



Republika e Kosovës
Republika Kosova-Republic of Kosovo
Qeveria–Vlada–Government

STATE PROTOCOL¹
FOR
TREATMENT OF
SEXUAL VIOLENCE CASES

¹ State Protocol was approved on meeting of the Government of the Republic of Kosovo with the Decision no.11/109 date 23.11.2022.



Republika e Kosovës
Republika Kosova-Republic of Kosovo
Qeveria - Vlada - Government

No. 11/109
Date: 23.11.2022

Pursuant to Article 92, paragraph 4 and Article 93, paragraph 4 of the Constitution of the Republic of Kosovo, Article 4 of Regulation no. 02/2021 on the Areas of Administrative Responsibility of the Office of the Prime Minister and Ministries, amended and supplemented by Regulation No. 04/2021 and Regulation No. 03/2022, the National Strategy on Protection against Domestic Violence and Violence against Women (2022 - 2026), as well as Article 19 of the Regulation of Rules and Procedure of the Government of the Republic of Kosovo no. 09/2011, the Government of the Republic of Kosovo, at its meeting held on November 23rd, 2022, issues the following:

PROPOSAL – DECISION

1. On approving the Draft State Protocol for Treatment of Sexual Violence Cases.
2. The Ministry of Justice and the other competent institutions are obliged to implement item 1 of this Decision.
3. This Decision enters into force on the day of its signing.

Albin Kurti

Prime Minister of Kosovo

To be circulated to:

- Deputy Prime Ministers;
- All Ministries (Ministers);
- General Secretary of OPM;
- Government Archive.

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LIST OF ABBREVIATIONS AND ACRONYMS

AGE	Agency for Gender Equality
IFMK	Kosovo Institute of Forensic Medicine
FLAA	Free Legal Aid Agency
EU	European Union
DV	Domestic Violence
VaW	Violence against Women
SV	Sexual Violence
EULEX	European Union Rule of Law Mission in Kosovo
OIK	Ombudsperson Institution of Kosovo
NHRI	National Human Rights Institutions
NIPHK	National Institute of Public Health of Kosovo
IFM	Institute of Forensic Medicine
CoE	Council of Europe
KJC	Kosovo Judicial Council
KPC	Kosovo Prosecutorial Council
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MoJ	Ministry of Justice
MoH	Ministry of Health
NGO	Non-Governmental Organization
UNO	United Nations Organization
ISP	Individual Support Plan
KP	Kosovo Police
CSW	Centre for Social Work
CSPRVHT	Centre for Shelter, Protection, Rehabilitation of Victims of Human Trafficking
CMD	Case Management Desk
VPAO	Victim Protection and Assistance Office

INTRODUCTION

The State Protocol for the Treatment of Sexual Violence Cases in the Republic of Kosovo (hereinafter: “the Protocol”) was prepared as a working document and a practical tool containing instructions on how services should be provided to victims/survivors of sexual violence, enabling the establishment of institutional responsibility through multi-sectoral coordinated approach.

The main purpose of this Protocol is *standardization of actions needed for a continuous, comprehensive and accountable response, for identification, protection, treatment, documentation, referral, sustainable empowerment and reintegration of victims/survivors of sexual assault and violence through immediate and professional intervention by responsible institutions.*

Protocol will be applied regardless of whether sexual violence occurs in the context of domestic violence or externally (for example at the working place, schools, parks, etc). This institutional responsibility will be achieved in accordance with the obligations and role of each institution, described in the legislation in force on sexual violence, as well as in all documents adopted in order to implement this legislation. An important part of the legal framework of the Republic of Kosovo are also all ratified international documents, therefore the responsible institutions shall act taking into account, among others, the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW Convention) and the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), which emphasize the importance of treatment of all forms of violence against women.

The data on the current situation regarding sexual violence in Kosovo show a significant number of children² girls and boys victims / survivors of this form of violence, compared to the number of women adults / men adults. Likewise, if we talk about adult female/male victims, it is evident that women are the ones who in a higher percentage denounce an incident of sexual violence, compared to men.

Data from the Institute of Forensic Medicine on the total number of cases examined in the last three years (2019-2021), inform us of: 98 cases examined during 2019; 93 cases during 2020 and 120 cases examined in 2021. This data, distributed according to the legal qualification, speak of the highest number of the criminal offence of rape (as presented in chart no. 1). Distributed by age and gender, the cases in the period 2019-2021 examined in IFM support what we described above, that mostly, it is the children who are sexually abused and among the group of children, it is the girls who are the most abused (as presented in charts 2 and 3):

² “Children” shall be considered every person of the age group 0-18 years old.

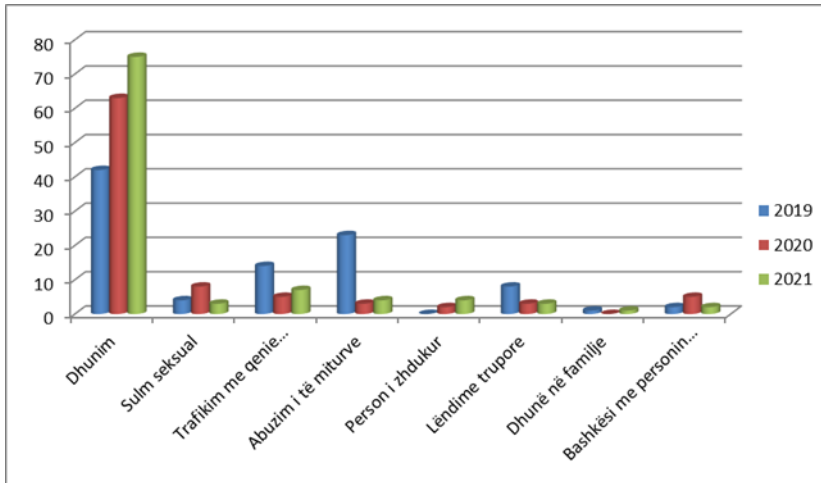


Chart 1 Distribution of examinations according to legal qualifications

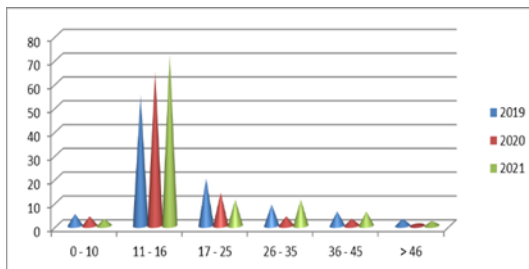


Chart 3: Distribution of cases accruing to the age: 2019 – 2021

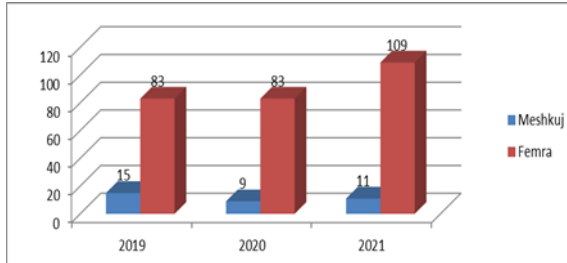


Chart 3: Gender ratio of the examined victims in IFM, years 2019, 2020, 2021

In this Protocol, attention will be paid to all victims/survivors/ of sexual violence, regardless of nationality or relation to any community, social or national origin, race, ethnicity, color, birth, origin, sex, gender, gender identity, sexual orientation, language, statehood, religious belief, and faith, political affiliation, political and other opinions, social or personal situation, age, family or marital status, pregnancy, maternity, financial situation, health situation, limited ability, genetical inheritance or any other grounds. . In a separate chapter, the victims/survivors of sexual violence during the war will also be mentioned, making reference to the legislation and the relevant mechanisms for their treatment.

For easier use by all professionals, the Protocol, as a concept, is divided into three sections:

- **The first section** contains general information about the document: its purpose, the legal and policy framework on which the treatment of cases of sexual violence is based, the coordinated multi-sectorial approach, the stages of management of a case, the role of

the manager/ case manager, as well as the need for professional support/supervision of professionals who deal directly with cases of sexual violence.

- **The second section** contains information dedicated to each of the main institutions responsible for treatment of sexual violence cases, based on the case management steps described in the first section, as well as divided into separate chapters for each institution.
- **The third section** contains general information on the treatment of cases of victims/survivors of sexual violence during the war, the implementation of this Protocol also in situations of natural disasters and other disasters, as well as important advice on the role of institutions in about prevention.

An important part of the Protocol are also annexes and references, which create opportunities for more information and knowledge, depending on the need during the treatment of cases.

The State Protocol for the Treatment of Cases of Sexual Violence in the Republic of Kosovo was prepared as a response to the need to unify and improve the steps taken by each institution when treating cases of sexual violence, taking into consideration and reflecting international standards in this direction as well. The preparation of this Protocol also fulfills the obligation to implement the Istanbul Convention, the legislation in force, as well as the National Strategy of the Republic of Kosovo for Protection from Domestic Violence and Violence against Women 2022 - 2026, approved by the Government of Kosovo on 26.01.2022³.

For this purpose, with the Decision no.36 dated 23.03.2022, the Working Group responsible for drafting this Protocol was established, with the following composition:

1. Dr. Bergita Curri, chairperson, IFM, MD;
 2. Feride Podvorica, chairperson, LD, MD;
 3. Ms. Nazlie Bala, Minister of Justice office member;
 4. Isuf Jahmurataj, LD, MD, member;
 5. Flamur Blakaj, IFM MD, member;
 6. Dradan Kadolli, from KJC, member;
 7. Laura Pula, Prosecutor, member;
 8. Nebahate Troni from KFA, member;
 9. Mr. Arbnes Hajvazi, from KP, member;
 10. Bastri Kastrati, from VPAO;
 11. Venera Dibra, from MIA, member;
 12. Nazmije Kajtazi, from MH, member;
 13. Edi Gusia, from AGE, member;
 14. Lumturije Aliu, from CSRVHT, member;
 15. Fatmire Shala-Kastrati, from IFM, member;
 16. Ilir Kurti, from CUHSK, member;
 17. Representative from DEIPC, member;
 18. Ruzhdi Osmani, member;
- Invited to the working group, according to the items 2 and 3 of the Decision no. 36 dated 23.03.2022 were also:

³Foreseen as an obligation to be implemented under specific Objective II.1. "Improving the legal framework for handling all cases of domestic violence and violence against women", action II.1.7

- AdelinaBerisha and Nicole Farnsworth, from Kosovo Women’s Network;
- Representative from NGO Coalition for Protection of Children in Kosovo;
- FatmireHaliti, from KRCT;
- VebiMujku from SWC;
- GaniLeci, from VPAO, Gjilane
- PranveraAdemi, from Mitrovica Basic Court;
- CurrGjocaj, from CUCK;
- Chiara Tagliani, from EULEX;
- ZamireKelmendi, from UN Women Kosovo;
- VisareMujko-Nimani and ZarifeMiftari from UNFPA.

The work of the Working Group was facilitated by the consultant Monika Kocaqi engaged by the Kosovo Women's Network throughout the drafting process of the draft Protocol, as well as by the consultant DonatRexha, engaged by the Office of UN Women in Kosovo for the cost of the draft Protocol. Relevant support during the entire process of drafting until the finalization of protocol was also offered by EULEX Kosovo..

The protocol went through consultations with the actors and relevant institutions and based on the legislation in force it was published for public consultation from October 3 to October 21, 2022, web page: <https://konsultimet.rks-gov.net/viewConsult.php? ConsultationID=41562>.

In addition to the contribution from the members and invitees who are part of the Working Group, comments during the public consultation process were also forwarded by the Council of Europe Project “Reinforcing the fight against violence against women and domestic violence in Kosovo” Kosovo Justice Institute, the Housing Center for Women and Children in Prizren, the Women's Welfare Centre in Peja, as well as consolidated comments from the consultations by the Kosovo Women's Network with members of the Coordinating Mechanisms, Shelters and Women's NGOs, with more than 124 participants from the regions (and municipalities): Ferizaj (Shtime, Hani i Elezit, Kaqanik, Lipjan), Novo Brdo, Gjakova, Mitrovica, North Mitrovica, Gjilane, Peja, Prishtina (Podujeva) and Prizren (Dragash , Suhareka).

The final amended version including all comments and suggestions received from consultations was submitted for approval in November 2022.

The Protocol was approved by Decision no. 11/109 dated 23.11.2022.

I. FIRST SECTION

I.1. PURPOSE OF THE PROTOCOL

The main purpose of the State Protocol for Treatment of Sexual Violence Cases is to standardize the necessary actions for a continuous, comprehensive and responsible response, for the identification, protection, treatment, documentation, referral, sustainable empowerment rehabilitation and re-integration of victims/survivors of sexual assaults and violence, through the immediate and professional interventions of the responsible institutions.

Specifically, the State Protocol for the Treatment of Sexual Violence Cases aims to:

- ✓ Treat victims/survivors of sexual violence, guaranteeing the protection of their rights the provision of a full package of services focused on the victim / survivor, as well as sensitive to age and gender;
- ✓ Provide a standard action procedure to treat sexual violence as a serious form of violence, ensuring an immediate, professional and coordinated response to sexually abused adults or children;
- ✓ Strengthen and clarifying the roles and responsibilities between service providers and the responsible institutions as a whole for treatment of sexual violence cases, thus increasing their accountability and reliability, as well as enabling a coordinated multi-sectoral approach.
- ✓ Complete and improve the practices, policies and procedures of the responsible institutions for treatment of sexual violence cases, bringing to attention national and international legal obligations and responsibilities,
- ✓ Bring to the attention of responsible institutions for treatment of sexual violence cases, the need for changes (in human, financial and infrastructural resources) in accordance with the implementation of the coordinated actions.
- ✓ Encourage the responsible institutions to plan, budget, allocate and spend the necessary financial resources, in order to fulfill the obligations defined in this Protocol, based on the costs calculated as necessary for the implementation, but also on other approved documents, which address issues of gender-based violence⁴.
- ✓ To emphasize the importance of priority and multi-sector coordinated treatment of cases of sexual violence, even in situations of civil emergencies, natural disasters, pandemics, etc.

PURPOSE OF THE PROTOCOL

is to provide sustainable treatment for each victim/survivor of sexual violence regardless nationality or relation to any community, social or national origin, race, ethnicity, color, birth, origin, sex, gender, gender identity, sexual orientation, language, statehood, religious belief, and faith, political affiliation, political and other opinions, social or personal situation, age, family or marital status, pregnancy, maternity, financial situation, health situation, limited ability, genetical inheritance or any other grounds.

A victim / survivor of assault or sexual violence may have contacts with many different institutions. This Protocol helps to define the role of each institution and the relationship between them. The Protocol provides the opportunity for more intensive and improved inter-

⁴In addition to the estimated costs necessary for the implementation of this Protocol as part of its cost, the institutions can base the request to include in their budgets more funds for this purpose, also on the corresponding actions foreseen in the National Strategy of the Republic of Kosovo for Protection from Domestic Violence and Violence against Women 2022 - 2026, being guided by the reference costs of the action plan of this strategy.

institutional communication, as well as between institutions and victims / survivors of sexual violence. The Protocol also provides information on how and where to refer the victim / survivor of sexual violence if there is a need for additional services that an institution may not provide.

All victims / survivors of sexual violence deserve equal access to competent and inclusive services. It does not matter if the victim / survivor first contacts the emergency room, denounces or reports the case to the police, contacts the victim's advocate, or seeks help at a specialized center to provide services to abused women. It is important that, regardless of what institution first becomes aware of the case, treatment must begin immediately with responsibility and professionalism and all the specific needs of the victim/survivor must be met, through a coordinated multi-sector approach⁵. This includes not only the implementation of all legally prescribed steps for the immediate protection of the /survivor of sexual violence and the legal treatment of the case, but also the elements highlighted as necessary for comprehensive services, starting from the principle of "do no harm and do not cause damage", victim/survivor centered approach, obtaining informed/based consent, providing language interpreters, sign language interpreters as needed, treatment in suitable and friendly environments, with infrastructure that enables easy access for people with special needs, the provision of services by professionals of the same gender as the victim/survivor of sexual violence, when it is the case and requested by her/him, etc..

I.2. DEFINITIONS AND GUIDING PRINCIPLES

Important note on terminology:

All professionals engaged through the multi-sectoral coordinated approach to the provision of certain services differ in the way they define their relationship with the person they are treating (i.e. in the present case the sexually abused person). For medical and nursing staff, the person is a "patient". For a social worker or psychologist, the person being treated is a "client". For the police, the prosecution, the victims' advocates and the judiciary with the "victim" could at the same time be the "witnesses". The staff of specialized centers for dealing with cases of sexual assault and violence offer services to "victims/survivors". But all professionals agree that there is a process through which sexually violated person goes through that involves surviving and then healing from physical injuries, healing from the psychological and emotional experiences of trauma caused by sexual violence, which is accomplished through rehabilitation through specialized support services, and which is then accompanied by reintegration of sexually abused persons, through policies, measures and actions provided for this purpose. Therefore, this Protocol itself will help make the experience of victimization, survival and empowerment easier for a person who has been sexually abused.

- ✓ Despite the fact that sexually abused persons are treated by a set of institutions and professionals, in this Protocol, in order to prevent any kind of prejudice or misinterpretation, the use of the terms "patient", "victim/survivor", "witness", "client". will be avoided. Instead, throughout the text the terminology "victim/survivor" of sexual violence will be used to refer to the person who has experienced sexual assault and violence.

⁵Also known as a coordinated community response, i.e. at the core of which lies the coordination of the actions of all responsible state institutions and actors or non-governmental organizations that provide specialized support services for victims/women survivors/men survivors of sexual violence. This approach is applicable in Kosovo, for example, through the operation of Coordination Mechanisms for dealing with cases of domestic violence, or through Case Management Desks, etc.

- ✓ Regardless of the data on the informed, denounced or reported cases, women and girls are the ones who mostly experience sexual violence, it is a fact that even boys or men can also experience this form of violence. Therefore, in the Protocol we will use non-exclusive language for boys or men victims/survivors and, as necessary, in certain sections of the Protocol, specific instructions will be given for examination or collection of evidence for boys and men, as well as for other vulnerable groups who experience multiple discrimination and disadvantage.

I.2.1. DEFINITIONS

The following definitions are based on the national legal framework of the Republic of Kosovo, but also on the Istanbul Convention. During the treatment of victims/survivors of sexual violence, all engaged professionals, in accordance with the steps cited in this State Protocol, must be based on the same concepts and terminology definitions, as presented below:

Sexual act⁶ - shall mean penetration however slight of any part of the body of a person with a sexual organ or an object for sexual purpose or the penetration however slight of the anal, oral or genital opening of a person with any object for a sexual purpose, or any other part of the body or any part of an animal. Forcing another person to perform a sexual act without consent of that person constitutes the criminal offense "**Rape**"⁷. **Consent and lack of consent** (as presented below in this list of definitions) are key aspects of the qualification and adjudication of sexual violence cases. According to Article 36 of the Istanbul Convention, all **intentional and non-consensual acts** of sexual violence will be criminalized.

Family member⁸ - parent, adoptive parent, child, adopted child, sibling, a spouse, blood relative living in the same home or a person with whom the perpetrator lives in an extramarital communion.

Extramarital community⁹ - a relationship as defined by the Family Law

Violence against women - is understood as a violation of human rights and a form of discrimination against women, and implies all acts of gender-based violence that lead or may lead to physical, sexual, psychological or economic harm or suffering to women, including threats to perpetrate these acts, coercion or arbitrary deprivation of liberty, whether it occurs in public or private life¹⁰.

Domestic violence¹¹ - shall mean all acts of physical, sexual, psychological or economic violence that occur within the family or household unit, or between former spouses or partners or between current spouses or partners, regardless of whether the perpetrator shares or has shared the same residence with the victim.

⁶According to the Criminal Code of the Republic of Kosovo No. 06/L-074, Article 225, Chapter XX

⁷ According to Criminal Code of Kosovo No. 06/L-074, Article 227, Chapter XX

⁸According to the Criminal Code of the Republic of Kosovo No. 06/L-074, Article 113/26, Chapter XXIII

⁹According to the Criminal Code of the Republic of Kosovo No. 06/L-074, Article 113/27, Chapter XXIII

¹⁰According to the Istanbul Convention, Article 3 - Definitions. See: <https://rm.coe.int/168046246b>

¹¹According to the Istanbul Convention, Article 3 - Definitions. See: <https://rm.coe.int/168046246b>

Sexual violence - is any act of a sexual nature performed without consent or any act aimed at a person's sexual function and that involves any sexual contact, forced nudity or other acts performed with a sexual motive¹². **Sexual violence, including rape¹³ - is the intentional behavior as follows:**

- a) engaging in non-consensual vaginal, anal or oral penetration of a sexual nature on the body of another person with any bodily part or object;
- b) engaging in other non-consensual acts of a sexual nature with a person;
- c) causing another person to engage in non-consensual acts of a sexual nature with a third person.

Gender-based violence against women¹⁴ - shall mean violence that is directed against a woman due to the fact that she is a woman or that affects women disproportionately.

Child¹⁵- a person who has not reached the age of eighteen (18) years.

Minor¹⁶ - a person who is between the ages of fourteen (14) and eighteen (18) years.

Adult¹⁷ - a person who has reached the age of eighteen (18) years.

