women's Voice*, Vol. V, Issue I, December 2006 - February 2007.).

[61] The World Bank estimated unemployment at 70 percent in 2001. Estimates vary (see the footnote in chapter one).

[62] UNDP, *Human Development Report Kosovo 2002* and UNICEF, "Micro-Nutrient Status Survey," cited in UNICEF, *Situation Analysis*, p. 18.

citizens spent the same or more.[63] A WHO survey found that the average household spent approximately 35 euros on pharmaceuticals, nine euros on transportation, three euros on dental care, and two euros on inpatient care. Nearly a third of the respondents said they had "a medical problem at some time for which they did not seek treatment because they could not afford healthcare." Respondents also reported having to purchase "gifts" for corrupt healthcare workers.

Corruption in the healthcare system was linked to structural issues like low wages for healthcare workers and poor oversight of private clinics. Some doctors in public clinics also run private clinics after hours, referring patients at public clinics to come to their private clinics for better treatment,[64] potentially condoning poor treatment in public hospitals in order to draw patients to their own clinics. Most women who responded to the *Voice of Women* survey believed that private clinics had better services than public clinics, though they were more costly.[65] More than half of the KWN women interviewed visited public hospitals (57 percent), 14 percent usually went to private clinics, and 18 percent used both.

Hospitals and clinics can play an important role identifying violence and referring patients to places where they can receive help. Health workers are responsible for identifying and reporting cases where children are at risk or have been abused, as well as offering medical exams to neglected and violated children.[66] UNFPA suggested:

> The health sector can play a vital role in addressing violence against women. It can help to identify abuse early, treat victims and refer women for appropriate and informed care. Much needs to be done to improve the quality of the hospitals and the related infrastructure and to provide better training and foster greater awareness among healthcare providers.[67]

Healthcare workers may encounter women who have suffered gender-based violence but who have never been able to seek assistance from shelters or institutions. For example, one interviewed woman had been hospitalized three times as a result of violence.[68] If better filing systems were maintained by doctors, they could identify repeat violence and provide patients with information about assistance programs.

The Ministry of Health recently installed a health information system, opened Community Mental Health Care Centres, and restructured curricula for medical students. The Ministry and Prishtina Medical School now include "Violence against Women: Sexual and Gender Based Violence" in the Reproductive Health Module of the Residency Programme for family doctors and nurses.[69] A few gynaecologists attended training on: gender-based violence; identifying violence cases; how to approach a patient who has experienced violence; where to refer the patient; notifying institutions; and documenting proof of abuse.[70] American police had trained one gynaecologist to examine victims of sexual violence and identify rapists. Perhaps as a result of training, most gynaecologists could identify signs of domestic violence.[71] Examples of good practices among healthcare professionals existed. During interviews, doctors and gynaecologists commented:

> Every case of domestic violence that comes here must be documented by facts.
>
> We mention physical maltreatment [in our records] and notify the police about those cases.
>
> To know what kind of tool has been used for causing an injury is important, to know where the injury happened and when. In most cases they say, "I fell on the stairs," [or] "when I was cutting trees" or something like that because they are afraid to accept the real fact.

Some healthcare professionals occasionally treated shelter clients free of charge.

---

[63] UNDP Human Development Report Kosovo 2002, UNICEF Micro-Nutrient Status Survey, and World Bank and WHO, cited in UNICEF, *Situation Analysis*, p. 18. See also, *Voice of Women*, p. 33.

[64] *Voice of Women*, p. 33.

[65] See *Voice of Women*, p. 33. They thought patients received faster, better, more thorough care, rather than waiting for hours to see a doctor in a public hospital.

[66] UNICEF, *Situation Analysis*, p. 66.

[67] UNFPA, *Gender-based Violence in Kosovo*, p. 1.

[68] Interview by shelter counselor for KWN, 2007.

[69] UNFPA, *Gender-Based Violence in Kosovo*, p. 13.

[70] Training was provided by UMCOR, WWC, CPWC, women's organisations, community police, the hospital, CARE International, UNIFEM, IRC, the division for public health, and WHO.

[71] Interviews by KWN, 2007.

However, fewer than half of the 37 gynaecologists interviewed said they referred women suffering from violence to a relevant institution or expert for help. Less than one-third had procedures or protocols in place for assisting persons experiencing violence. More than half "never" filed how clients received injuries in reports (58 percent). Only the gynaecologist at Medica Kosova could provide exact information regarding the number of cases of gender-based violence she had encountered and how that violence impacted patients' health. None of the other clinics visited had a database or record system for monitoring the number of violence cases they encountered. More surprising and concerning, few clinics maintained individual records for the patients they treated. Many clinics did not even have files for their patients. Without patient records, health professionals cannot provide quality treatment to any of their patients, including women who repeatedly suffer domestic violence.[72]

To date, doctors' responses to gender-based violence seem to have been more on an individual basis rather than coordinated by the Ministry of Health. The Ministry should develop standard procedures for public and private clinics for treating, communicating with, and referring victims of violence. The Ministry should require all clinics to document the number of patients treated for all conditions, including symptoms of violence. All clinics, private and public, should be required to report all cases treated for greater monitoring of serious health issues in Kosova. The Ministry needs to ensure better oversight of private and public clinics, including verifying that all clinics are registering all cases treated and providing quality care. Clinics not following set procedures and high standards should be immediately closed and kept closed. NGOs could cooperate with the Ministry to raise awareness in communities about private clinics and individual doctors whose practices have been closed due to malpractice. Mechanisms should immediately be put in place through which citizens can report malpractice and be compensated for harm done. Increasing healthcare workers' salaries and installing regulations against public healthcare workers running private clinics could decrease the level of corruption within the healthcare system and thus improve the quality of affordable care offered to citizens.

2. Non-governmental Shelters

The Law on Social and Family Services provides for non-governmental organisations (NGOs) to be involved "significantly" in assisting domestic violence victims.[73] In 2007, Kosova had eight non-governmental shelters. One was reserved for trafficked persons, and one (with three locations) only served children. The six shelters that focused on assisting persons experiencing domestic violence were located in Prishtina, Prizren, Peja, Gjakova, Gjilan, and Mitrovica. The establishment of six shelters located in different regions is a significant accomplishment, as no such shelter was available before the mid-nineties. Together they have sheltered nearly two thousand clients suffering from gender-based violence since 1999. Shelters have met an urgent need unaddressed by institutions, which lack adequate human and financial resources for providing shelter. All shelters have operational procedures in place, including basic documentation systems and daily, weekly, and monthly reporting on clients.

Shelters generally offered the same services free of charge: secure housing, food, toiletries, basic medical care, legal advice, legal rights counselling, accompaniment to court, opportunities for furthering education, skills based training, individual and group counselling, and family or relationship counselling. Children residing at shelters with their mothers continue to attend school with escort services, as needed. Shelters also have workshops for clients on gender-based violence, gender equality, contraception, reproductive health, human rights, self-empowerment, and other issues. All shelters have telephone numbers people can call 24-hours for assistance and shelter. Safe House Gjakova, Liria, and CPWC telephone lines also offer advice or support for people experiencing violence or their acquaintances. Liria representatives estimated that they received approximately two hundred calls per year since the phone line started in 2003, and CPWC reported counselling 7,200 callers in 2003 alone.[74]

Shelters have generally positive, cooperative relationships with institutions, including KPS, CSWs, VAAD, and healthcare workers. Institutions refer victims of violence to shelters, though some clients made their way to shelters independently. Memorandums of understanding with these institutions govern shared responsibilities. Shelter staff advise police officers, lawyers, SSOs, and Victim Advocates regarding clients' state of mind prior to interviews and support a sensitive approach to interviewing clients. Cooperative agreements with the Ministry of Education have enabled clients to further their education and take graduation exams. Shelter staff have also developed relationships with local healthcare providers that sometimes treat clients free of charge, which has meant access to basic healthcare for most shelter clients. For example, Safe House Gjakova cooperates closely with Medica

[72] UNICEF also noted the lack of "systematic antenatal procedures or monitoring systems in place at the community level," as well as poor record-keeping in relation to maternal mortality (*Situation Analysis*, pp. 26, 28).

[73] Article 8.

[74] CPWC, Annual 2003, p. 75. CPWC reported 720 calls in 2004 (p. 28).

Kosova, and WWC has fostered relations with local doctors in Peja who volunteer their services. Still, shelters often lack finances for x-rays, laboratory tests, medicine, and other related healthcare costs.

The shelters have dedicated experienced staff. Staff members at some shelters have continued working despite funding shortages that left them without salaries for months. Since most counsellors started as activists, few have professional certificates or university degrees in counselling or psychology. Counsellors act more as caretakers than psychological counsellors. While many counsellors are trained, experienced, and care deeply for the psychological well-being of their clients, a couple counsellors seemed to "blame the victim" during interviews with KWN.[75] One said, "Women talk too much, control their husbands, and in this way they influence their husbands to be violent toward them. [Researcher: "What if husbands physically, psychologically and sexually abuse women?" Counsellor:] It happens only when husbands take drugs or alcohol." By considering women responsible for violence perpetrated against them, counsellors could further traumatize women rather than empower them.

Shelter management should evaluate each counsellor's past performance and approach to caring for clients.[76] All shelter counsellors interacting with clients should be required to undergo advanced training in psychology, empowerment, identifying signs of trauma, interacting with clients experiencing trauma and other mental health issues, and providing professional psychological counselling.[77] The training should not be short-term, as characterizes most training in Kosova. Instead it should be a professional specialization training provided by experts in these fields, including case studies and examinations that must be completed by each counsellor individually. Ideally, training would be similar to that received by Medica Kosova counsellors. Their training, financed by the German government and provided by psychologists from Bosnia and Herzegovina and Germany who had prior experience dealing with trauma, occurred over the period of four years. The training dealt with establishing trust with the client; identifying symptoms of trauma in clients and empowering clients; and helping clients find ways to cope with past and future traumas. Each counsellor was required to prepare cases, undergo exams, and take a final oral exam overseen by a commission of professional psychologists from Germany and Bosnia and Herzegovina. They then received certificates for counselling from the University of Prishtina and a psychologist from Germany. The time and financial support required for such training requires significant financial investment from an international donor. Medica counsellors' approach with clients and the progress they have made with traumatized women in rural areas is quite impressive.[78] Medica provides an example of how proper investment in training can have concrete results. In the future, all shelter staff dealing directly with clients should undergo similar advanced training in order to meet the recovery needs of clients. Shelters should also consider hiring and providing skills-based training to violence survivors who can be effective counsellors.

In regards to record-keeping, shelter staff maintain daily journals on what occurs in the shelter. Information about clients is entered into case files, some in hard copy and some electronically, depending on the shelter. Some shelters produce daily, weekly, and monthly reports. Liria shelter probably had the most advanced electronic database, adapted from the Autonomous Women's Centre in Belgrade. However, electrical outages and database complications made it difficult for staff to compile information or disaggregate data. In general, the way shelters maintained information was work intensive for staff who spent hours compiling basic demographic and statistical information about clients. Through a project supported by UNFPA and in cooperation with KWN, the shelters planned to begin using a new database in 2008, which was developed according to their needs.

Women's centres affiliated with shelters spread information about shelters in local media, organise activities in the community to raise awareness about violence, and act as a front accessible to the public for hidden, closed shelters. The centres offer educational opportunities, skills training, and a social gathering place for women. During informal courses or gatherings, shelter staff informed women about violence against women and shelter services. A brief description of the history of each shelter, its individual capacity, and unique attributes follows.

The Centre for Protection of Women and Children (CPWC) was the first shelter established in Kosova, sheltering clients since 1999.[79] In addition to its shelter in Prishtina that housed up to 15 clients, it

---

[75] William Ryan created the phrase "blaming the victim" to describe the tendency to blame households of poor minorities for not having the cultural capital to perform well in school (*Blaming the Victim*, Vintage Books, 1976).

[76] KWN and Kosova Coalition against Family and Sexual Violence, *Needs Assessment of Shelters*, internal, unpublished document, Prishtina, October 2007, pp. 9-10.

[77] Some staff had received training in domestic violence, identifying violence, offering professional services to victims, cooperating with institutions, advocacy, case management, rehabilitation, gynaecological care, pregnancy, and trafficking.

[78] Interviews with KWN research team.

[79] CWPC, *Annual Report 2001*, p. 9.

also identified locations to shelter "high risk" cases, including women preparing to testify at The Hague and some trafficked women. In April 2007, CPWC opened a second shelter in Mitrovica, which could house 12 persons. From 2000 to October 2007, the Prishtina shelter housed more than 350 women and children.[80] The Mitrovica shelter housed 27 clients. In addition, women's centres throughout Kosova run by CPWC advised and assisted thousands of clients. CPWC also provided medical and gynaecological care, including PAP, HIV, urine, and other tests free of charge. Many women visited the centre for healthcare because they trusted its doctors more than public healthcare workers, according to CPWC.[81] The centre helped women who had experienced war rape deal with trauma and encouraged them to identify perpetrators. With CPWC assistance, some women testified at The Hague.[82] Among the shelters, CPWC was perhaps the most committed to collecting and publishing information. From 2001 to 2003, its annual reports included demographic information on the clients served, the types of violence suffered, and the impact of violence on health.[83]

After cooperating with CPWC to provide shelter to displaced women before the war, activists opened Safe House Gjakova in 2000 with the capacity to house up to 14 clients. As of October 2007, it had sheltered 443 clients. The shelter developed a unique form of income generation for women, training them to make facial crèmes and skin care goods from bee products. The shelter had a few individual buyers, and staff hoped to register a label for the product so it could be sold throughout Kosova, generating income for women and the shelter.

The Centre for Sheltering Women and Children in Prizren originally functioned as part of a local women's centre, ASEBE, sheltering clients since 2001. Following changes in management, the shelter and ASEBE separated in 2005. The shelter has closed periodically due to a lack of funds, and abused women have had to sleep at the local police station as a result, staff said. In fall 2007, it reopened with support from KWN/UNFPA, MLSW, and OSCE.

The Women's Wellness Centre (WWC) in Peja started its program in gender-based violence in 1999 and officially opened its centre in January 2000 with support from the International Rescue Committee. At first, the organisation offered training and presentations for the community, schools, and institutions on preventing violence, as well as provided counselling services and a space for women to discuss issues including violence. In 2001, WWC registered as a local NGO and opened its shelter with the capacity to house 15 people in December 2002. From 2002 to October 2007, WWC sheltered 404 clients and counselled 1600 survivors of violence outside the shelter. WWC developed a unique, culturally sensitive process for family counselling based on the needs of the client. It also offered counselling for perpetrators of violence.[84] The centre also followed up with clients after their stay to monitor their situation.

In 2003, Liria women's organisation opened a shelter in Gjilan with the capacity to house up to 12 people.[85] Liria received support from the Austrian Ministry of Foreign Affairs and Kvinna till Kvinna. Following advocacy efforts, Liria succeeded in convincing the municipal government to donate an old school building, renovated with support from the Austrian Ministry of Foreign Affairs. As a result, the shelter has not had to fundraise for rent, a major expense for other shelters. From 2003 to October 2007, Liria sheltered 358 clients. Other shelters could employ group therapy sessions like Liria's, where staff gather to identify stress and talk through difficulties encountered through their work.

Originally managed by the United Methodist Committee on Relief (UMCOR) in cooperation with IOM, the Centre to Protect Victims and Prevent Trafficking in Human Beings (PVPT) opened in 2000. PVPT became a local NGO in October 2003 with the capacity to house up to ten clients. Like CPWC, it offered gynaecological care and pregnancy tests in house. Up to August 2003, PVPT cooperated with UMCOR to offer free medical exams to women working at bars with a mobile clinic, convincing bar owners to let women use the service.[86] Through IOM, PVPT returned internationally trafficked persons to their home countries where reintegration programs exist. In 2007 PVPT started sheltering internally trafficked persons as well. The decision met an urgent need to

---

[80] Interview with Naime Sherifi, 2007. CPWC sheltered 184 in 2001 (*Annual Report 2001*, p. 9), 83 in 2002 (*Annual 2002,* p. 26), 73 in 2003 (CPWC, *Annual 2003*, p. 74), totaling 340.

