



**Capacity and Needs Assessment of the Cooperation and Coordination of  
Activities in Prevention and Treatment of Domestic Violence of the Local  
State Institutions in five municipalities in FYR Macedonia**

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May 2010

## **Background:**

UN organizations present in the country have developed a joint programme on a Domestic Violence (DV) that is composed of two complementary projects, and with the objective to support the Government and the civil society sector in improving inter and intra-sector coordination and strengthening their capacity for Domestic Violence (DV) prevention and provision of adequate victim support services. This programme will strengthen the national capacity for measuring progress and monitoring and evaluation of the effectiveness of DV prevention efforts. The design of the programme is based on the newly adopted National Strategy for Protection against Domestic Violence (2008-2011) which provides a set of overarching objectives and intervention strategies. Taking into account the key challenges and gaps identified, the programme has tailored its activities towards enabling a very comprehensive and multi-levelled response system aiming to achieve seven key outcomes:

1. Efficient policy-making and improved policy-implementation accountability of all relevant national stakeholders;
2. Support national data collection and dissemination system;
3. Improve service provision;
4. Establish programmes for economic empowerment and reintegration of victims of DV;
5. Improve prevention through formal education system;
6. Improve prevention through awareness raising and BCC programmes;
7. Expand legal aid services.

National Counterparts involved in implementation of the programme are: MoLSP, MOI, MoES MJ, MoH, Local Self Government Units and Civil Society Organizations (CSO's). One of the project activities is to support CSO's and to build their capacities. The programme is fully dedicated on the process of inclusion of the Civil Sector into the National Domestic Violence Protection System. The Government of the FYR Macedonia as an EU candidate country is dedicated to the EU alignment process.

Macedonia as an EU candidate country is dedicated to the EU alignment process. The domestic violence as a problem in the European Countries is more under the jurisdiction of the NGO's instead of the state. It is considered that the NGO sector have much more developed sense for the domestic violence problems and much more on the ground info on this issue. Therefore one of the objective of this project is the active inclusion of the NGO sector in the area of combating Domestic Violence in FYR Macedonia.

## **Purpose, aims and objective of this study:**

### **1. Purpose**

The purpose of this study is to first assess the capacities of the local institutions: police, public prosecution, health, social protection, and municipalities which are considered as key local stakeholders in the process of responding and preventing domestic violence; second to identify the levels of cooperation and coordination of activities between those institutions on local level; and third, based on that initial assessment to identify the needs of those relevant stakeholders in prevention and treatment of DV on local level.

### **2. Aim**

The aim of this study is to provide a model of efficient awareness raising and better coordination and cooperation of the relevant state institutions responsible for preventing and treating the problem of domestic violence, and consequently to suggest possible modes of implementation of better coordination and cooperation.

### **3. Objective**

The objective of this study is to strengthen domestic violence prevention mechanisms towards women in order to improve legal support and the quality of social and protection service responses to the victims and increase knowledge and change attitudes and behaviour of men and women towards gender equality, prevention of domestic violence in the selected municipalities.

- Finally the assessment will serve as a platform for developing terms of references – TOR for the five selected municipalities which furthermore will be used for contracting of a Consulting agency / Civil Society Institution that will implement the activities defined within that Term of References (Annex 1 of this report).

## **Methodology of research:**

For the purpose of this study, five municipalities were selected to be targeted through this assessment: Tetovo, Kumanovo, Skopje, Kavadarci and Bitola. The data important for the compilation of this study was gathered through consultations with the relevant state institutions on local level and through specialized questionnaire answered by local state institutions in those five selected municipalities. The five selected municipalities have been chosen on the basis of the project on Economic Empowerment of Women implemented by the UNDP and the MLSP. The EEW

project is piloted in the above mentioned local communities. In coordination with the UNDP office it was concluded that the mentioned municipalities are already well informed about the phenomenon of DV and it is expected that this suggested model of better coordination of the already existing mechanisms for prevention of DV will be implemented without major constrains. Furthermore other criteria for the selection of the five selected local communities were the ethnical representation and the urban and rural components of the municipalities. The institutions on local level that were involved in this study are: the Police-SVRs<sup>1</sup>, Centers for Social Work, Health Institutions, the Municipalities and the Public Prosecution Offices.

### **Legal base for cooperation between institutions relevant for prevention and treating DV**

The institutions relevant for prevention and treating the issue of domestic violence on local level should cooperate in order to provide qualitative as well quantitative services to victims of domestic violence. The Centers for Social Work have the legal duty to provide services to the victims of DV including legal aid according to the Family Law Article 94-g.<sup>2</sup> Pursuant to this obligation they have to cooperate with the police in securing the right to life and the right to security of the victims of DV. The Centers for Social Work should base the cooperation with the other state institution on certain protocols. However these protocols are still in preparation by the national governmental institutions with support of the UNDP. The police has an obligation under the Article 94-g<sup>3</sup> to report cases of DV to the Centers for Social Work for further treatment. The Centers as legal representatives of the victims of DV under the Article 94-g have to present evidence to the Court especially in the cases of the Temporary Protection Measures, these evidences are collected by the police in their scope of work. The police has a duty to investigate cases of DV and to submit criminal charges against perpetrators of DV to the Public Prosecution Office, and the Public Prosecutors have to initiate procedures against perpetrators of DV *ex officio* in cases provided by the criminal Code of R.M<sup>4</sup> or to join the proceedings initiated by private persons in cases of DV that are not prosecuted *ex officio*. The health institutions are relevant stake holders in treating victims of DV suffering physical and/or mental violations. The medical institutions have to report cases of DV that they are familiar with to the Police and the Centers for Social Work under the Criminal Code and the Family Code, however, the Law on Rights of Patients<sup>5</sup>