Domestic relationship¹⁸ - relationships between persons:

- 1) who are engaged or were engaged or are married or were married or are in extra marital union or were in extra marital union or are co-habiting in a common household or were co-habiting in a common household;
- 2) who use a common house and who are related by blood, marriage, adoption, in-laws or are in a guardian relationship, including parents, grandparents, children, grandchildren, siblings, aunts, uncles, nieces, nephews, cousins; or
- 3) who are the parents of a common child?

Sexual harassment¹⁹ - shall mean any form of unwanted verbal, non-verbal or physical conduct of a sexual nature which aims at or effectively constitutes a violation of the dignity of a person, which creates an intimidating, hostile, degrading or offensive environment.

Consent²⁰ - shall mean:

- 1) the voluntary agreement of a person who has reached the age of sixteen (16) years to engage in the sexual act in question.
- 2) the voluntary agreement of two persons who have reached the age of fourteen (14) years and where difference in their ages does not exceed two (2) years to engage in the sexual act in question

Consent does not exist if:²¹

¹²According to the definitions explained in the Protocol for the identification, investigation and treatment of cases of sexual violence during the war in Kosovo, 2019, prepared by KKRMT and the working group for this purpose (chapter 1, p.11)

¹³According to the Istanbul Convention, Article 36. See: <https://rm.coe.int/168046246b>

¹⁴According to the Istanbul Convention, Article 3 - Definitions. See: <https://rm.coe.int/168046246b>

¹⁵According to the Criminal Code of the Republic of Kosovo No. 06/L-074, Article 113, Chapter XIII

¹⁶According to the Criminal Code of the Republic of Kosovo No. 06/L-074, Article 113, Chapter XIII

¹⁷According to the Criminal Code of the Republic of Kosovo No. 06/L-074, Article 113, Chapter XIII

¹⁸According to the Criminal Code of the Republic of Kosovo No. 06/L-074, Article 113, Chapter XIII

¹⁹According to the Criminal Code of the Republic of Kosovo No. 06 / L-074, Article 183, Chapter XV. See::<https://md.rks-gov.net/desk/inc/media/6A2D4377-6AE1-4530-909F-3FB2680CD1EC.pdf>

²⁰According to the Criminal Code of the Republic of Kosovo No. 06/L-074, Article 225, Chapter XX

²¹According to the Criminal Code of the Republic of Kosovo No. 06/L-074, Article 225/2, Chapter XX

1. such person verbally or by behavior expresses a lack of agreement to perform the act or to continue it;
2. the agreement was expressed in words or by the behavior of another person and not the victim;
3. the agreement of the victim was obtained by fraud, intimidation, or threats, if such methods do not include the use of force, serious threats or exploitation as provided in article 227 paragraph 3, of the Criminal Code; or
4. such person is incapable of giving consent for sexual activity due to reduced mental or physical capacity or intoxication with alcohol, drugs, or other substances.

Private parts²² - shall mean the breasts of woman, the penis, vagina and/or anus.

Touching²³ - shall mean any direct or indirect contact, where there is no penetration, between the body of a person with any part of the body of another person or with an object.

Sexual assault - Whoever touches another person for a sexual purpose or induces such person to touch the perpetrator or another person for a sexual purpose, without the consent of such person. Whoever touches another person for a sexual purpose or induces another person to touch the perpetrator or a third person for a sexual purpose in one of more of the following circumstances: serious threat or the threat of violence; by threat of an imminent danger to the life or body of such person or of another person; or by exploiting a situation in which such other person is unprotected and where his / her security is in danger.

Exploitation²⁴ - shall include, but not be limited to, prostitution of others, pornography or other forms of sexual exploitation, begging, forced or compulsory labour or services, slavery or practices similar to slavery, servitude or the removal of organs or tissue.

Trafficking in persons²⁵ - shall mean the recruitment, transportation, transfer, harboring or receipt of persons, by threat or the use of force or other forms of coercion, abduction, fraud, deception, the abuse of power or the abuse of a position of vulnerability or by way of giving or receiving payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

Vulnerable victim²⁶ - is a victim of a criminal offense who is a child, a physically or mentally handicapped person, a person suffering from diminished capacity, a pregnant woman, the elderly or a person whose relationship to and dependence on the offender make them particularly vulnerable to repeat victimization, intimidation or retaliation.

Victim of sexual violence during war²⁷ - is considered a person who survived sexual abuse and rape within the period from 27.02.1998 to 20.06.1999.

I.2.2 GUIDING PRINCIPLES

²²According to the Criminal Code of the Republic of Kosovo No. 06/L-074, Article 225, Chapter XX

²³According to the Criminal Code of the Republic of Kosovo No. 06/L-074, Article 225, Chapter XX

²⁴According to the Criminal Code of the Republic of Kosovo No. 06/L-074, Article 165/6.2, Chapter XV

²⁵According to the Criminal Code of the Republic of Kosovo No. 06 / L-074, Article 165/6.1, Chapter XV. See: <https://md.rks-gov.net/desk/inc/media/6A2D4377-6AE1-4530-909F-3FB2680CD1EC.pdf>

²⁶According to the Criminal Code of the Republic of Kosovo No. 06 / L-074, Article 113/39, Chapter XIII. See: <https://md.rks-gov.net/desk/inc/media/6A2D4377-6AE1-4530-909F-3FB2680CD1EC.pdf>

²⁷According to the definitions explained in the Protocol for the identification, investigation and treatment of cases of sexual violence during the war in Kosovo, 2019, prepared by KKRMT and the working group for this purpose (chapter 1, p.11).

“Victim/survivor-centered” approach”. A “victim/survivor -centered” or victim/survivor-focused approach aims to create a supportive environment in which the rights of the victim/survivor are respected and where the person is treated with dignity and respect. This approach means that every victim of violence/survivor of sexual violence: a) has the same rights to support and care; b) is different and unique; c) will react differently depending on the experience of violence suffered; d) has different powers, capacities, resources and needs; e) has the right, depending on age and circumstances, to decide who will be notified of what happened to them and what will be the next steps to be taken; f) should be trusted and treated with respect, kindness and empathy. When applying this approach, the victim / survivor is placed in a help center which is provided according to its characteristics, situation and needs. This begins with the evaluation of the experience that the victim / survivor has gone through, but also keeping in mind the fact that she is better than anyone else who knows and evaluates the details of her situation, so *the planning of assistance is made jointly with her*. This approach also aims to empower the victim/survivor. Institutions responsible for dealing with cases of sexual violence must not ignore the obligation to convince the victim/survivor, with arguments and complete information and according to her/his level, of the importance of participation in the entire reference chain of services. However, with the exception of the obligation to denounce or report the sexual crime, when the case occurs and according to legal grounds in force (which must be explained in advance to the victim), the victim/survivor cannot be forced to follow the chain of referring services.

The victim/survivor-centered approach is accompanied by a set of guiding principles that underpin support work:

The principle of sensitivity to victim/survivor trauma. According to this principle, specialized support service providers for victims/survivors of sexual violence recognize and acknowledge the wide-ranging impact over time of trauma and understand the possible ways for recovery. Service providers also recognize the signs and symptoms of trauma in victims/survivors, their families, professionals and all other individuals involved in treatment of a sexual violence case. For this reason, the responsible institutions respond by fully

THE FOLLOWING ACTIONS CAN HELP INCREASE SECURITY FOR A VICTIM/SURVIVOR:

- Providing services by professionals / professionals of the same gender as the victim, except in the case of small children, for whom a female professional is often the best solution;
- Creating a pleasant distance of personal space between the professional who provides the service and the victim / survivor, allowing ample space and not staying too close to each other;
- Avoiding unnecessary and unpleasant physical contact / touch of the victim / survivor;
- Communicating in a calm and non-reprimanding voice, as well as conducting interviews in private places, where confidentiality is ensured and opportunities for increased trust are created;
- Creating a certain level of emotional safety, that is, that the victim/survivor/ is safe from suicide, self-harm, etc.

integrating trauma knowledge into their policies, procedures and practices, trying to avoid re-trauma as much as possible. According to this principle, physical, psychological and emotional security is emphasized for both victims/survivors and service providers, which allows victims/survivors to rebuild a sense of security, support and institutional support. Applying the principle of victim/survivor trauma sensitivity avoids institutional practices and processes that are likely to lead to re-traumatizing individuals with trauma histories and allows services to be provided in a way that facilitates victim/survivor participation itself. This principle views victims/survivors as experts of their needs.

The principle of security. 'Safety' refers to both the physical security aspect and the victim's/survivor's sense of psychological and emotional security. It is important to consider not only of the victim/survivor but also of her family members or even persons providing care and support need security. In the case of conflict-related and politically motivated sexual violence, or intimate partner sexual violence, the security risks may be even greater than usual. Likewise, any action plan that is discussed as a solution to the situation of victims/survivors of sexual violence, must have as a key factor their welfare, protection, and safety. For example, the resources and support created for victims should not present barriers, even if unintentional, and on the other hand, should not compromise their safety. Victim/survivor safety plans should be prepared in parallel with the conduct of the risk assessment process. Measures should also be taken to avoid compromising the safety of victims of sexual violence through the disclosure of their identity or whereabouts by the media.

The principle of maintaining confidentiality.

Confidentiality refers to a person's right to treat with respect any information about him or her. Confidentiality promotes security, trust and empowerment. Confidentiality reflects the belief that people have the right to choose who to tell or not to tell their story. Maintaining confidentiality means not disclosing any information at any time to any party without first obtaining based/informed consent (i.e. written approval by the victim, after being explained what kind of information will be shared, with whom and why this is important in relation to case resolution). Failure to observe confidentiality may place the victim/survivor and other persons close to her at risk of further harm. If the professional providing assistance do not respect confidentiality, the victims/survivors will be discouraged from seeking help. The confidentiality of services must be maintained. The privacy and confidentiality of victims/survivors

NOT VIOLATING SAFETY IS A NECESSITY EVEN WHEN WORKING WITH BOYS AND MEN!

If the incident of sexual violence becomes known to others in the community, the victim/survivor may be at risk of further violence. Finding community-based protection and safety resources can be very difficult and even the act of seeking such support can put the victim/man/boy survivor at risk, also because organizations working with boys and men may be absent in the territory where the event occurred, or even more widely at the national level. In cases where the person is in immediate danger to safety, you should thoroughly analyze the situation to understand what the risks may be and help the victim/survivor choose the option that presents the least risk. Likewise, you should be well informed about the types of programs or centers that exist that can provide specialized services for abused boys and men, in order to make referrals to these programs. When they are lacking, it is imperative to start taking steps to establish them and in the meantime, it is also important to think about other sheltering alternatives.

must be protected, as must the addresses of services which focus on the safety of the victim (the addresses of specialized support service centers for victims of sexual assault).

However, there are also situations in which confidentiality cannot be entirely respected, especially if there is a legal obligation for the official or the person in charge for reporting the criminal offense that he/she discovered during the exercise of his/her duties. ²⁸In such situations, professionals, pursuant to the legislation in force, but also taking into consideration the international standards, must notify the victim/survivor in advance of the legal obligation to report the detected criminal offense, and therefore partially *respecting the principle of confidentiality*. Professionals and professionals of all institutions responsible for handling cases of sexual violence, if they discover such a case during the exercise of their duties, in addition to the legal obligation in force according to the Criminal Code to report the case, *must also consider the right victim/ survivor to receive the services regardless of her/his willingness to press charges or testify against a perpetrator of the criminal offence, as stipulated by Article 18/4 of the Istanbul Convention.*²⁹

Many service providers use based/informed consent forms with victims/survivors. Because of how trauma affects memory and brain function, many victims/ survivors of sexual violence have difficulty understanding or remembering information, especially complex information if given during the first few days after an attack and sexual violence. As a result, it is necessary that ***all service providers develop models that practice based/informed consent only when a victim has the ability to fully understand the consequences of signing an informed consent form, being that only verbal.*** Furthermore, service providers need to establish precise procedures for providing information to third parties, specifying exactly the type of information to be shared and with what institutions / actors, in accordance with legal provisions in force, harmonized with international standards.

²⁸Pursuant to Criminal Code of Kosovo No. 06/L-074, Article 378 "Failure to report criminal offenses or perpetrators", item 2:" An official person or a responsible person who fails to report a criminal offense he or she has discovered in the exercise of his or her duties shall be punished as provided for in paragraph 1. of this Article, if such offense is punishable by imprisonment of at least three (3) years." Article 247: "Failure to report child abuse", item 1:" Notwithstanding other provisions of law, whoever has reason to suspect that a child has suffered an incident of child abuse, mistreatment, abandonment or neglect, and fails to immediately report the abuse or neglect shall be punished by a fine or imprisonment of up to three (3) years."; item 3: "Whoever while engaged in a professional capacity related to the child, has reason to suspect that a child has suffered an incident of child abuse, mistreatment, abandonment or neglect or has been subjected to violence or a threat of violence and fails to immediately report it, shall be punished a fine or imprisonment of three (3) months to three (3) years."; item 4: "When the offense provided for in paragraphs 1., 2., or 3. of this Article results in the death of the child or serious impairment to his or her health, the perpetrator shall be punished by imprisonment of one (1) to eight (8) years."

²⁹Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention), Article 18, item 1: " Parties shall take the necessary legislative or other measures to protect all victims from any further acts of violence"; Item 4: " The provision of services shall not depend on the victim's willingness to press charges or testify against any perpetrator."

Principle of respect for the right to dignity and self-determination. Violence against a person is an attack on his dignity and rights. All service providers who contact the victim play a role in restoring dignity and respecting the victim's/survivor right to self-determination. For example, victims/survivors have the right to disagree with the services proposed to them within the case management, or to choose whether or not they want to use legal services. Respecting the right to dignity and to decide for yourself, in this case, does not mean that the professionals who deal with the case dare to give up on providing the service/treatment. In this case, in respect of this right, the victim/survivor must be informed under all conditions that he/she can accept the service at any time he/she is ready. Therefore, services must be provided, but allowing time for the victim/survivor to engage in them. Failure to respect the dignity, desires and rights of victims/survivors can increase their feelings of helplessness, shame, self-blame, leading to diminished effectiveness of interventions and cause re-victimization and further harm. Building trust to talk about sexual violence suffered by a victim/survivor is extremely difficult, especially when faced with institutions where protection and treatment policies are different and confusing. Fear of prejudice and distrust pushes many victims/survivors not to speak openly and not to denounce or report the violence suffered, or to be confused in the way the facts are presented. For many victims/survivors of sexual violence, the opportunity to make their own decisions, or to be actively involved in the decisions that will be made for the ongoing treatment of their case, is a very good starting point and necessary for the recovery of the trauma suffered due to violence. Service providers may feel frustrated or confused with the decisions a victim/survivor makes about their process. However, this is an essential component of building trust for a victim/survivor to respect her choices in all possible cases. In case a choice cannot be supported, the service provider should explain why this is impossible and should jointly reconsider with the victim/survivor other options for dealing with the situation.

NOTE!

None of the victims/survivors are responsible for the sexual violence they have experienced. However, some characteristics can make a person more vulnerable to sexual violence and its types. These risk factors should not serve to blame the victims/survivors, but to prevent sexual violence by helping the targeted persons as most at risk and at whom the factors in question are identified. The responsibility for sexual violence always lies with the perpetrator, namely the violator!

Principle of non-discrimination.All victims/survivors of sexual violence have the right to receive the best possible assistance without undue discrimination on the grounds of nationality or relation to any community, social or national origin, race, ethnicity, color, birth, origin, sex, gender, gender identity, sexual orientation, language, statehood, religious belief, and faith, political affiliation, political and other opinions, social or personal situation, age, family or marital status, pregnancy, maternity, financial situation, health situation, limited ability, genetical inheritance or any other grounds³⁰. Institutional responses should be based on the principle of respect for the right of victims/survivors.

³⁰As determined in Article 1 of the Law 05/L-021 "On Protection from Discrimination." See: <http://old.kuvendikosoves.org/common/docs/ligjet/05-L-21.pdf>

When dealing with cases of sexual violence, the professionals should also consider and respect principles such as “**Do not hurt!**” and “**The obligation to respond and to act**”, which are broken down as follows:

The principle of the highest interest: The highest interest of the victim/survivor (adult or child) is the main consideration in all decisions made regarding the management of a case of sexual violence.

Age Sensitivity: Responses from institutions should ensure that referrals, services, processes and strategies are sensitive and tailored to victims of all ages and provide child and adult friendly services.

Gender Sensitivity: Services, processes and strategies to respond to cases of sexual violence should ensure that they address the specific needs of women and girls as well as have the flexibility to respond to men and boy victims.

Communities sensitivity: Institutional response must ensure that referrals, services, process and strategies are sensitive and tailored to victims/survivors of all national, ethnic, cultural, linguistic or religious groups traditionally present in the Republic of Kosovo that are not majority.

Different abilities / (dis) abilities: All victims/survivors who have different abilities or belong to the group of persons with physical or mental disabilities, have the right to all necessary support to enable their help and equal access to all relevant services (medical, legal, psychosocial, etc.).

Participation / inclusion: Victims/survivors should be supported to participate actively and meaningfully throughout the response process (through justice, health, education, social care services, etc.) and their views should be considered age-appropriate and their maturity. All actors are responsible for ensuring that victims/survivors and, where appropriate, their families are well-informed and have all the relevant information necessary to make a decision based on based/informed consent regarding support specialized services, included in case management.

Individuality: While acknowledging that many victims/survivors of gender-based violence share common experiences and circumstances, when it comes to this form of violence, such as sexual violence, we must acknowledge that each victim will react differently, even though it may be in circumstances similar to the experience of violence suffered. The individual needs of the victims/survivors also have a great impact on this, which must be taken into account and properly supported and addressed.

Quality and sustainable services: Support and services provided must be quality and have financial, infrastructural sustainability, with adequate human resources, etc. All services provided to victims/survivors of sexual violence should be regulated by nationally approved standards, which should also be harmonized with international service standards. Services should be full, comprehensive, available, accessible and free of charge to all groups of victims/survivors of sexual violence, in accordance with their specific needs, located at the center of a coordinated multi-sectoral response. All service providers are responsible for compliance with the legal framework, the proper implementation of certain responsibilities, as well as professional accountability for the provision of services on their part.

Ensuring that services to deal with sexual violence are not lacking as part of integrated services: Integrated services that address all forms of violence must specifically address sexual violence otherwise there is a risk that victims/survivors will not seek help and will focus on other problems. Sexual violence remains much more stigmatized than other forms of violence, such as intimate partner violence.

Providing services without time constraints: It is important to avoid setting deadlines for access to support and services. Many victims/survivors will try to cope with the situation alone and will contact the services sometime after the rape. Regardless of when a victim/survivor of sexual violence decides to seek help, services from professionals should be available twenty-four hours, seven days a week, as many victims/survivors have limited time and private space to seek help, and the decision to do so is often a difficult one. If service providers do not respond at least with just one message at a time when women are trying to access services, they may not try to contact again later.

Reducing variability in service quality and accessibility: Sexual rape is not a unique phenomenon in urban settings. It also occurs in rural and more isolated areas with various or limited legal, medical and social infrastructures and resources. Most existing data focus on understanding urban models of sexual violence services. In addition, where coordinated services are available in urban areas, they are not always accessible to those living outside major cities. There is often a large difference in the quality of services available in large urban areas and in the rest of the country leading to inequality in care and outcomes.

Ensuring self-referral: The opportunity to self-refer to the services is very important for victims/survivors who do not want to inform or report to the authorities. Providing treatment services is important for this group of victims/survivors, is an obligation for all institutions, pursuant to Article 18, item 1 and 4 of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention), that stipulates the obligation of the parties to undertake the necessary legislative or other measures to protect all victims/survivors from further acts of violence, as well as the provision of relevant services to victims/survivors, regardless of the victim's/survivor's willingness to press charges or testify against a perpetrator of the criminal offence.

In addition, since sexual violence is a form of violence that is less explored and discussed in public or even among professionals, it is necessary in this Protocol to set out some **essential elements** of a coordinated multi-sectoral response.

Equal access to services. Access to services after sexual violence is the most pressing issue facing many victims/survivors, services that are often limited or lacking, due to the inability of responsible institutions to plan and allocate the resources needed for their establishment, management and sustainability. Responding to sexual violence using a single approach for all victims/survivors of this form of violence is harmful and does not give the right results. Creating equal access to services means setting up such services tailored to meet the needs of all individuals taking into account age, gender, ethnicity, (dis)ability, gender identity and sexual orientation, race, ethnicity, origin, family or marital status, health condition, as well as a set of individual characteristics of victims/survivors. This means that services should be easily accessible, customized also in terms of infrastructure of the environment, with the space and items needed for the persons with limited abilities offered in several languages (including sign language or Braille alphabet etc.), by a range of professionals and specialized professionals with continuous training, etc.

Knowing the contexts of sexual violence. In developing a meaningful response to sexual violence, it is essential that female professionals and male professionals be well-trained on the contexts of sexual violence. Providing services to victims/survivors of sexual violence requires first recognizing and knowing how to address the need to be able to adapt to the different and sometimes complex dynamics between a victim and the perpetrator. Some of the contexts of sexual violence for which professionals should have a basic knowledge as well as a good knowledge of policies and practices in their treatment, are but are not limited to:

- Sexual violence incited by the use of alcohol or narcotics
- Sexual violence during meetings or acquaintances for short periods of time
- Sexual violence between colleagues, female and male co-workers
- Sexual violence on persons trafficked for the purpose of sexual exploitation
- Sexual violence between persons of the same sex
- Sexual violence in family relationships, etc.