[81] CWPC, *Annual Report 2001*, p. 38.

[82] See CPWC, *Annual 2003*, pp. 120-137.

[83] Following changes in the shelter's administration, CPWC's new management told KWN in 2007 that they were reanalyzing all data since the shelter started and creating new, more accurate statistics. They questioned the accuracy of earlier reports (interview with Naime Sherifi, CPWC Director as of 2006, by Adelina Berisha for KWN, 6 November 2007, Prishtina). After the departure of the prior director, CPWC had not published statistics.

[84] For more information, contact WWC or see the KWN and Coalition's *Needs Assessment of Shelters*.

[85] Liria started as a women's organisation called Elena in the late nineties. After the war, Elena staff members opened a women's centre, "Liria," in Gjilan.

[86] Amnesty International, p. 16.

address the growing number of internally trafficked women and children in Kosova.[87] Besides CPWC and PVPT, shelters were unequipped to meet the specific needs of trafficked persons who require different assistance psychologically and physically than domestic violence victims. As of October 2007, PVPT had sheltered 530 trafficked persons.

Donor organisations financing PVPT turned their attention to "prevention" rather than protection in 2007, withdrawing support from the shelter.[88] Thus, the only shelter available for trafficked persons in 2008 is the Interim Security Facility, which only shelters clients determined by police to be "high risk." Other victims are presumably left to fend for themselves without counselling, healthcare, or reintegration services, though some "low" and "medium" risk cases were transferred to the facility when PVPT closed in December 2007. Low and medium risk cases need different care and services than high risk cases, according to PVPT staff, and should not be housed together. The ability of the facility to house the growing number of internally trafficked persons is also questionable. Activists are deeply concerned about the well-being of these women and children who are at risk of being re-trafficked or entering prostitution circles for lack of other options. Caring for them and providing quality reintegration services should be considered by donors a form of preventing (re)trafficking.

Another shelter cooperating with IOM closed its three shelters in December 2007 due to inadequate finances.[89] Hope and Homes for Children, opened in 2001, had three locations for trafficked children and children experiencing other forms of violence. In the past, its unique reintegration program provided job and life skills training to teenagers, as well as linked them with job opportunities toward self-sustainability. Closing the shelters places children at risk of further violence and decreases their chances of becoming self-sustainable.

Clearly, one of the most serious challenges shelters face is financial sustainability.[90] Since shelters provide services outlined in the Law on Social and Family Services for MLSW and are accredited by the Ministry, the Ministry should annually allocate funds.[91] Following years of advocacy and a drawn-out tendering process, five shelters signed a contract with MLSW to receive partial funding (18,810 euros each paid in monthly instalments) from 18 June 2007 through 18 June 2008. Although the contract noted a "possibility for continuing funding another year," no concrete agreement was made. Shelters in 2007 were advocating for a regular budget line from the Ministry of Finance so they would not have to undergo long annual procurement procedures when no other organisations or agencies provided such services. All ministries with a stake in caring for victims of violence could then contribute to shelters' annual budget, including MLSW, Ministry of Health, Ministry of Education, Ministry of Justice, and others.

Although shelter representatives signed the contract because they needed the funding, they were displeased with the type of support MLSW was willing to provide. Apparently the Ministry determined budget lines without consulting shelters regarding their most pressing needs. In the contract, MLSW stated that the funds should be used to:

- Ensure food for victims of domestic violence within the shelter
- Ensure personal hygiene equipment for victims of domestic violence in the shelter
- Ensure medication for victims of domestic violence in the shelter
- Ensure counselling and emotional support for victims of domestic violence in the shelter
- Ensure expendable material for handmade things for victims of domestic violence in the shelter.

Importantly, the Ministry would not fund "operational costs" essential to running the shelter like rent, electricity, and utilities. Nor would the Ministry pay the salaries of administrative staff or counsellors who care for, assist, and protect clients. Even so, a shelter used MLSW funds to pay rent; the alternative was to close the shelter. Shelter representatives were concerned that the Ministry might not allocate further instalments because they had used funds to cover costs not agreed to in the contract. Without rent and staff to care for clients, shelters will close. While shelter representatives believed in 2008 they could secure partial funding from international donors that had supported them since their inception, these donors indicated that they would decrease drastically or cut completely funding as of 2009. MLSW urgently needs to involve shelter staff in re-evaluating budget lines so they meet shelters' most urgent needs. The government does not currently have any other viable options for assisting victims of violence.

A further point of contention between MLSW and shelter administrators was management. By law, the Ministry has the right to govern the work of shelters. NGOs providing social services must register

[87] See chapter one.

[88] Ariana Qosaj-Mustafa, interview.

[89] Valbona Qitaku, Executive Director, email correspondence, 12 February 2008.

[90] UNFPA, *Gender-Based Violence in Kosovo*, p. 13. The following paragraphs draw from the KWN and Kosova Coalition against Family and Sexual Violence *Needs Assessment of Shelters*.

[91] Assembly of Kosova, Law on Social and Family Services, Article 2.10.

with and be licensed by DSW as social service providers, as well as sign a contract with the CSW in their municipality. If they do not meet the set standards of the Ministry, it has the power to forbid them from operating. MLSW representatives have suggested that increased funding for shelters may mean that the Ministry imposes its own management. Shelters have historically been independent, raising 50 percent or, before 2007, *all* of their own funding, enabling shelters to provide services not available from other institutions, including CSWs. Further, shelter staff have experience running shelters and have undergone training provided by various international organisations and experts. Shelter representatives have thus strongly supported shelters remaining independent of government control.

3. Other Non-governmental Organisations and Assistance Programs

In addition to the shelters, various NGOs provide services to women who have suffered gender-based violence.[92] One to One, a NGO established in Peja and Prizren immediately after the war, sheltered and assisted women before most other shelters were established. In 2007, One to One continued to interview women who showed symptoms of violence, offer moral support, help them process the problems they faced, and refer them to relevant institutions.[93]

As mentioned, Medica Kosova, located in Gjakova, provides psychological and gynaecological assistance free of charge to women throughout Kosova. Medica Mondiale, a German humanitarian organisation, founded Medica Kosova in 1999. In October 2003, Medica Kosova received its license for practicing healthcare from the District of Health and became a local NGO. Medica staff include psychosocial councillors specialized in counselling war trauma, a gynaecologist, a gynaecological assistant, and a lawyer.[94] Medica uses a "psychosomatic approach," a multidisciplinary approach that considers a patient's physical symptoms as well as how symptoms may relate to or originate from psychological or emotional causes. Clients can receive services from counselling, gynaecological, and/or legal programs; staff from each program refer clients to other programs as needed.

By 2006, Medica had assisted 1,246 clients through its psychosocial counselling program. Counsellors said they: offered non-judgemental psychosocial support; referred women for psychosocial and legal assistance; informed clients about possible resources for dealing with their situation; helped clients through processes with relevant institutions; intervened to speak with the family or abuser; and provided financial support, depending on available funds. Medica used psychosocial anamnesis to identify symptoms of trauma, considering the client's past medical and psychological experiences. Medica's health team was the first in Kosova to apply this method.[95] Patients had long appointments so they received more in-depth care than in most other health institutions. Women from throughout Kosova, including sheltered women, visited the clinic because it ensured complete confidentiality and respect. Between 2001 and 2007, Medica gave more than a thousand pap tests either at its stationary clinic in Gjakova or its mobile clinic that visits villages.[96] Thus, Medica reached women in rural areas who may not otherwise seek or have access to healthcare. While the gynaecologist treated patients, counsellors spoke with women in the village. Medica counsellors have also informed women about primary healthcare, hygiene, and family planning, distributing contraceptives free of charge.[97]

The Medica Kosova gynaecology program had among the most progressive systems of data collection in Kosova. The gynaecologist provided a safe space where she carefully spoke with women about their past, entering information into a confidential database after the patient left. The electronic database included demographics, information about the treatment given, and a full anamnesis involving the client's personal and medical history. Built with assistance from professionals from Medica Mondiale Germany, the system was used in coordination with Medica Germany and Bosnia to monitor issues ranging from the violence experienced by women to how it affected their reproductive health. The system has enabled Medica to identify symptoms of PTSD among women. In 2008, Medica plans to present a report resulting from this pilot project. Afterward, the so-far private database will be made available for use by other hospitals and clinics in Kosova and abroad. The Medica system of data collection sets an example of a standard that could be employed by healthcare professionals throughout Kosova. Installing this database throughout Kosova would not be sufficient, however. Installation would have to be accompanied by a mandatory, rigorous training program for doctors using the database. Doctors would need to employ a

---

[92] Many NGOs led campaigns to increase public awareness about trafficking and violence against women. Their programs were beyond the scope of this research. More information is available from KWN.

[93] Interview with Merita Halitaj, Director, 2007. One to One used forms to maintain information about clients, but did not have an electronic database.

[94] In addition, Medica had three councillors, a part-time gynaecologist, and a midwife on call.

[95] Interview with Veprore Shehu, Executive Director, 2007.

[96] Medica provided a timetable for visits prior to visiting the villages to inform citizens.

[97] Medica mondiale Kosova, "Women for Women" organisational fact sheet.

psychosomatic approach and not push patients to disclose information too soon, risking re-traumatisation. Installing a Kosova-wide system of monitoring and properly training doctors would ensure better care for patients, enable Kosova-wide monitoring of major health issues, and offer gateways for referring patients suffering from trauma to organisations that could help.

Another NGO assisting people experiencing trauma is the Kosova Rehabilitation Centre for Torture Victims (KRCT). Founded in 1999, KRCT staff sought to address the high rate of trauma among the general population, unaddressed by under-funded and understaffed institutions.[98] According to KRCT, hundreds of Kosovars remained traumatized years after the war due to high unemployment, Kosova's uncertain political future, and the unresolved issue of missing persons. The health system could not provide treatment, allowing symptoms of trauma to worsen with time.[99] Located in Prishtina, KRCT staff regularly visit areas throughout Kosova affected by war, torture, and trauma. KRCT does not focus on trauma resulting from gender-based violence, but its mandate includes treating women suffering from trauma, especially rape survivors and their families. KRCT could add to the database it already maintains, recording information about persons assisted who suffered gender-based violence and the impact violence had on individuals' health. Using a database like Medica's, KRCT could contribute to Kosova-wide monitoring of the impact of violence on mental and reproductive health.

The Norma Lawyers Association provides legal assistance and representation to women in particular.[100] Norma jurists give medical advice, inform clients of their rights, direct clients to the relevant institutions, document their testimonies for use in court, maintain confidential records, help victims express their needs, and take clients to a hospital or shelter, depending on their needs.[101] Partners Kosova, another NGO, utilizes mediation techniques to resolve legal issues outside the judicial system. While it concentrates on conflict resolution, it has worked with cases of violence against women. The Council for Defence of Human Rights and Freedoms (CDHRF), established in 1989, investigates human rights abuses in Kosova. CDHRF collaborated with the Harvard School of Public Health to form a system for monitoring gender-based human rights violations.[102]

In January 2005, the Kosovar Association of Psychology Students comprised of students from the Department of Psychology at the University of Prishtina started "Linja Telefonike e Ndihm?s" (telephone helpline) to provide free emotional support to people in Kosova.[103] The confidential, toll free hotline received funding from Kosova's telephone company (PTK). Students volunteered, answering calls in shifts to fulfil their required internship hours for completing their degree.[104] University professors from the psychology department trained students in responding to calls with a sensitive, confidential approach. In its first two years, they answered 22,000 calls, an average of 25-30 calls per working day.[105] With support from IOM, students started a second helpline for trafficked persons. Both lines closed periodically because students could not secure funding for rent and other costs. Further, the shifts for students answering trafficking calls were long, one lasting from eight p.m. to six a.m. Few students could regularly spend so many hours answering calls during the night without some financial compensation.

---

[98] KRCT, *Annual Report 2004*, p. 3.

[99] KRCT, *Annual Report 2004*, p. 3.

[100] The association started in the late 1990s when legal counsellors, judges, and lawyers dismissed from the justice system by the Serb authorities decided to provide legal advice to Kosova Albanians, especially women affected by war. Norma consulted on and assisted with drafting new laws, as well as trained citizens regarding their legal rights.

[101] KWN interviews with six Norma jurists, 2007.

[102] UNFPA, *Gender-Based Violence in Kosovo*, p. 20. KWN was not able to meet with CDHRF to learn more.

[103] See their website: http://www.ltn08080.org/Sherbimi.htm, accessed 15 November 2007 (in Albanian).

[104] Information about the Association of Psychology Students' helpline from "Crisis Line in Prishtina: Early Experiences," presented at "International Scientific Conference on Prevention of Suicide Behaviour among Youth of Kosovo - Challenge or Chance," Prishtina, Kosovo, 19-21 November 2007.

[105] Of those calls, 4,930 were characterized as "distress calls," 58 percent made by females. Helpline calls were categorized as "interpersonal problems" (2,262 calls), "in-family problems" (381), "depression and/or depressed symptoms" (778), "anxiety" (466), "adolescent problems" (278), "physical or mental […] based distress" (218), "economic" (136), "abuse" (62), "substance abuse" (28), and "other" (321). "Interpersonal problems" included "emotional relationship" (1,354), "marriage difficulties" (296), "separation from partner" (288), "divorce" (146), "difficulty in engagement" (130), "calls immediately after a conflict" (26), and "partner caught in betrayal" (22). Abuse included "close friend experienced rape" (22), "raped" (18), "physically abused" (12), and "violent family environment" (10). "Other" involved 21 reports of "sexual problems" and 21 "trafficking" calls.

4. A Coordinated Response: Cooperation between Institutions and NGOs dealing with Violence

The Regulation on Protection against Domestic Violence provides for the involvement of four agencies in dealing with domestic violence cases: courts, police, VAAD, and DSW (overseeing CSWs).[106] The Regulation encourages institutions to cooperate closely with NGOs providing shelter and psychological support to victims, as well as local health clinics and schools. The SSO manual interprets "local service delivery" to include "future funding of safe-houses and women's centres," and notes that the Law on Social and Family Services permits MLSW to contract NGOs for service-provision related to family and social services.[107] As mentioned, while shelters and MLSW have cooperated, funding of shelters only recently began in 2007 without any clear agreement for the future.

Shelter representatives met bimonthly or at least quarterly with institutions to exchange information and trouble-shoot. Considering the overlap in all the institutions' and shelters' mandates illustrated in the descriptions above, such meetings are important for agencies to develop protocols and identify intervention responsibilities and limitations together. Forums can smooth out conflicts regarding the responsibilities held by each agency and help overcome "overlaps in responsibilities that lead to partisan positions, turf wars, or conflicts of interest," according to the SSO manual.[108] Further clarifying limits and responsibilities is important for institutions and NGOs dealing with violence, especially considering the newness of most processes, procedures, and approaches.

For example, the numerous agencies involved means that victims could be made to answer the same intimate questions about their traumatic experiences up to four times by different people. Establishing a system through which one agency conducts the interview could prevent stress and potential re-traumatisation. The agency responsible for interviewing would ideally have the most qualified, experienced psychologists or case workers available among the agencies. Clients could then be asked if they were willing to sign consent forms allowing the shelter case worker, KPS officer, Victim Advocate, and SSO responsible for the case to access this information.

Largely due to inadequate finances and infrastructure, shelters and institutions do not provide adequate reintegration services to women who have experienced violence. As mentioned, women are often forced to return to violent home situations due to a lack of alternatives. Shelters, MSLW, the Ministry of Education, and other institutions should cooperate to devise a coordinated reintegration program that includes relocation of victims and their children to a different city, subsidized housing for an established period of time, support in identifying job opportunities, and ongoing weekly or monthly group counselling sessions where women who experienced violence can gather to discuss issues they face and receive support from other women in similar situations.