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<sup>1</sup> SVR – Sectors for Internal Affairs of the Ministry of Interior of FYR Macedonia (SIA)

<sup>2</sup> Law on changes and amendments of the Family Law of FYR Macedonia, OJ no 84, 11/07/2008

<sup>3</sup> Law on changes and amendments of the Family Law of FYR Macedonia, OJ no 84, 11/07/2008

<sup>4</sup> Criminal Code of the RM, Article 123, OJ no 37/1996

<sup>5</sup> Law on Protection of the Rights of the Patients of the FYR Macedonia, OJ no 82/08, 08/07/2008

stipulates that health workers have to respect the right of patients and cannot report a criminal deed to the police without the consent of the victims. The Municipalities with the Law of the Local self Government<sup>6</sup> have a role in promoting public security (DV was identified as an issue of public security). With this law, the Law on Police<sup>7</sup> and the Strategy on Prevention of Crime, the legal base for forming the Local Prevention Councils was set. At the moment there are 34 LPC<sup>8</sup>, within the territory of R.M. The Local Prevention Councils which are headed by the mayor of the municipality comprise of the commander of the police and relevant institutions from the municipality, which are assembled upon a certain problematic issue identified by the mayor. In other words the Centers for Social Work, the Health Institutions the Public Prosecution Offices and the Courts are not *de lege* involved but they could be involved upon certain identified issues of concern to public security and need addressing with prevention strategies. These Local Prevention Councils have the mandate to work on crime prevention within the municipality including the prevention of DV.

### **General overview of cooperation and coordination of the state institutions by institutions**

#### **Capacity and needs assessment of the Centers for Social Work**

Primary institutions that are competent to locally handle cases of Domestic violence are the Centers for Social Work operating under the Ministry of Labor and Social Policy. Their jurisdiction on cases of DV is based in the Family Law of R.M within the Article 94. The Centers for Social Work under the article 94-g provide all kinds of services to the victims of Domestic violence. Within the Centers the following members of staff provide services to victims of DV: social workers, psychologist, pedagogue, social workers and generally lawyer authorized to provide legal representation. The CSWs are financed by the government and they are understaffed and have very limited technical capacity for implementation of the above mentioned services.

This was concluded through the research conducted. Namely from the centers in questions one Centre stated that they do not have a team working with victims of DV and that they have only one person working on DV cases and consequently, they do not treat all the victims of DV since they do not have the capacities; two Centers have stated that they have a team of four persons

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<sup>6</sup> Law of the Local Self Government, OJ 05, 29/01/2002, Article 36

<sup>7</sup> Law on Police, OJ no 07-3954/1, 30/10/2006, Article 11

<sup>8</sup> MOI official web site <http://www.mvr.gov.mk/DesktopDefault.aspx?tabindex=0&tabid=271> , Local Councils for Prevention

dealing with victims of domestic violence, whereas one of the two Centers treat all victims of domestic violence and one almost all victims depending upon availability of the persons providing the services; one Centre stated that has a team of three persons dealing with victims of domestic violence and that they serve almost all victims depending on availability of the person providing; and finally one Centre stated that the same team that works with marriage issues, comprised of five persons, deals also with the domestic violence issues, and treats almost all victims of DV. The Centers for Social Work that were identified as unable to treat all victims of DV refer some of them to the local NGOs (NGO shelter centers), police, Court and Health Institutions.

On the question regarding the training needs, one centre has stated that the employees dealing with victims of DV have undergone trainings in gender issues and domestic violence but not in legal aid provision of victims of DV, one centre has stated that employees that work with DV victims have partially undergone trainings in DV and gender issues and none in provision of legal aid; one center have stated that the employees have not undergone trainings in DV and legal provision only in gender issues; one only in DV and none in gender issues and legal provision; and one have stated that the employees have undergone trainings in DV and legal provision and none in gender issues.

The data collection of the cases of DV is identified as problematic since only three Centers use forms provided by the Institute for Social Affairs manually with no computerized or standardized way of collecting data, and two Centers were identified as not having any data collection.

Inadequate data collection and lack of accurate statistics of legal aid in Domestic Violence cases produced by the Centres for Social Work is due to lack of staff and resources. Lack of data obscures the problem further, and makes it difficult for the Centres to use data to lobby to the government for additional support and resources and to further gain recognition for the important role they play as service providers and in prevention of DV. The recognition is also a key in their identification as important stakeholders in the process of formulation of legal or policy frameworks in prevention and future networking targeting DV victims.

Cooperation with other state institutions in treating victims of DV was identified as follows: one Center cooperates with the police, public prosecution, health institutions, shelters; one with the public prosecution, health institutions and education institutions; one with the police and court; one with the police, health institutions and the education institutions and one with the police, health institutions, courts and educational institutions. Ranked this cooperation is most frequent with the police and with the health institutions, and less frequent with the public prosecution and courts.