In addition to the above, there is a number of contexts in which the victim/survivor/perpetrator can be placed, so it is very important that female professionals and male professionals are well informed and professionally prepared with training and other capacity building activities, in order to manage as best and as effectively as possible all the cases that are presented to them.

I.3. INTERNATIONAL AND NATIONAL LEGAL FRAMEWORK

I.3. 1. INTERNATIONAL LEGAL FRAMEWORK

The State Protocol for treatment of sexual violence cases is based on a broad international legal framework, consisting of a set of instruments which, even if they have not been specifically ratified by the Assembly of the Republic of Kosovo, enter into force on the basis of the Constitution of the Republic of Kosovo (Article 22, page 6). As part of this legal framework we can mention:

- Universal Declaration of Human Rights, 1948³¹
- European Convention for the Protection of Human Rights and Fundamental Freedoms, 1950 and its Protocols³²;
- United Nations Convention on the Rights of the Child, 1990³³
- The Beijing Declaration and Platform for Action, 1995³⁴
- European Social Charter (revised), 1996³⁵.
- Council of Europe Framework Convention for the Protection of National Minorities, 1998³⁶
- Resolution 1325 “Women, Peace and Security” of the UN Security Council, 2000³⁷
- European Convention against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment, 2002³⁸.
- Charter of Fundamental Rights of the European Union, 2007³⁹

³¹See:

<https://unmik.unmissions.org/sites/default/files/regulations/03albanian/Ahri/AUniversalDeclarationHumanRightsfinal.pdf>

³²See: https://www.echr.coe.int/documents/convention_sqi.pdf

³³See: <https://unmik.unmissions.org/sites/default/files/regulations/03albanian/Ahri/AConRightsChild.pdf>

³⁴See: https://www.crca.al/sites/default/files/publications/3.2.1.8.Deklarata_dhe_Platforma_pr_Veprim_e_Pekinit.pdf

³⁵See: <https://rm.coe.int/168047e169>

³⁶See: <https://rm.coe.int/16800c131a>

³⁷See: https://www.mod.gov.al/images/PDF/gruaja_rezolute.pdf

³⁸See: <https://rm.coe.int/16806dbac6>

³⁹See: <https://op.europa.eu/en/publication-detail/-/publication/fc583291-b51a-445f-987a-ee24ad1d8f3e>

- Council of Europe Convention on the Protection of Children from Sexual Exploitation and Sexual Abuse, 2007⁴⁰, etc.

But two of the most important international instruments on which the State Protocol for dealing with cases of sexual violence is based are:

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1981⁴¹, provides a legally binding framework for the measures that the state must take to end discrimination against women in all spheres of life: in the political, economic, social, cultural, civil or any other field. Although the Convention does not explicitly mention violence against women, this gap was addressed in 1992, when General Recommendation no. 19 for violence against women was adopted. This document clarifies that gender-based violence against women constitutes a form of “discrimination” and is therefore covered by the Convention. Especially for sexual violence, General Recommendation no. 19 emphasizes the need to: “Establish / build or support appropriate protection and support services for women who have experienced or are at risk of violence, rape, sexual assault and other forms of gender-based violence. This includes an obligation to provide shelter, health workers especially trained, rehabilitation and counseling services, sustainable empowerment and reintegration and the obligation to ensure that these services are available and accessible to women in rural areas as well”.

⁴⁰See: <https://rm.coe.int/168046e1e3>

⁴¹See: <https://abgj.rks-gov.net/assets/cms/uploads/files/Konvent%20CEDAW.pdf>

Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), 2011⁴², is the first legally binding instrument in Europe and the treaty with wider international influence that creates a comprehensive legal framework to address this serious human rights violation. The Convention defines and requires States parties to criminalize or sanction various forms of violence against women: domestic violence (physical, sexual, psychological or economic violence), persecution, forced marriage, female genital mutilation, forced abortion and sterilization of forced, sexual violence, including rape and sexual harassment. Furthermore, the States Parties to the Istanbul Convention have the opportunity to apply it to all men / boys victims of domestic violence. The Istanbul Convention is a comprehensive and complex treaty, prepared to be a human rights treaty, a criminal law treaty and an instrument for more gender equality. The Istanbul Convention calls, inter alia, for the establishment of **Rape Crisis Centers** or **Sexual Violence Referral Centers**⁴³, which are sufficient in number, appropriate and easily accessible to victims, to provide immediate medical and forensic examination, support for overcoming trauma and long-term counseling for victims (Article 25). The Explanatory Report, in paragraph 142, recommends that such a center should be available to every 200,000 inhabitants and that their geographical spread should be such that these centers are accessible to victims in rural areas as well as to those in the cities.

ISTANBUL CONVENTION:

Support services:

- To be based on a gendered understanding of violence against women and domestic violence and focus on the human rights and safety of the victim;
 - To be based on an integrated approach that takes into account the relationship between victims/survivors, perpetrators, children, as well as their wider social environment;
 - To aim to avoid re-victimization.
 - To aim at the empowerment and economic independence of women victims/ survivors of violence;
 - To be located, where possible, in the same premises; -
 - To address the special needs of vulnerable persons, including child victims/survivors, and make them available to them.
- Furthermore, the provision of services should not depend on the willingness of the victim to file a lawsuit or testify against any abuser!

Likewise, the Istanbul Convention recommends that wherever possible, the services to support victims/survivors of violence should be provided at one site, of course respecting the relevant standards for each service. In this context, the publication of the Kosovo Agency for Gender Equality and GIZ "Operational budgeting of shelters in Kosovo and the design guidelines" can be helpful for more clarifications and guidance in respecting these standards⁴⁴.

All specialized support services for women victims of violence should take into account the rights and needs of the child witnessing violence against women. What is important, the Istanbul Convention recognizes that specialized support services, such as shelters or crisis rape treatment centers, are best provided by women's organizations, which have employees with in-

⁴²See: <https://rm.coe.int/168046246b>

⁴³Article 25 of the Convention.

⁴⁴See: https://abgj.rks-gov.net/assets/cms/uploads/files/A4-ALB%20-%20ShelterCosting_Kosovo%20DomesticViolence.pdf

depth knowledge of violence based on gender, as well as being able to address the multiple and specific needs of women victims of gender-based violence. The work of NGOs providing specialized support services should not only be recognized but also supported. States Parties shall make available adequate financial resources, for the work performed by non-profit non-governmental organizations and civil society, for the implementation of measures to prevent and combat violence against women, as provided for in the Istanbul Convention (Article 8).

I.3.2. NATIONAL LEGAL FRAMEWORK:

The State Protocol for dealing with cases of sexual violence is undoubtedly based on the national legal framework, which is constantly supplementing-amending and improving. Among the most important national legal instruments here we mention:

- Constitution of the Republic of Kosovo, adopted by the Assembly of Kosovo 15.06.2008.
- Criminal Code of Kosovo, 06/L-074, of 14.01.2019.
- Criminal Procedure Code, no. 04/L-123, of 28.12.2012, amended and supplemented by Law no. 06 /L-091 of 04.07.2019 and Law no. 08 / L-002, of 18.06.2021.
- Juvenile Justice Code no. 03-L193, of 20.08. 2010
- Law on Gender Equality 05/L -020
- Law on Protection from Domestic Violence 03-L-182, of 10.08.2010
- Law on the Police Inspectorate of Kosovo, 2008/03-L-036), of 16.11.2010.
- Law on Kosovo Police, no. 04 / L-076, 19.03.2012.
- Law on the State Prosecutor, no. 03 / L-225, supplemented and amended by Law no. 05 / L-034, of 30.06.2015 and Law no. 06 / L-025, of 19.04.2018.
- Law on the Protection from Discrimination, no. 05 / L-021, of 26.06.2015.
- Family Law no. 2004/32, dated 01.09.2006, amended and supplemented by Law 06 / L-077, of 17.01.2019.
- Law on Emergency Medical Service, no. 05 / L-024, of 21.11.2016.
- Law on Personal Data Protection, No. 06 / L-082, of 25.02.2019.
- Law on Crime Victim Compensation, no. 05/L-036, of 30.06.2015.
- Law no. 04/l-218 on preventing and combating trafficking in human beings and protection of victims of trafficking, of 04.09.2013.
- Law no. 04 / l-015 on witness protection, of 01.09.2011.
- Law No. 04/L-172 on amending and supplementing Law No. 04/L-054 on the Status and the Rights of Martyrs, Invalids, Veterans, Members of the Kosovo Liberation Army, Sexual Violence Victims of the War, Civilian Victims and Their Families.
- Law no. 06/l-084 on child protection, of 17.07.2019, etc.

Criminal offenses against sexual integrity are defined in the Criminal Code of Kosovo, amended in 2019, in Chapter XX thereof⁴⁵:

This state Protocol is also based on the actions foreseen in the National Strategy of the Republic of Kosovo for Protection from Domestic Violence and Violence against Women 2022 - 2026, approved by the Government of Kosovo on 26.01.2022⁴⁶.

⁴⁵See: <https://md.rks-gov.net/desk/inc/media/6A2D4377-6AE1-4530-909F-3FB2680CD1EC.pdf> (fq 87 e në vijim)

⁴⁶Provided as an obligation to be implemented under specific Objective II.1. "Improving the legal framework for handling all cases of domestic violence and violence against women", action II.1.7

I.4. INSTITUTIONAL RESPONSE - MULTI-SECTORAL COORDINATED RESPONSE IN THE MANAGEMENT OF CASES OF SEXUAL VIOLENCE

I.4.1. NATURE OF SEXUAL VIOLENCE

Women, men, girls and boys can be affected in different ways by sexual violence. Responding to sexual violence requires a strong multi-sectoral approach that includes the coordinated provision of at least health services, protection, psycho-social support, and access to justice for victims/survivors of sexual violence. The full operation and efficiency of these services is one of the main factors that increase the confidence of victims/survivors to denounce/report sexual violence against them.

However, even when support services exist and are in sufficient numbers, victims/survivors of sexual violence find it extremely difficult to seek access and support to these services, for a variety of reasons. Some victims of the justice system do not approach because of the stigma, shame, humiliation and experienced trauma but also due to lack of adequate level of victim's education, therefore the education play a major role in the access to the justice system. Others fear isolation from other family members and their community, fear violence that they may suffer again and may not trust the justice and policing institutions. The fear of prejudice and blame placed on the victims/survivors of sexual violence is another aspect that affects the number of reporting much lower than the number of cases of sexual violence that actually occurred. Some women and girls who are victims/survivors of sexual violence, whether by choice, isolation, exclusion, or being part of disadvantaged groups, never come to the attention of or engage in treatment enabled by service providers.

VICTIMS/ SURVIVORS/ MAY NOT REPORT BECAUSE:

- They feel ashamed and embarrassed.
- They blame themselves or are afraid that others will blame them for what happened to them.
- They are afraid of further damage that the abusers or their families may do to them.
- They think that there is a possibility that the reaction from the family, the community and the authorities will be so negative that they may be blamed, stigmatized, expelled, or severely punished.
- They are afraid that they will not be trusted or treated well.

Regardless of the time when the event took place, i.e. whether it is a recent event or many years ago, whether it is a single event or repeated sexual violence, professionals must handle every denounced or reported case responsibly, with maximum professionalism and effectiveness.

Anyone can experience sexual violence at any time in her/his life, but there is evidence that some groups of women and girls are more vulnerable. These groups include adolescents, young women, women with disabilities, homeless women, women used for the purposes of prostitution, low-income women, women who have previously been victims of sexual violence, and lesbian, gay, bisexual, transgender, and intersex. There is evidence that ethnicity may increase vulnerability to sexual violence, however, there is no statistical data that would prove it. Also, there are data on a larger number of women who access services and who belong to a low social status. However, these data fail to clarify whether this reflects a higher incidence of sexual violence in these groups or it is because women from higher social groups are less likely to

access these services (precisely for their status not to be commented). Whether or not they have an increased vulnerability to sexual violence, some groups of women are less likely to access existing services and need special services. The developers of these services should also consider the needs of the following groups:

- Women who have been trafficked for the purpose of sexual exploitation, who may have a range of requests for additional services along with the need to protect themselves from traffickers;
- Women used for the purposes of prostitution who are likely to lack particular trust in police officers and health care professionals, carry the concern that filing a complaint may result in their prosecution;
- Women from countries in conflict, forced to be displaced due to threats to their lives, are at risk both during the relocation process and when they arrive in safer countries/countries.;
- Woman from non-majority groups in Kosovo such as Roma, Ashkali, Egyptian, Gorani Turkish Serbian and Bosnian woman, but also the woman from Albanian community in Kosovo, when they are minority in terms of numbers on the municipal level, who may find it particularly difficult to seek help outside their community due to distrust of foreigners;
- Migrant women who may also have concerns about their immigration status and therefore need to be careful not to attract the attention of the authorities;

ATTENTION PROFESSIONALS! AVOID:

- Prejudicial attitudes that blame victims/survivors for the violence suffered;
- Actions that make them feel powerless or relive the trauma of sexual violence suffered (reference to an institution without giving explanations for the service that will be offered, performing examination procedures unaccompanied by the information relevant to these procedures, request to sign certain forms without first providing the necessary information on their content, etc.);
- Comments that make victims/survivors feel ashamed;
- Discrimination of victims/survivors due to gender, age, ethnicity, disability, sexual orientation, gender identification, etc;
- Biased and exclusive treatment, or not adapted to emergency needs, medium or long term of the victims/survivors;
- Multiple interviewing and consequently re-victimization.

- Women from ethnic minorities who do not speak local languages and need independent translation, culturally aware staff and not belonging to their communities, to ensure confidentiality;
- Older women who may find it more difficult to talk about sexual violence and do not prefer to talk to a young woman;
- Lesbian and bisexual women who may be concerned that their sexual orientation is not used as a factor to justify the violence.
- Women from deep rural areas, who may fear for their image and continuing to live at their places of residence, due to prejudices.

Challenging taboos: Evidence shows that rape myths that blame and stigmatize the victims/survivors are widespread and that these influence the behavior of perpetrators, victims/survivors, and professionals. There are also strong taboos about sexual violence and a prevailing tendency to blame and victimize precisely the raped women and girls. Domestic violence and violence from intimate partner is less stigmatized than sexual assault and therefore receives more attention from service providers. Likewise, marital rape is still not perceived beyond the framework of “fulfillment of marital obligations” for some women, who do not even consider the denunciation or reporting this act as a form of violence by their intimate partner, exercised against them in the family.

Statistics of denounced and reported crimes show that boys and men are also sexually violated. While the prevalence of sexual violence against adult boys and men is much lower than for women, they may also be less likely than women to denounce or report sexual violence, mainly because of supposed stigma. Men and grown boys find it very difficult to talk about what happened because of gender stereotypes and prejudice they could face because that were not able to fight an attacker. . Therefore, men and boys who are victims/survivors of sexual violence find it more difficult to identify themselves as victims/survivors and seek help.

Again, the facts suggest that boys and men as victims/survivors of sexual violence generally experience the same consequences as girls and women victims/survivors of this form of violence: fear, anxiety, sadness, shame, embarrassment, disbelief and symptoms associated with trauma. Boys and men may experience other consequences related to masculinity, "being a victim/survivor" and sexual identity, associated with "understanding" this form of violence in the context of society's expectations of men, as well as (most likely) their psychological reaction to the abuse. Traditional norms of masculinity and prejudice, such as the pressure for boys/men to always be strong, in control, independent and not express emotions make them less likely to seek help, even when they have experienced a stressful event. In relation to the masculine norms discussed above, boys/men victims/survivors may experience strong feelings such as shame.. This is especially the case if the masculine norms in their environment suggest that men should be powerful and sexually dominant. A common myth in some circles is that boys and men who are victims/survivors of sexual violence are gay or will become gay. There is no evidence to suggest that an experience

**SEXUAL VIOLENCE
IN BOYS AND MEN**

Boys and men find it difficult to seek help or report sexual violence. Traditional masculine norms do not encourage help-seeking.

Boys and men are also characterized by feelings of shame and fear of stigma. They worry and fear how their sexuality will be commented on, they fear they won't be believed and they may fall prey to substance abuse.

of sexual violence affects sexual orientation. However, if this myth is commonly believed, and if homophobia is widespread in a community, boys/men victims/survivors may not seek help because they are dealing with this backlash and fear the reactions of others. Due to traditional male social norms, boys/men victims/survivors may fear that they will not be believed if they tell someone about what they have experienced. The use of alcohol or other drugs as a way to manage or numb emotions may be more common among boys/men victims/survivors as a result of norms that discourage them from expressing emotion.

The fact that many adult boys and men do not report or seek support can increase the isolation and trauma they experience. As in the case of women/girl survivors, it is important for men/boys to know ***that the abuse was not their fault and that sexual violence is a crime of power, control and humiliation, not sexual orientation or masculinity.*** However, women, girls, boys and men who have experienced sexual violence are not a homogeneous group and their experiences, reactions or needs are not the same.

The denunciation or reporting becomes even more difficult when talking about sexual violence against LGBTI+ persons, the level of prejudice among whom is even higher. In contexts where there is widespread homophobia, biphobia and transphobia, which can lead to more violence, an LGBTI+ person is unlikely to seek help, for fear of being harmed. ***Shame and self-blame.*** An LGBTI+ victim/survivor may experience familiar and usual victim/survivor reactions, such as feelings of embarrassment, guilt, self-blame or vulnerability. The person may feel as if they are not “protecting themselves enough” or should have been able to “take care of themselves”. This reaction can be particularly strong for boys/men (transgender, bisexual and gay) and male-identifying victims/survivors, who may feel that their gender has been challenged or threatened by the violence. These feelings may prevent them from seeking help.

SEXUAL VIOLENCE IN LGBTI+ PERSONS

In many societies, people who are identified as lesbian, gay, bisexual, transgender or intersex (LGBTI+) are at risk of persecution, discrimination and violence as a result of real or perceived sexual orientation, gender, and expression of gender identity. Some of the barriers that an LGBTI+ victim/survivor of sexual violence faces are similar to those of other vulnerable groups, but may be experienced differently. There are also some specific barriers unique to members of the LGBTI+ community, of which they refrain from seeking help:

Fear of “discovery”. Victims/survivors from the LGBTI+ community may fear that during the help-seeking process, they may be “expelled” – meaning that other people will discover their sexual orientation or gender identity, which can result in stigma, shame or re-victimization.

Lack of support network. People who identify as LGBTI+ can be isolated from family/friends/community. This may be because their family, friends or community know their sexual orientation and do not support them, or it may be that their family and friends do not know and so the person is unlikely to seek help from them.

Previous negative experiences. If the person has had negative experiences with helpers and other services in the past, they will be less likely to seek care again.

Lack of sheltering capacities. Kosovo still does not have a sustainable shelter for people from the LGBTI+ community. Such uncertainty about adequate sheltering and protection can also impact and hinder the denouncing or reporting of sexual violence by persons of the LGBTI+ community.

Sexual violence against vulnerable victims, especially young girls and boys, or people with physical and mental disabilities, is also extremely difficult to identify and treat.

Social norms discriminate and stigmatize people with disabilities. They may be ostracized or neglected in their communities and are afraid to seek support from family. Service providers may also exclude persons with disabilities based on beliefs that services are not appropriate for persons with disabilities. For example, there is a common myth that people with disabilities are asexual, and thus they may not receive adequate education about sexuality, healthy relationships and personal safety. Information about sexual violence and available services may not be presented in such accessible formats for persons with disabilities, including those with visual, hearing, etc.

As a result, people with disabilities, especially those with intellectual and mental disabilities, may not be able to recognize abuse when it occurs or may not know where to turn for support. People with disabilities may rely on other family or community members to access services, which makes it difficult for them to access services confidentially.

If the custodian is the abuser, it will be extremely difficult for the victim/survivor to access help because they are dependent on the caregiver for communication, transportation, and daily needs. As with all victims/survivors of sexual violence, a common barrier to reporting the case is the

fear of not being believed. This is even more exaggerated for victims/survivors with disabilities, especially those with intellectual and mental disabilities, whose understanding and decision-making capacity may be inadequate. They might fear that if they tell someone, they will not be believed and might place themselves in additional risk of further harm. Services to prevent and respond to sexual violence, or other forms of gender-based violence, may be physically inaccessible due to long distances, lack of accessible transportation, or costs associated with reaching the facilities. Additionally, health clinics and service centers may not be accessible to wheelchair users or those with other mobility challenges, which may also convey a message that services are not welcoming to people with disabilities.

Sexual exploitation for advertising (commercialism) includes a wide range of often interrelated sexual activities that harm women, girls, boys and men and are described as sexual violence. Women, girls, boys and men forced into prostitution are often low-income, substance users and victims of other forms of gender-based violence. Studies over the years have proven that the majority of woman/ young adults/ girls forced into prostitution suffer from rape during the practice of prostitution and a large proportion of them have experienced sexual violence in their childhood.