Understanding who women approach first when they experience abuse can provide insight to activists and policy-makers regarding who to inform about assistance programs. In the *Voice of Women* survey, only nine percent of respondents (mostly young women) would inform the police if they suffered violence. While 15 percent would approach family members, most (69 percent) would try to resolve the problem "in a peaceful way." One-third of the respondents to KWN's research first approached a family member when they suffered abuse. Another third contacted police first, which bodes well for recent information campaigns and community policing efforts. Conversely, only one woman approached a SSO. Five women told a friend, and ten women told a woman activist; since nine of these women were working with Medica representatives, they had access to activists through Medica's sessions in rural areas. Medica likely provided an environment where women felt safe speaking about the violence they experienced. Among the women who knew about shelters, seventeen heard from police, eleven from a woman activist or NGO, eight through the media, and four from CSWs. Research findings suggest that the most effective ways to reach people experiencing violence with information about assistance programs are: media campaigns targeting friends and family members of people experiencing violence; continued community policing outreach efforts; and ongoing work on behalf of women's NGOs to reach out to women who may be suffering from violence though non-threatening women's groups/activities. Since most women who contemplated suicide found comfort in speaking with professional psychological counsellors, continued and additional support should target organisations like KRCT and Medica, which send trained professionals into the field to speak with women from various demographic groups.[109]

---

[106] OSCE and MLSW, p. 53. WWC et al. also suggested, "Any attempts to mitigate the effects of GBV and to work towards its elimination will require efforts to enhance services to survivors across the health, legal, security and psychosocial sectors" (pp. 7-8).

[107] UNMIK Regulation 2000/45 on Municipal Self-Governance, Section 3.1 (OSCE and MLSW, p. 53).

[108] OSCE and MLSW, p. 53.

[109] Twenty-two women said talking to a psychiatrist, psychologist, or counsellor helped. Twelve women found support from family members and eight from friends. Three enjoyed sewing or doing something with their hands.

RECOMMENDATIONS

Recommendations for an improved coordinated response among all institutions and shelters:

- Create immediately a National Action Plan against Domestic Violence, involving recommendations in this report, as well as input from shelters, Kosovar activists, and gender experts dealing with this issue. The plan should include a clear mandate as per which body or agency is responsible for monitoring its implementation.
- The Ministry of Finance should create a financial code for shelters through which the Ministry of Internal Affairs (KPS), Ministry of Justice, Ministry for Local Governance, Ministry of Health, and Ministry of Education should contribute to shelters' annual budgets in areas where they have competencies (e.g., victim protection, health, free exams for completing education). Ministries should sign memorandums of understanding for long-term support to these budget lines. Municipal governments should donate public buildings to shelters so they do not need to pay rent, especially in Prizren, Peja, and Mitrovica.
- Minimize overlap and clarify responsibilities, procedures, and protocols throughout Kosova by VAAD, MLSW, KPS, and shelters signing memorandums of understanding at the national level. Include procedures for a professional counsellor or psychologist questioning victims to prevent re-traumatisation and asking the victim if she is willing to sign a release form for this information to be shared with other agencies, rather than being repeatedly questioned.
- Devise together a reintegration program for clients leaving shelters that includes assisting with costs for relocation; ensuring subsidized or free housing for a period of time; helping clients find employment; and enabling ongoing group counselling sessions for women to talk through life problems in a safe space with women facing similar challenges.
- Update or install new database systems in all institutions as needed and hire staff trained in statistics who will be responsible for collecting, analysing, and publishing annual reports on demographic and geographic groups most affected by gender-based violence. Increase awareness of employees in all institutions about the importance of gathering information and maintaining up-to-date databases to monitor the extent of violence and demographic groups affected, so as to better plan policies, programs, and services that will best meet the needs of target groups. Install a database for Kosova-wide monitoring of forms of gender-based violence and clarify responsibilities among institutions for gathering and reporting data.
- Victim Advocates, KPS domestic violence unit officers, SSOs, and shelter counsellors should undergo extended and continuous training on recognizing symptoms of gender-based violence and a sensitive approach to assisting women provided by experts in these fields. The training Medica Kosova counsellors received provides a good example. Training should not only be for persons holding high level posts or randomly chosen representatives; ALL employees who deal directly with victims of violence should posses in-depth training so as not to re-traumatize the persons they are there to help.

Recommendations for MLSW, DSW, and CSWs:

- Urgently increase budget allocations to DSW so CSWs can carry out responsibilities under existing Law, hiring more qualified SSOs and financing basic operating costs like fuel, vehicles, and phones.
- Involve shelter representatives in re-evaluating and changing budget lines for funding of shelters to meet shelters' most urgent needs, ensuring coverage of essential costs like rent, utilities, and salaries for shelter staff. Sign a memorandum of understanding for long-term support of shelters.
- Improve oversight to ensure that SSOs follow standard operating procedures, the "minimum professional standards" including confidentiality, and laws pertaining to gender-based violence. Conduct job performance reviews of SSOs, considering each SSO's past performance, capacity for improvement, and qualifications. Establish a reporting system and inform the public how to report cases of misconduct among SSOs. Unqualified SSOs without the capacity for improvement or who have a poor track record should be let go, and new, qualified staff should be recruited.

Recommendations for KPS:

- Ensure police officers are sensitive in their approach with women who have experienced violence.
- More actively arrest perpetrators of violence.
- Actively investigate traffickers, places where trafficking could be occurring, and the legitimacy of paper-work used by traffickers, which currently makes trafficking legal on paper because false papers used by traffickers justify (trafficked) women's work in Kosova.
- Train further KPS staff responsible for statistics, including the importance of disaggregating data and making disaggregated data available to the public.

Recommendations for the Ministry of Justice and VAAD:

- Immediately create and use forms with all demographic categories and install an electronic database at the municipal and national level for improved monitoring of the extent of gender-based violence and demographic groups affected. Analyse data and make annual reports available to the public.
- Ensure timely review of requests for protection orders in order to prevent future violence.
- Train all judges and lawyers to ensure a sensitive approach to women who have suffered violence.

Recommendations for the Ministry of Health:

- Ensure greater oversight of private clinics, making all private clinics submit annual if not monthly reports regarding illnesses treated and operations performed. Clinics that do not report or report falsely should be warned and then closed.
- Develop standard procedures for all public and private clinics for treating, communicating with, and referring victims of gender-based violence to assistance programs. Then train health professionals to recognize signs of violence and refer patients to assistance programs.
- Decrease corruption by 1) increasing the salaries of healthcare professionals and 2) making and enforcing a regulation against public health employees working at private clinics simultaneously.
- Enforce existing disciplinary procedures that allow citizens to report misconduct and malpractice to the human relations office in the Ministry. Improve professionalism among healthcare workers including implementing codes of conduct that guarantee confidentiality. Ensure doctors compensate patients fairly for malpractice or, in extreme cases, close these clinics and ensure they remain closed (not re-opening in a different location under a different name).
- Replace public health employees who do not follow codes of conduct, maintain strict codes of confidentiality, and/or provide the best quality care within their capacity. Ridding the system of poor, superfluous staff can release funds for better staff, so they receive more adequate levels of pay.
- Ensure that all private and public clinics maintain individual records for all patients treated and submit monthly or annual reports toward improving the monitoring of Kosova-wide health issues. The Medica system of data collection sets an example of a standard that could be employed throughout Kosova, following in-depth training for doctors.

Recommendations for the Ministry of Education:

- Implement regulations stipulating schools must accept all students without discrimination. Sign a memorandum of understanding with shelters, agreeing that all municipal departments of education will cooperate with shelters to ensure the attendance of children receiving shelter.
- Provide free of charge exams to women in shelters or on state social assistance toward increasing their educational level, which can increase their chances of securing employment and decrease poverty.
- Include violence against women in human rights curricula throughout the education system.

Recommendations for Shelters:

- Form joint and/or individual fundraising strategies for the next five years, which include likely sources of funding, as well as ideas for new fundraising tactics, such as local community fundraising events.
- Require all staff who interact with clients to undergo advanced and continuous training in psychology and counselling; establishing trust with the client; identifying symptoms of trauma in clients and empowering clients; and trauma integration. Training should not be short-term, but rather professional specialization training provided by experts in these fields, like that attended by Medica Kosova counsellors.
- Identify opportunities for clients to attend skills-based training, especially in skills desired by the current market / economy, increasing their chances of employment and economic independence.
- Establish clearer systems for monitoring the situation of former clients to prevent repeat violence.
- Develop a support group like “Survivors of Violence Anonymous” where formerly sheltered women or women suffering violence can gather anonymously and in the presence of a psychologist or psychiatrist to discuss the challenges they face and help each other identify solutions.

Recommendation for other NGOs:

- Perhaps through non-threatening women's groups, continue to reach out to women who may be living in violent home situations, offering information about assistance programs and contraceptive methods that can be hidden from partners.
- Instigate media campaigns targeting abused women, their friends, and family members with information about assistance programs and legal rights, including protection orders.
- Organise joint Kosova-wide campaigns to debunk existing myths about violence against pregnant women and encourage better care for women, especially during pregnancy.
- Organise campaigns in cooperation with the Government of Kosova and famous personalities to de-stigmatize rape and encourage families to support raped women to receive assistance.
- Spread information about trafficking recruitment practices, targeting children in poor and rural areas with low levels of education, including all minority populations.
- Organise programs led by male professionals that assist men to work through war trauma toward decreasing domestic violence.
- Continue awareness-raising efforts that emphasize the importance of preventative healthcare, including regular gynaecological and mammography exams. Raise awareness about women gynaecologists working nearby. Target rural areas and households where violence may be occurring.
- Increase public awareness about the process through which patients can file complaints with a human relations office in the Ministry of Health regarding misconduct among health employees. Monitor the functioning of this system and quality of service provided in hospitals, pressuring the Ministry to close clinics that fail to follow guidelines or work illegally.
- Advocate for and monitor the implementation of the other recommendations in this report.

Recommendations for Donors:

- Continue financially supporting shelters until the Government of Kosova takes over this responsibility. Support shelter efforts to advocate for permanent government support. Ongoing funding could enable shelters to preserve their independence as NGOs, which at present allows them to provide better quality services than government facilities.
- Re-evaluate funding strategies in coordination with shelters to ensure shelters receive funds in areas most needed. Without rent, utilities, and counsellors working 24-hours to care for, promote the rights of, and protect victims of violence shelters can neither function nor protect victims of violence. Therefore the costs for programmatic staff, rent, and utilities of shelters should be considered programmatic rather than operational costs, as they are absolutely necessary for shelters' programs.
- Support full analyses of institutions' data collection systems; the installation of more advanced software for data collection; and training for civil servants responsible on the importance of gathering statistics, using new data collection systems, and creating statistical reports for public distribution.
- Encourage the highest levels of the Government of Kosova to implement effective and properly-funded measures that address violence against women.
- Provide continued and additional support to Medica, which sends trained professionals into the field to provide confidential, quality, free of charge counselling and healthcare to women in isolated areas.
- Finance scholarships for more women to become gynaecologists.
- Support the development of a quality reintegration program for women who have suffered violence.
- Urgently finance PVPT in order to prevent (re)trafficking until greater government support is secured.

Works Cited

American Bar Association Central and Eastern European Law Initiative and the American Association for the Advancement of Science. "Political Killings in Kosova/Kosovo." March - June 1999. At http://shr.aaas.org/Kosovo/pk/p1_2.html, accessed 8 December 2007.

Amnesty International. *Kosovo (Serbia and Montenegro: 'So does that mean I have rights?': Protecting the human rights of women and girls trafficked for forced prostitution in Kosovo*. London: Amnesty International, May 2004. AI Index EUR 70/010/2004. At http://web.amnesty.org/library/Index/ENGEUR700102004, accessed 9 December 2007.

Assembly of Kosova. *Kosovo Action Plan to Combat Trafficking in Human Beings*. 2005. At http://www.unmikonline.org/civpol/gender/doc/Kosovo_trafficking.pdf, accessed April 2007.

_____. Law No. 2004/2. On Gender Equality in Kosova.

_____. Law No. 2004/3. Antidiscrimination Law.

_____. Law No. 2004/4. Kosova Health Law. At http://www.assembly-kosova.org/common/docs/ligjet/2004_4_en.pdf, accessed 12 December 2007.

_____. Law No. 2004/5. On Private Practices in Health. At http://www.assembly-kosova.org/common/docs/ligjet/2004_50_en.pdf, accessed 12 December 2007.

_____. Law No. 2004/32. Family Law of Kosova. At http://www.unmikonline.org/regulations/unmikgazette/02english/e2006regs/RE2006_07_ALE2004_32.pdf, accessed 12 December 2007.

_____. Law No. 2004/38. On the Rights and Responsibilities of the Citizens in the Health Care. At http://www.assembly-kosova.org/common/docs/ligjet/2004_38_en.pdf, accessed 12 December 2007.

_____. Law No. 2005/02-L17. On Social and Family Services. At http://www.assembly-kosova.org/common/docs/ligjet/2005_02-L17_en.pdf, accessed 16 December 2007.

_____. *The Kosova Action Plan for the Achievement of Gender Equality*. 2004. At http://www.unmikonline.org/civpol/gender/doc/Kosova-Action-Plan-for-gender-Equality.pdf, accessed 19 February 2008.

Association of Psychology Students. "Crisis Line in Prishtina: Early Experiences," presented at "International Scientific Conference on Prevention of Suicide Behaviour Among Youth of Kosova - Challenge or Chance." Prishtina, Kosova: 19-21 November 2007.

Basha, Vlora and Inge Hutter for UNFPA, Population Research Centre of Groningen, and Index Kosova. *Pregnancy and Family Planning in Kosovo: A Qualitative Study*. Prishtina: December 2006.

Centre for Protection of Women and Children (CPWC). *Annual Report 2001*. Prishtina: CPWC, 2002.

_____. *Annual Report 2002*. Prishtina: CPWC, 2003.

_____. *Annual 2003*. Prishtina: CPWC, 2004.

_____. *Social Map on Women of Kosova 1995-2000 Sociological Interpretation*. Prishtina: CPWC, 2004.

Clark, Cari. "Gender-based Violence Research Initiatives in Refugee, IDP, and Post-Conflict Settings: Lessons Learned." Working Paper No. 17. Reproductive Health for Refugees Consortium (RHRC). 2003.

Clark, Howard. *Civil Resistance in Kosovo*, London: Pluto Press, 2000.

Comer, Ronald J. *Fundamentals of Abnormal Psychology, Second Edition*. Virginia, U.S.A.: W H Freeman & Co, Gordonsville, 1999.

Coomaraswamy, Radhika, "Report of the Special Rapporteur on violence against women, its causes and consequences: Violence against women perpetrated and/or condoned by the State during times of armed conflict (1997-2000)," Integration of the Human Rights of Women and the Gender Perspective: Violence Against Women. UNs Economic and Social Council. Commission on Human Rights. 57th session. 23 January 2001. E/CN.4/2001/73. At http://www.unhchr.ch/Huridocda/Huridoca.nsf/0/8a64f06cc48404acc1256a22002c08ea/$FILE/G0110444.pdf, accessed 8 December 2007.

Corrin, Chris. "Developing Policy on Integration and Re/construction in Kosova." *Development in Practice, Volume 13, Numbers 2 &3.* Eds. Haleh Afshar and Deborah Eade. Oxford: Oxfam GB Carfax Publishing, May 2003. At http://www.paixbalkans.org/contributions/chris%20corrin%20integration%20Kosovo.pdf, accessed 8 December 2007.

_____. *Gender Audit of Reconstruction Programs in South Eastern Europe*. New York, Fairfax: Urgent Action Fund and Women's Commission for Refugees and Children, June 2000. At http://www.bndlg.de/~wplarre/GENDER-AUDIT-OF-RECONSTRUCTION-PROGRAMMES--ccGAudit.htm, accessed 26 July 2007.

_____. "Post-conflict Reconstruction and Gender Analysis in Kosova." *International Feminist Journal of Politics*, *Volume 3, Issue 1*, pp. 78-98. Routledge, 1 April 2000.