On the question whether all institutions report the cases of DV to the Center based on Article 94-g that states that all official persons and juridical persons have the duty to report cases of DV to the Center in 72 hours from the moment they realize that that is a case of DV, two centers has stated that the reporting was good from all institutions except from the health institutions; three centers stated that the reporting of cases is weak and that all institutions do not report to the centre, namely the police.

The cooperation with the relevant institutions for prevention and treatment of victims of DV was evaluated differently by different Centers. The most alarming was the fact that none of the Centers for Social Work do not cooperate with the municipalities on the issue of prevention of DV; The cooperation with the police was graded as excellent by three Centers that have constant cooperation with the police and as good by two Centers that have sporadic cooperation with the police. The cooperation with the health institutions was identified as weak by three Centers, and very good by two Centers; the cooperation with the public prosecution was identified as very good by two, one weak, one good, and one as non existent cooperation.

**The coordination of the work of all the relevant stakeholders by the centers for Social Work was identified as good to weak and the problem of the lack of excellent cooperation was identified as:**

- **Lack of education of the staff working on this problematic especially in the health institutions**
- **Lack of adequate and standardized data collection systems**
- **Lack of funding**
- **Lack of initiative and structured coordination**
- **Absence of protocols for cooperation**
- **Lack of inter-sectoral educations**
- **Lack of legal regulation of the problem of prevention of DV**

Some of the Centers for Social Work are involved into prevention activities, for example three Centers have participation in prevention campaigns, participation in the local media in programs on DV, and two Centers were not involved in any prevention activities. However, these activities were mainly not coordinated and without the involvement of all stakeholders relevant for the issue of prevention of DV.

Finally, only one of the Centers for Social Work stated that there is a Local Prevention Council within the municipality but that they are not involved into its work, where as the other four Centers stated that there are no Local Prevention Councils in their municipality.

**The exclusion of the Centers for Social Work from the work of the LPC is alarming since they treat a number of issues relevant for public security, including the issue of DV. The Centers should be *de lege* involved into the work of the LPC especially into prevention activities targeting DV.**

### **Capacity and needs assessment of the *Basic Public Prosecution Offices***

The Public Prosecution Office plays a significant role into indicting offenders of DV, and leading criminal legal proceedings against them under the national Criminal Code and Code of Criminal Procedure Together with the Courts they are the final pillar of protection and enforcement of legal rights belonging to victims of domestic violence. Especially, this role will be strengthened by the changes of the Law on Criminal Procedure that is in procedure at the moment. With the changes of the Law the victims of domestic violence will have better access to justice especially in the area of achieving compensation through merging the criminal with the civil procedure in cohesion procedures that now are seldom applied by the prosecutions and the courts. Namely only one prosecution encompassed with this survey stated that these procedures are applied.

All the public prosecutors that were involved into this study stated that they have no specialized staff members for leading cases of Domestic violence, as well as none of the prosecutors have had any training on domestic violence.

On the issue of cooperation, two public prosecutions offices stated that they cooperate with Centers for Social Work and the Police and that that cooperation is good where as the cooperation with the health institutions was graded as weak. However, they also stated that they do not have any cooperation with the municipality. One of the questioned public prosecution offices has stated that has cooperation with the Centers for Social Work, Health Institutions, NGOs the police and the municipality and that the cooperation is generally good. One has stated that has cooperation with the Centers for Social work and the police, and this cooperation was graded as good, where as it had no cooperation with the municipality. One stated that it cooperates with the Centers for Social Work, and health institutions and that this cooperation was good, whereas it stated that the work of the police in gathering evidence needed for convictions in the cases of DV



was not satisfactory and that it had no cooperation with the municipality. Evidently, the cooperation with the municipality was graded as weak since only one prosecution had cooperation with this institution. The public prosecution offices cooperate the most with the Centers for Social Work and the police, and rarely with the health institutions, and no cooperation with the courts was identified. However, all Offices Prosecutions that participated into the research stated that there is a clear need basic and advanced legal trainings regarding DV for the judges and the public prosecutors.

Only one Public Prosecution Office stated that there is a Local Prevention Council in their municipality and that they are involved into their work and one Public Prosecution Office stated that they cooperate with the national coordination body for prevention.

On the question of prevention activities the Public Prosecution Offices with exception of one that has participated into public tribunes on prevention have not participated into any prevention activities on DV.

**The problem of the weak cooperation among institutions in prevention activities as well as in treating victims of domestic violence was identified by the PP in the:**

- **Lack of coordination of activities in prevention and in treating victims of domestic violence**
- **Weak inter-sector cooperation and no institutional cooperation**
- **Need of trainings of the judges and the public prosecution**

**Need of assessment of the work of the courts in the are of DV**

### **Capacity and needs assessment of the *Municipalities***

With the Law on Local Self Governing the municipalities have become important stake holders in the prevention of DV especially through the organization and the chairing of the Local Prevention Councils.

Most of the municipalities encompassed with this study have stated that their staff has had trainings on domestic violence i.e. four of the municipalities. The same number was identified in the case of staff that has undergone trainings in gender issues also four municipalities. The staff that has had these trainings are mainly staff working in the commission for equal opportunities of the men and women within the municipalities.

Three of the municipalities has answered that they do not cooperate with any state institutions with respect to the issue of prevention and treatment of DV because they have no direct role in this issue and that still is not clear under the current legislation what the competences of the municipalities in this issue are. One municipality cooperates with the Centre for Social Work only, and one municipality cooperates with the Ministry for Labor and Social Policy and the Centre for Social Work.