SEXUAL VIOLENCE IN PERSONS WITH DISABILITIES

Victims/survivors of sexual violence with disabilities are likely to face many barriers to care and support:

- Stigma and discrimination
- Communication barriers
- Relations with caregivers
- Fear of not being believed
- Physical barriers.

Sexual violence is a multifaceted problem influenced by the interaction of persons, the situation, as well as by socio-cultural factors. The core cultural, social, and gender norms of a community often make it difficult for a victim to obtain support or reparation for the violence suffered. To address sexual violence and provide adequate support for victims, the socio-cultural context in which such crimes are committed must be considered, along with the profound effect that sexual violence has on the individual and the community as a whole. In fact, the health and well-being of an individual cannot be thought of separately from the context of the community in which he/she lives. It is therefore important to acknowledge the importance of relationships between individuals and groups within a community, as well as to find ways to involve the victims themselves and the community perspective in finding solutions to situations.

Sexual violence has serious long-term consequences for victims/survivors on their physical, sexual and reproductive health, as well as their mental health. It is a deeply painful experience. Depending on the form of sexual violence experienced, victims/survivors of sexual violence need support that addresses life-threatening, health consequences, as well as a range of other actions to help them to be able to be empowered in a sustainable manner and reintegrated.

All professionals should work together to provide a safe and supportive environment where victims/survivors/ and witnesses of sexual violence feel safe and confident to come forward and denounce or report violence exercised against them, regardless of gender, age, or other individual characteristics.

VICTIMS/SURVIVORS OF SEXUAL VIOLENCE SHOULD:

- Be treated with dignity and respect, throughout the time of receiving services. Special care should be taken during the examination and collection of forensic evidence, a process that should be preceded and accompanied by the necessary information (as explained in the second part of this state protocol);
- Become familiar with the legal framework and their rights to receive protection, treatment, as well as to report the case in order for the perpetrator to be prosecuted;
- Have the right to choose the services or treatment they will receive, after being informed in advance, as well as having given informed consent.
- Be treated in privacy and according to the principles of respect of confidentiality and secrecy of data, unless their sharing between certain professionals or institutions is a legal obligation;
- Be informed about the available services and the steps that will be taken, in the specialized centers for treatment of cases of sexual violence, as well as to refer for further long-term treatment, in specialized support centers/services according to the needs they present.

Professionals working directly with victims/survivors of sexual violence are advised to:

- Trust the victims/survivors unconditionally;
- Accept what they hear without judgment;
- Tell the victim/survivor that the abuse did not happen by his / her own fault;
- Avoid prejudicial questions such as “Why were you in that area at the time”? Or “Why did you wear...”
- Avoid questioning about the situation if the victim/ survivor has not been interviewed yet by the police, after denouncing or reporting the case.

- Understand that they cannot control how the victim/survivor feels. Be good listeners and show patience;

DON'T JUDGE VICTIMS/ SURVIVORS FOR SUSBSTANCE ABUSE:

If you are working with a victim/survivor who uses alcohol or other drugs, don't cause shame to them for doing it or try to stop them from using it. It is important to understand that this is one of their ways of coping, even though it can be harmful to them and their lives. The best thing you can do is;

- **accept that they really feel great amount of pain;**
- **discuss more about other positive coping strategies;**
- **provide them information about mental health services or programs that may be beneficial.**

This approach applies to any victim/survivor of sexual violence struggling with substance abuse.

- Assure the victim/survivor that they are there for him/her when he/she is ready to speak;
- Help the victim/survivor regain control of her/his life, even though this requires long-term intervention and support;
- Support the decisions and choices that the victim/survivor makes without making a judgment. Try to not tell the victim/survivor what to do. Assist him/her in providing opportunities and resources for him/her to make the right decision;
- Respect the need of victim/survivor for privacy;
- If the victim/survivor wants to be alone, respect that decision, but do not leave her out of the attention;
- Do not suggest that the victim/survivor “goes on” with her / his life and forget about the abuse. The victim needs the opportunity to work on the trauma and begin the process of overcoming it.
- To not forget to take care of themselves as professionals from the risk of professional burnout (“burn out”)and seek professional support/supervision whenever they feel burdened, if they need it.

As mentioned above, working with certain groups of victims/survivors of sexual violence becomes even more difficult due to their vulnerability. In these cases, apart from the advice just quoted, other suggestions are given, such as the following.

WHEN WORKING WITH LGBTI+ PEOPLE:

- ✓ ***Face your feelings about LGBTI+ people.*** You will find it difficult to help one LGBTI+ victim/survivor if you have not thought through and addressed your own prejudices about LGBTI+ people. If your personal beliefs or prejudices are preventing you from being non-judgmental, you should not provide direct services to sexually abused LGBTI+ people.
- ✓ ***Do not assume the victim/survivor's gender or sexual orientation.*** LGBTI+ victims/survivors may not disclose their gender identity, sexual orientation, or intersex status to you. As much as possible, take signals from the person, and if you're not sure, ask them which resources they think would be best for them.
- ✓ ***Be careful in the way you communicate.*** Using the right words can help build a relationship of trust. Get signals from the person. If you are not sure which pronouns to use (for a victim/survivor or their partners), you can ask the person what their preferences are. Also keep in mind the following:
 - Avoid assuming that people have a partner or spouse of the opposite sex. For example, instead of: “Do you have a boyfriend or a husband?” Ask: “Are you in a relationship?”
 - Use terms that the victim/survivor uses to describe themselves and his/her partner. For example, if someone calls themselves “gay,” don't use the term “homosexual.” If a woman refers to her “wife”, then say “your wife” when referring to her, not “your friend”.
- ✓ ***Do not ask unnecessary questions.*** Before asking any personal questions, first ask yourself, “Is my question necessary for the person’s care, or am I asking it out of curiosity?” If it is for your curiosity, it is not appropriate to ask. Think instead, “What do I know?” What should I know? How can I search for information that I need to know in a sensitive manner?”
- ✓ ***Reassure the LGBTI+ victim/survivor that their reactions are normal.*** Many victims/survivors feel scared and alone, wondering if they are normal. Provide ongoing reassurance that you will support the LGBTI+ victim/survivor and that you will be able to hear their story.
- ✓ Provide the safest and most supportive environment for transgender people.

WHEN WORKING WITH PERSONS WITH DISABILITIES:

- ✓ ***Take time, look and listen.*** If you are in a context where you will likely see a victim/survivor more than once, remember that case management is a process, not a one-time event. Every time you meet the person you will learn something new about them and you will understand better how they communicate and what they mean.
- ✓ ***Always speak directly to the individual, even when a caregiver is present.*** If you are still developing methods of communicating with the person and need to seek advice from the caregiver, be sure to have these conversations in front of the individual, so for them to listen to what is being said and participate in any of the possible ways. Remember that people who cannot speak or move can still understand what is going on around them and what people are saying about them.
- ✓ ***Pay attention to any way in which the individual wants to communicate.*** This can be through gestures and sometimes even their emotions. Some people with mental,

intellectual and psychosocial disabilities may exhibit a wide range of behaviors. This is sometimes how they communicate with others. If you observe or feel that the person is trying to communicate with you, but you don't understand, it's okay to say, "I don't understand you".

- ✓ ***Don't pressure the person.*** Often victims/survivors with intellectual and developmental disabilities can regress to a lower level of understanding/functioning when under stress. Always respect the person's willingness to talk about incidents. As with any victim/survivor, beware of unconsciously repeating dynamics because of the power and control you can exert by pressuring the victim/survivor to reveal information they are not yet ready to talk about.

WHEN WORKING WITH BOYS AND MEN:

- ✓ ***Don't make assumptions about the person and their experience.*** Many boys/men victims/survivors may deny what they have experienced and may not be ready to identify as a "victim", "survivor" or someone who has experienced "trauma". Respect the language they use to describe themselves and their experience. You should never assume the sexual orientation or gender identity of the victim/survivor or abuser. This is especially important because some boys/men victims/survivors may wonder about their sexual orientation or gender identity as a result of the rape. Do not assume that a boy/man victim/survivor will want to talk to a male employee. Given that perpetrators of violence are often men, they may feel more comfortable talking to a woman. Be sure to ask about their preference.
- ✓ ***Validate and reaffirm their strength.*** As with women and girls victims/survivors, it is important for men and boys victims/survivors to hear that they have a lot of strength and courage, that they are denouncing/reporting sexual violence. By pointing this out, you are helping to reduce their fears and concerns about the stigma of men seeking help.
- ✓ ***Reiterate that they are not alone and that it is not their fault.*** Due to significant stigma, it may be important for boys and men victims/survivors to know that there are other boys and men victims of sexual violence. This can also help to reduce any self-blame.
- ✓ ***Reassure the person that their reactions are normal.*** Let them know that their responses and feelings to what happened are okay and that it's normal to feel that way. Boys and men victims/survivors may especially need to hear that feelings such as sadness and fear—what traditional masculine norms often do not allow them to feel or express—are normal. Reassure them to express their feelings – whatever they may be – and that you will be there to listen.

**RISK FACTORS IN A
VICTIM/ SURVIVOR/ OF SEXUAL VIOLENCE**

<p><u>Individual factors:</u></p> <ul style="list-style-type: none"> - Low self-esteem; - Believes in all myths about violent relationships between man and woman; - Believes in the values of the traditional and united family and respects and practices traditional gender roles. - Takes responsibility and blames herself/himself for the actions committed by the perpetrator; - Denies the fear and anger he/she feels; - Maintains a passive attitude; - Shows signs and falls into a stressful situation, accompanied by psycho-physiological complaints; - Uses sexual intercourse to establish intimate relations; - Believes that no one can help her/him solve problems. 	<p><u>Social factors:</u></p> <ul style="list-style-type: none"> - Social norms that promote/favor sexual violence; - Social norms that support the superiority and the right of men to perform sexual intercourse; - Social norms that maintain the inferiority and sexual subjugation of women; - Lack of educational material on sexual and reproductive health; - Gender stereotypes; - Presence of pornographic material in the media; - Lack of preventive educational programs - Lack of correct and timely implementation of the legal framework on violence against women and domestic violence; - High levels of crime and other forms of violence; - The society does not accept sexual violence in marital relations and does not talk about it; - Victim-blame attitudes.
<p><u>Interpersonal factors:</u></p> <ul style="list-style-type: none"> - Family environment characterized by violence - History of physical, sexual or emotional abuse; - Emotionally non-supportive family environment; - Poor parent-child relationships; - Involvement in a violent or abusive physical intimate relationship and conflict. 	<p><u>Community factors:</u></p> <ul style="list-style-type: none"> - Poverty; - Lack of employment opportunities; - Lack of institutional support; - General tolerance of sexual violence, as well as the lack of open discussions about this form of violence within the community; - Low number of informing, denunciations or reporting of cases of sexual violence and punishment of perpetrators.

I.4.2. COORDINATED MULTI-SECTORAL APPROACH OF RESPONSIBLE INSTITUTIONS

Prevention and response to sexual violence requires the implementation of a coordinated multi-sectoral approach, a comprehensive effort to fully address the case, as a result of which victims/survivors of sexual violence receive support and perpetrators are brought to justice and receive the appropriate punishment, as a result of activities coordinated by many sectors. This

approach includes developing a common understanding of sexual violence and legislation in force, identifying the roles and responsibilities of each responsible institution in the process, as well as working with common procedures and protocols, as is the case of this state Protocol. Managing cases of sexual violence through a coordinated multi-sectoral approach is a must. The use of a comprehensive and coordinated approach to violence against women, and especially sexual violence, is also one of the main requirements of the Istanbul Convention, which stems from the principle of right care, which establishes a positive obligation for states to respond effectively to all acts of violence (Article 5).

The more complex the history of violence, the more complex the response to it needs to be. That being said, victims/survivors need a range of interventions and services. The identification of these needs and the provision of all services are major challenges that must be faced by the coordinated multi-sectoral response of the responsible institutions, at the center of which must be the effort to deal with the rape crisis.

A comprehensive coordinated response also means creating a well-functioning intervention system that allows victims/survivors to access protection and support, regardless of where they live. Another main characterizing element of the coordinated multi-sector approach has to do with ensuring the participation of all institutions and professionals in the prevention, treatment and reintegration of cases. This is because, due to the complexity of this form of violence, no single institution, agency, service provider organization or professional can treat the victim/survivor/ based on all the above-mentioned principles, as well as being able to address all his/her emergency, mid-term or long-term needs. Moreover, the positive results in handling cases increase if there is cooperation and coordination of actions, measures, and resources.

The model of the coordinated multi-sector approach in Kosovo has been implemented in the establishment and operation of the Coordinating Mechanisms for protection from domestic violence, at the municipal level, whose philosophy is based on the principle of treatment centered on the victim/survivor of violence and where each responsible institution, in addition to providing services, also has the responsibility of coordinating actions with other institutions.

The functioning of these Coordinating Mechanisms is based on Article 18, item 2, of the Istanbul Convention, that foresees the undertaking of necessary legislative or other measures in accordance with internal law, to guarantee the existence of appropriate mechanisms to provide for effective cooperation between all relevant state agencies, including the judiciary, public prosecutors, law enforcement agencies, local and regional authorities, as well as non-governmental organizations and other relevant organizations and entities, in the protecting and

MUNICIPAL RESPONSE TO DOMESTIC VIOLENCE AND VIOLENCE AGAINST WOMEN (COORDINATING MECHANISMS)

Coordinating mechanisms that are set up at the municipal level should cooperate to address domestic violence as well as violence against women and to manage specific cases, according to the legal provisions in force harmonized with international instruments. Members of the , Coordinating Mechanisms include Gender Equality Officers, Kosovo Police, Judges, Centers for Social Work, Victim Advocates, Health and Social Welfare Directorates, Municipal Directorates of Education, Employment Offices, Civil Society Organizations including shelters and, in some municipalities, women members of Municipal Assembly

supporting victims and witnesses of all forms of violence covered by the scope of this Convention, including those by referring to general and specialist support services, as detailed in Articles 20 and 22 of this Convention.

Similarly in the world, the multi-sector coordinated approach of the institutions responsible for dealing with sexual violence cases is reflected in the creation of Sexual Assault Response Teams (SART). SART is a comprehensive intervention model, a coordinated multidisciplinary team approach that responds to sexual assault/violence promptly and responsibly. The collaborative efforts of responsible SART member institutions ensure that both the needs of the victim/survivor and the criminal justice system are addressed. SART members, in addition to directly managing sexual violence cases, can work together to provide community education and publicize their existence as a confidence-building opportunity for victims/survivors to denounce or report cases of experienced assaults and sexual violence.

Determining the functioning of full case management at Social Welfare Centers means that, based on the SART model, SWCs to be trained trained to handle cases by coordinating actions and making the necessary referrals to all relevant institutions and specialized NGOs. This includes the close cooperation of the SWC with the Coordinating Mechanisms at the municipal level. Although the access to the Coordinating Mechanisms set up in Kosovo, with the essential SART access are basically the same, the members of the Coordinating Mechanisms set up at the municipal level in Kosovo, will have to be trained and fully understand and internalize the philosophy of the SART functioning, if they want to play this role as well as a part of their work in the future.

The purpose of SART is:

- Ensuring competent, coordinated and effective intervention;
- Providing a sensitive and caring response to victims/survivors of sexual assault from all disciplines;
- Ensuring an understanding of the cultural context and avoiding the justification of sexual violence;
- Ensuring thorough, consistent and accurate case investigations;
- Ensuring high quality and consistent forensic examinations;
- Ensuring the provision of follow-up medical and forensic care;
- Providing crisis intervention and follow-up counseling recommendations;
- Providing protection and other sustainable empowerment and as well as reintegration services;
- Effectively support the mission of the criminal justice system

A SART⁴⁷ team in its composition can be organized at two levels:

- a) ***the level of the core team***, which necessarily includes the responsible institutions that must intervene immediately for the treatment and management of the case (such as: the police, the prosecution, the advocate of the victims, the forensic doctor, the health professionals, the Social Welfare Centre, shelters⁴⁸ as well as centers dedicated to the

⁴⁷Although they are not officially formed in Kosovo, in the composition of the SART teams the responsible institutions that deal with cases of sexual violence can easily participate, as explained in this state protocol.

⁴⁸Necessary especially if after identification, examination and investigation, it is determined that the victim/survivor of sexual violence cannot be safe to stay at home, or family members may not be willing to accept him/her due to the incident that happened to him, or it could be a case of incest, etc.

treatment of cases of sexual violence, such as Sexual Violence Referral Centers or Rape Crisis Treatment Centers⁴⁹).

- b) *the level of the complete team*⁵⁰, which also includes other institutions necessary for protection, sustainable empowerment and reintegration through addressing all the specific needs of the victim/survivor (such as: court, Office for Free Legal Aid, services of mental health, NGOs specialized in providing services for cases of sexual violence).



I.5. MANAGEMENT OF SEXUAL VIOLENCE CASES

I.5.1. UNDERSTANDING MANAGEMENT AND CASE MANAGER

Case Management is a methodology, which ensures, step by step, the continuous and effective provision of assistance to individuals in need (children, adults, or families) and aims to promote and further encourage the protection of rights and the well-being of the sexually abused person.

During the management of cases of sexual violence, professionals may encounter two types of these cases:

1. **A case that has just occurred or occurred within a short period of time for example not later than five days from the moment of its identification.** This means that during the treatment of the case, an important step is the forensic clinical examination, as well as the forensic treatment of the scene, the collection of evidence and the follow-up to the laboratory.
2. **Case that happened some time or years ago from the moment of its identification**⁵¹. This means that a victim/survivor/ of sexual violence can decide to come forward and talk about the violence suffered at any time that they think is reasonable and that they feel ready, regardless of whether they have to talk as adult for a sexual violence committed in her/his childhood. In this case, there is no more room for collecting

⁴⁹The functions and differences between these two types of centers based on the Istanbul Convention are given in more detail in the third part of this state Protocol. At the time of the preparation of this Protocol, such dedicated centers have not yet been established in Kosovo, but the discussion has begun on the possibility of establishing them as soon as possible..

⁵⁰In the case of the treatment of victims/survivors of sexual violence during the war, the institutions responsible for treating these cases become part of the complete SART team, in accordance with the protocol prepared for this purpose in 2019 (see: Protocol for identification, investigation and treatment of cases of sexual violence during the war in Kosovo).

⁵¹This includes cases of victims/survivors of sexual violence during the war.

physical evidence, but the aim is definitely to collect as much evidence as possible related to the crime committed, as well as to identify the perpetrator of sexual violence. Regardless of whether the case of sexual violence happened recently, or happened years ago, in a normal situation, or in a conflict situation, all victims/survivors of this form of violence have the right to be treated immediately, professionally, responsibly, with respect, dignity and according to all legal, institutional responsibilities, or steps described in this state Protocol.

During the management of the case of sexual violence, it is also very important to clarify between the responsible institutions which member institution of the coordinated multi-sector approach (also explained through the operation of the SART) will be left with the responsibility of being a **case manager**. The case manager has the obligation and responsibility to continuously follow the progress of each step of case management and to make occasional assessments and referrals as needed to psychological support services, mental health treatment, etc., both of the victims/survivors, including her/his family members. At the same time, the case manager has the obligation and responsibility to, based on ongoing assessments, if she finds that the situation of the victim/survivor has significantly improved and the person has already been empowered to the extent that they can reintegrate into society, to also make a general assessment and present to the members of the coordinated multi-sectoral approach the proposal for the closure of the case.

Until the establishment and operation of specialized centers dedicated to the treatment of cases of sexual violence, the institutional responsibility of managing the case in the long term until its closure, **regardless of whether the victim/survivor is a child or an adult**, has the **Center for Social Work (CSW)**. The CSW first assigns a social worker as a case manager, who makes the assessment and, as necessary, calls the Case Management Help Desk (CMHD) or the Direct Help Group (DHG) for support. During case management, the PSC also cooperates with the members of the functional Coordinating Mechanisms at the municipal level.

This responsibility of the CSW for case management also means addressing the need for improving the capacities of CSW workers/social workers, revising and adding to their ongoing treatment programs, etc. Therefore, with the approval of this State Protocol, the CSWs must take measures to assess the needs for the fulfillment of this obligation and seek the appropriate support (including financial resources in the annual and mid-term budget programs) to meet these needs.

If during the assessment of the needs of an adult victim/survivor it was found necessary and her placement in a shelter for sheltering abused women was carried out, for a certain period of time, then the responsibility for following the implementation of the Individual Support Plan there is the Shelter. This responsibility is carried out by cooperating closely with the case manager assigned from the beginning by the CSW. With the request and consent of the victim/survivor of sexual violence, this responsibility remains with the shelter even if case management continues beyond the moment of termination of the emergency or long-term shelter service. Even in this case, the Shelter will have to coordinate the actions with the case manager assigned by the CSW, as well as with other responsible institutions, including the members of the Coordinating Mechanism at the municipal level.

If the case being treated is a survivor of sexual violence during the war, then the institutional responsibility of managing the case, in the long term until its closure, belongs to the respective

institutions or to the NGOs specialized in the treatment of victims of crimes and torture⁵², which carries out this responsibility by coordinating actions with the actors responsible for handling these cases, in accordance with the special Protocol drawn up for this purpose.