_____. "Post-Conflict Situation in Kosovo" in *If Not Now, When?*, 11-16 June 2001. At http://www.rhrc.org/pdf/Kosovo.pdf, accessed 13 November 2007.

Council of Europe. *Convention for the Protection of Human Rights and Fundamental Freedoms*. At http://conventions.coe.int/Treaty/en/Treaties/Html/005.htm, accessed 27 November 2007.

European Commission. “Kosovo (under UNSCR 1244) 2005 Progress Report.”
European Roma Rights Centre. “Press statement: the current situation of Roma in Kosovo,” 9 July 1999.
Fitamant, S. *Assessment Report on Sexual Violence in Kosovo*, New York: UNFPA, 2000. At http://www.ess.uwe.ac.uk/Kosovo/Kosovo-Current%20News196.htm, accessed November 2007.
Group for Analysis and Study of Gender Equality. *Know Your Rights*. Prishtina: 2005.
Heise, Lori. “Gender-based abuse: the global epidemic.” Cad. Saúde Pública vol. 10, suppl. 1. Rio de Janeiro, 1994.
Human Rights Watch (HRW). *Abuses against Serbs and Roma in the New Kosovo*. August 1999.
_____. *Humanitarian Law Violations in Kosovo*. U.S.A.: HRW, October 1998.
_____. *Kosovo: Rape as a Weapon of Ethnic Cleansing*. HRW, 2000. At http://www.hrw.org/reports/2000/fry/Kosov003-02.htm#TopOfPage, accessed 8 December 2007.
_____. *A Week of Terror in Drenica: Humanitarian Law Violations in Kosovo*. U.S.A.: HRW, February 1999.
Hynes, Michelle and Barbara Lopes Cardozo. “Sexual Violence Against Women in Refugee Settings.” *Journal of Women’s Health and Gender-based Medicine*, 9, no. 8. 2000, pp. 819-824.
Idaho Coalition against Sexual & Domestic Violence (ICASDV). *It Shouldn’t Hurt to Go Home: The Domestic Violence Victim’s Handbook*. Boise, Idaho: Idaho Coalition Against Sexual & Domestic Violence, 2007.
International Criminal Tribunal for the Former Yugoslavia. Case No. IT-99-37-PT. Second amended indictment. 29 October 2001.
International Organisation for Migrations (IOM). *A General View of the Psychological Support and Services Provided to Victims of Trafficking*. Kosova: IOM Kosovo, September 2003.
_____. “IOM Kosovo Activities Overview.” Given to KWN by IOM, November 2007.
International Rescue Committee (IRC). Website, “Addressing Gender-based Violence.” At http://www.theirc.org/media/www/addressing_genderbased_violence_1.html, accessed 9 December 2007.
IRIN. “Sexual Assault and harassment.” At http://www.irinnews.org/pdf/bb/11IRIN%20Duo-Sexual%20Assault%20&%C6%92.pdf, accessed December 2007.
Kosovar Gender Studies Centre by Luljeta Demolli. “Indicators for Monitoring the Actual Situation of the Countries Concerning Violence against Women.” unpublished paper, 2005.
_____. *Monitoring Security in Kosovo from a Gender Perspective*. Prishtina: KGSC, 2007.
Kosova Police Service (KPS). *Annual Report 2006 & 2007. Cases of Domestic Violence in Kosovo.* November 2007.
_____. “Paraqitja tabelore e punës në gjashtë mujorin e pare / 2007” (Sheet of six months work / 2007).
_____. “Policies and Procedures.”
_____. “Total Female Victim Count of Below Offences (2006-2007)(Committed-Attempted).” Unpublished information given to KWN. 2008.
Kosova Rehabilitation Centre for Torture Victims (KRCT), *Annual Report 2004*. Prishtina: KRCT, 2005.
_____. *Coping with Torture*, Prishtina: KRCT, 2005.
Kosova Women’s Network (KWN). *Kosovar Women’s Voice*, Vol. V, Issue I, December 2006 - February 2007.
_____. Monitoring Implementation of UNSCR 1325 in Kosovo. Prishtina: KWN, 2008.
_____ and Kosova Coalition against Family and Sexual Violence. *Needs Assessment of Shelters*. Internal unpublished document. Prishtina: October 2007.
_____, KWI, and UN Country Team in Kosova. *Voice of Women*. Prishtina: December 2004.
Kvinna till Kvinna Foundation. *Rethink! A Handbook for Sustainable Peace*. Halmstad: Bulls tryckeri, 2004.
Malcolm, Noel. *Kosovo: A Short History*. London: Macmillan or Papermac, 1998.
Medica Mondiale Kosova by Flutura Zajmi. *Stop Violence against Women: Results of a Survey Undertaken in Gjakova*. Gjakova: Medica Mondiale Kosova, November 2000.
_____. “Women for Women” organisational fact sheet.
Medica Kosova. “War is always violence against women.” Juridical conference 13-15. Gjakova: November 2003.
Merriam-Webster, Online Medical Dictionary. At http://medical.merriam-webster.com, accessed 8 December 2007.
Miles, M. B. and A. M. Huberman. *Qualitative data analysis: An expanded sourcebook*. Thousand Oaks, CA: Sage, 1994.
Ministry of Labour and Social Welfare (MLSW). Sheet including statistics from 2002 to 2007. Prishtina: November 2007.
Murray, Scott A. and Lesley J. C. Graham, “Practice based health needs assessment: use of four methods in a small neighbourhood” in *BMJ* 1995; 310:1443-1448 (3 June).
Organisation for Security and Cooperation in Europe (OSCE) Mission in Kosovo. *Kosovo/Kosova, As Seen, As Told, Part III.* At http://www.asylumlaw.org/docs/Kosovo/osce99_Kosovo_asseenastold.pdf, accessed 8 December 2007.
_____ Department of Human Rights, Decentralization and Communities, Legal System Monitoring Section. “Report on Domestic Violence Cases in Kosovo.” July 2007. At http://www.osce.org/item/25770.html, accessed 3 March 2008.

_____ and MLSW. *Responding to Incidents of Domestic Violence: Manual for Social Services Officers*. Prishtina: January 2006. At http://www.osce.org/publications/mik/2006/03/18415_564_en.pdf, accessed 10 November 2007.
Pringle, James. "Sex slave trade thrives among Kosovo troops." *The Times* (UK). 5 February 2000. At http://www.friends-partners.org/lists/stop-traffic/1999/0643.html, accessed 8 December 2007.
Regional Clearing Point. "First Annual Report on Victims of Trafficking in South Eastern Europe." 2003. At http://www.childtrafficking.org/pdf/user/rcp_first_annual_report_on_victims_of_trafficking_see.pdf, accessed 19 February 2008.
Rehn, Elisabeth and Ellen Johnson Sirleaf. *War Women Peace. Progress of the World's Women, Vol. 1*. New York: UNIFEM, 2002.
Rizvanolli, Ilire, Lauren Bean, and Nicole Farnsworth. "Kosovar Civil Society Report to the United Nations on Violence against Women." Kosovar Gender Studies Centre. At http://www.un.org/womenwatch/daw/vaw/ngocontribute/Kosovar%20Gender%20Studies%20Center.pdf, accessed 12 December 2007.
Roopnaraine, Dr. Terry for Save the Children Kosova. *Child Trafficking in Kosovo*. Save the Children Kosovo, July 2002. At http://www.savethechildren.it/2003/download/pubblicazioni/traffickingKosovo/SC_Child_trafficking_in_Kosovo.pdf, accessed 19 July 2006.
Ryan, William. *Blaming the Victim*. Vintage Books, 1976.
Shoqata e Grave Refleksione (Reflections Women's Group). "Dhuna kunder grave dhe tabute psikosociale qe favorizojne dhunen" ("Violence against women and psychosocial factors which favour violence"). Tirana: 1995.
Statistical Office of Kosova (SOK). *Demographic, social, economic situation and reproductive health in Kosovo following the 1999 conflict*. November 1999 - February 2000.
_____. "Kosovo and its Population." At http://www.ks-gov.net/ESK/esk/pdf/english/population/Kosova_population.pdf, accessed 6 December 2007.
_____. "Labour Market Statistics 2004." Prishtina: SOK, 2004.
_____. "Series 4: Population Statistics: Kosovo Vital Statistics 2006," Prishtina: SOK, 2007.
Swiss Agency for Development and Cooperation in Kosovo. "Gender in Kosovo - Context analysis of COOF Pristina." Prishtina: January 2004.
United Nations Agencies in Kosovo. *Where Will We Be in 2015: Millennium Development goals Baseline Report for Kosovo*. March 2004.
United Nations Children's Fund (UNICEF). *Situation Analysis of Children and Women in Kosovo*. Kosovo: UNICEF, 2004.
_____. *Trafficking in Children in Kosovo. A study on protection and assistance provided to children victims of trafficking*. Prishtina: 2004. At http://www.unicef.org/Kosovo/Kosovo_media_pub_prot.009.04.pdf, 8 December 2007.
UNICEF, UNOHCHR, and OSCE/ODIHR. By Barbara Limanowska. *Trafficking in Human Beings in South Eastern Europe: 2004 Focus on Prevention*. UNICEF, 2002. At http://www.unicef.de/download/trafficking-see.pdf, accessed 19 February 2008.
UNICEF et al., "Perinatal Situation in Kosova for Years 2000 - 2004." Prishtina: UNICEF, 2005.
United Nations Commission on Human Rights. "Integration of the Human Rights of Women."
United Nations Development Programme (UNDP). *Human Development Report Kosovo 2004: The Rise of the Citizen: Challenges and Choices*. Prishtina: UNDP, 2004.
_____. Project Summary, Hospitals Reconstruction Project. 23 July 2002.
United Nations Development Fund for Women (UNIFEM). By Rachel Wareham. *No Safe Place: An Assessment on Violence against Women in Kosovo*. Prishtina: UNIFEM, 2000.
_____. *Surveys on Gender Equality Mechanisms*. Kosovo: UNIFEM, December 2004.
_____. *Women at Work. The Economic Situation and Opportunities for Women in Kosovo*. Prishtina: UNIFEM, 2000.
United Nations General Assembly. Convention against Transnational Organized Crime.
_____. Convention on the Elimination of All Forms of Discrimination Against Women.
_____. Convention on the Rights of the Child. At http://www.ohchr.org/english/law/pdf/crc.pdf, accessed 27 November 2007.
_____. Declaration on Basic Principles of Justice for Victims of Crime and Abuse of Power. At http://www.ohchr.org/english/law/victims.htm, accessed 27 November 2007.
_____. Declaration on the Elimination of Violence against Women.
_____. International Covenant on Economic, Social and Cultural Rights.
_____. International Covenant on Civil and Political Rights. At http://www.ohchr.org/english/law/ccpr.htm, accessed 27 November 2007
_____. Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children.
_____. Universal Declaration of Human Rights. At http://www.un.org/Overview/rights.html, accessed 27 November 2007.

_____. Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power. At http://www.un.org/documents/ga/res/40/a40r034.htm, accessed 3 March 2007.
United Nations High Commission for Refugees (UNHCR). "2002 Annual Statistical Report: Serbia and Montenegro."
_____ and OSCE, *Assessment of the Situation of Ethnic Minorities in Kosovo (period covering November 1999 through January 2000)*. 12 July 2000.
United Nations Population Fund (UNFPA). *Ending Violence against Women: Programming for Prevention, Protection and Care*. New York: UNFPA, 2006.
_____. *Gender-Based Violence in Kosovo: A Case Study*. Prishtina: UNFPA, May 2005. At http://www.unfpa.org/women/docs/gbv_Kosovo.pdf, accessed 8 December 2007.
_____, KPS, SOK. *Demographic, social and reproductive health situation in Kosovo, Result of a household survey* July 2003. Prishtina: January 2005.
United Nations Mission in Kosova (UNMIK). "Combating Human Trafficking in Kosovo: Strategy & Commitment." May 2004. At http://unpan1.un.org/intradoc/groups/public/documents/UNTC/UNPAN019190.pdf, accessed 9 December 2007.
_____. Regulation No. 1999/1. On the Authority of the Interim Administration in Kosovo.
_____. Regulation No. 1999/24. On the Law Applicable in Kosovo. (Amended by UNMIK Regulation 2000/59).
_____. Regulation No. 2000/45. On Municipal Self-Governance.
_____. Regulation No. 2001/04. On the Prohibition of Trafficking in Persons in Kosovo.
_____. Regulation No. 2001/09. On the Constitutional Framework for Provisional Self-Government in Kosovo. (Amended by UNMIK Regulation No. 2002/9). At http://www.unmikonline.org/constframework.htm, accessed 7 December 2007.
_____. Regulation No. 2003/1. Amending Applicable law on Criminal Offences involving Sexual Violence. At http://www.unmikonline.org/regulations/unmikgazette/02english/e2003regs/RE2003_01.pdf, accessed 12 December 2007.
_____. Regulation No. 2003/12. On Protection against Domestic Violence.
_____. Regulation No. 2003/25. Provisional Criminal Code of Kosovo. At http://www.unmikonline.org/regulations/2003/RE2003_25_criminal_code.pdf, accessed 7 December 2007.
_____. Regulation No. 2003/26. Provisional Criminal Procedure Code of Kosovo.
_____. Regulation No. 2004/4. Termination of Pregnancy and Artificial Sterilization.
_____ Office for Gender Affairs. *Women and Men in Kosovo*. Prishtina: UNMIK, 2003.
_____ Police and Public Information Office. *Crime Statistics: Rape and Attempted Rape Cases by Region. 2000.* At http://www.civpol.org/unmik/stats/2000/00rapereg.htm, accessed 29 November 2007.
United States Committee for Refugees and Immigrants. "World Refugee Survey 2000: Yugoslavia." At http://www.refugees.org/countryreports.aspx?__VIEWSTATE=dDwxMTA1OTA4MTYwOztsPENvdW50cnlERDpHb0J1dHRvbjs%2BPrImhOOqDI29eBMz8b04PTi8xjW2&cid=443&subm=19&ssm=29&map=&_ctl0%3ASearchInput=+KEYWORD+SEARCH&CountryDD%3ALocationList, accessed 8 December 2007.
United States Department of State. *Trafficking in Persons Report: June 2004*. Washington, D.C.: United States Department of State, 2005.
Weber, Renate and Nicole Watson eds. *Women 2000: An Investigation into the Status of Women's Rights in Central and South-Eastern Europe and the Newly Independent States*. Vienna: International Helsinki Federation, 2000.
World Bank. *Kosovo Poverty Assessment, Promoting Opportunity, Security and Participation for All*.
World Health Organisation (WHO). *Definitions and Indicators in Family Planning Maternal & Child Health and Reproductive Health used in the WHO Regional Office for Europe*. Reproductive, Maternal and Child Health European Regional Office. World Health Organisation, January 2001.
_____. *Multi-country Study on Women's Health and Domestic Violence against Women: Initial Results on prevalence, health outcomes and women's responses*. Switzerland: WHO, 2005. At http://www.who.int/gender/violence/who_multicountry_study/summary_report/summary_report_English2.pdf, accessed 19 February 2008.
Women's Wellness Centre, Reproductive Health Response in Conflict Consortium, and the United States Centres for Disease Control and Prevention. *Prevalence of Gender-based Violence: Preliminary Findings from a Field Assessment in Nine Villages in the Peja Region, Kosovo*. Peja: Women's Wellness Centre, December 2006.

Appendix 1. Survey of Prior Research on Gender-based Violence and Reproductive Health

As of 2007, little research had examined gender-based violence *and* reproductive health or the potential inter-relatedness of these issues throughout Kosova. This survey of prior research provides readers with background information about any existing research on these issues, some of which is cited in this report.