Also on the question whether the municipality follows cases of domestic violence within the municipality treated by the police and the Centers for Social Work four of the municipalities stated that they do not follow cases of domestic violence and only one stated that it follows cases of DV but sometimes and only through joint programs with NGOs.

On the questions of whether there are Local Prevention Councils in their municipalities for cooperation of the citizens with the police and the municipalities under the coverage of OSCE two of the municipalities answered positively, and three stated that there are no Local Prevention Councils. In the cases that there are councils one of the municipalities is involved into the work of the council but the work of the council was graded as weak due to lack of coordination and transparency on the part of OSCE, and the other municipality that also stated that there is a LPC in the municipality stated that they are not involved at the work of the LPC and that they have no knowledge of the activities of the LPC.

The municipalities are generally not involved into prevention activities, namely four have not participated in any prevention activities in DV, whereas, only one stated that it has participated into prevention activities through the project of legal aid. Also most of the municipalities have no printed material such as brochures about the rights of the victims of domestic violence three of them.

The coordination between the Police, Prosecution, and Centers for Social Work and Health Institutions in prevention and treating the issue of DV was graded as weak by four of the municipalities. All of the municipalities expressed the belief that there is a need of prevention and awareness raising campaign conducted through their municipalities with involvement of all key stake holders in the issue of DV.

**The municipalities expressed the following key problematic areas and identified the following needs in cooperation and coordination of the prevention and treating victims of DV:**

- **Lack of legal base and defining competencies of institutions that will enable cooperation between those institution in the case of DV**
- **Lack of coordination and a model for division of responsibility of relevant institutions based in law.**
- **Exchange of relevant information between the institutions responsible for prevention and treating the victims of DV.**
- **Need of awareness raising campaigns in the municipalities.**

### **Capacity and needs assessment of the *Health Institutions***

The Health Institutions are also one of the important stake holders in the prevention and treatment of the victims of domestic violence. The Health Institutions involved into this study have generally responded positively on the question of whether some of the staff working into these institutions have undergone trainings in DV, namely four of the medical institutions.

On the question of where the medical institution sends victims of domestic violence that has been first treated by the institution two medical institution responded that they send victims to the Centre for Social Work, police and the center for free legal aid; one sends victims to the Police and Centers for Social Work, one sends them to psychiatric department of the hospital, and one to the Police and the Centre for Social Work.

Curiously on the question whether the Health Institutions have a legal obligation to notify the Centre for Social Work in cases of Domestic Violence all of the health institutions responded negatively with exception to one health institution that responded positively. The answers received on this question show that the health institutions have insufficient knowledge of the legal system of FYR Macedonia especially in the areas that are important for the health institutions and relate to their every day work.

Furthermore, none of the Health Institutions that were encompassed by this study do not collect data on cases of DV, nor specifically signs them as such, nor have developed any registering process of victims of DV, recurrence of physical violence and similar.

The most common cooperation of the Health Institutions was with the Police and the Centers for Social Work. Namely, one the question of cooperation with other relevant state institutions one Health Institution has responded as having cooperation with centre for free legal aid, Police and the Centers for Social Work, three with the Centre for Social Work, and Police, and one only with the Police- SIA (Sector for Internal Affairs). None of the Health Institutions identified had any cooperation with the municipality and the Public Prosecution Office. The cooperation with the Police was identified as good; where as the cooperation with the Centers for Social Work was identified as weak by one Health Institution, also by one as very good, and excellent by two Health Institutions.

Only one Health Institution reported that one of its staff members was invited as medical expert into DV case in the court.

The Health Institutions encompassed into this study confirmed that do not have any protocols for cooperation with other state institutions that refer to victims of DV.

Only one of the Health Institution encompassed with this study has replied that there is a Local Prevention Council into their municipality and that the medical institution is involved into the work of the council. In the case of the other medical institutions the answer was negative.

With respect to prevention activities only one Health Institution has been involved into prevention activities through a project run by an NGO.

The coordination of the state institutions relevant for prevention and treating the issue of DV on local level was graded as weak by all health institutions.

Finally none of the health institutions have printed brochures on the rights of victims of DV.

**The major problems and needs identified by all Health Institutions were:**

- **Lack of legal framework to define responsibilities of all state actors involved into the issue of prevention and treatment of DV.**
- **Creating networks of institutions working with DV**
- **Creation of data base that will serve as an indicator of the magnitude of the problem.**
- **Collision of already existing laws, namely the Family Law and the Law on Protection of the Rights of the Patients of the FYR Macedonia Need of training on legal framework regulating the issue of DV in the country**

- **Need of involvement of Health Institutions as experts into the legal proceedings against perpetrators of DV before the courts.**
- **Establishing better coordination of all relevant stakeholders, especially with the public prosecution offices and courts.**
- **Creation of protocols for cooperation with other state institution relevant for the prevention and treating the issue of DV**
- **Awareness raising campaigns with active involvement of the health institutions**

### **Capacity and needs assessment of the *Police- SIA (Sectors for Internal Affairs)***

At the beginning of the analyses of the Police work and cooperation with other state institutions relevant for the prevention and treating the issue of DV it is important to stress that in this study only four SIA participated into the research with exception of SVR Kavadarci.