With the establishment and operation of Sexual Violence Referral Centers, or Rape Crisis Treatment Centers, the institutional responsibility of case management for a victim/survivor of sexual violence, be it a child or an adult, in the long term, until the case is closed, will be determined step by step in the operating standards of these centers, also making reference to this State Protocol.

I.5.2. STEPS IN MANAGEMENT OF CASES OF SEXUAL VIOLENCE

The management of the case of sexual violence is a process that can be divided into steps, each with clearly defined tasks for the responsible institutions (as will be detailed in the second section of this state Protocol). The steps of managing the case of sexual violence, although it is suggested to follow one after the other in a logical line, overlap and often develop in parallel. So for example, as part of the ongoing follow-up of the case, professionals will need to periodically reassess the progress and how the victim/survivor is beginning to rehabilitate. In this context, the need for referrals to other services may arise, in parallel with the referrals made earlier, as part of the Individual Support Plan (ISP).

In summary, the steps of case management are presented in the following table:

CASE MANAGEMENT OF SEXUAL VIOLENCE	
CASE MANAGEMENT STEPS	IMPORTANT:
<p>Step 1: Identification of the case of sexual violence and initial contact</p> <p><i>(Regardless of how a case of sexual violence is identified, through appropriate initial contact, a facilitating environment is created for the development of all other steps of case management.)</i></p>	<ul style="list-style-type: none"> - Creating suitable/comfortable conditions to welcome and treat the victim/survivor - Building trust. - Instant security assessment. - Explanation of the principle of confidentiality and its limits. - Obtaining informed consent to refer the sexually assaulted person to appropriate services
<p>Step 2: Assessment of the emergency needs of the victim/survivor</p> <p><i>(Assessing the situation and needs of the victim/survivor, bearing in mind that there are needs that need to be addressed immediately, as well as needs that require intervention in a longer-term plan and are assessed in other phases of case management)</i></p>	<ul style="list-style-type: none"> - Understanding the situation, problems and assessing the immediate needs of the victim/survivor - Providing immediate emotional support - Providing immediate emotional support

⁵²For example, the Kosovar Center for the Rehabilitation of Torture Survivors, or other NGOs with the same mission and professional training.

	<ul style="list-style-type: none"> - Assessment of immediate needs for health care and services - Assessment of risk and the need for security and protection - Determining whether and how to proceed with further case management
<p>Step 3: Investigation of the incident</p> <p><i>(Detailed information on the event and the suspect as perpetrator of sexual violence is carefully collected. Throughout the process, care must be taken to ensure the safety and dignity of the victim/survivor)</i></p>	<ul style="list-style-type: none"> - Ensuring the welfare, protection, and safety of the victim/survivor throughout the investigation process - Limiting the asking of investigative questions to only those matters necessary to identify the incident of sexual violence, as well as the description and location of the suspect - Determining the emotional state and physical ability of the victim/survivor to answer questions related to the rape. - Limiting the questioning of the victim/survivor accordingly.
<p>Step 4. Collection of evidence</p> <p><i>(An extremely important step that includes the collection of physical and material evidence, as well as securing the crime scene, so it requires coordination of the actions of police officers, prosecutor and with forensic doctor.)</i></p>	<ul style="list-style-type: none"> - All victims/survivors of sexual violence should be treated with respect and dignity throughout the examination, regardless of their social status, race, religion, culture, sexual orientation, lifestyle, sex, age or occupation, etc. - Biological samples should ideally be taken within 24 hours of the event; after 72 hours the result is minimal. Samples must be taken before the victim has been cleaned. - Examination of very young children should be done while they are on the lap of their mother or guardian if the latter are entirely excluded from the suspicion of being perpetrators of violence. Another alternative could be to have their examination performed by a doctor, preferably a pediatrician, when possible. If for some reason the examination cannot be performed discreetly when the child objects, the examination can be postponed or even waived..

	<ul style="list-style-type: none"> - Never force the child for examination, especially if more than 72 hours have passed since the critical event, because the findings will be minimal, and this coercion may represent another child abuse
<p>Step 5: Complete needs assessment</p> <p><i>(A process that will be carried out continuously and will be repeated every time an assessed need is met)</i></p>	<ul style="list-style-type: none"> - Evaluation of the need for ongoing security and protection. - Evaluation of long-term accommodation needs - Evaluation of psycho-social needs - Evaluation of medical needs and care for mental health - Evaluation of legal needs - Evaluation of educational needs - Evaluation of needs for professional training and employment - Evaluation of the family situation - Evaluation of children's needs - Evaluation of financial support/assistance needs.
<p>Step 6: Assistance planning and documentation</p> <p><i>(This is where “who” will do “what” and “until when” is determined)</i></p>	<ul style="list-style-type: none"> - Drafting of the Individual Support Plan (ISP), within 5 days from the completion of the full assessment of needs. - Involvement of the victim/survivor in the drafting of the ISP - Obtaining informed consent to make referrals. - Documentation of the Individual Support Plan - Documentation of every case of violence/sexual crimes through the use of all investigative actions based on the legislation in force.
<p><u>Step 7: Sustainable empowerment</u></p>	<ul style="list-style-type: none"> - Provision of immediate emotional support (quoted in the second step of case management). - Provision of all necessary health care and mental health services. - Continuously working on self-esteem and reducing the feeling of self-blame.
<p>Step 8: Referral, ongoing case follow-up and monitoring</p>	<ul style="list-style-type: none"> - Help and advocacy for the victim to receive quality services. - Providing direct support (if needed).

<p><i>(Linking the victim to resources through referral, as well as providing direct services, such as psychosocial services. Likewise, a series of questions arise, such as: Have the set goals been met? If No, the ISP is reassessed and revised. If Yes, the question arises whether the victim/survivor needs more support. If the answer to this question is Yes, then the ISP is again reviewed and adjusted. If No, then the case is closed.)</i></p>	<ul style="list-style-type: none"> - Coordination of key issues - Documentation and referral - Case follow-up and progress monitoring. - Reassessing security and other important needs. - Implementation of a revised ISP (if necessary). - Continuous monitoring of the implementation progress of the plan, after revision as necessary
<p>Step 9: Reintegration (Continuously addressing until the fulfillment of long-term needs for sheltering, employment, education, and economic empowerment, as prerequisites for reintegration).</p>	<ul style="list-style-type: none"> - Providing direct support and fulfillment of long-term sheltering needs through social housing, rent bonus, or other forms of support that can be tailored to case management. - Provision and support as needed for participation in professional training and qualification courses, as well as subsequent connection to the labor market, to enable the financial independence of the victim/survivor. - Placement in a safe and sustainable job, with the income from which the victim/survivor can feel good and understand that he/she is being reintegrated.
<p>Step 10: Case closure <i>(After the assessment, the victim/survivor "goes out" of the service system)</i></p>	<ul style="list-style-type: none"> - Assessment and planning for case closure - Documentation of case closure.

I.6. PROFESSIONAL SUPPORT/SUPERVISION OF PROFESSIONALS

Professional support/supervision of professionals who deal with cases of sexual violence is important to continue developing their capacities and to ensure the quality of care provided. In the management of cases of sexual violence, professional support/supervision is important for:

- Ensuring that professionals of institutions responsible for providing services to victims/survivors of sexual violence are able to apply in practice the knowledge and skills acquired from training and capacity building activities.
- To give professionals the opportunity to discuss the cases they handle and to receive constructive feedback.
- To discuss with the professionals about the approach and principle “DO NOT HURT”.
- To create a safe space, place for professionals to share the emotions they experience with cases of sexual violence, as well as to create strategies for dealing with strong emotions.

- To work on the prevention of secondary trauma among professionals, through professional support/supervision and various coping techniques. Therefore, to provide all the necessary information that is considered important and necessary to prevent secondary trauma.
- To help professionals with stress management.
- To provide ongoing opportunities for professionals to reflect on their personal values, beliefs and behaviors and how these affect their work with victims/survivors.
- To elaborate the subconscious processes that can affect the work and the approach towards victims or survivors of sexual violence.

All responsible institutions that are involved in the management of cases of sexual violence must have at least one professional and trained supporter responsible for facilitating the psychological burden of professionals in relation to case management. The professional supporter/supervisor should also regularly professionally support the work of the professionals who manage the cases, and should provide the necessary support to them for quality care. Ideally, the professional supporter/supervisor is a professional with several years of experience in the field of trauma. The advantage in the selection of the latter should be given to many years of direct experience in managing sexual violence cases. It is important to provide professional support/supervision in group format of the same intervention field and have the possibility of individual one as well, in the determined schedule and regular periodical meetings. The fulfillment of this role in institutions certainly also requires allocated financial resources, for the planning of which each institution must take the necessary measures and include them as requirements in the preparation of annual and mid-term budgets.

Positive professional support/supervision practices suggest that provision of professional support/supervision is most effective when:

- ***It develops in an orderly and consistent manner.*** This means that the professional supporter/supervisor and the professionals meet regularly once a week at a scheduled time so that both parties can prepare for the session. Ad hoc support may also be necessary and should be provided, but should not replace routine supervision meetings.
- ***The professional supporter/supervisor is collaborative*** and encourages professionals to come to professional support/supervision meetings with an agenda – where they have identified cases they want to discuss, specific questions they have and/or current areas for technical support.
- ***To create opportunities for learning and professional growth.*** The professional supporters/supervisors should use the sessions to support the professional development of the professionals that are receiving this professional help.
- ***It is safe and confidential.*** Professional supporters/supervisors must ensure that professionals feel in a safe space, that during sessions they can make mistakes and not be judged, and where they can receive constructive feedback, not criticism.
- The place of holding professional support/supervision meetings should be at the workplace or outside the workplace and where professionals are not on duty/service and are not hindered by assigned tasks within working hours so that professional support/supervision is more efficient (For example, once a month 120 minutes somewhere in an environment outside of work or if it is done at the workplace, ensure not have appointments or emergencies at the same.)

- ***It is used as an opportunity for modeling “good practices”.*** Professional supporters/supervisors with their behavior can demonstrate to professionals:
 - Active listening
 - Reading non-verbal communication and behavior
 - Starting the discussion not with questions that put you in positions of blame, but with open questions that give you the opportunity to communicate freely
 - Using paraphrasing and summarizing information to ensure there are no misunderstandings
 - Use of empathy and concern for the case at hand
 - Working from the perspective of empowering the person with whom they are discussing
 - Cooperation to solve the problem instead of immediately giving ready-made alternatives

In addition to the above, it is also important for the professional supporter/supervisor to use various professional support/supervision tools, such as:

- ***Assessment of attitudes.*** Professionals’ personal values and beliefs about the causes of sexual violence, gender roles and the rights of women and men in society, deeply affect their ability to provide quality care to victims/survivors of this form of violence. A genuine interview to note the recognition and implementation of the principles of treatment of victims/survivors of sexual violence, starting from the “victim/survivor-centered” approach is a tool for professional support/supervision to assess the attitudes of professionals who are directly involved in case management. This interview may identify the specific fields where the professional needs more information and training. Ideally, this tool should be administered before the professional works directly with victims/survivors.
- ***Skills development.*** Professional support/supervision can continue to shape professionals’ attitudes and build their technical knowledge, skills and confidence in working with victims/survivors by using the Skills Building Tool of Case Management in professional support/supervision sessions. Case Management. Professional support/supervision should be aware that the purpose of the tool is to help professionals learn to identify aspects of the case management process for which they most need to develop technical skills. It is important that professionals do not feel that they are being judged or penalized if they do not demonstrate the correct knowledge and skills. Instead, they should understand that the questions and role plays included in this professional support/supervision tool are to encourage their skills development.
- ***Assessing the application of skills.*** Professional supporters may also use a checklist of actions aimed to measure quality of the case management of victims/survivors of sexual violence by the professionals as part of their ongoing professional support/supervision. The checklist can be used to assess the professional’s application of skills during each step of the case management process (e.g., assessment, case action planning, etc.). The checklist is best used when the professional support/supervisor directly observes a professional working with a victim/survivor. The checklist can also be used after the professional has fully completed case management services for a particular case, in order to assess the general skill and practice applied in that case. Furthermore, the checklist can be used by professionals to self-assess their work. This means that they refer to the checklist after each meeting with a victim/survivor to assess the application of their knowledge and skills during case management. Used in this way, the checklist

is intended as a teaching tool and does not take the place of a quality of case management checklist, -administered by the professional supporter/supervisor.

II. Second section:

As emphasized in the first section of the Protocol, the immediate, professional and responsive response, as well as the provision of services based on the needs of the victim/survivor of sexual violence, are the keys to success in the effective treatment of cases.

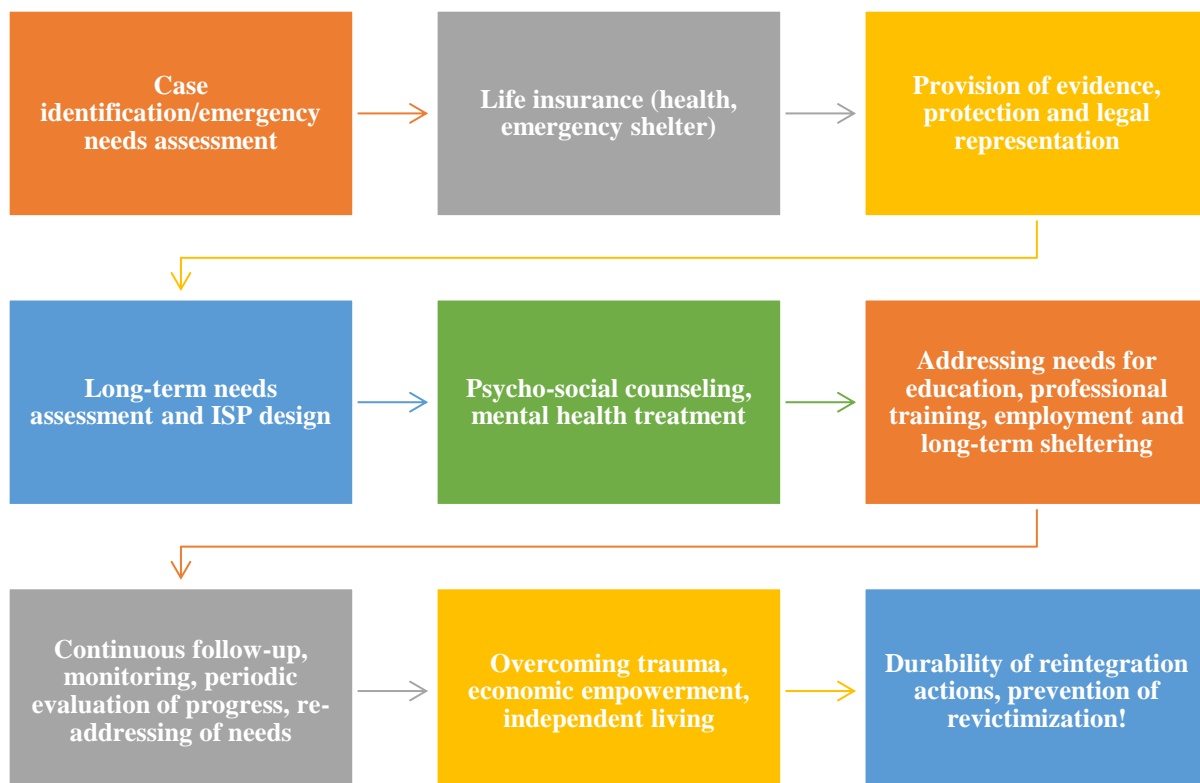
In this chapter, we will focus on the obligations and responsibilities of each of the institutions involved in the treatment of cases of sexual violence, keeping in mind the case management process and the relevant steps (explained in the first section of this Protocol), which enable victim/survivor *protection*, *sustainable empowerment* and *reintegration*.

PROTECTION includes all the first actions that are taken from the moment the case is identified, such as: assessment of emergency needs and their immediate addressing, assessment of risk and safety for life (including accommodation in a safe place or shelter), as well as the specific actions of justice and police/security institutions. Legal response means providing legal advice, assistance and representation when the victim/survivor/survivor of sexual violence agrees to initiate the procedure of filing a lawsuit against the abuser. The victim/survivor/survivor must be given full information, and in an understandable language, about existing security measures that can prevent further harm from the suspected perpetrator; support available in the event of the initiation of legal proceedings; procedures, timelines and difficulties or challenges that may be encountered; the documentation required for the initiation of legal proceedings, as well as sufficient information about any questions that the victim/survivor of sexual violence may have, or the parent/legal guardian (in the case of child victims/survivors) in order to be able to make a decision (and give informed consent). Part of the legal response is also the legal representation of the victim/survivor/survivor in the police, court and throughout all judicial procedures. Responsible institutions, part of the legal response, must take the necessary measures to plan in their annual and mid-term budgets the costs for coverage of expenses for the implementation of the Individual Support Plan (PIM) for all the steps defined in it, related to legal protection and representation.

SUSTAINABLE EMPOWERMENT is the process of recovering a person after an experience of sexual violence and includes all the actions planned in the ISP for the treatment of his/her health and psychological needs. In terms of health, victims/survivors/survivors of sexual violence may be at risk of HIV/AIDS, STDs, injuries or in the case of women/girl victims, even unwanted pregnancy. It is not the health professional's responsibility to determine whether a person has been raped. This is a legal definition. Her/his responsibility is to provide appropriate health care both in the treatment of emergency health needs and in the treatment of the longerterm health needs of the victims/survivors/survivors. Appropriately addressing all concerns related to the mental health of the victim/survivor of sexual violence is also a must. Psychological first aid includes the following elements: provision of care and emotional support; assessment of needs and concerns; providing assistance to meet basic needs; actively listening to the victim/survivor of sexual violence, without pressuring them to talk; calming and supporting her/him to feel good; help to get the right information, services and social support; protection from further damage; and providing written information on coping

strategies for severe stress. Psychological counseling services are defined as involving more intensive and long-term clinical practice aimed at resolving ongoing issues related to trauma caused by sexual violence. Psychological counseling helps the victim/survivor of sexual violence to manage his/her life more effectively later, making better decisions and taking purposeful actions. Sustainable empowerment after sexual violence is a process, and this process looks different for everyone. It can take weeks, months or years - there is no set time frame for how long it takes and the empowerment process itself is often painful for the victim/survivor as they have to go through several stages such as: a) agree to start talking with the counselor about the experiences about what happened to him; b) to challenge the feeling of powerlessness and isolation, admitting to oneself that one has many strengths; c) to challenge the feeling of self-blame and shame for what happened to him; d) to stop judging himself as to why he did not prevent what happened to him, or why he is not able to recover from what happened to him; e) cope with and begin to get used to the occasional flashbacks of the event, until he finally overcomes these flashbacks; f) to recreate the connection with her body, feelings and self; g) to recreate trust in others; h) to react positively by starting to get involved in the help offered, etc. For an effective sustainable empowerment process, the victim/survivor/survivor of sexual violence needs to be in a safe and stable environment, as well as to have contact with professionals who help in empowerment through counseling and therapy.

REINTEGRATION includes all the actions provided for in the Individual Support Plan (ISP) of the victim/survivor/survivor of sexual violence, aimed at addressing the needs for long-term housing, education, professional training and employment, as well as for resocialization and living life independently. Support and economic empowerment of victims/survivors is also a must to enable their reintegration. All actions that lead to reintegration should be carefully foreseen in the ISP and together with them the relevant costs should be calculated and their budgeting should be done in annual and mid-term terms by each responsible institution engaged in reintegration actions.



II.1. ACTIONS TO BE TAKEN BY THE POLICE

The experience and experiences of the victim/survivor/survivor of sexual violence during the initial contact with the **POLICE** are decisive in the way the follow-up of the case will be developed further and in the trust that the victim/survivor creates for the protection that will be given to them. is offered. Therefore, this experience should be as professional, supportive and ethical as possible, services should be available and accessible to all victims/survivors of sexual violence. Most importantly, the initial contact should demonstrate to the victim/survivor that police officers are engaged and committed to her/his safety, respect her/his dignity, and take steps to coordinate and coordination with other institutions of justice, health, social service, specialized NGOs, etc. This requires that the police officers who are engaged in handling cases of sexual violence, have the appropriate training and qualifications, as well as participate continuously in training and activities to strengthen their professional capacities. The trainings must be certified, take place periodically and become part of the cycle of training and professional training of police officials. Years of experience in dealing directly with cases of sexual violence also constitute another important element that affects the way the case is followed and handled by them.

For this reason, *police services should be:*

- ✓ Available 24 hours a day for 365 days of the year
- ✓ Accessible by geographical location (where they may be absent, have a mechanism in place that allows the victim/survivor safe contact/access to police services through other means available)
- ✓ Friendly and meet the needs of various vulnerable target groups
- ✓ In safe environments and have friendly, collaborative spaces, accessible in terms of infrastructure and suitable for people who have gone through a traumatic experience - such as sexual violence, depending on the vulnerable group they may belong to.

CASE IDENTIFICATION

The police can become aware of a case of sexual violence through, but not limited to the following resources:

- A phone call from the victim/survivor of sexual violence, relative, family member, friend or witness of the incident of violence or from an institution where the victim/survivor received the first contact (health care institution, a school psychologist, a specialized NGO, an official in the municipality, etc.).
- Conducting a risk assessment as a procedure for dealing with a case of violence in family relationships.
- Informing and direct denunciation or reporting by the victim/survivor at the police station.
- Through the reporting the cases in social or visual media (through investigative television shows).
- During the investigation of other types of crimes, for example cybercrime, human trafficking, investigation of missing persons, etc.