The Women's Wellness Centre, in cooperation with the Reproductive Health Response in Conflict Consortium and the United States Centres for Disease Control and Prevention, published a report entitled *Prevalence of Gender-Based Violence: Preliminary Findings from a Field Assessment in Nine Villages in the Peja Region, Kosovo* in December 2006. Researchers interviewed 332 women of reproductive age (18-49) from nine villages in Peja regarding violence by family members and "armed actors" during three periods: conflict and war (1988-1999), displacement (1998-1999), and after the conflict (1999-August 2002 when research was conducted). The research examined types of violence committed, sustained injuries, violence resulting in pregnancy, sources of assistance, and the emotional health of the respondent.[1]

UNFPA published a report entitled *Gender-based Violence in Kosovo: A Case Study* in 2005, which discussed types of gender-based violence affecting women in Kosova, governmental responses to gender-based violence, NGO responses to violence, and problems with current protection and assistance programs. The report includes recommendations to Kosova institutions, NGOs, and donor agencies on how to improve assistance to women who suffered violence. The primarily qualitative research involved few statistics regarding the extent of gender-based violence and only briefly discussed possible affects of violence on reproductive health based on research conducted in other countries.

UNIFEM published the most thorough examination of violence against women in Kosova in 2000 entitled *No Safe Place: An Assessment on Violence against Women in Kosovo*. Following trust-building exercises, the methodology employed group discussions and in-depth interviews with Kosovar women who regularly attended women's groups on their experiences and attitudes related to violence against women. More than 300 women and 70 activists contributed to discussions, representing a rural/urban balance throughout Kosova. In total, 213 women "anonymously and confidentially" filled out questionnaires focusing on violence at home, circulated after group discussions.[2] The report also drew from interviews with other community members, including men, and a survey of Serbian women.[3]

Medica Mondiale Kosova published a short report, *Stop Violence against Women: Results of a Survey Undertaken in Gjakova* with findings based on interviews with 500 people (440 women and 60 men) in Gjakova region in 2000. The sampling method was unclear, but the survey involved people from various age groups, education levels, religions, and ethnicities (e.g., Albanian, Bosnian, Roma, Turkish).[4]

The Kosovar Gender Studies Centre (KGSC) sent a brief "Kosovar Civil Society Report to the United Nations on Violence against Women" that summarised available statistics on violence against women and described the activities of women's organisations in this field as of 2005. KGSC also wrote a paper entitled "Indicators for Monitoring the Actual Situation of the Countries Concerning Violence against Women." The KGSC report *Monitoring Security in Kosovo from a Gender Perspective* includes sections on domestic violence and trafficking.[5]

In relation to reproductive health, UNFPA partnered with SOK and IOM to conduct household demographic, socioeconomic, and reproductive health surveys in 1999-2000 and 2003. CARE International published an *Assessment Report of Family Planning Practices, Knowledge and Attitude* in 2003. Vlora Basha and Inge Hutter for UNFPA, the Population Research Centre of Groningen, and Index Kosova released a report entitled *Pregnancy and Family Planning in Kosovo: A Qualitative Study* in December 2006. Considering that the research was qualitative and the sample insignificant (19 focus groups and 18 interviews with women who had undergone abortions), the findings could not be generalized.

---

[1] WWC et al., p. 4.

[2] The questionnaire was based on an instrument used in Albania in 1995. In Shoqata e Grave Refleksione (Refleksions Women's Group), "Dhuna kunder grave dhe tabute psikosociale qe favorizojne dhunen," ("Violence against women and psychosocial factors which favour violence"), Tirana, 1995.

[3] *No Safe Place*, pp. 15, 20-21.

[4] Medica Mondiale Kosova, *Stop Violence against Women*, p. 6.

[5] Ilire Rizvanolli, Lauren Bean & Nicole Farnsworth, "Kosovar Civil Society Report to the United Nations on Violence against Women," KGSC: 2005. See the KGSC website for other reports: www.kgscenter.org.

Appendix 2. The Legal Framework[1]

UNMIK has promulgated and/or the Government of Kosova has adopted a number of regulations related to gender-based violence. While the existence of these regulations denotes progress, institutions continue to lack sufficient finances and capable human resources for implementing them.[2]

The Constitutional Framework of Kosova

The Constitutional Framework of Kosova (UNMIK Regulation 2001/9) stipulates that international human rights standards are applicable in Kosova, specifically listing the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); Universal Declaration of Human Rights; European Convention for the Protection of Human Rights and Fundamental Freedoms and its Protocols; International Covenant on Civil and Political Rights and the protocols thereto (ICCPR); Convention on the Rights of the Child; European Charter for Regional or Minority Languages; and Council of Europe's Framework Convention for the Protection of National Minorities.[3] Since it only recently became a state, Kosova has not submitted reports on its implementation of these and other international treaties and agreements. Even so, through UNMIK, the PISG submitted two official monitoring reports on ICCPR and ICESCR to the Human Rights Committee in 2007. UN agencies, international organisations, and Kosovar women's NGOs continue to support the implementation of these human rights standards, including monitoring progress toward their achievement. A brief description of each convention and declaration follows, including how it relates to gender-based violence and reproductive health.

CEDAW, adopted by the UN General Assembly on 18 December 1979 and entered into force on 3 September 1981 as an international treaty, calls upon states to condemn "discrimination against women," defined as:

> [A]ny distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.[4]

CEDAW speaks to the elimination of cultural practices that make women or men inferior or superior (Article 5a); the promotion of maternity "as a social function" and an understanding that both men and women are responsible for raising their children (Article 5b); the suppression of the trafficking of women and exploitation of women for prostitution (Article 6); and ensured equal access of women and men to participation in politics and public life (Article 7), education (10), employment (11), health (12), economic and social benefits (13), law (15), and marriage and family life (16). CEDAW emphasizes the special needs of rural women and their equal right to access all of the aforementioned state services (Article 14). CEDAW also calls for the establishment of oversight and reporting mechanisms to monitor countries' progress toward fulfilling the convention, including a committee on the elimination of discrimination against women (Article 17) and national reporting (Article 18).[5]

CEDAW General Recommendation 19 on Violence Against Women considers gender-based violence "a form of discrimination that seriously inhibits women's ability to enjoy rights and freedoms on a basis of equality with men." It defines gender-based violence as "violence that is directed against a woman because she is a woman or that affects women disproportionately […] including acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty." Discrimination under the Convention is not restricted to action by or on behalf of governments; it also calls upon State parties "to take all appropriate measures to eliminate discrimination against women by any person, organization or enterprise" by considering states responsible for private acts committed by individuals.[6] The Optional Protocol to CEDAW enables individuals and groups of women to complain to the Committee regarding violations of the

---

[1] This section draws from KWN, *Monitoring Implementation of UNSCR 1325 in Kosovo*, Prishtina: KWN, 2007.

[2] See UNIFEM, *Surveys on Gender Equality Mechanisms*, Kosovo: UNIFEM, December 2004; and European Commission, "Kosovo (under UNSCR 1244) 2005 Progress Report."

[3] UNMIK Regulation on the Constitutional Framework for Provisional Self-Government in Kosova. The Declaration on Basic Principles of Justice for Victims of Crime and Abuse of Power is not specifically mentioned, but the Constitutional Framework refers to the PISG's obligation to observe and implement human rights principles in general (comment by Ariana Qosaj-Mustafa on draft report).

[4] CEDAW, Article 1.

[5] In 2007, KGSC was working on a report assessing the degree to which governing authorities had addressed CEDAW implementation in Kosova.

[6] See CEDAW General Recommendation 19 on Violence Against Women, paragraph 9.

Convention. Although it is only applicable to States that have signed the Optional Protocol, it is extremely important for developing jurisprudence on CEDAW and gender-based violence rulings at the international level.[7]

The Universal Declaration of Human Rights, adopted by the UN General Assembly on 10 December 1948, states that all people are entitled to "life, liberty and security of person" without discrimination based on "race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status rights."[8] Article 4 prohibits the holding of any person for the purpose of slavery or servitude, and thus prohibits the trafficking of women and children for sexual servitude as a human rights abuse. Article 5 states that no person "shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment," which relates to all forms of violence against women. Article 13 governs the right to freedom of movement, making the isolation of women a human rights abuse. Article 16 states that only freely consenting individuals can enter into marriage, rendering forced, non-consensual marriage a human rights abuse. The Declaration further stipulates the rights to own property (Article 17); freely express one's opinion (19); participate in government (21); access social security (22); work, choose which form of employment, and receive equal compensation for equal work (23); and attend free elementary education (26). Article 25 refers to forms of protection with special care and assistance to mothers and children. Failing to provide these rights to women victims of gender-based violence may be interpreted as a human rights abuse.

The Council of Europe adopted the European Convention for the Protection of Human Rights and Fundamental Freedoms, also known as the European Convention on Human Rights, in Rome in 1950.[9] All states in the Council of Europe are party to the Convention. It governs the right to life (Article 2), prohibition of torture including "inhuman or degrading treatment or punishment" (Article 3), prohibition of slavery and forced labour (4), the right to liberty and security (5), and prohibition of discrimination including based on sex (14). The Convention also provides for the establishment and functioning of the European Court of Human Rights (Section II). In relation to gender-based violence and specifically domestic violence, Article 1 requires states to ensure rights and freedoms under the Convention in a domestic environment. Article 3 prohibits torture and degrading treatment.

The UN General Assembly adopted the International Covenant on Civil and Political Rights (ICCPR) on 23 March 1976. The Covenant guarantees political rights to women and men without discrimination based on sex (Article 2). It reaffirms that no person shall "be subjected to torture or to cruel, inhuman or degrading treatment or punishment" (7) or held in slavery or servitude (8). The Convention reaffirms rights to security of person (9), freedom of movement (12), freedom of expression (19), freedom to consent to marriage (23.2), equal rights and responsibilities in marriage (23.4), and equal protection under law (26). The Convention also calls for the establishment of a Human Rights Committee and provides for its operations (Part IV).

The Declaration on Basic Principles of Justice for Victims of Crime and Abuse of Power (DPJV), adopted by the UN General Assembly on 29 November 1985, provides for justice for victims of crime. DPJV is not specifically mentioned in the Kosova Constitutional Framework but falls under the PISG's broader responsibility to implement human rights principles. The Declaration defines "victims" as "persons who, individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions that are in violation of criminal laws operative within Member States, including those laws proscribing criminal abuse of power."[10] The Declaration states that the relationship between the victim and perpetrator are inconsequential; thus victimization within the family is included. The Declaration also states that victims must be "treated with compassion and respect for their dignity." Dependents and persons who interfere to prevent victimization are also protected. It calls for "expeditious, fair, inexpensive and accessible" justice, as well as security and privacy (Articles 5 and 6). If offenders fail to provide full compensation, the state is obliged to compensate financially "Victims who have sustained significant bodily injury or impairment of physical or mental health as a result of serious crimes," including dependents (Article 12). The State is accountable for ensuring that victims receive "the necessary material, medical, psychological and social assistance through governmental, voluntary, community-based and indigenous means" (Article 14), as well as information about social and health services. The Declaration calls for training "police, justice, health, social service and other personnel" so they have a sensitive approach and set procedures for assisting victims (Article 16).

[7] Ariana Qosaj-Mustafa contributed to writing this section.

[8] Universal Declaration of Human Rights, Article 2 and 3.

[9] Council of Europe, Convention for the Protection of Human Rights and Fundamental Freedoms.

[10] Declaration on Basic Principles of Justice for Victims of Crime and Abuse of Power, Article A1.

The Convention on the Rights of the Child was ratified by the UN General Assembly on 20 November 1989. The Convention stipulates that the "best interests of the child" (persons under age 18) must always be the "primary consideration" (Article 3). The State must combat the international trafficking of children (Article 11). Article 18 makes both parents or legal guardians responsible for child development and upbringing. Important to domestic and other forms of violence against children, Article 19 makes the State responsible for protecting children from "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child." The Convention calls for children's access to quality healthcare, including efforts to decrease "infant and child mortality," ensure women's access to pre- and post-natal care, and spread information related to child healthcare and preventative healthcare (Article 24). The Convention makes the State responsible, as needed, for providing the conditions necessary for basic living standards for "the child's physical, mental, spiritual, moral and social development" (Article 27), including free elementary education (Article 28) that provides the child with respect for "equality of the sexes," among other issues (Article 29). Article 32 further protects children from economic exploitation, which relates to child trafficking for labour or sexual purposes that would harm "the child's health or physical, mental, spiritual, moral or social development." Articles 34 and 35 specifically make the State responsible for combating sexual abuse or exploitation of children, and Article 37 further ensures that children should not "be subjected to torture or other cruel, inhuman or degrading treatment." In cases where children have been abused, the State must support "psychological and physical recovery" (Article 39). Part II of the Convention established the Committee on the Rights of the Child and its procedures.

The International Covenant on Economic, Social and Cultural Rights, which entered into force in 1976, calls upon all states to "recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health," including reduction of the still birth and infant mortality rates; prevention and treatment of diseases; and ensuring access to medical services.[11]

Law on Social and Family Services

The Law on Social and Family Services (2005/02-L17), adopted by the Assembly of Kosova in 2005 establishes the "legal grounds for the regulation and advancement of social and family services to persons in need and to families." The Law makes the Ministry of Labour and Social Welfare (MLSW) responsible for organizing social and family services. The Department of Social Welfare (DSW) under the Ministry must establish all standards of conduct for service providers, monitor the implementation of these standards, produce an annual published report on the performance of service providers including recommendations for improvement, and take responsibility for cases where social service providers prove incapable or do not perform their function according to specified standards.[12] The Institute for Social Policy holds status as a Department under the Ministry and is responsible for research on developing social and family services, as well as professional training in this area.[13] The General Social and Family Services Council establishes codes of ethics and conduct for service providers and decides whether professionals may be licensed to provide services, maintaining a registry of all professionals.[14] Through a clear process, the Council retains the power to reprimand, warn, suspend, or remove professionals. According to Law, one NGO representative holds a seat on the Council of 21 persons.

The Law provides for social assistance, counselling, and "in exceptional circumstances" material assistance for persons who "would not otherwise be helped."[15] It defines "persons in need" to include people suffering from domestic violence and human trafficking.[16] The Law enables anyone in need to visit a Centre for Social Welfare (CSW) and have "their circumstances assessed." While they are "entitled" to have their social assistance "needs met," this is only "provided that it is reasonable for the CSW to do so, taking into account […] the degree of need and the availability of resources with which to meet it."[17] CSWs are severely under-funded and therefore rarely

[11] International Covenant on Economic, Social and Cultural Rights, Article 12.

[12] Article 3.

[13] Article 4.

[14] Article 5.

[15] Articles 1.2 and 1.3a.

[16] People in need are defined to include "children without parental care, children with antisocial behaviour, juvenile delinquency, disordered family relationships, advanced age, physical illness or disability, mental disability, mental illness, vulnerability to exploitation or abuse, domestic violence, human trafficking, addiction to alcohol or drugs, natural or contrived disaster or emergency, or other cause that renders them in need" (Article 3.1e).

provide "entitlement" beyond minimal social assistance that does not cover people's basic living costs, activists said. The Law provides for NGO involvement in social and family service provision. However, MLSW reserves "the right to determine where, how and by whom these services will be delivered, including the right to provide these services directly itself if the circumstances warrant it."