On the question whether the police station has special team that works with victims of domestic violence one of the police stations confirmed that they do not have such a team and three responded positively. The profile of the personnel working with victims of domestic violence in the police-SIA is different, thus in one SIA two persons work with the victims of DV from which one is a pedagogy major and one is bachelor of law; one has two inspectors in juvenile deficiency that work in DV, one has 6 persons that work with the victims of DV all with high education; and in one of the police-SIA two persons work with the victims of DV, but the educational and professional profile of these persons was not explained.

On the question of the existence and use of protocols for treating victims of DV, three of the police-SIA's stated that they have such protocols and that they are in use and one SIA-police stated that they do not have such protocols and that they treat victims of DV as part of the daily legally proscribed activities of the police work.

The identified personnel working with victims of DV in the police-SIA have had partial trainings in DV, namely in three police-SIA's part of the personnel working with victims of DV have such training but part of them had not, whereas in one police-SIA it was identified that none of the personnel had training in DV.

Referrals of the victims of domestic violence to other relevant institutions by the police are often, the majority of the police-SIA's refer victims of DV mainly in the Centers for Social Work and the Health Institutions, by all four police stations involved in this survey, and only one refers victims of

DV to the Public Prosecution Offices. In connection to this issue, all of the police have stated that they refer victims of DV to the Centers for Social Work immediately after the acceptance of the case, and all of the police personnel working with the victims of DV, accompany victims of domestic violence to the institutions of the referral, such as the Health Institutions.

The police-SIA's in treating the issue of DV mostly cooperate with the Centers for Social Work, Public Prosecution, Health institutions and Educational institutions and this cooperation was generally graded as good, with the exception of the cooperation with the Health Institutions that was graded as weak by one SIA. On the question of whether the SIA's cooperate with the municipalities two of the SIA's have stated that they have good cooperation with the municipality regarding domestic violence but mainly that participation is in a form of participation in public tribunals and similar events. One SIA pointed out that in order to create good cooperation of the SIA with the municipality a legal base is needed in a form of protocols/laws.

The process of cooperation of the police and other state institutions relevant for the issue of treatment and prevention of DV, four of the police stations stated that they have protocols for cooperation and that those protocols refer to the cooperation of the police with the Centers for Social Work (all four SIAs), Public Prosecution (all four SIA's), Health institutions (two SIA's) with the schools (one SIA), and with the Courts (one SIA). It is important to mention that one SIA has stated that the protocols that were prepared only recently are not implemented in the expected way.

In all of the four municipalities according to the SIA's there are established Local Prevention Councils and they operate good.

Interestingly all of the four SIA's are involved and participate into prevention activities of domestic violence, such as: debates, seminars, trainings.

The SIA's identified in this study see the lack of cooperation within the state institutions on local level with respect to domestic violence in: one SIA thinks that the financial problems contribute to the lack of Shelter Centers for victims of domestic violence, one SIA believes that there is lack of dedication and seriousness from all state institutions, and little inter-sector cooperation, and two stressed the need of amending the Criminal Law of FYR Macedonia and inserting the DV as a separate criminal deed, attributing more attention to this problem by the police and also by the other state institutions, and having continuous trainings on the issue of domestic violence.

**The major problems and needs identified by all SIA's were:**

- **Lack of legal base for cooperation and coordination between state actors relevant in the issue of domestic violence**
- **Lack of awareness and sensibility to the issue of domestic violence**
- **Need of amending the Criminal Code and have DV as a separate crime, and as well as, bringing new legislation on prevention of DV.**
- **Need of continuous education of all state actors in the issue of domestic violence.**

## **Analyses and assessment of the cooperation and coordination of the state institutions by municipality**

### ***Municipality of Skopje***

The municipality of Skopje has been identified as one of the five municipalities encompassed with this study.

During the research the state institutions of the municipality of Skopje, including the municipality it self, have participated into the research and data collection process relevant for the creation of this study.

In the municipality of Skopje, the state institutions that were surveyed were the Health Institutions, the SIA of Skopje, the Public Prosecution Office, the Centers for Social Work and the offices of the municipalities.

The inter-state institution cooperation in this municipality was identified as weak, as there was lack of protocols for cooperation in all institutions with exemption of the police. The Centers for Social Work cooperate with all the above mentioned state institutions with exemption of the municipality. The cooperation of the Centers for Social Work with the Public Prosecutor Office and the Health Institutions was graded as weak, whereas, the cooperation with the Police was graded as excellent. The Health Institutions in this municipality cooperate only with the police and the Centers for Social Work, and this cooperation was graded as good. The office of the municipality cooperates only with the Ministry of Labour and Social Policy with respect to domestic violence. The Public Prosecution cooperates with the Centers for Social Work and the police and deems this

cooperation as good. Finally, the police stated that it cooperates with the Centers for Social Work, the Health Institutions NGOs, the Public Prosecution and Educational institutions.

Regarding the existence and functioning of the Local Prevention Councils only the Police is informed and participates into the work of these councils, whereas all other actors surveyed into this study from this municipality have stated that either there are no LPC or that they are not informed including the municipality.

The cooperation within state institutions on local level in the Municipality of Skopje is not up to standard, the municipality as shown is seldom involved if at all in any prevention activities in Domestic Violence and has no established cooperation with the relevant institutions; the public prosecution office has limited cooperation with some institutions namely with police as part of the regular legally proscribed duties of function, and the Centers for Social Work, whereas, the cooperation with the other institutions especially with the court is missing. The Health institutions have very weak cooperation with the other state institutions or none at all with most of the institutions.