If the identification was made through a phone call:

- ✓ Be informed who is the person calling you (get the details)
- ✓ Be informed, if possible/ if the caller knows, about the time when the incident of sexual violence happened;

- ✓ Get information about the address where the victim is currently located (which may be at the scene of the incident or somewhere else);
- ✓ Be informed if possible/if the caller knows if the victim/survivor is currently safe or is in danger of life;
- ✓ Inform, if possible, if the caller knows if the perpetrator has access to weapons and other dangerous items (obtained legally or illegally);
- ✓ Inform, if possible/if the caller knows, if the victim/survivor needs emergency medical service (bleeding, hematoma, severe pain, etc.);
- ✓ **Take immediate measures to go to the address where the victim is located** and in the meantime, if necessary, notify the ambulance to appear at the same location, to address the need for immediate medical care

If the identification is made during a risk assessment procedure for a situation of violence in family relationships (so it turns out that the victim of violence in family relationships is also a victim/survivor of marital rape or incest):

- ✓ Determine the time when the last incident occurred
- ✓ If it is within the time limits for immediate medical care (protection from STDs, HIV/AIDS, an unwanted pregnancy – if the victim/survivor is a girl/woman) give her the appropriate information and after obtaining based/informed consent, accompany her to a medical care center
- ✓ If it is within the time limits to collect evidence through physical examination, explain to the victim/survivor the importance of collecting this evidence and after obtaining based/informed consent, prepare the documentation for reference to the IML and accompany the victim/survivor /survivor to IML
- ✓ If the sexual assault occurred during the last episode of domestic violence: a) take measures to collect evidence from the external examination, packaging of the victim's/survivor's clothes, etc. and b) assess the scene and begin its forensic treatment by collecting all the necessary evidence and packaging it according to internal procedures to send it to the laboratory.
- ✓ Note that there may also be evidence of the incident in electronic devices. Sometimes there may also be photographs or videos recorded that can be found in electronic devices, that can also be used to blackmail the victim/survivor later, if not obtained and treated as part of the evidence at the crime scene. If necessary, confiscate the electronic device(s) and send them for forensic investigation as well.

If the identification occurs through the presentation and denouncing or reporting of the victim/survivor at the police station:

- ✓ Ensure that the victim/survivor can report at any time and in a place that is safe, private and acceptable to him/her;
- ✓ Introduce yourself in an appropriate manner, and take the necessary measures to ensure communication in the same language as the victim/survivor (so request, if necessary, the presence of a translator/interpreter, or sign language interpreter)
- ✓ Ask the necessary questions (initial interview) of the victim/survivor to determine what happened, the identity of the suspect(s), the identity of potential witnesses, etc., - to determine if an incident of sexual violence has occurred and whether the person you are interviewing is a victim/survivor. (Should we have the presence of VA and CSW at this moment, or are they only notified if there is evidence that we are facing a case of sexual violence?)
- ✓ Notify the State Attorney, the Office of Victim Advocates and Social Welfare Centre.

If the identification occurs during the investigation of other forms of crimes:

- ✓ Ensure that the victim/survivor is in a protected and safe environment;
- ✓ Ensure you have the right means of communication with the victim/survivor (interpreter, assistant, etc.);
- ✓ If within the time limit for immediate medical attention, give the victim/survivor appropriate information and after obtaining informed consent, accompany the victim/survivor to a medical care facility.
- ✓ If it is within the time limit to collect evidence through physical examination, explain to the victim/survivor the importance of collecting this evidence and after obtaining the informed consent, prepare the documentation for reference to the IFM and accompany the victim/survivor to the IFM.
- ✓ If possible: a) undertake measures to collect evidence from the external examination, packing the clothes of the victim/survivor etc. and b) assess the crime scene and begin its forensic examination by collecting all the necessary evidence and packaging it according to internal procedures, to send it to the laboratory, c) in case of possible electronic evidence, collect the device(s) according to the internal protocol (with the help of the relevant entity such as the KP Directorate of Forensic Medicine or the Kosovo Agency of Forensic Medicine).
- ✓ If the identification of the case occurs through social media, etc., the collection of electronic evidence (data) should be done with the help of the Cyber Crime Unit.
- ✓ Notify the State Prosecutor, the Office of Victim Advocates and Social Welfare Centre.

ATTENTION:

- Not to be prejudiced, be empathetic and supportive
- Support the victim/survivor by explaining that sexual violence was not her fault (so it has nothing to do with her clothing, where she was, or her inability to react and defend herself) and the only person responsible is the perpetrator!
- Proceed in a sensitive manner that prevents a second victimization;
- To respond to the concerns of the victim/survivor
- To ensure that the privacy of the victim/survivor is not violated
- To enable the victim/survivor to tell his/her story, be heard, have his/her story accurately recorded, and be allowed to share how the violence has affected him/her;
- To limit as much as possible the number of people present at the interview and especially the repetition of questions or being questioned several times. Practice recording testimony and interviewing the victim/survivor in dedicated interview rooms where possible.
- Communicate appropriately with victims/survivors according to skills, age, intellectual maturity and mental capacity
- Do not leave the victim/survivor alone, especially when there is suspicion or risk of self-harm.

ASSESSMENT OF EMERGENCY NEEDS

After making initial contact with the victim/survivor of sexual violence and before beginning the investigation through a thorough interview of her/him, police officers should assess the emergency needs of the victim/survivor. The assessment of emergency needs is carried out by the police officer who makes the first contact with the victim/survivor, in the presence and in

cooperation with the CSW and the Victims' Advocate. This means an effective coordination and coordination of actions between these professionals, who must be experienced and well-trained, in order to avoid the repetition of questions that lead to the re-traumatization of the victim/survivor. Information on the perpetrator (and the number of perpetrators) is also necessary to plan safety and life protection measures, as it helps to assess future risks for the possibility of further harm from the perpetrator and / or friends and his relatives. For example, if the victim/survivor has been sexually assaulted by a family member or a very close neighbor, it may not be safe for her/him to return home.

IMMEDIATE PSYCHOLOGICAL CONSEQUENCES IN SEXUALLY ABUSED CHILDREN:

- Being shocked
- Fear
- Anxiety, irritability
- Feelings of guilt
- Symptoms of post-traumatic stress disorder
- Desire for denial
- Confusion / not remembering places/events
- Withdrawal, isolation, etc.

- ✓ Take care to identify if the victim/survivor has physical injuries as a result of the sexual violence suffered, which could seriously endanger her/his life and health (bleeding, symptoms of severe pain, blow on the head with hematoma, etc.). If you notice such signs, notify the ambulance immediately and accompany the victim/survivor to the health care facility;
- ✓ If, during the initial contact, you notice that the victim has erratic behavior, leading to suspicion of the presence of a mental disturbance, immediately notify the neuropsychiatrist and accompany the victim/survivor to the neuropsychiatric examination. Also seek a psychologist's assessment of the victim's/survivor's mental

abilities before beginning the interview and full investigation of the incident.

- ✓ Find out when the last incident of sexual violence occurred, to analyze the urgency of:
 - (1) Sending for forensic clinical examination, without cleaning or changing clothes;
 - (2) Referral to a health institution regarding the prevention of sexually transmitted diseases, HIV/AIDS, unwanted pregnancy, etc.), as these treatments depend precisely on the time when the event occurred. If the victim/survivor has a history of repeated sexual abuse, focus the emergency needs assessment on the last event, because information on the need for immediate health care is more closely related to this event.
- ✓ Be informed about the suspect as a perpetrator of sexual violence (and the number of people who have committed the act of sexual violence), to plan measures for the safety and protection of the life of the victim/survivor/survivor of this form of violence. Conduct a risk assessment for the future and focus on whether there is a possibility of further harm from the perpetrator(s) of sexual violence and/or his/her friends and relatives. If the victim/survivor has been sexually assaulted by a family member or a very close neighbor, consider getting a protective order.

- ✓ If the case comes forth during weekends or holidays, when the court does not work, to ensure the protection of the victim sexually violated in family relationship, exercise the right to issue a temporary emergency protective order.
- ✓ If a high risk to life is identified during the assessment of the emergency needs of the victim/survivor of sexual violence, the Police, in cooperation with the Center for Social Work and the Victims' Advocate, offer and apply immediate, appropriate and accepted help and protection voluntarily by the victim.
- ✓ In cooperation with the CSW, notify a shelter, or a specialized NGO that can provide emergency shelter services if needed.

DURING THE INVESTIGATION

The police officer must:

- a. To limit the asking of investigative questions only to those matters necessary to identify the victim and the description and finding of the suspect;
- b. To collect evidence of the incident from different places and people, for example from the crime scene, electronic devices, social media, from interviewing witnesses, etc., to identify the suspect and prove his connection to the victim/ the survivor, or the crime scene.

INCIDENT INVESTIGATION

The investigation and collection of evidence are necessary in cases of sexual violence and are carried out exclusively by police officers and the State Prosecutor, who must be experienced and well trained and coordinate actions with the PSC. When the event occurs in conditions of isolation of the victim/survivor, her/him may hold the sole evidence of the violent behavior of the perpetrator. Accurate and thorough investigation can provide evidence that will shed light on what happened, beyond the parties' statements. The police officer should collect evidence of the incident from different places and people, for example from the crime scene, electronic devices, social media, from interviewing witnesses, etc., to identify the suspect and prove his connection to the victim/ the survivor, or the crime scene. It is important that investigations of sexual violence crimes begin in a timely manner, be conducted professionally, meet evidentiary and investigative requirements, and use all available tools to identify and arrest the suspect. Throughout the process, care must be taken and the safety and dignity of the victim/survivor must be guaranteed.

- ✓ Conduct a complete and detailed interview of the victim/survivor related to the case, in the presence of the State Prosecutor, or obtain the consent for you to continue with the interview process. **Do not interview the child victim/survivor of sexual violence without the presence of the prosecutor and the psychologist, the social worker of the CSW designated as the case manager, as well as without the presence of the child's parent or legal guardian of the child , when the child requests and only when the parent / guardian is not a suspect of being a perpetrator of the crime.**
- ✓ Explain to the victim/survivor/adult survivor of sexual violence, the parent or legal guardian of the child victim/survivor of sexual violence the importance of having an attorney present to protect her/his rights.

- ✓ Explain to the victim/survivor/survivors about the investigative and justice processes. When explaining processes avoid legal terminology as much as possible, as many victims/survivors/survivors of sexual violence may not understand legal terms and may be confused by them.
- ✓ Try to limit the number of people the victim/survivor has to be in contact with, as well as the number of times she/he has to tell her/his story, thereby reducing the risk of second victimization. For this purpose, the audiovisual recording of the testimony and the entire interview process can be helpful, while the development of this process in suitable environments (for example in the rooms where the persons attending the interview can follow it from outside through audiovisual equipment), also reduces the number of people present in the interview room, but necessary for to be part of the process;
- ✓ Interview the victim/survivor of sexual violence by posing questions and sub-questions of interest to the police in order to clarify the case, these questions must be formulated in accordance with all principles of treatment of the victim/survivor.
- ✓ Document the answers to each question chronologically as well as using the victim/survivor's own words.
- ✓ For children, a one-hour interview period with short breaks is set. If a child victim/survivor does not want to give the statement in the presence of the parent (legal guardian), when the latter are excluded due to the suspicion of being the perpetrator of the violence, then the Social Welfare Centre replaces their role.
- ✓ Immediately begin the investigation of the circumstances and actors of the incident and follow the investigation continuously.
- ✓ Avoid confronting the victim/survivor/ of sexual violence with the perpetrator,
- ✓ Ensure that legal action taken does not cause further harm.
- ✓ Take into consideration:
 - The context of the victim / survivor;
 - The mental and physical trauma she/he has experienced;
 - The potential impact that the reporting action has on her/his family and other relatives.
- ✓ Ensure that victims/survivors not be induced against their will to be included in the chain of referrals and institutions part of the management of the case of sexual violence, not be delayed or asked to wait to make a denunciation or report of an incident of sexual violence, or not be hindered in any other way in their efforts to bring their case to the attention of the authorities.
- ✓ Provide appropriate information to the victim/survivor of sexual violence, or in the case of children, the foster parent or custodian/legal custodian, in order to make based/informed decisions.

- ✓ Advise the victim/survivor of sexual violence on the options for protection and assistance available and provide all information that may be necessary or useful to enable her/him to make a decision.
- ✓ Inform the victim/survivor of sexual violence about her/his possibilities for legal protection as well as about the steps that are followed and the protection that is offered in the case of reporting the criminal offense.

COLLECTING EVIDENCE

The collection of evidence by the Police usually occurs parallel to the investigation of the incident and is related to the forensic treatment of the scene, securing it as well as collecting evidence and sending it to the laboratory for further examinations. Officers / Police officers must protect the integrity of evidence at the scene and maintain the chain of custody of evidence by properly marking, packaging and labeling all evidence collected. DNA evidence plays a crucial role in the investigation of sexual violence. Samples from the body of the victim/survivor and the suspect as a perpetrator of sexual violence as well as their clothing are taken only by the forensic doctor!

If the case of sexual violence has occurred recently and the victim/survivor has been identified within the time limits (72 - 96h) that enable the collection of biological evidence for her/his body, then:

- ✓ Explain to the victim/survivor for what purpose the evidence collected may be relevant/useful.
- ✓ Give the victim/survivor all the necessary information about why the forensic examination is necessary, emphasizing its importance, in terms of the investigation, identification and capture of the suspect as the perpetrator of the criminal offense.

KEEP IN MIND

The most important evidence, DNA, is tiny, invisible. Therefore, you must handle the crime scene very carefully in order not to destroy the evidence or not to contaminate it (mixing your DNA with that of the perpetrator or of the victim!). For this purpose, the police official handling the evidence must **BY ALL MEANS** wear a mask and gloves!

- ✓ Obtain the order from the State Prosecutor for clinical forensic examination and accompany the victim/survivor to the IFM.
- ✓ Explain to victims/survivors of sexual violence what to do and what to avoid in order to preserve/not destroy evidence (e.g. do not wash or change clothes) until they arrive at the IFM. These actions must be avoided to improve evidence collection. Keep in mind in every case that it should be made clear to the victim/survivor that even if her/him has already done any of the above, her/him still has the right to an assessment, treatment, and evidence collection if she/he wishes.
- ✓ Avoid physical contact with the victim/survivor or her/his clothing as much as possible to avoid cross-contamination.
- ✓ For the collection of other evidence such as: clothes worn at the time of the sexual assault and those immediately after the incident, condoms, sheets, blankets, pillows and bottles that may contain biological evidence such as blood, sweat, tissue, saliva, hair, urine and sperm, follow standard operating procedures.
- ✓ Secure the scene and evidence storage, including bedding, clothing and other materials at the scene.
- ✓ Accompany the victim/survivor to the hospital for medical examination.
- ✓ Stay at the hospital (but do not be present during the medical check-up) until family members arrive.
- ✓ Encourage the victim/survivor to take the case to court if she/he is reluctant to do so, emphasizing the importance of the court process in terms of her/his continued safety.
- ✓ Carry out any investigative action ordered or delegated by the prosecutor. Learn about criminal offenses, prevent further consequences, search for their perpetrators, conduct investigations and collect everything that serves the enforcement of criminal law.

SUBSEQUENT CONSEQUENCES IN SEXUALLY ABUSED CHILDREN

- State of shock
- Neurobiological changes
- Delay in development
- Anger, aggression
- Sexual behavior problems
- Symptoms of post-traumatic stress disorder
- Behavioral problems
- Low self-esteem
- Symptoms of depression
- Anxiety, fear, distrust of others
- Not adapting to school
- Behaviors of social isolation, etc.

DOCUMENTING

- ✓ Every case of sexual violence/crime to be documented, through the use of all investigative actions based on the legislation in force.
- ✓ Prepare and submit the criminal report in writing to the State Prosecutor, in order to then take the decision on his/her part whether or not to initiate the criminal procedure.
- ✓ Document actions by keeping minutes for: a) reports and complaints presented orally; b) summary data and statements received from the person against whom the investigations are conducted; c) data obtained from persons that may indicate useful circumstances for the purposes of the investigation; ç) examinations, recognitions, controls and seizures; d) acts for the identification and recognition of the person against whom the investigations are conducted, for receiving envelopes or correspondence and for sequestration; e) investigative actions delegated by the prosecutor.

REFERRAL

- ✓ In addition to the referrals mentioned above, work with the Case Manager to refer the victim to services as needed (e.g. Victim Advocate, a specialized NGO, etc.).

COMPLETE NEEDS ASSESSMENT

- ✓ Participate in the Case Management Help Desk or Direct Assistance Group meeting when the full assessment of the needs of the victim/survivor is discussed and pay attention to the assessment of legal needs and their addressing through civil, criminal, family legislation, etc. The legal needs of the victim/survivor of sexual violence are individualized, but some of them may include: a) representation of the case in the criminal court; b) seeking compensation for the damage caused in the criminal court or in the civil court, etc.
- ✓ Support the CSW in the process of assistance planning and drafting of the Individual Support Plan (ISP), providing the necessary information for this purpose, especially regarding the safety of the victim/survivor.
- ✓ Commit to enable the safety and protection of the victim, accompanying them as necessary (i.e. during the court proceeding), at certain steps of the implementation of ISP.
- ✓ Ensure that other measures taken to protect the victim/survivor/ of sexual violence, both in the context of family relationships (e.g. protection order issued due to violence in family relationships), but also outside of it, to be strictly enforced.

CLOSING THE CASE

- ✓ A case of sexual violence is called closed for you only after life and well-being have been secured even in the long term.
- ✓ Participate in the case evaluation process at the request of the CSW that has the primary responsibility for case management and also cooperate with the members of the Coordinating Mechanism at the municipal level.
- ✓ Give your arguments for and against closing the case, depending on the information you gathered during the implementation of the intervention, monitoring and evaluation.

ATTENTION!

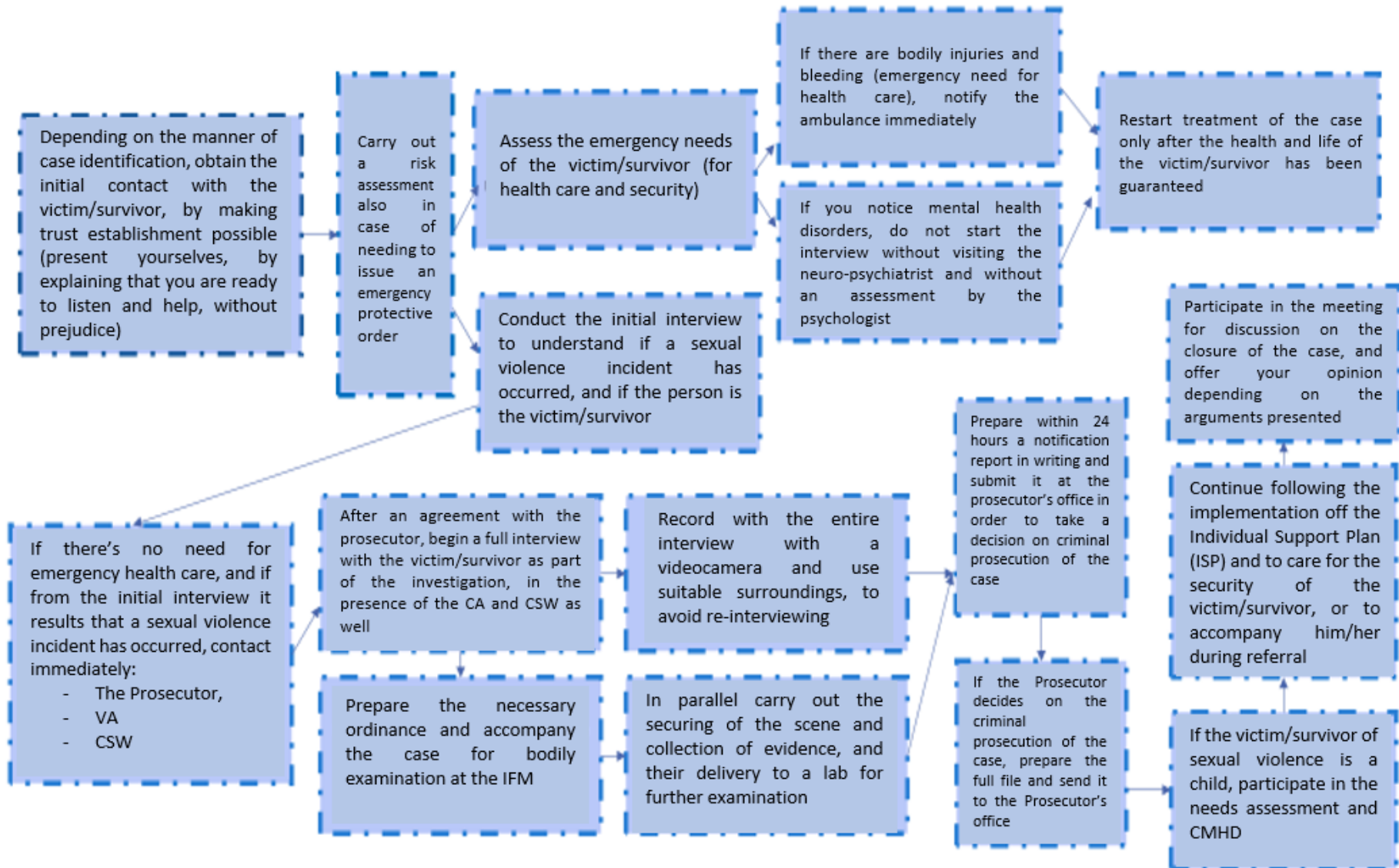
Training and qualification of police officers who will handle cases of sexual violence is a must! Measures should be taken to entrust the handling of these cases to officials with more than one year of work experience in handling such cases under supervision, who should also have completed at least one training on sexual violence. These trainings should be part of the training curriculum for police officers and should be held regularly and annually.