According to the Law, "Social Services Officers" (SSOs) must be qualified in "social work, psychology sociology, law, pedagogy or other discipline closely related to social and family services," as well as licensed and registered with the General Social and Family Services Council. The Ministry is responsible for detailing "professional standards" for all SSOs and NGOs that provide social services, as well as "establishing mechanisms" to monitor the implementation of such standards. Organizations providing such services must follow the "regulations, directives and procedures" outlined by the Ministry. MLSW must provide financial means to organizations providing services for the Ministry by making annual allocations of funding in coordination with the Ministry of Economy and Finance.[18]

The Law also obliges professionals in the fields of teaching, medicine, psychology, dentistry, and policing to report cases of children "suffering from physical, sexual or psychological abuse from a parent or care giver" to the local CSW.[19] It gives SSOs the right to intervene to assist adults and children in violent situations, as well as to file protection orders on their behalf if they are not capable of doing so independently.[20] SSOs are responsible for providing their "expert opinion" during court trials,[21] and must treat all correspondence related to cases as confidential.[22]

Family Law

The Family Law, promulgated in February 2006, "regulates engagement, marriage, relations between parents and children, adoption, custody, protection of children without parental care, family property relations and special court procedures for disputes of family relations."[23] The Law strongly emphasizes reconciliation.[24] OSCE and MLSW expressed concern that "Placing a woman victim of domestic violence back in to the unsafe environment even with the marital counselling, may not always prevent domestic violence from re-occurring."[25] OSCE emphasized the importance of CSWs conducting risk assessments before suggesting that victims return home, according to the Law on Social Protection (Article 34). Under the Law, SSOs have three responsibilities related to the Institute of the Legal Guardian: to supervise parental rights, legally represent a child if a child is in serious danger, or recommend that the municipal court initiate a procedure to remove temporarily parental rights.[26]

Law on Marriage and Family Relations

An older version of Law superseded by the new Kosova Family Law, the Law on Marriage and Family Relations is still used in courts due to ambiguities in implementing the new law, as well as provisions that have not been covered by the new Law.[27]

Provisional Criminal Code of Kosova

Under the Provisional Criminal Code of Kosova (UNMIK Regulation 2003/25), certain criminal offences carry a higher sentence if the perpetrator commits the crime within a domestic relationship: light bodily harm (Article 153(4), grievous bodily harm (Article 154(3), threat (Article 161(3)8), sexual assault (Article 195(3)8), and degradation of sexual integrity (Article 196(3)7).[28] Other categories of violence cited in the Code include: deprives a female of her life knowing that she is pregnant (Article 147 (2), rape (Article 193 (2)1), forced marriage (Article 207 (1), trafficking in persons (Article 139 (5), and impermissi-

---

[17] Article 1.4.

[18] Article 2.10. Directorates in municipalities must fund social services in the region, including NGOs (Article 6.3).

[19] Article 10.6. Failure to report such cases can be prosecuted (Criminal Code, Article 156).

[20] Article 13.9.

[21] Article 14.

[22] Article 15.1. Breaching confidentiality can result in prosecution (Criminal Code, Article 189).

[23] Assembly of Kosova, Law Nr. 2004/32, Family Law of Kosova.

[24] See Articles 59 and 76-83. A mandatory reconciliation procedure is foreseen by the applicable law in cases of divorce. Currently, it seems that when domestic violence cases occur, the court through the CSW is obliged legally to reconcile the parties. The practice is affected in reality by the reconciliation mandate in cases of divorce (Comment by Ariana Qosaj-Mustafa on draft report.)

[25] OSCE and MLSW, p. 24.

[26] The Institute of the Legal Guardian is in the Law on Marriage and Family Relations (Article 22), Law on Social and Family Services (Article 7.2), and Law on Non-Contested Procedure (Article 5) (cited by OSCE and MLSW).

[27] Comment by Ariana Qosaj-Mustafa on draft report.

[28] OSCE and MLSW, p. 24.

ble termination of pregnancy (Article 152 (1)(2)(3), Article 195 (3)2), Article 117 (1)7).[29] UNMIK Regulation No. 2003/1 "Amending the Applicable Law on Criminal Offences involving Sexual Violence" clearly defines various forms of sexual violence.

Regulation on the Prohibition of Trafficking in Persons in Kosova

UNMIK Regulation 2001/4 On the Prohibition of Trafficking in Persons in Kosova uses the definition of trafficking from the UN Convention against Transnational Organized Crime. The Regulation makes human trafficking a criminal offence, punishable by two to twelve years in prison for adults and fifteen years maximum penalty for trafficking children. Organisers, facilitators, and users of trafficking services are also criminalized. The Regulation provides for protection and assistance services to trafficked persons, including the right to voluntary repatriation or residence in Kosova, witness protection, and prohibiting a trafficked person's personal history to be used as evidence in court, unless the defence has requested by application *in camera*.[30] The Regulation also stipulates that trafficked persons cannot be held criminally responsible for illegal entry or prostitution, among other charges related to being trafficked. Yet, the trafficked person is responsible for supplying evidence demonstrating that she or he was trafficked. Assistance programs will only be made available if such proof is provided. Further, the Ministry of Justice has yet to appoint the Victim Assistance Coordinator, responsible for implementing the Administrative Direction for assistance.[31]

The Advisory Office of Good Governance, Human Rights, Equal Opportunities and Gender Issues established an Inter-ministerial Group to Combat Trafficking of Human Beings in Kosova in 2003. The office involved the Prime Minister's Office, OSCE, IOM, Office for Gender Affairs, UNICEF, and women's NGOs including PVPT and CPWC, among others, to draft an Action Plan on Trafficking.[32] In May 2005, the PISG Council of Ministers adopted the "Kosova Action Plan to Combat Trafficking in Human Beings (2005-2007)." As of May 2004, UNMIK had a strategy for combating trafficking.[33]

Regulation on Protection against Domestic Violence

In 2003, UNMIK passed Regulation No. 2003/12 on "Protection against Domestic Violence."[34] Article 1.1 defines a "domestic relationship" to include two persons:

> (a) Who are engaged or married to each other or are co-habiting with each other with out marriage;
> (b) Who share a primary household in common and who are related by blood, marriage, or adoption or are in a guardian relationship, including parents, grandparents, children, grandchildren, siblings, aunts, uncles, nieces, nephews, or cousins; or
> (c) Who are the parents of a common child.

Importantly, the Regulation addresses, for example, the violence of a mother-in-law against a daughter-in-law and vice versa. Article 1.2 of the Regulation defines the following forms of domestic violence:

> (a) Inflicting bodily injury;
> (b) Non-consensual sexual acts or sexual exploitation;
> (c) Causing the other person to fear for his or her physical, emotional or economic well-being;
> (d) Kidnapping;
> (e) Causing property damage;
> (f) Unlawfully limiting the freedom of movement of the other person;
> (g) Forcibly entering the property of the other person;
> (h) Forcibly removing the other person from a common residence;
> (i) Prohibiting the other person from entering or leaving a common residence; or
> (j) Engaging in a pattern of conduct with the intent to degrade the other person.

These definitions set the grounds for issuing protection orders in a civil court procedure. Persons who experience these forms of violence can independently or with professional support from institutions or NGOs

---

[29] Provisional Criminal Code of Kosova.

[30] UNMIK Regulation 1999/24, On the Law Applicable in Kosova.

[31] Section 10. Assistance to victims in Kosova has not been conditioned by 2001/04. Only after the promulgation of Administrative Directive (AD) 2005/03 on implementing 2001/04 were the criteria for assistance set. However, AD 2005/03 is still not enforceable as the Victim Assistance Coordinator (VAC) within the Ministry of Justice has not been appointed. The VAC is foreseen to implement AD 2005/03 (comment by Ariana Qosaj-Mustafa on draft).

[32] Approximately fifty NGOs contributed to the plan (Government of Kosova, *Kosova Action Plan to Combat Trafficking in Human Beings*, 2005).

[33] UNMIK, "Combating Human Trafficking in Kosovo: Strategy & Commitment," May 2004.

[34] The Regulation considers the International Covenant on Civil and Political Rights, the European Convention on Human Rights and Fundamental Freedoms, CEDAW, and the International Convention on the Rights of the Child.

file for a protection order with the municipal court in the municipality where the petitioner lives. The protection order will protect them from the perpetrator of these crimes. Further, direct witnesses of domestic violence can also file for protection orders on behalf of the person in danger as well as for themselves if they are in danger of retribution from the perpetrator.[35] The Regulation provides for three types of protection orders that differ by the period for which they may be issued, the issuing authority, as well as the measures ordered. The Protection Order may last up to 12 months and must be issued within 15 days from when the court receives the petition. Protection orders can be extended beyond the first year for persons determined to still be in danger.[36]

While the Regulation enables victims to secure protection orders, the defined forms of violence are not all criminal offences. For example, the Provisional Criminal Code of Kosova does not consider "causing fear" or "engaging in a pattern of conduct with the intent to degrade the other person" criminal offences, so police cannot arrest perpetrators for such acts.[37] Criminal offences related to domestic violence include disclosing personal and family circumstances, sexual relations within family units, bigamy, and violating family obligations.[38] Other common crimes in the context of domestic relationships are establishing slavery, slavery-like conditions and forced labour; light bodily harm; grievous bodily harm; coercion; threat; rape; and sexual assault.[39] As of January 2003, all sexual offences such as rape were applicable within marital relations, as well.[40] The Provisional Criminal Code of Kosova also stipulates that crimes committed in a domestic relationship carry higher sentences.[41]

National Action Plan for the Achievement of Gender Equality

Following a consultative drafting process supported by UNIFEM involving women from politics and civil society as well as international experts, the Kosova Government adopted the National Action Plan for the Achievement of Gender Equality in 2004. The Plan, a framework for the implementation of a five-year strategy for gender equality from 2003-2007, assesses six critical areas of concern: education; economy; politics; health and social welfare; human rights and violence against women and children and culture. The plan also addresses violence against women and children, mentioning the prevention of trafficking and support for shelters protecting victims of trafficking.[42] Objective eight calls for gender awareness training for all government officials dealing with law, justice, medicine, social work, education, and policing so they will be more sensitive to "gender-based discrimination violence" and better assist victims. The plan calls for broad "public education" campaigns to increase awareness among women and children of their human rights and among the population about "the prevalence, causes and consequences of violence against women and children."[43] It commits to developing anti-discrimination measures and empowering vulnerable groups as well as outlining government responsibilities for coordinating and implementing measures. The plan does not include budget specifications and does not appoint particular institutions as responsible for implementing each objective. There has been little oversight as to its implementation. UNIFEM cooperated with KGSC for an initial evaluation, but as of 2007 no monitoring report or research evaluated fully the degree to which the plan was implemented.

Gender Equality Law

The adoption of the National Action Plan for the Achievement of Gender Equality was soon followed by the promulgation of the Gender Equality Law (UNMIK Regulation 2004/18). In addition to establishing progressive standards for achieving gender

---

[35] A protection order prohibits the perpetrator from "harassing, annoying, contacting or otherwise directly or indirectly communicating with the protected party and/or a person with whom the protected party has domestic relationship." It also prohibits the perpetrator from visiting the workplace of the protected party or other specified locales as well as limits the perpetrator's access to children, as appropriate. The three types of protection orders include: a protection order, an emergency protection order, and an interim emergency protection order. Municipal courts review petitions and decide whether to issue protection orders and emergency protection orders. The on-call or acting Regional Domestic Violence Commander can issue interim emergency protection orders as specified.

[36] Group for Analysis and Study of Gender Equality (GASGE), "Know Your Rights," Prishtina: 2005.

[37] OSCE and MLSW, p. 27.

[38] See Article 189 (1)(2), Article 2004 (1)(2)(3), Article 205 (1)(2)(3), and Article 212 (1)(2), respectively.

[39] OSCE and MLSW. See Article 137(3), Article 153(4), Article 154(3), Article 160(2), Article 161(3), Article 193(3)8), and Art 195(3)8), respectively.

[40] UNMIK Regulation 2003/1 amended applicable law on criminal offences that involve sexual violence.

[41] OSCE and MLSW, p. 27.

[42] Strategic objective eight, *The Kosova Action Plan for the Achievement of Gender Equality*.

[43] KWN, *Monitoring Implementation of UNSCR 1325 in Kosovo*, p. 27.

equality, it distributes responsibility for the achievement of equality throughout the Assembly, ministries, and local government bodies. The Law addresses all types of discrimination based on gender, calling for 40 percent representation of certain genders in particular social fields or in segments of such fields. Gender equality includes "all areas that should be included and respect gender equality: the Assembly of Kosova, government and ministries, local government bodies, Office for Gender Equality, gender equality attorney, political parties, civil society, economy, education and media."[44] The Law lacks clear definitions and guidelines, rendering it rather useless. As a legal expert commented, the law is the "magical mixture of everything and nothing at the same time."[45]

Anti-discrimination Law

UNMIK promulgated the Anti-Discrimination Law (Regulation 2004/32) in August 2004. The Law supports "coexistence, protection of human rights, fair representation of people of Kosova in the development process of democratic Self-governing institutions."[46] The Law forbids direct and indirect discrimination and also defines all of its forms: harassment, victimization, and segregation, among others. It addresses discrimination in all major spheres of social life: employment, education, social care, housing, personal security, and access to public life. Particularly important for women considering the gendered nature of power in society, the burden of proof is on the party accused of the discriminatory action; the individual or institution accused must prove that discrimination did not occur.[47]

Other Local and International Mechanisms

UNMIK created the Office for Gender Affairs in 2000 to advise on policy decisions and issues affecting women. Municipal Gender Officers and gender focal points within the ministries have also been established.

In 1994, the UN Commission on Human Rights appointed a Special Rapporteur on Violence against Women, and countries submit reports to the Special Rapporteur as part of the monitoring process. Although the Government of Kosova has not yet submitted reports because it does not have a seat in the United Nations, activists and women's groups in Kosova have contributed to reports.[48] UNMIK and the PISG reported to the Human Rights Committee on the ICCPR and ICESCR in 2006 and 2007.

Health and Healthcare

Understanding the legal framework pertaining to healthcare in Kosova can be useful for comprehending KWN's recommendations for the Ministry of Health, healthcare professionals, and other issues related to healthcare, especially reproductive health. The Kosova Health Law (Law No. 2004/4) establishes the "legal grounds for the regulation, advancement and the improvement of the provision of health care for the citizens of Kosova," including the healthcare system, healthcare activities, and financing of healthcare in Kosova.[49] The Law defines reproductive healthcare to include healthcare during "pregnancy, birth, and maternity as well as family planning, excluding forcing prevention of pregnancy" (Article 22.2b).

The Law on the Rights and Responsibilities of the Citizens in the Health Care (Law No. 2004/38) guarantees citizens' right to access the "highest attainable health standards." The Law establishes mechanisms to "protect and ensure" rights and responsibilities of citizens in the health care system, giving citizens the right to quality healthcare.[50]

The Law on Private Practices in Health, (Law No. 2004/50) provides the legal basis for regulating private health practices in order to advance and improve the health of citizens in Kosova.[51] The Law requires health professionals to follow set healthcare standards defined by the Ministry of Health, as well as for private healthcare facilities to be licensed in order to operate. The Ministry of Health holds the overall responsibility for monitoring these institutions (Article 8), and the Health Inspectorate must provide external supervision of their operations (Article 26). Further, the Law on Health Inspectorate (Law No. 02/L-38) created the Health Inspectorate within the Ministry of Health, which holds the responsibility for monitoring health institutions in Kosova (based on Article 102.1 of the Health Law). The Health Inspectorate must ensure that all "ethic and professional norms and standards approved by the Ministry of Health" are implemented.

---

[44] Law No. 2004/2, Law on Gender Equality in Kosova.

[45] Interview with KWN, December 2007.

[46] Law No. 2004/3, Anti-Discrimination Law.

[47] KWN, *Monitoring Implementation of UNSCR 1325 in Kosovo*, p. 27.

[48] For example, KGSC sent a report to inform the worldwide study on violence against women entitled, "Kosovar Civil Society Report to the United Nations on Violence against Women," prepared by Ilire Rizvanolli, Lauren Bean, and Nicole Farnsworth.

[49] Law No. 2004/4, Kosova Health Law.

[50] Law No. 2004/38 on the Rights and Responsibilities of the Citizens in the Health Care, 8 September 2004.

[51] Assembly of Kosova, Law No. 2004/5 on Private Practices in Health, 27 September 2004.