The coordination of the work of the all state institutions in prevention and treatment of the issue of DV was graded as weak by all participating state institutions. The lack of coordination as such has been pointed out as one of major short comings of the system of prevention and protection of victims of DV, and the reasons were mainly identified as the lack of legal bases for cooperation and coordination with a division of individual responsibilities of the relevant stake holders in the treatment of the issue of DV.

The data collection and statistical data production by all state institutions with exemption of the police is not up to standard, data bases on victims of DV are missing. This also adds to the problem of actualization of the problem of DV within the municipalities and within the country as a whole. During the research in the municipality of Skopje it was identified that prevention activities and training of personnel in DV was missing and that such trainings in the future are very necessary. This was stipulated by almost all institutions; especially important was the comment of the Public prosecution office that the courts have to be included in the training activities on DV since they lack sensibility towards the issue of DV.

### **Municipality of Tetovo**



The municipality of Tetovo has been identified as one of the five municipalities encompassed with this study.

During the research the state institutions of the municipality of Tetovo, including the municipality itself, have participated into the research and data collection process relevant for the creation of this study.

In the municipality of Tetovo, the state institutions that were surveyed were the Health Institutions, the SIA, the Public Prosecution, the Centers for Social Work and the offices of the municipalities.

The inter-state institution cooperation in this municipality was identified as better than the one of the municipality of Skopje, and on the scale of weak to excellent the cooperation could be graded as good. Protocols for cooperation with all institutions relevant for the treatment for victims of DV were identified in the Police and in the Center for Social Work, and they are all implemented. The Center for Social Work cooperates with all the above mentioned state institutions plus the Courts and the Educational Institutions. The Centre does not cooperate with the municipality. The cooperation of the Center for Social Work with the Public Prosecutor was identified as good, with the Health institutions was graded as weak, whereas, the cooperation with the police was graded as excellent.

The Health Institutions in this municipality cooperate only with the Police and the Centers for Social Work; the cooperation with the Public Prosecutor was described as marginal. The cooperation with the police and the Centers for Social Work was graded as good.

The office of the municipality cooperates only with the Ministry of Labour and Social Policy with respect to domestic violence.

The Public Prosecution cooperates with the Centers for Social Work, the Police, the Health Institutions, NGOs, and with the coordinative body for prevention within the municipality. This cooperation was graded as generally good. Finally the police have stated that it cooperates with the Centers for Social Work, the Health Institutions NGOs, and the Public Prosecution. The Police also do not cooperate with the municipality in cases of DV.

Regarding the existence and functioning of the Local Prevention Councils the Police and the Centers for Social Work stated that there are Local Prevention Councils, but only the police participates into these councils, whereas all other actors surveyed into this study, from this

municipality have stated that either there are no LPC or that they are not informed including the municipality.

The cooperation within state institution on local level in the Municipality of Tetovo is better than that of the municipality of Skopje however it still needs improvement.

The municipality is involved in prevention activities in Domestic Violence through the project of Free Legal Aid , but has no established cooperation with the relevant institutions due to lack of legal grounds for such cooperation. The Public Prosecution has some cooperation with some institutions, namely with the Police, as a part of the regular legally proscribed duties of function, with the Centers for Social Work good cooperation, whereas the cooperation with the other institutions especially with the Court is missing. The Health Institutions have very weak cooperation with the other state institutions or none at all with most of the institutions.

The coordination of the work of the all state institutions in prevention and treatment of the issue of DV was graded as weak by all participating state institutions. The lack of coordination as such has been pointed out as one of major shortcomings of the system of prevention and protection of victims of DV, and the reasons were mainly identified as the lack of legal bases for cooperation and coordination with a division of individual responsibilities of the relevant stakeholders in the treatment of the issue of DV.

The data collection and statistical data production by all state institutions with exemption of the police is not up to standard, data bases on victims of DV are missing. This also adds to the problem of actualization of the problem of DV within the municipalities and within the country as a whole. During the research in the municipality of Tetovo it was identified that prevention activities and training of personnel in DV was present but it should be upgraded and continued. For example the Police, the Centers for Social Work and the personnel working in the municipality have had specific trainings in DV; they and the Public Prosecutor have participated in prevention activities of DV. It is also important to note that the Public Prosecution Office deems trainings important for all actors including the Courts.

### ***Municipality of Kumanovo***

The municipality of Kumanovo has been identified as one of the five municipalities encompassed with this study.

During the research the state institutions of the municipality of Kumanovo, including the municipality itself, have participated into the research and data collection process relevant for the creation of this study.

In the municipality of Kumanovo, the state institutions that were surveyed were the Health Institutions, the SIA, the Public Prosecution Office, the Centers for Social Work and the office of the municipality.

The inter-state institutional cooperation in this municipality was identified as generally good, but needs improvement. Protocols for cooperation with all institutions relevant for the treatment for victims of DV were not identified by any institution in the municipality of Kumanovo. The Centers for Social Work cooperate with the Police, Health Institutions the Court and the Public Prosecution Office. The Centre in Kumanovo does not cooperate with the municipality. The cooperation of the Center for Social Work with the Health Institutions with the Police and the Public Prosecutor Office was described as good.