The curriculum must be unified and accredited. Some of the subjects that the curriculum may contain are, but should not be limited to the following:

- Improved international and national legal framework.
- Working through a coordinated multi-sectoral approach.
- Management of cases of sexual violence.
- Management of stress, behaviors, and attitudes in working with victims/survivors of sexual violence.
- Rights and needs of victims and treatment with specialized support services.
- Prevention of secondary trauma.
- Prevention and identification of sexual violence.
- Gender equality, non-discrimination, gender-based violence, etc.

Following every training it would be good to identify new subjects needed to be included in the next training.

ACTIONS OF THE STATE POLICE



II.2. ACTIONS TO BE TAKEN BY THE FORENSIC DOCTOR

Care centered on the victim/survivor of sexual violence is essential to a successful forensic examination. A timely and professional forensic examination increases the likelihood of properly documenting and treating injuries and gathering the evidence needed to assist in the investigation and prosecution of a sexual assault incident. Evidence from a forensic examination can normally be collected up to 120 hours (5days) after a sexual violence, but there is the possibility that in specific cases evidence can be collected and injuries identified even beyond this time frame.

The forensic clinical examination will be conducted only after the State Prosecutor has issued an order for such an examination.

Victims/survivors cannot address the Institute of Forensic Medicine on their own initiative, without a request or referral from the police, prosecution or court, the identification part is excluded from the first step of the actions of the forensic doctor. Obtaining informed consent is part of the initial contact, or first step in case management. Likewise, as long as the victim/survivor is referred to the IFM, even the second step of assessing emergency needs is a step that is carried out by the police and is not included in the actions that the forensic doctor should undertake. However, if, from the initial contact, the forensic doctor notices bodily injuries accompanied by bleeding and injuries that may endanger the life and health of the victim/survivor, he/she takes measures immediately to refer him/her to the hospital for emergency medical treatment.

DURING THE EXAMINATION

The use of insensitive language may not only contribute to the victim/survivor's distress during the examination, but may also hinder her/ his long-term treatment and empowerment. Forensic specialists are advised to choose soft and soothing words; there is no room for judgmental or critical comments. It is imperative that all victims/survivors of sexual violence are treated with respect and dignity throughout the examination, regardless of their social status, race, religion, culture, sexual orientation, lifestyle, sex or occupation, or any other individual features.

OBTAINING INFORMED CONSENT

Before commencing a forensic examination of the victim/survivor, it is imperative that informed consent is obtained, ensuring that she/he signs the appropriate form⁵³. This is a precondition that must be fulfilled, despite the fact that the Prosecutor has issued an order for examination. In practice, obtaining informed consent means explaining all forensic examination procedures to the victim/survivor. It is important that victims/survivors understand the actions and procedures that are undertaken during the examination and that they are given sufficient information to enable them to make an informed decision. Examination of a victim/survivor without her/his consent cannot be done. The informed consent form will also be given to the suspect who is brought by the Police for examination. If they refuse, the examination will not be conducted, unless the Pretrial Judge issues an order for a mandatory examination.

⁵³The informed consent form is presented as annex IV.1.5 and IV.1.6 to this Protocol

Informed consent for children, unconscious victims/survivors and the mentally ill can be given by their legal guardian(if there is no suspicion that the latter might be perpetrators of the violence) and/or social worker.

FORENSIC CLINICAL EXAMINATION

Examination of the victim/survivor must be done in a safe and reliable environment. The number of IFM personnel in the examination room cannot be more than two (2). Doctors/forensic examiners should be careful in communicating with the victim/survivor especially when receiving preliminary information about the event.

The Doctor/Forensic examiner will not get a full history of the event, but will ask short, specific questions, which call for short answers, without details, about the event. This will be done by filling out a checklist, which will avoid revictimization of the person by repeating the event many times.

- ✓ Before beginning and at each step of the physical examination, take the time to explain to the victim/survivor all the procedures you will perform and why they are necessary.
- ✓ Show and explain to the victim/survivor the instruments that will be used and give her/him the opportunity to ask questions.
- ✓ Allow a family member or friend to be present during the examination, if the victim/survivor wishes.
- ✓ If a victim/survivor refuses all or part of the physical examination, you must respect her decision. Allowing the victim/survivor to have control over her/his examination is important to recovery from the experienced trauma.
- ✓ During the examination, medico-legal evidence must be obtained.
- ✓ Make sure the victim/survivor understands that she/he can stop the procedure at any stage if it is uncomfortable for her/him.
- ✓ Always address the victim/survivor's questions and concerns calmly, in a non-judgmental and empathetic manner.
- ✓ Medical findings, examination and sampling must be carefully and accurately documented in the clinical forensic examination report.
- ✓ **ATTENTION!** Never ask the victim/survivor of sexual violence to undress or reveal themselves completely. Only the upper part of the body is kept exposed/undressed once and the examination is conducted, then that part is covered and the lower part is exposed to continue the examination.

EXAMINATION
Throughout the entire body and genital examination procedure, take photographs at each step to document the actual condition of the organs and to document the findings/evidence.

EXTERNAL EXAMINATION OF THE ADULT PERSON⁵⁴

A systematic “head and toe” physical examination of the victim/survivor of sexual violence should be performed in this way:

- ✓ Carefully examine the neck. The neck area is of great forensic interest; bruising may indicate life-threatening violence.

⁵⁴Part of the fourth step of case management, i.e. Evidence Gathering.

- ✓ Examine the breasts and body, protecting the dignity and privacy of the victim/survivor, as much as possible.
- ✓ Inspect the forearms for injuries caused in self-defense; these are injuries that occur when the subject lifts a limb to avoid force on vulnerable areas of the body and include bruising, scratching, cracking, and cuts.
- ✓ Examine the inner surfaces of the arms and/or armpits for bruising.
- ✓ Lay the victim/survivor on their back for abdominal examination, which involves palpating the abdomen to rule out any internal trauma or to detect pregnancy.
- ✓ While the victim/survivor in the supine position, examine the legs, starting from the front.
- ✓ If possible, ask the victim/survivor to stand up to inspect the back of the legs. A rear inspection is also best achieved when the survivor is on foot.
- ✓ Collect any biological evidence from the skin (semen, saliva, blood), with a damp tampon or tweezers (for hair, fiber, grass and soil).

ANAL - GENITAL EXAMINATION OF AN ADULT⁵⁵

- ✓ Try to make the survivor feel as comfortable and relaxed as possible.
- ✓ Explain to them each step of the examination. For example, say, *“I'm going to look here carefully. I'm going to touch you here to look a little better. Please tell me if you feel pain or discomfort.”*
- ✓ Examine the external areas of the genitals and anus, as well as any marks on the thighs and buttocks.
- ✓ Inspect mons pubis; examine the vaginal vestibule paying special attention to the labia majora, labia minora, clitoris, hymen or hymen remnants, posterior fourchette and perineum.
- ✓ Get a smear from the external genitalia before doing any finger exploration or speculum examination.
- ✓ If a blood stain is present, wipe with a swab it to determine its origin.
- ✓ **In attacks that have occurred more than 24 hours but less than 96 hours (approximately) before the physical examination, speculum examination should be performed to obtain a sample (smear) from the endocervical canal (for sperm).**
- ✓ Heat the speculum before use by immersing it in warm water. Coat the speculum with lubricant (vaseline).
- ✓ Insert the speculum along the longitudinal plane of the vulva tissue after the initial muscle resistance has relaxed.
- ✓ Inspect the vaginal walls for signs of injury, including scratches, cracks, and bruises. Collect any traces / evidence, such as smears, foreign bodies and hair if found.
- ✓ Remove speculum.

⁵⁵Part of the fourth step of case management, i.e. Evidence Gathering.

Although an anal examination may be performed while the victim/survivor is still in the lithotomy position, it is usually easier to do this by turning the patient to the left lateral position. Thus, after completing the genital examination, ask the victim/survivor to turn to one side, keeping the gathered legs at the knees. Respectively covering the thighs with a piece of cloth or sheet during this procedure can help prevent the feeling of exposure. The upper bottom should be pulled up to see the anus. This needs to be explained. Light pressure on the anal edge can reveal bruising, cracking and scratching.

Finger examinations of the colon are ONLY recommended if there is reason to suspect that a foreign object has been inserted into the anal canal and should be performed before a proctoscopy or anoscopy. In a rectal examination with the finger, the examining finger should be placed in the perianal tissue to allow relaxation of the natural sphincter muscle contraction response. Once relaxation is felt, then the finger can be inserted into the anus.

LOCARD'S PRINCIPLE OF TRACING EXCHANGE

every contact leaves a trace
'Wherever he trespasses, whatever he touches, whatever he leaves, even unconsciously, it will serve as a silent witness against him. Not just his fingerprints or footprints, but also his hair, the fibers from his clothes, the glass he breaks, the tool mark he leaves, the paint he scratches, the blood or sperm he deposits or collects...

GENITAL-ANAL INJURIES CAUSED BY PENETRATION⁵⁶

Trauma to the genitals and anus can be caused by forced penetration. Penetration can be done from an erect or semi-erect male penis, from other parts of the body including the fingers and tongue, or from objects of different dimensions and characteristics. The possibility and extent of any resultant injury will depend on: - the condition of the tissue (e.g. size, lubrication, durability); - size and characteristics of the penetrating object; - the amount of force used; - degree of relaxation in the pelvic and perineum muscles; - the position of the perpetrator and the angle of penetration. The back fourchette, large and small lips, hymen, and perianal folds are the most likely sites for injury, while scratches, bruises, and cracks are the most common forms of injury.

The difference between genital mutilation caused by consensual penetration and that caused by non-consensual penetration is a significant difference in a criminal proceeding. Genital injuries can occur during consensual intercourse, although they are rare and are usually limited to minor scratches on the back fourchette and introitus. Hymen injury, sufficient to cause bleeding, can occur in some women who have not previously been involved in sexual intercourse. Anal and rectal injuries are rarely seen after consensual penetration.

FINDINGS TO BE DOCUMENTED⁵⁷ AFTER EXAMINATION OF A SEXUAL VIOLENCE SURVIVOR:

- ✓ General examination
 - Document the condition of the clothes - the color, whether stained or torn, where they were taken

⁵⁶Part of the fourth step of case management, i.e. Evidence Gathering.

⁵⁷Part of the sixth step of case management, Documentation.

- Document the vital signs of the survivor
- ✓ Mental assessment
 - Central nervous system - level of consciousness, emotional state, expression of any disturbing thoughts (eg suicidal ideation).
- ✓ Physical examination
 - Musculoskeletal system - physical disabilities, posture control and walking, swelling, bruising, cracks, dislocations, bite marks, scratches on the body of the victim/survivor from head to toe.
- ✓ Anal - genital examination
 - Perineum- consists of clitoris, large and small labia, vagina, mons pubis, introitus, fossa navicularis, hall, hymen, penis, foreskin, scrotum, urethra, anus, gluteal region, medial inner thighs.
 - In the above areas, document:
 - Any bruising, scratching, cuts, tooth marks, bleeding, secretions, old or fresh wounds
 - Details of the shape of the anus, dilatation (sphincter muscle tone), cracks, fecal matter in the perianal skin, bleeding from cracks in the rectal mucosa.
 - Details of the shape, position, color and type of hymen, e.g. crybriform, septal, crescent-shaped, carunculae, position and size of fractures e.g. at 3- 1 cm etc.

EXTERNAL EXAMINATION OF THE MINOR

General principles:

- Ensure privacy during the initial conversation.
- Approach the child sensitively and recognize his/her vulnerability.
- Identify yourself and explain to child victim/survivor of sexual violence that you are there to help.
- Try to create a neutral environment and relationship with the child before starting the interview
- Try to determine the level of development of the child in order to understand any limitations as well as the appropriate interactions. It is important to understand that young children have little or no concept of numbers or time and that they may use terminology differently from adults, making the interpretation of questions and answers a delicate matter.
- Ask the child if he/she knows why he/she came
- Ask the child to describe what happened to them or is happening to them in their own words (where applicable). Game therapy can be used where needed.
- Prepare the child for the examination by explaining the procedure and showing the equipment; this helps reduce fear and anxiety
- Encourage the child to ask questions about the examination
- If the child is old enough and thinks it is appropriate, ask who they would like in the support room during the examination
- Stop the examination if the child shows concern or withdraws permission to continue
- Interview the child and the child caregiver separately.

Older children, especially adolescents, are often ashamed to talk about issues of a sexual nature, therefore it is best to allow them to be alone with the doctor, as this may encourage them to speak more freely. When receiving stories directly from a child, start with a number of general, non-threatening questions to create a relationship, then move on to event-specific questions. The story of the event, if possible, should also be taken by a custodian or someone who is familiar with the child. It is important to gather as much medical information as possible.

EXTERNAL EXAMINATION OF THE MINOR

The physical examination of children should be performed according to the procedures described for adults in the section above. Before the examination, make sure that the consent of the custodian or social worker has been obtained. If the child refuses the examination, it would be good to examine the reasons for the refusal and try to find a compromise, without exerting pressure.

The following points are important when performing the head-to-toe examination of children:

- Record the height and weight of the child;
- In the mouth/pharynx, inspect for petechiae in the palate or back pharynx and check for any cracks in the frenulum;
- Check the breasts for signs of injury.

GENITAL-ANAL EXAMINATION IN GIRLS (MINOR)

Do not make a speculum examination on girls who have not reached puberty. It can be very painful and cause additional trauma. You should only do the external examination of the genitals and anus, in the manner described above. If you find vaginal bleeding, the doctor should refer the child to a higher level health institution for examination.

GENITAL-ANAL EXAMINATION IN BOYS (JUVENILES)

- ✓ Check for skin lesions that connect the foreskin to the penis.
- ✓ Check for leaks at the tip of the penis.
- ✓ In older boys, pull the foreskin to examine the penis. Do not do this forcefully, as this can cause trauma, especially to younger boys.
- ✓ Help the boy lie on his back or arm and examine the anus for bruising, rupture of the mucosa, or leakage.
- ✓ Avoid examining the boy in a position in which he has been raped as this may mimic the position of abuse.
- ✓ Digital rectal examination is taken into consideration only in cases as mentioned in the paragraph of anal examination in adults.

The guidelines described above for forensic sampling in adults apply equally to children.

EXAMINATION

Consider examining very young children while they are in the lap of their mother or guardian, only when the latter are excluded as suspected authors of violence. If the child still refuses, the examination may be postponed or even abandoned. Never force the child for examination, especially if more than 72 hours have passed since the critical event, because the findings will be minimal and this obligation may represent another violation.

THE USE OF SUBSTANCES AS A “TOOL” FOR COMMITTING SEXUAL VIOLENCE

Alcohol has long been used to aid sexual intercourse without consent and remains the most popular “drug” of choice. In recent years, however, the use of “club” drugs has been present in a number of cases of sexual violence. Victims may not be aware that they have been drugged and sexually abused.

Forensic specialists should be aware of the signs that suggest drug-assisted sexual violence. If victims/survivors experience any of the following symptoms, drug or alcohol use should be suspected.

- ✓ state of blurred consciousness, memory loss, disorientation or confusion;
 - speech or coordination disorder;
 - apparent intoxication that does not correspond to the declared consumption of alcohol;
- ✓ unexplained loss or rearrangement of clothing;
- ✓ having an “out-of-body experience” and/or hallucinations.

If drug or alcohol is suspected in the case, it is important to consider the following:

- ✓ The sooner samples are taken (e.g. blood, urine), the more likely they are to detect a substance that has been taken, willingly or unwillingly.
- ✓ If you have a quick drug test available, perform it with a urine sample.
- ✓ If you have to take blood, contact the Prosecutor in charge and ask for the relevant order for such a thing.
- ✓

TYPES OF SAMPLES

There are two types of evidence to be gathered:

- ✓ Evidence to confirm that sexual contact has occurred e.g. evidence of penetration (rupture of the hymen), bodily injuries and/or stains on clothes.
- ✓ Evidence linking the alleged perpetrator to the victim which is biological evidence, namely vaginal/skin swabs taken during the examination, to extract the perpetrator’s DNA.

Note: Samples taken to identify the presence of sperm can only be taken when a victim/survivor appears to the IFM within five days after sexual violence. After taking the forensic samples, they are placed in the sample dryer and after adequate drying are packed and will be sent to the police for further analysis at the KFA and presentation to the court. At the moment the IFM has the necessary capacities for sample preservation, it will preserve them until a relevant order is secured by the State Prosecutor for their examination.

SAMPLING AND TREATMENT

The following principles must be strictly observed when taking samples for forensic analysis:

- ✓ Protect the sample from contamination - Avoid contamination!
- ✓ Wear protective equipment (gloves and mask) when taking or handling a sample to protect the sample from contamination.
- ✓ Do not talk while taking or packing the sample!
- ✓ Pack each sample separately. Use clean instruments and packaging.
- ✓ Always take a reference sample - known (usually buccal swabs - except when the sexual act was performed through the mouth)

- ✓ Get the sample as soon as possible: Try to get biological samples as soon as possible. Samples should ideally be taken within 24 hours after the event; after 72 hours the result is minimal. Take samples before the victim is cleansed.
- ✓ Handle the sample properly: Make sure the samples are packed, stored and transported correctly. As a general rule, liquids (e.g. urine) should be stored in the refrigerator; everything else should be kept dry. In some cases, the blood can be dried in gauze or a tampon and stored as such. Biologically tested materials (e.g. dirty clothes) should be packed in envelopes or paper bags after drying. Do not use plastic wrap as it may damage the sample.
- ✓ Label correctly: All samples must be clearly labeled with the name and date of birth of the survivor, the name of the doctor, the type of sample and the date and time of receipt.
- ✓ Ensure sample integrity: samples must be packaged to ensure they are safe and undamaged. Samples are submitted only to authorized officials.
- ✓ Storage chain: Once a sample has been taken, any subsequent action must be recorded. Details of sample transfer between individuals should also be recorded.
- ✓ Call an expert if you lack adequate training to handle a particular type of sample.

Note: A well-documented storage chain-free sample is not admissible evidence in Court!

DOCUMENTATION AND REPORTING⁵⁸

After conducting a forensic clinical examination, the Clinical Examination Report which contains all the details related to the case is compiled.

The Doctor/Forensic examiner will describe in detail any injuries, findings or samples taken, as well as provide a final professional conclusion for that examination. In the forensic clinical examination report, the doctor does not declare the "virginity" of the person, but adheres to scientific/professional terminology.

The Clinical Examination Report is a document classified under the Law and has limited access. All data recorded there are addressed **ONLY** to the prosecutor who ordered the examination. Opening or even publishing any part of the report is a criminal offense. Similarly, it is forbidden to discuss the case among colleagues or professionals, if they are not authorized to be part of the treatment.

THE ROLE OF THE EXPERT IN COURT

An expert, although often summoned by the prosecution, is in fact a witness to the court, so he/she must first help the court reach certain conclusions. The role of the forensic expert is not to draw conclusions as to whether a case is rape or not. It is up to the trial panel to decide after considering all the evidence presented by the parties to the proceedings.

⁵⁸Part of the sixth step of case management, Documentation.

DO NOT FORGET!

Training and qualification of doctors/forensic doctors who will treat sexual violence cases is a must!. Trainings should be part of the training curriculum for police officers and should be held regularly and annually.