Appendix 3. A Brief History of Kosova's Recent Past[1]

Kosova is located in South East Europe, bordering Serbia, Macedonia, Albania, and Montenegro. In 2005, Kosova had an estimated 2,069,989 inhabitants.[2] Ethnic groups living in Kosova include Albanians (92 percent), Serbs (5.3 percent), and "Other" (Bosnian, Turkish, Roma, Ashkali, and Egyptians).[3] Kosova's 10,800 square kilometres of land is rich with coal, minerals, and water.[4] Under socialist Yugoslavia, Kosovar Albanians gained some rights, including the right to education in their own language. However, the economy remained weak and Kosovars had little impact on decision-making at the Yugoslav level because they did not have a political status equal to other republics within Yugoslavia.

In 1989, the government of Serbia abolished Kosova's status as an autonomous province. All decision-making power was transferred from Kosova to Serbia. Kosovar Albanians reacted by boycotting the government installed by Serbia. As a result, Albanian state employees, a significant workforce in Socialist Yugoslavia, were expelled from their jobs.[5] Some Albanians were also ousted from their apartments, Albanian language schools were closed, and the University of Prishtina shut down.[6] In response, Albanians formed parallel structures for political decision-making, education, and healthcare. Many Albanians emigrated due to political and economic pressure on behalf of the Serbian regime.[7] Albanians, especially intellectuals and political leaders, were arrested and prosecuted as "enemies of the state." Young Albanian men disappeared after being drafted into the Serbian military and students and citizens were killed during protests.[8]

In the late nineties, as Yugoslavia had disintegrated and wars were ending elsewhere in the region, Serb violence against Kosovar Albanians, including civilians increased. Villages were burned, people killed, property ruined, and items representing Albanian cultural heritage destroyed.[9] The international community which had ignored Kosovar Albanian requests for independence and evidence of human rights abuses on behalf of the government of Serbia decided to intervene following the murder or displacement of thousands of Albanians from their homes in 1998. In March 1999, the North Atlantic Treaty Organisation (NATO) initiated an airborne attack against Serb military forces and targets. During the NATO bombing, Serb forces retaliated by raping, murdering, and forcibly deporting an estimated one million Kosovar Albanians to other countries, primarily Albania and Macedonia.[10]

UN Security Council Resolution 1244, adopted on 10 June 1999, gave the United Nations Interim Administration Mission in Kosova (UNMIK) the responsibility to administer Kosova until its final political status could be decided. The Special Representative to the Secretary General (SRSG) possessed exclusive executive and legislative powers for appointing local administrators, judiciary, and policing.[11] In 2000, general municipal elections were held and in November 2001 national elections, which led to the formation of the Provisional Institutions of Self-Government (PISG). The PISG involved municipal governments, the Assembly of Kosova, a Prime

---

[1] Nexhmije Fetahu drafted this section.

[2] SOK, "Series 4: Population Statistics: Kosovo Vital Statistics 2006," Prishtina: SOK, 2007, p. 6.

[3] SOK website: http://www.ks-gov.net/ESK/, accessed 6 December 2007. In 2000, the Living Standard Measurement Survey showed the population to include 88 percent Albanians, 7 percent Serbs, and 5 percent other ethnic groups. Other ethnic groups included Muslim/Bosnians 1.9 percent, Roma 1.7 percent, and Turkish 1 percent (cited in SOK, "Kosovo and its Population."

[4] According to World Bank and Directorate for Mines and Minerals estimates, mineral resources in Kosova are worth approximately 13.5 billion euros.

[5] See Howard Clark, *Civil Resistance in Kosovo*, London: Pluto Press, 2000; and Noel Malcolm, *Kosovo: A Short History*, London: Macmillan or Papermac, 1998.

[6] See Clark and Malcolm.

[7] In 2002, UNHCR estimated that approximately 200,000 Kosovar Albanians live in Germany, 150,000 in Switzerland, 40,000 in Croatia, 35,000 in Sweden, 30,000 in Bosnian and Herzegovina, 25,000 in Albania, 23,000 in Austria, 15,000 in Slovenia, 8,000 in Belgium, 5,000 in France, 5,000 in Denmark, 4,000 in Italy, 4,000 in Norway, 2,500 in Great Britain, 2,000 in the Netherlands, 600 in Finland, and 200 in Luxemburg (UNHCR: 2002 Annual Statistical Report: Serbia and Montenegro, p. 9). Kosovar Albanians also live in the United States.

[8] See Clark.

[9] See HRW, *A Week of Terror in Drenica*.

[10] The American Bar Association Central and Eastern European Law Initiative and the American Association for the Advancement of Science estimated that ten thousand people were killed ("Political Killings in Kosovo/Kosova" March - June 1999). The U.S. Committee for Refugees and Immigrants suggested more than a million people were displaced ("World Refugee Survey 2000: Yugoslavia."

Minister, and a President. The PISG drafted and adopted laws, established ministries, and with time took over some competencies for administering Kosova from UNMIK. Still all law had to be promulgated by UNMIK, specifically the SRSG, to take effect. By 2007, the PISG held most competencies for administering Kosova though it still answered to UNMIK.

Kosova's political status had yet to be decided when this report was written. The final date for Kosova's status to be resolved was postponed numerous times in attempts to negotiate a fundamental disagreement between Belgrade, which wanted Kosova to remain part of Serbia, and the primarily Albanian Kosovar government that demanded independence. On 17 February 2007, the Government of Kosova declared independence and Kosova was recognized by key countries including the United States, Great Britain, France, and Italy. Serbia and its ally Russia, along with other countries that had concerns due to separatist movements within their own borders, did not recognize Kosova. While not all European Union (EU) members states recognized Kosova, the EU decided to send a mission, EULEX, to support to the new state, especially justice, combating organised crime, and ensuring the rights of ethnic minorities.

Kosova's political status, unclear for nine years after the war, slowed foreign investment. Kosova's economy remained ruined by communism and war. The weak economy and lack of accountability on behalf of decision-makers to citizens, international and local, impacted negatively all social systems, including social security, education, and healthcare.

[11] UNMIK Regulation No. 1999/1.

Appendix 4. Kosova Women's Network Efforts toward Addressing Gender-based Violence

The Kosova Women's Network (KWN), a network of 81 women's organisations representing various ethnic groups located throughout Kosova, has the mission to support, protect and promote the rights and the interests of women and girls throughout Kosova, regardless of their political beliefs, religion, age, level of education, sexual orientation and ability. KWN fulfils its mission through the exchange of experience and information, partnership and networking, research, advocacy and service. Through local and international advocacy, KWN strives to impact decision-making that affects women's lives. Since its inception in 2000, KWN has promoted women's rights, including the right to access quality health services and live without violence. KWN members have organized numerous campaigns throughout Kosova to raise awareness about gender-based violence, employing unique methods such as theatre performances, music videos, white ribbon marches that involve men, and films.

KWN members also provide legal aid, psychological support, medical treatment, and shelter to women who have experienced violence. In 2005, KWN members advocated to the Ministry of Labour and Social Welfare (MLSW) to provide financial support to shelters, especially considering that all institutions in Kosova depend upon and use the services of shelters for protecting victims of gender-based crimes. The advocacy efforts resulted in short-term partial funding for shelters in 2007. With support from UNFPA, KWN provided additional financial support to shelters in 2007, which enabled shelters that would have otherwise closed due to a lack of funds to remain open.

Kosova-wide awareness campaigns led by KWN and its members have addressed various forms of violence against women (2000); the trafficking of human beings (2001, 2003); inadequate health services for women (2007); the importance of women having regular breast exams (2007); and the affect of gender-based violence on reproductive health (2007). The project through which this report was prepared, supported by UNFPA, is KWN's latest effort to promote the rights of women and girls to accessible, affordable healthcare, including quality reproductive care, and to a life without violence.

Appendix 5. UNFPA on Gender-based Violence

UNFPA recognizes that violence against women is inextricably linked to gender-based inequalities. When women and girls are expected to be generally subservient, their behaviour in relation to their health, including reproductive health, is negatively affected at all stages of the life cycle. UNFPA puts every effort into breaking the silence and ensuring that the voices of women are heard. At the same time, the Fund works to change the paradigm of masculinity that allows for the resolution of conflict through violence. One strategy is to engage men - policy makers, parents and boys - in discourse about the dynamics and consequences of violence.

Because gender-based violence is sustained by silence, women's voices must be heard. UNFPA puts every effort into enabling women to speak out against gender-based violence, and to get help when they are victims of it. The Fund is also committed to keeping gender-based violence in the spotlight as a major health and human rights concern.

UNFPA advocates for legislative reform and enforcement of laws for the promotion and the protection of women's rights to reproductive health choices and informed consent, including promotion of women's awareness of laws, regulations and policies that affect their rights and responsibilities in family life. The Fund promotes zero tolerance of all forms of violence against women and works for the eradication of traditional practices that are harmful to women's reproductive and sexual health, such as rituals associated with puberty. Additional strategies the Fund employs to address gender-based violence include:

- Ensuring that emergency contraception is available for victims of sexual violence
- Strengthening advocacy on gender-based violence in all country programmes, in conjunction with other United Nations partners and NGOs
- Advocating for women with parliamentarians and women's national networks
- Integrating messages on the prevention of gender-based violence into information, education, and communication projects
- Conducting more research on gender-based violence.

Appendix 6. Additional Graphs Resulting from Research

Types of Violence Involved in the Most Recent Violence Experienced by 51 Interviewed Women

Type of Violence	Number of Women
Physical harm like beating, pushing, slapping	36
Physical abuse of a child like beating	20
Sexual harassment	2
Sexual assault or rape	2
Sexual abuse of a child	2
Psychological / emotional abuse like lying, threatening harm, cheating	33
Threat of harm	14
Stalking or following constantly	13

Number of Pregnancies 51 Women had by Types of Violence Experienced during Pregnancy

Type of Violence	Number of Pregnancies
Physical	3
Psychological	46
Physical and psychological	49
Physical, psychological, and sexual	12
Sexual and psychological	1
Total	**111**

Health Problems Infants Born to Interviewed Women Had Following Violence during Pregnancy

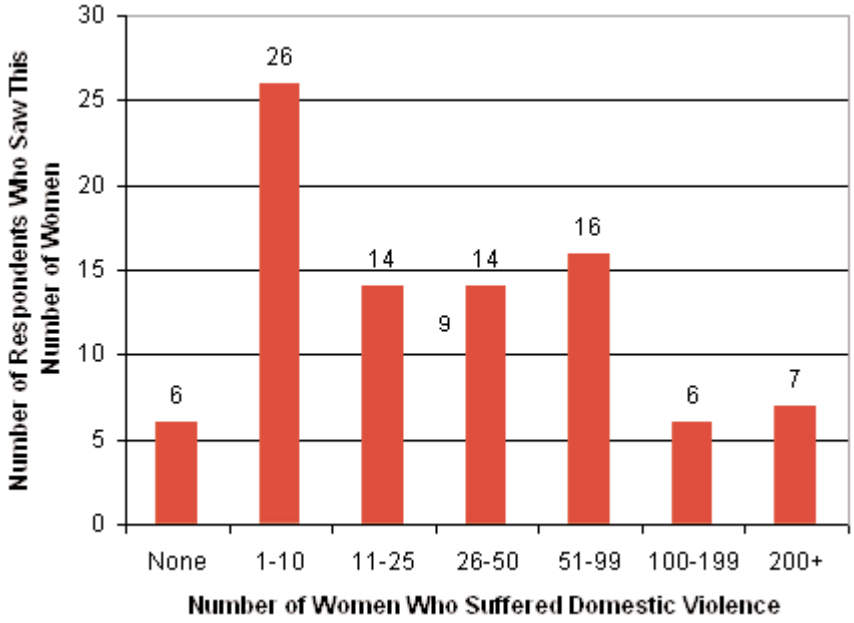
Type of Violence	Number of Infants
Low birth weight	8
Bronchitis / breathing problems	3
Died	3
Neck, vertebrae, spinal problems	3
Strabismus / eye problems	2
Head injury	1
Heart problems	1
Hip Problems	1
Low birth weight and High body temperature	1
Paralyzed arm	1
Premature birth	1
Premature birth, diarrhoea, and high body temperature	1
Psychological problems	1
Body pain	1
Down syndrome	1

How Often 96 Professionals Saw Women Who's Health Was Impacted by Violence in the Following Ways

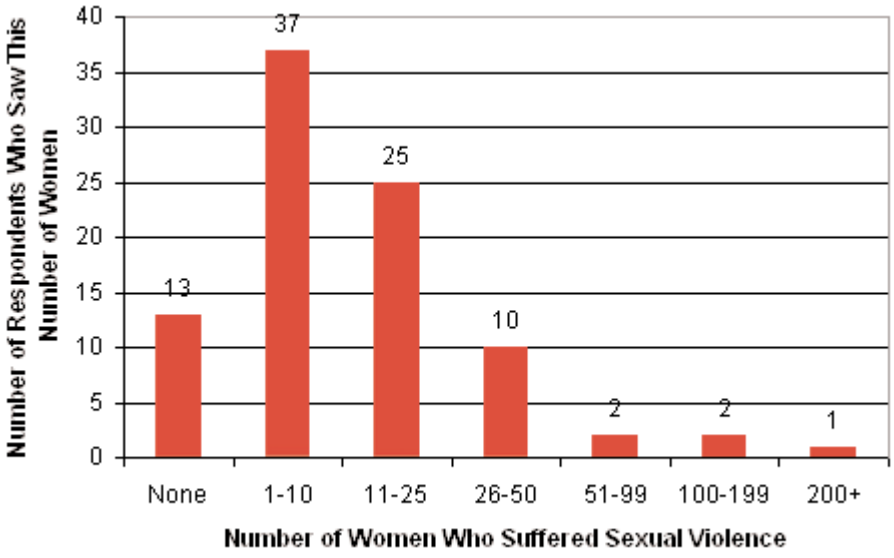
How Which Form of Violence Impacted Health	Never	<Yearly	Yearly	Monthly	Weekly	Daily	Nr. of profes-sionals who saw at least 1 case	Had cases but do not know if related to violence
A pregnant women who has suffered physical violence	20	29	27	12	3		71	3
Injuries to the foetus as a result of physical violence (not rape)	54	18	9	4			31	3
Injuries to the foetus as a result of rape	68	10	6				16	
STDs as a result of rape	52	8	9	3	2		22	7
AIDS as a result of rape	80	2	3				5	
Other genital infections as a result of rape	39	18	13	6	2		39	6
Miscarriage as a result of rape	44	22	15	2	1		40	1
Miscarriage as a result of physical violence (not rape)	45	18	17	2	1		38	1
Low infant birth weight (<2500g) because the mother experienced psychological or physical violence	29	17	23	3			43	6
Haemorrhages in internal reproductive organs (e.g., uterus, vagina) as a result of rape	29	20	21	3			44	6
Ruptures, bruises to genital organs as a result of rape	37	19	13	8	1		41	1
Additional injuries to woman's reproductive system (e.g., broken pelvis) as a result of rape	55	13	9	2			24	
Haemorrhages in internal reproductive organs (e.g., uterus, vagina) as a result of physical violence (not rape)	46	17	14	1			32	2
Injuries (e.g., broken limbs, haemorrhages, concus-sions) as a result of physical violence (not rape)	41	14	20	7	1		42	
Infant mortality because the mother experienced violence	71	10	2	2			14	1
Maternal mortality as a result of violence	75	10	2	2			14	2
Depression as a result of psychological violence	10	16	30	28	2	1	77	3
High blood pressure as a result of psychological violence	11	10	16	29	4	1	60	9
Gastritis as a result of psychological violence	14	8	15	32	4	1	60	5
Sleep disorders as a result of psychological violence	8	8	22	30	9	3	72	4
Eating disorders as a result of psychological violence	9	4	21	33	6	3	67	5
Self-isolation as a result of psychological violence	20	13	27	15	6	1	62	4
Misuse of medication as a result of psychological violence	25	20	26	10	2	2	60	5
Women not accessing pre-natal care because their family isolates them or does not allow them	22	15	24	16	1	1	57	5
Women not accessing post-natal care because their family isolates them or does not allow	26	13	18	14	3	1	49	7
Women not receiving gynaecological care because their family does not allow them	22	10	24	20	3	1	58	5
Women not receiving breast examinations because their family does not allow them	35	17	11	9	2	1	40	6
Attempted suicide as a result of GBV	34	26	21	2			49	2
Suicide as a result of GBV	70	11	3				14	2
Death as a result of GBV	76	7	2				9	2