The Health Institutions in Kumanovo cooperate mainly with the Center for Social Work and the Police. The cooperation with the Police was graded as excellent and with the Center for Social work as weak. The Police cooperate with the Court, the Public Prosecution and the Center for Social Work and this cooperation was graded as very good. The office of the municipality does not cooperate with any of the state institutions with respect to domestic violence. The Public Prosecution cooperates with the Centers for Social Work, the Police, and with the Health Institutions and this cooperation was also graded as good. In this municipality the involvement of the participation of the Courts into the cooperation among state institution is bigger than in the other four municipalities.

Regarding the existence and functioning of the Local Prevention Councils the Police, the Public Prosecution and the office of the municipality stated that there are Local Prevention Councils, but only the Police and the Public Prosecution participate into these councils, whereas all other actors surveyed into this study, from this municipality have stated that either there are no LPC or that they are not informed.

The cooperation within state institution on local level in the Municipality of Kumanovo even though generally graded as good, needs continuous improvement.

The municipality is not involved in prevention activities in Domestic Violence and has limited cooperation with the relevant institutions due to lack of legal grounds for such cooperation. The

Public Prosecution has some cooperation with some institutions, namely with police as part of the regularly legally proscribed duties of function, with the Centers for Social Work good cooperation, and some cooperation with the Courts. The Health Institutions have very weak cooperation with the other state institutions, and the municipality has no cooperation too.

The Center for Social Work are involved in some prevention activities through the media campaigns, the Police is involved into prevention activities on all levels, and the Health Institutions are not involved into prevention activities.

The coordination of the work of the all state institutions in prevention and treatment of the issue of DV was graded as weak by all participating state institutions. The lack of coordination as such has been pointed out as one of major shortcomings of the system of prevention and protection of victims of DV, and the reasons were mainly identified as the lack of legal bases for cooperation and coordination with a division of individual responsibilities of the relevant stake holders involved in the area of DV.

During the research in the municipality of Kumanovo it was identified that prevention activities and training of personnel in DV were present in a lesser extent then in Tetovo and it should be upgraded and continued. For example only the Police and the Center for Social Work have had specific trainings in DV; It is also important to note that the Public Prosecution Office deems trainings important for all actors including the Courts.

### **Municipality of Bitola**

The municipality of Bitola has been identified as one of the five municipalities encompassed with this study.

During the research the state institutions of the municipality of Bitola including the municipality it self have participated into the research and data collection process relevant for the creation of this study.

In the municipality of Bitola, the state institutions that were surveyed were the Health Institutions, the SIA, the Public Prosecution, the Centers for Social Work and the office of the municipality.

The inter-state institutional cooperation in this municipality was identified as good, and it should continuously be improved. Protocols for cooperation with all institutions relevant for the treatment for victims of DV were identified as existing and seldom implemented only by the

Police. The Center for Social Work cooperates with the Police, Health Institutions, the Court, the Public Prosecution Office and the Educational Institutions. The Centre in Bitola does not cooperate with the municipality. The cooperation of the Centers for Social Work with the Health Institutions in this Police and the Public Prosecutor Office was described as very good.

The Health Institutions in Bitola cooperate mainly with the Police. The cooperation with the Police was graded as excellent. The Police in Bitola cooperate with the Public Prosecution Office, the Center for Social Work and with Educational institutions, and does not cooperate with the municipality. This cooperation was graded as very good.

The office of the municipality since it was recently established still does not have any regular cooperation with all the relevant institution involved into the treatment and prevention of DV.

The Public Prosecution Office cooperates with the Center for Social Work, the police, and with the health institutions and this cooperation was also graded as good.

Regarding the existence and functioning of the Local Prevention Councils the Police, the Public Prosecution Office and the Health institutions stated that there is such council and that they participate into the work of the council. The municipality has pointed out that the work of the council is under the organization of OSCE and that the work of OSCE is not transparent and lacks coordination of all relevant stakeholders.

The cooperation within state institution on local level in the Municipality of Bitola is the best identified among all five municipalities. However, it still needs improvement. The municipality is not involved in prevention activities in Domestic Violence and has no established cooperation with all relevant state institutions dealing with the DV issues. The Center for Social Work is involved in prevention activities through the media campaigns and lectures in educational institutions, the Police is involved into prevention activities on all levels, and the Health Institutions are involved into prevention activities through the work of NGOs.

The coordination of the work of the all state institutions in prevention and treatment of the issue of DV was graded as weak by all participating state institutions. The lack of coordination as such has been pointed out as one of major shortcomings of the system of prevention and protection of victims of DV, and the reasons were mainly identified as the lack of legal bases for cooperation and coordination with a division of individual responsibilities of the relevant stake holders in the treatment of the issue of DV.

During the research in the municipality of Bitola it was identified that prevention activities and training of personnel in DV were present especially in the Center for Social Work, Municipality and the Police, but it needs to be upgraded and continued.

### **Municipality of Kavadarci**

The municipality of Kavadarci has been identified as one of the five municipalities encompassed with this study.

During the research the state institutions of the municipality of Kavadarci, including the municipality itself, have participated into the research and data collection process relevant for the creation of this study.

In the municipality of Kavadarci, the state institutions that were surveyed were the Public Prosecution Office, the Centers for Social Work and the offices of the municipalities. The SIAs and the Health Institutions even though invited for participation in this survey chose not to participate.

The inter-state institutional cooperation in this municipality was identified as weak, and needs improvement. Protocols for cooperation with all institutions relevant for the treatment for victims of DV were not identified by any of the surveyed institutions in the municipality of Kavadarci.

The Centers for Social Work cooperate with the Police, Health Institutions and the Educational institutions. The Centre in Kumanovo does not cooperate with the municipality and the Public Prosecution Office. The cooperation of the Center for Social Work with the Health Institutions was described as weak, whereas, with the Police as good.

The office of the municipality cooperates only with the Center for Social Work (even though the Centre for Social Work stated that it does not cooperate with the municipality in cases of DV).

The Public Prosecution Office cooperates with the Center for Social Work, Health Institutions and the police. This cooperation was graded as generally good.

Regarding the existence and functioning of the Local Prevention Councils none of the institutions involved into this study had any information of any such activity on municipality level.

The cooperation within state institution on local level in the Municipality of Kavadarci is not up to standard and it needs great improvement.

The coordination of the work of the all state institutions in prevention and treatment of the issue of DV was graded as weak by all participating state institutions. The lack of coordination as such has been pointed out as one of major shortcomings of the system of prevention and protection of victims of DV, and the reasons were mainly identified as the lack of legal bases for cooperation and coordination with a division of individual responsibilities of the relevant stake holders in the treatment of the issue of DV.

The data collection and statistical data production by all state institutions with exemption of the police is not up to standard, data bases on victims of DV are missing. This also adds to the problem of actualization of the problem of DV within the municipalities and within the country as a whole. During the research in the municipality of Kavadarci it was identified that prevention activities and training of personnel in DV were present in a lesser extent then than in the other municipalities. Therefore it is paramount that the personnel working in the state institutions of this municipality receive continuous training in DV. It is also important to note that the Public Prosecution deems trainings important for all actors including the courts.

#### **Identification of the needs of the municipalities vis-à-vis cooperation of state institutions and recommendations:**

With respect to the current identified practices and levels of cooperation and coordination in relation to prevention and treatment of DV in the five municipalities, the situation in the those municipalities was identified as similar, with minor differences in the municipality of Bitola and Kumanovo where the cooperation and coordination of activities through the LPC were identified as somewhat better developed. Nevertheless, there is a need for further development and (re)definition of responsibility of all relevant state institution for prevention of DV. Therefore, the following recommendations were deemed as applying to all five municipalities:

#### **Identification of key areas that need addressing in the municipalities:**

- **Creation and implementation of protocols of cooperation among the state institutions involved in the area of DV;**

- **Creation of feasibility study that will identify and specify the need of enacting special legislation on prevention of DV/amending existing legislation involving the state institutions on central and local level with identification of exact levels of responsibility of those institutions and setting bases for better coordination of these institutions in the prevention and treatment of DV;**
- **Operalization of the Local Prevention Councils and involvement of all relevant stakeholders in the issue of prevention and treatment of DV with the adoption of clear and feasible strategies for prevention of DV in the municipality on annual level.**
- **Active Involvement of the health institutions into the process of prevention of DV;**
- **Active Involvement of Courts into the research process; identification of weaknesses in the work of the courts and needs assessment regarding DV;**
- **Creation and execution of multilevel trainings and workshops in DV (legal, sociological, gender) of the relevant state institutions;**
- **Creating an umbrella of the relevant state institutions responsible for prevention activities (creation of umbrella refers to creating a network of relevant institutions on local level important for prevention of DV with identification of one state institution responsible for coordination of activities between the institutions with monitoring abilities, exchange of relevant DV information, following trends of DV-increase or decrease of cases, and proposing and implementing relevant DV programs on local level, with reporting mechanism on national level-to the NCB.**
- **Awareness raising of the personnel working in the relevant institutions including citizens users of the services of these institutions through consultations and exhaustive media campaigns;**

**General recommendations for creation of model of cooperation and coordination of the state institutions on local level**

Domestic violence is a phenomenon in which factors of diverse nature are interacting and whose efficient treatment and prevention depend to a great extent on the appropriate cooperation and coordination between relevant actors, such as public services responsible for the answer, between judicial, law enforcement, and social protection authorities. In order to create a strategy for better support to persons who fall victim to the crime of Domestic Violence it is necessary to continue working to prevent primary, secondary and repeat victimisation. A factor that contributes to



making progress in the pursuit of such aim is cooperation among relevant actors such as judiciary, law-enforcement agencies, health and social protection services as well as with civil society. However, there is still a lack of timely, reliable, accurate and comparable data, both at local and national level.

***The model for cooperation and coordination of state institutions on local level should be created on two levels:***

1. The first level would be **technical** level referring to legal bases for coordination and cooperation. To that end, based on data received and analyzed in this study, it could be noted that enhanced level of cooperation and coordination of activities among all relevant local DV factors is lacking of solid legal basis. Considering the current DV legal coverage, the cooperation and coordination of the relevant factors to DV prevention could be achieved through the creation and implementation of protocols and referral mechanisms, and the operationalization of the LPC. A special scheme should be developed that would consist of regular meetings of representatives from the relevant stakeholder institutions in DV under the auspices of the LPC, which will be involved into preparing strategies for action in the domain of prevention of DV on local level and will develop reporting mechanisms to national level.
2. The second level refers to **awareness raising and training** of the relevant institution that would be involved at the working groups on DV on local level. The trainings should encompass: gender training, specific DV training and trainings in legislation in connection to DV, with elaboration of detailed referrals mechanisms.