Estimated Number of Women Suffering from Psychological Violence Seen by All Interviewees

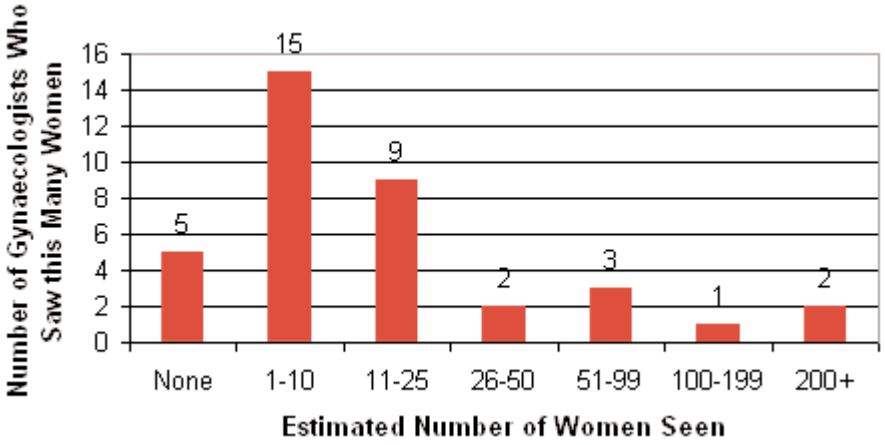
Estimated Number of Women Suffering from Domestic Violence Seen by All Interviewees



Estimated Number of Women Suffering from Sexual Violence Seen by All Interviewees



Estimated Number of Women Suffering from Domestic Violence Seen by Gynaecologists



Appendix 7. Research Method

1. Research Questions

1) What constitutes major categories of gender-based violence reported in Kosova?
2) How pervasive are these categories in Kosova?
3) Do categories of gender-based violence vary depending on demographic or geographic variables?
4) Are categories of gender-based violence (identified in question 1) generally correlated with decreasing maternal reproductive health?[1]
5) Do the impacts of gender-based violence on reproductive health appear to vary by specific population segments, specified on geographic or demographic criteria identified within the study?
6) To the extent that there is a negative correlation between gender-based violence and maternal reproductive health, can causal mechanisms be identified?
7) What is the current extent of data collection regarding gender-based violence and reproductive health? What referral systems are in place for victims of gender-based violence? And how might data collection and referral be improved?

2. Research Design

2.1 Method: Exploratory Research Using a Multi-Method Research Design

The research team adopted an exploratory research design, employing multiple data sources and data collection methods. In-depth research in this area has not been conducted in Kosova previously. Accordingly, insufficient understanding of the means for investigating this phenomenon within the Kosova cultural context existed. Exploratory research was required to gauge whether or to what extent the co-occurring phenomena of gender-based violence and poor reproductive health exist in Kosova and to develop and evaluate a range of data collection techniques for application in future research. Time and financial limitations prevented the use of a statistically valid household survey. Further, statistics resulting from Kosova-wide sampling are inaccurate due to the absence of current census data.[2]

By gathering qualitative information and limited amounts of quantitative data from a diverse array of informants, this research aimed to create a broad initial inquiry into the so-far under-researched issue of how gender-based violence may affect reproductive health. Mixed methodologies have been used elsewhere in the world for initial assessments of health sectors in developing countries. Scott A. Murray and Lesley J. C. Graham have found that "a mix of assessment methods may provide more information about health needs than one method alone."[3] The combination of data sources used by the research team (described below) allowed for cross-checking and validation. While some data sources provided information in regards to the team's research questions, others did not maintain or have access to such information. Therefore, a broad cross-section of data sources enabled the research team to determine where data is currently collected. While the representative interviews conducted through this project cannot support statistically valid generalizations, the use of selective sampling and qualitative analysis provide invaluable insights into specific phenomena that can be usefully transferred beyond the original research context. Research conclusions provide indicative findings that can inform future programming and policies. The research also serves as a starting point for future research.

2.2 Research Instruments

The research team created interview protocols for each data source, including shelter counsellors and Social Services Officers (SSOs); doctors and gynaecologists; lawyers and legal counsellors; and police officers and Victim Advocates.[4] All interview protocols included open and closed questions. Protocols were similar in content, including questions relating to how each informant defined gender-based violence; the categories of violence used in data collection; the procedures used to assist clients and record information; estimates of the number of clients seen who experienced each form of violence; how gender-based violence could impact reproductive health; whether they encountered pregnant women suffering violence; and cases where a client's reproductive health was affected by violence. The language for each protocol was adjusted to make the questions comprehendible and applicable for each informant. A numbering system was used for questions with the same content for all protocols to enable comparison between data sources during data analysis.

In addition, two interview protocols were created for women who had experienced gender-based violence. One protocol was used with women who

[1] Reproductive health was defined according to the WHO definition (see the Introduction).

[2] The last valid census was conducted in 1981.

[3] Scott A. Murray and Lesley J. C. Graham, "Practice based health needs assessment: use of four methods in a small neighbourhood" in *BMJ* 1995; 310:1443-1448 (3 June).

[4] Since the research employed numerous research instruments, they are not included in this report. To review the instruments used, please contact KWN.

had resided at shelters and a second protocol was used with clients of Medica Kosova who still resided at home with their families, some in violent home situations. Similarly, the interview protocols contained almost identical questions and numbering facilitated data comparison when surveys were entered into SPSS.

All research instruments were examined by local experts and counsellors prior to use to ensure that questions were asked in a culturally sensitive manner and to consider potential harm to respondents. All interview protocols and surveys were piloted with the relevant data sources and revisions were made as needed.

The team also created survey instruments for collecting and analyzing records kept by shelters, healthcare institutions, the Kosova Police Service (KPS), the Department of Social Welfare (DSW), and the Ministry of Justice Victims' Advocacy and Assistance Division (VAAD).

2.3 Data Sources

The KWN research team interviewed 96 professionals representing the following diverse set of data sources: 15 counsellors and directors who possessed more than one year of experience working at shelters for abused women in Kosova;[5] 12 KPS officers from Domestic Violence Units in six regions; nine SSOs from the Centres for Social Work (CSWs) located throughout Kosova; six Victim Advocates from VAAD who provide legal advice and assistance to persons who suffered violence; 37 gynaecologists and two doctors (20 from hospitals and 19 from private clinics) who possess institutional memory regarding cases encountered;[6] six jurists from Norma Lawyers' Association who advised women suffering from violence; two psychologists and one psychiatrist working with KRCT; and six counsellors working for Medica Kosova. Interviews lasted up to two hours, with most lasting between 31 and 60 minutes.

Then KWN contracted counsellors to conduct 51 in-depth interviews with women who experienced violence. The women interviewed had either resided at a shelter (20, including five from each of four shelters in Gjakova, Peja, Prizren, and Gjilan) or received psychological services from Medica Kosova (31 women). Since all women interviewed had experienced violence, the variable of violence was held constant so the research team could examine potential links between reproductive health and violence, as well as how violence affected these two particular groups of women. The interviews were conducted by counsellors from the shelters or Medica Kosova who already had a trusting relationship with clients. Counsellors received training from the lead researcher regarding the aims of this research and the interview protocol used for the semi-structured discussions with clients.[7] Interviews ranged in length from 31 minutes to more than two hours with most interviews lasting between one and two hours. All interviews were conducted in October 2007.

The KWN research team also reviewed records kept by shelters and the aforementioned institutions to identify the categories of data currently collected in relation to gender-based violence and reproductive health.[8] The team reviewed existing statistics, reports, and data compiled by the Statistical Office of Kosova, UNFPA, and WHO, among others.[9]

2.4 Timeframe

The research method was created in September 2007. The research team conducted all interviews between 21 September and 14 November. In October, shelter and Medica counsellors surveyed women who experienced gender-based violence. An initial summary of key recommendations was presented to KWN partners on 21 November, and the final report was prepared for review by stakeholders and experts by January 2008. Following comments on the final draft from key stakeholders, the report was finalized.

2.5 The Research Team

The KWN research team was comprised of four Kosovar researchers and one researcher from the United States who has lived in Kosova and worked with women's NGOs for four years. Adelina Berisha and Mimoza Gashi, two researchers with backgrounds in psychology and research, conducted the interviews with shelter counsellors, psychologists, a psychiatrist, police officers, SSOs, Victim Advocates, doctors, and some gynaecologists. They also collected data and records maintained by institutions and organisations in Kosova; entered data into SPSS;

---

[5] Shelter and Medica counsellors encountered victims of violence regularly, accumulating experience-based knowledge regarding the violence clients experienced, as well as potential effects on clients' reproductive health.

[6] The Ministry of Health had registered 58 private gynaecology clinics in Kosova as of 2007 (contact list for registered private gynaecology clinics, September 2007).

[7] Shelter and Medica counsellors utilized an interview protocol prepared by KWN, which contained closed- and open-ended questions. Counsellors were encouraged to make (the semi-structured) interviews more like conversations. KWN intended for the informal style of interviewing to allow clients to feel less threatened and more open to discussing personal, private issues.

[8] The team also reviewed in-take and out-patient forms used by hospitals and private clinics, especially within gynaecological units. Little data was kept by private or public clinics.

[9] The Forensic Institute in Prishtina did not retain any data. All information was sent directly to police.

assisted with the analysis; and provided input for research conclusions. Dafina Beqiri, a researcher with a sociology degree, helped compile the methodology and collected existing literature and statistics. Dr. Remzije Asllani conducted interviews with most gynaecologists and collected records maintained by hospitals and private clinics. Nicole Farnsworth drafted the research method with assistance from the research team, oversaw the interviewing, analyzed the data in collaboration with the team, and wrote the final report. Dr. Nexhmije Fetahu provided input for compiling the methodology and expertise from the field of medicine.

KWN contracted seven women counsellors well-versed in communicating with women who experienced violence to conduct 51 interviews with women. Four worked at each of four shelters located throughout Kosova. The other three worked for Medica Kosova. KWN contracted counsellors because they already had trusting relationships with clients, had direct access to clients, and, most importantly, had experience with a sensitive approach to interviewing women who had experienced violence. The lead researcher organized three trainings to acquaint all researchers with the project and research instruments.

2.6 Protection of Human Subjects

As mentioned, experienced counsellors reviewed the interview protocols to ensure questions were sensitive and conducted the interviews. All interviewees were informed that the information they provided would remain confidential. They were not made to answer questions they did not wish to answer. Still, remembering traumatic experiences and discussing personal histories affected interviewees. As two counsellors reported in their notes:

> What was very obvious was that the client was afraid that in the meantime her husband or mother-in-law [would come] and find her filling in papers. On the other side, she was very happy that she had a chance to talk about the violence that she experienced.

> She was moving all the time. She looked above or focused on one point. She thought, and often answered "I don't know" or "I don't want to answer." She looked calm but her facial muscles quivered.

Movements, agitation, and distraction can be symptoms of psychological distress. In such instances, counsellors did not push women to speak, took breaks, and moved on to different topics. Counsellors later followed up with clients to discuss the interviews and provide counselling if needed.

Many clients expressed thanks for the research initiative.[10] They said they felt better after talking about their experiences. A counsellor commented following an interview:

> I think that the client felt discomfort during this interview even if the interview was done with her will and want. According to the body language, the client was in continual movement of her body, arms. [T]he interview with her was with much feeling, which was accompanied by crying from emotions and remembering the things that she has experienced. I think that the interview was good, and it was welcomed by the client because through it she had the opportunity to express those experiences that she has had. This was also the client's comment.

Some women expressed their gratitude for the visits and praised the research initiative, hoping that their stories would help prevent future violence against women so other women would not suffer. One previously sheltered woman told a counsellor at the end of the interview:

> Regarding the questions in the interview, those were very correct questions, where I hope (and thank you for your visit) that violence against mothers will be stopped and to not have divorces and beating, or conflict between spouses. I, as your client, pray to God to help us.

Other women said:

> I am very pleased with your visit. The idea is a very right idea, that even after much time I have this case and the honour to meet and talk again with you, after the last meeting we had in the shelter in 2005.

> For me it was support to express [my] anger. I didn't talk those things with anybody, when I am talking, I am feeling better.

> I am relaxed because of this talking.

Thus, while the interviews were emotionally difficult for interviewees, through the involvement of experienced counsellors who could provide follow-up assistance and maintain confidentiality, the research team strove to protect the women who contributed to the research.

[10] Similarly, Medica Mondiale Kosova found that respondents were "very curious and indeed interested in talking and answering questions about violence against women" (*Stop Violence against Women*, p. 27).

3. Data Analysis

Information from close-ended questions in interviews with the 96 professionals was entered into a SPSS database for analysis. Information from close-ended questions posed to the 51 women was entered into a separate SPSS database. The initial analysis, including descriptives, frequencies, and cross-tabulation was conducted by the lead researcher. KWN contracted a statistician for correlation and regression. Information from open-ended questions was entered into a Microsoft Word document, with respondents' answers sorted according to the question asked. Three members of the KWN research team individually coded the answers to open-ended questions. Codes were chosen by the team according to the themes that arose most frequently among respondents' answers to open-ended questions. In the end, the research team used triangulation to compare results from the various sources.

3.1 Data Quality Control

Considering the numerous data sources used, the team used triangulation to validate findings. Triangulation is used to cross-check data from one source with data from at least two other sources, validating or rejecting the first source. A second test of validity was "participant checks," during which key informants reviewed quotations, content, findings, and recommendations.[11] Participants included representatives of the data source groups and experts specializing in sociological research, gender-based violence, and/or reproductive health.

[11] For information about "participant checks" see M. B. Miles & A. M. Huberman, *Qualitative data analysis: An expanded sourcebook* (Thousand Oaks, CA: Sage, 1994).

Katalogimi në botim – **(CIP)**
Biblioteka Kombëtare dhe Universitare e Kosovës

305-005.2(496.51)(047)

Exploratory Research on The Extent of Gender-Based Violence in Kosova and Its Impact on Women's Reproductive Health / [Prepared by Nicole Farnsworth]. - Prishtina: The Kosova Women's Network, 2008. - 94 p. : illustr. with colour; 21 cm. 30 cm

1. Farnsworth, Nicole

ISBN 978-9951-8757-1-4

Exploratory Research on The Extent of Gender-Based Violence in Kosova and Its Impact on Women's Reproductive Health

An estimated one in three women internationally has suffered beating, coercion into sex, or other abuse at some point in her life. In Kosova, the "peace" following war in 1998-1999 has included gender-based violence, usually directed at women. Gender-based violence can negatively impact economic development and impede efforts to fulfil Millennium Development Goals. Yet, violence has only recently begun to be discussed globally as a public health issue.

This report summarizes recent data on the extent of different forms of gender-based violence in Kosova (war-time violence, trafficking, domestic violence, and others). It then examines how various forms of violence have impacted women's health in Kosova. Finally, it discusses the performance of governmental institutions and non-governmental organisations assisting women who have experienced gender-based violence.

The report concludes with specific recommendations as to ways that local and international institutions and organisations can improve their approach to assisting women who have suffered violence.

The Kosova Women's Network (KWN), a network of 81 women's organisations representing various ethnic groups located throughout Kosova, produced the report in close cooperation with its member organisations dealing with gender-based violence. KWN has the mission to support, protect and promote the rights and the interests of women and girls throughout Kosova, regardless of their political beliefs, religion, age, level of education, sexual orientation and ability. KWN fulfils its mission through the exchange of experience and information, partnership and networking, research, advocacy and service.

The Kosova Women's Network
+381 (0) 38 245 850
info@womensnetwork.org
Rr. Hajdar Dushi C-2, II / 8
Prishtina, Kosova
www.womensnetwork.org

ISBN 978-9951-8757-1-4