The curricula shall be unified and accredited. Some of the themes the curricula may contain are but not limited only to the following:

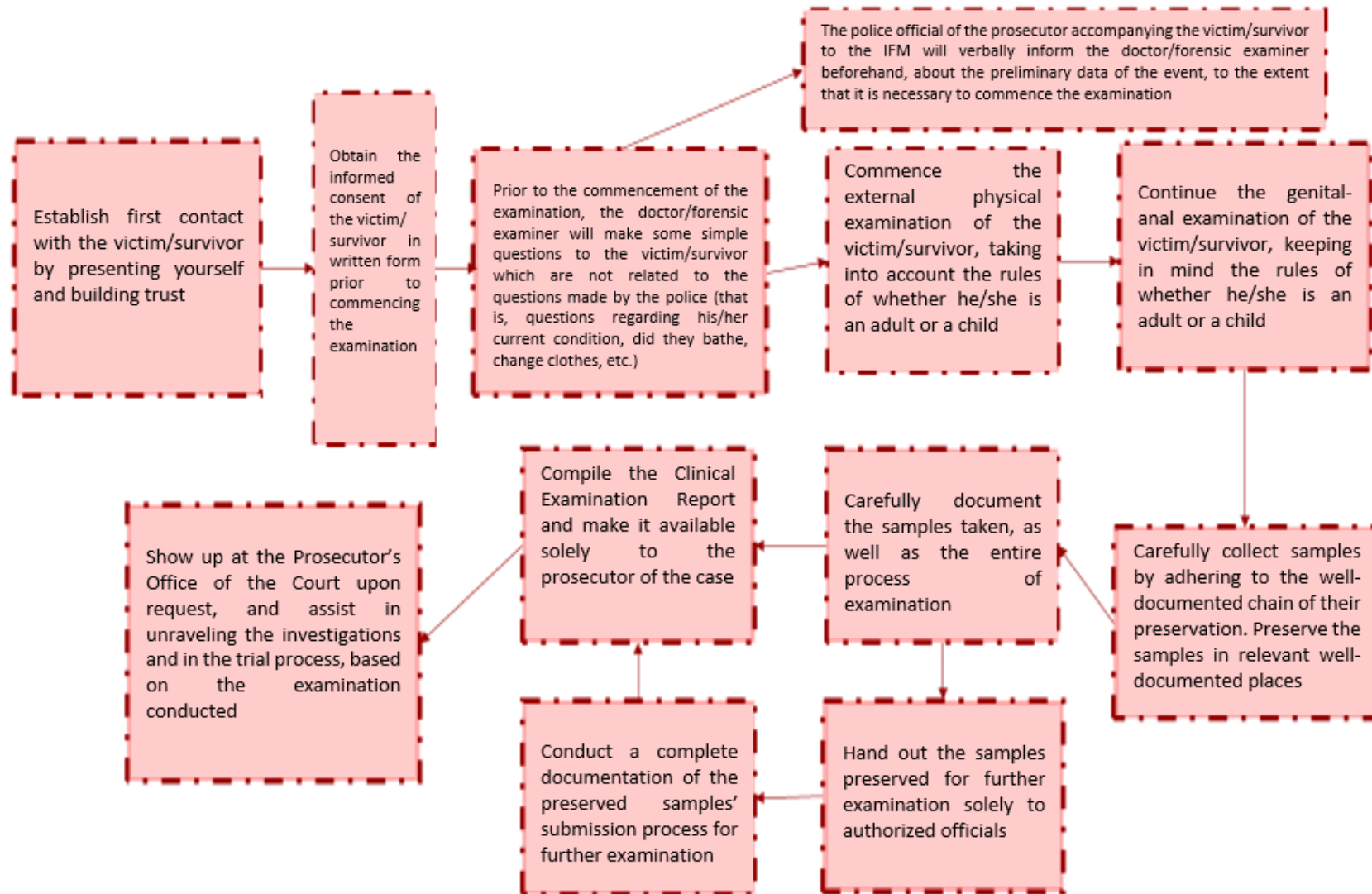
- International legal framework and the national improved framework.
- Working through coordinated mutlti-sectorial approach.

The conduct of forensic examinations of sexual violence and health care by inclusion of matters from forensic medicine.

- Managing cases of sexual violence.
- Managing stress, behaviors and attitudes while working with the victims/survivors of sexual violence.
- Gender equality, non-discrimination, gender-based violence, etc.

It is advisable following every training to identify new themes that require provision of follow up training.

ACTIONS OF THE FORENSICS



II.3. ACTIONS TO BE TAKEN BY THE VICTIMS' ADVOCATE

The role of the Victims' Advocate in dealing with cases of sexual violence is very important, as the Victims' Advocate is an authorized representative representing the interests of the injured party or the victim/survivor of sexual violence. In other words, the Victim Advocate is the representative of the victim/survivor/ of sexual violence in the prosecutor's office and court, until the end of the court proceedings.

IDENTIFICATION

The identification of the victim/survivor of sexual violence is usually not part of the actions undertaken by the Victims' Advocate, as the latter is notified by the police at the moment a case of sexual violence is detected and *immediately contacts the victim/survivor for notified of their rights and representation in the prosecutor's office and court*

However, cases are not excluded when, while representing the interests and the victim in another court proceeding (e.g. for protection from domestic violence), the Victims' Advocate learns from the victim/survivor that she/he is also sexually abused (so that in previous episodes of domestic violence she was also a victim of marital rape, or that in her/his childhood or adolescence she was the victim of a sexual violence assault or incest). In this case, after receiving the based/informed consent of the victim/survivor of sexual violence, the Victims' Advocate notifies the police about the new data and facts and, parallel to the case for which he/she is representing, stands by of the victim/survivor in all the steps taken to deal with the sexual violence that happened to her/him some time ago.

INITIAL CONTACT

Once notified by the police, the Victims' Advocate immediately appears and makes initial contact with the victim/survivor. The Victim's Advocate explains to her/him the role he/she will take by positioning himself/herself in defense and representation of the interests of the victim/survivor throughout the judicial process related to sexual violence. The Victim's Advocate has the obligation to help the victim/survivor understand the court process. During the initial contact, the Victims' Advocate, after the information provided and the answers to the questions raised by the victim/survivor, also receives the based/informed consent from her/him, to then continue with the other steps in the management of the case of sexual violence.

ASSESSMENT OF EMERGENCY NEEDS

The Victim's Advocate can together with the police officer assess the emergency needs of the victim/survivor of sexual violence. However, if this step has been taken earlier by the police employee and meanwhile during the initial contact, the Victims' Advocate ascertains any unaddressed emergency needs of the victim/survivor, related to health, or safety and protection, immediately acts to addressing this need in cooperation with other responsible institutions, requesting immediate referral of the victim/survivor to the relevant institution for emergency treatment (e.g. treatment of wounds/bodily injuries, etc.).

INCIDENT INVESTIGATION

During the investigation phase, the Victims' Advocate may ask the state prosecutor to obtain or preserve the evidence that may show the damage caused by the criminal offense, the pain or suffering suffered by the victim/survivor, or other expenses related to a criminal offense⁵⁹.

ASSESSMENT OF LEGAL NEEDS

In the full assessment of needs conducted by the CSW, the Victim's Advocate focuses mainly on the need of the victim/survivor of sexual violence for legal support and representation in the prosecutor's office and court. After the victim/survivor is safe and urgent medical matters have been treated, the Victim's Advocate must inform the victim/survivor of sexual violence in securing legal assistance and represent him/her during the court sessions together with the legal representative. The victim/survivor of sexual violence should be informed that they can engage an authorized representative. If the victim/survivor does not have her/his lawyer to represent him/her, the Victim's Advocate can represent the interests of the victim/survivor of sexual violence in court⁶⁰.

If the victim/survivor requests legal assistance from the Victims' Advocate, the VA must provide legal assistance to the victim/survivor of sexual violence. Legal assistance includes explaining the procedures of the court stages and the role of the victim/survivor in these proceedings. This information also includes that the victim/survivor of sexual violence can ask the preliminary procedure bodies to take certain investigative actions during the preliminary procedures and she/he can point out facts and propose evidence which are important for proving the criminal offense. Also, the Victim's Advocate incorporates the legal needs in the ISP. In consultation with the case manager appointed by the CSW.

DOCUMENTING

For all the actions it undertakes in relation to the protection and representation of the victim/survivor of sexual violence, the Victims' Advocate makes the relevant documentation and compiles the file which it keeps in a highly confidential manner.

CONTINUOUS FOLLOW-UP OF THE CASE

The Victims' Advocate plays an active role in representing the interests of the victim/survivor of sexual violence. Victims' Advocate are responsible for providing professional protection before the competent bodies, the Victims' Advocate will in advance participate in all court hearings and will challenge the court's decisions with an appeal for all cases where he claims that the decision was taken to the detriment of the victim/survivor of sexual violence. The Victims' Advocate is authorized to represent the interests of the victim/victim of sexual violence before the state prosecutor and the court, to help the victim/survivor to request return and/or compensation for the damage and, when necessary, direct it to other responsible institutions that provide services.

⁵⁹Article 122 of CPCK

⁶⁰Article 63 i CPCK

The Victim's Advocate shall participate during the questioning of the victim in the pre-trial proceedings of the defendant, and in the session of Special Investigative Opportunity, during the questioning of the defendant at the prosecutor's office, helps the victim/survivor to complete a statement on the damage, represents in court sessions where the victim/survivor is legally a party to the proceedings and throughout the entire phase of the criminal proceedings, has the right to propose female and male witnesses, experts, to object to evidence, to file an appeal against the court's decision, to request compensation damage, to compile a request for compensation from the Commission for Compensation of Crime Victims.

If the child victim/survivor of sexual violence is questioned as a victim or witness then such a questioning is carried out no more than twice, and that as following: a) the first time questioning is carried out with the assistance of the psychologist and led by the state prosecutor. In inability of obtaining a psychologist then the questioning is carried out free of the latter's presence by the prosecutor, b) the second questioning is carried out with the assistance of the psychologist under the lead of competent judge. In inability of obtaining the psychologist such an interview is conducted by the competent judge in absence of the former.⁶¹

The Victims' Advocate, at any stage of proceedings may submit to the competent judge a request in writing for the protective measure or anonymity order whenever there is serious danger for the victim, cooperative witness, witness or their family members.⁶²

DO NOT FORGET!

Training and qualification of Victims' Advocate who will handle cases of sexual violence is a must!. Trainings should be part of the training curriculum for Victims' Advocate and should be held regularly and annually.

The curricula shall be unified and accredited. Some of the themes the curricula may contain are but not limited only to the following:

- International legal framework and the national improved framework.
- Working through coordinated multi-sectorial approach.

The conduct of forensic examinations of sexual violence and health care by inclusion of matters from forensic medicine.

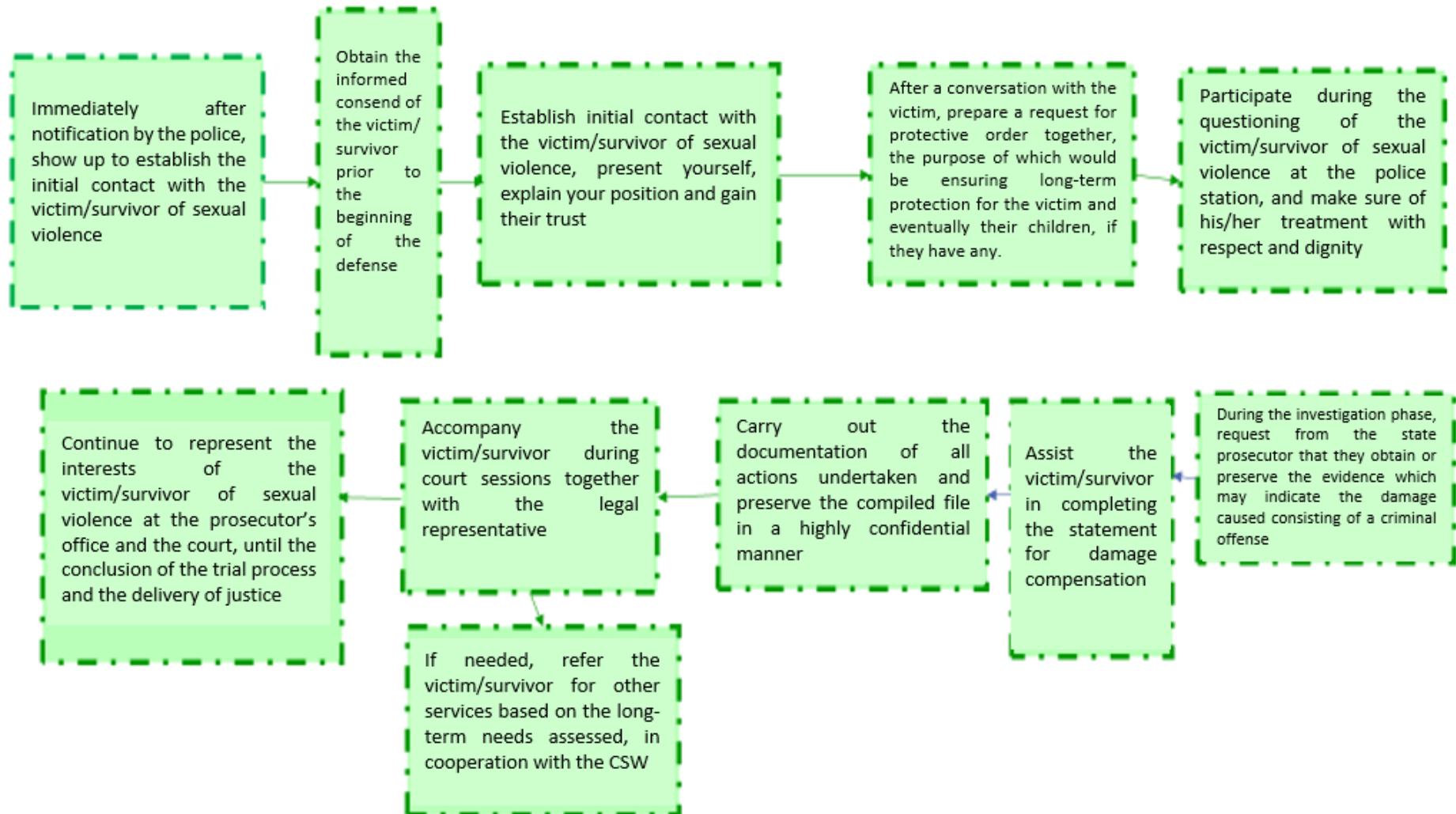
- Managing cases of sexual violence.
- Managing stress, behaviors and attitudes while working with the victims/survivors of sexual violence.
- The rights and needs of the victims and treatment with specialized support services.
- Prevention of secondary traumatization
- Gender equality, non-discrimination, gender- based violence, etc.

It is advisable following every training to identify new themes that require provision of follow up training.

⁶¹Juvenile justice code, Art 112, item 4, 4.1 and 4.2.

⁶² Pursuant to Article 217 of the Criminal Procedure Code of Republic of Kosovo, official gazeterespectivly

ACTIONS OF THE VICTIMS ADVOCATE



II.1.4. ACTIONS TO BE TAKEN BY THE PROSECUTION

The State Prosecution carries out the criminal prosecution, and represents the accusation in court on behalf of the state, directs and controls the pre-trial investigations and the activity of the police officer who has previously investigated, as well as carries out any investigative action it deems necessary, takes measures for the execution of criminal decisions and supervises their execution;

The State Prosecutor bases all his actions on the Criminal Code of the Republic of Kosovo and the Criminal Procedure Code of the Republic of Kosovo.

- All cases of sexual violence will be treated with priority by the State Prosecutor.
- The state prosecutor can conduct the investigations himself or order the police to conduct the investigative actions.
- The State Prosecutor has the obligation from the beginning to notify the party of his/her rights in the procedure, in accordance with the Criminal Code.
- The state prosecutor interrogates the victim/survivor of sexual violence, and/or the suspect, especially if he/she is a minor. The minors' interview is conducted in presence of the support person from Centre for Social work.⁶³
- The State Prosecutor issues a ruling on initiation of investigations against a certain person when there is a well-founded suspicion that he has committed a criminal offense for which the investigation is ongoing and there are no legal obstacles to the criminal prosecution of that person.
- The ruling on initiation the investigation is sent to the defendant within the time limit provided by law from the date of the decision along with the instruction on rights. A copy of the ruling is served to the pretrial judge.
- When questioning the defendant, the provisions related to: the personal data of the defendant obtained during the questioning, the answer to the court summons, the rights of the defendant, the right to a defense lawyer, the right to an interpreter must be respected if he/she does not know the official language of the court, the audio-video recording of the interrogation of the defendant, the method and course of the interrogation itself, as well as the possibility of confronting the defendant with witnesses or other defendants if the court finds that the statements do not match, except when the witness is a child.
- The State Prosecutor will issue an order for a forensic clinical examination of the victim/survivor, or any other necessary examination to be undertaken in the investigative procedure, in the shortest time possible! In each case, the possibility of examining the suspect should be considered.
- The state prosecutor requests undertaking of protective measure of the victim/survivor.

⁶³ Pursuant to JJC “, victim or witness children shall be supported by a trained person who has the professional capabilities to communicate with children of different ages and development stages and to assist them in order to prevent the risk from violation, re-victimization.

- The state prosecutor at any stage of proceedings may file to the pretrial judge a written request for protective measure or anonymity order whenever there is serious danger for the victim, cooperative witness, witness or their family members.⁶⁴
- The competent judge informs immediately the state prosecutor for any requests made by the defendant, defense counsel, the injured party or the victim/survivor, the victims' advocate or the representative of the victim/survivor, cooperative witness, or the witness and the latter is entitled to make recommendations and statements to the facts before the competent judge in the hearing session or in writing if no hearing session is scheduled by the competent judge.⁶⁵
- The greatest damage caused by the act of rape is psychological, and the mental health aspect, therefore the State Prosecutor will always consider the possibility of assessing this caused damage to the victim/survivor by respective professionals.
- The prosecutor documents the actions. The prosecutor keeps records: a) of reports and complaints presented orally; b) for inspections, controls and seizures; c) for questioning and confrontations with the defendant; ç) for data obtained from persons that show useful circumstances for the purposes of the investigation; d) for verifications related to persons, things or places, whose condition has changed.
- The State Prosecutor may request the detention of the defendant.
- When the criminal proceedings begin, the prosecution body, in cooperation with the Victims' Advocate, informs the victim/survivor about sexual violence regarding the rights based on the Criminal Procedure Code of the Republic of Kosovo.
- If, after the end of the investigation, the State Prosecutor terminated the investigation by decision, he/she will notify the injured party. The injured party is entitled to file an appeal against the ruling in accordance with the law in force.
- Facts related to the previous sexual behavior and sexual preferences of the victim/survivor of sexual violence cannot be used as evidence in the proceedings.

DO NOT FORGET!

Training and qualification of Prosecutors who will handle cases of sexual violence is a must!. Trainings should be part of the training curriculum for Victims' Advocate and should be held regularly and annually.

The curricula shall be unified and accredited. Some of the themes the curricula may contain are but not limited only to the following:

- International legal framework and the national improved framework.
- Working through coordinated multi-sectorial approach.

⁶⁴Criminal Procedure Code of Republic of Kosovo, Article 217, item 1.

⁶⁵ Criminal Procedure Code of Republic of Kosovo, Article 217, item 5

- Managing cases of sexual violence.
- Managing stress, behavior and attitudes while working with the victims/survivors of sexual violence.
- The rights and needs of the victims and treatment with specialized support services.
- Prevention of secondary traumatization.
- Prevention and identification of sexual violence.
- Gender equality, non-discrimination, gender based violence, etc.

It is advisable following every training to identify new themes that require provision of follow up training.

II.5. ACTIONS TO BE TAKEN BY THE COURT IN THE CRIMINAL PROCEDURE

The court is the body that administers justice. In the trial, the evidence is taken at the request of the parties. The court, after reviewing the evidence as a whole, assesses its authenticity and probative value.

- Judges have the responsibility to ensure protection for victims/survivors of sexual violence who come before them during criminal proceedings. One of the reasons women/girl victims/survivors of sexual violence turn to the criminal justice system is to stop violence, prevent recurrence and escalation of violence, and prevent threats of violence, intimidation and harassment. Victims often face re-traumatization during criminal proceedings and are at high risk of facing increased intimidation and violence from the perpetrator while the case is pending. International standards such as the Istanbul Convention provide that it is the state's obligation to provide the safety of the victim/survivor as part of the criminal procedure. Failure to do so may result in a violation of the victim's fundamental human rights.
- Judges have the duty to act with special care towards the child - victim/survivor of the criminal offense of sexual violence, giving guidance based on international standards and rules and national legislation, but also to take care of the interests of her/him during the decision for criminal prosecution against the accused and a record for it is drafted.

IMPORTANT!

Victims/survivors of sexual violence must be treated with respect!

- The clothing of the victim/survivor at the time of the crime is not an excuse for the violence that occurred and should not be mentioned and included in the decision!

- The relationship with the abuser should not influence the decision, with exception to cases when the sexual violence incident is based on the abusive authority or relation;

- The location or time when the crime occurred is not related to the fact that it was a crime of sexual violence.

- A victim/survivor of sexual violence has the right to active participation in all stages of the procedure, as well as the right to freely express his/her opinion on all decisions taken by the court.
- After the court prepares the case (the indictment is filed by the State Prosecutor, the initial examination session is scheduled and held, the decision is taken on the objection of the evidence or the dismissal of the charge) and then it continues with the holding of the judicial examination where all parties are invited, including the victim/ survivor of sexual violence.

The trial process, for the victim/survivor of sexual violence, can have a positive or stimulating effect, which will enable them to avoid the injustice of the violation of his/her rights. In order to achieve this, the victim/survivor must be offered full support, while his/her needs and rights must be met during all stages of the justice process, including by those who participate in it because this period is particularly important, when the perpetrator of the crime is a family member, because the victim is exposed to greater risk from the pressure to change the testimony.

Victims/survivors have the right to special measures of the protection process during the giving of statements and questioning at all stages of the procedure, even if they are under the age of 18 when giving the statement, if when giving the statement or the answer to the given question would expose themselves or any relative to serious risk to life, health or physical integrity (endangered victims) and due to age, the nature of the criminal offense and the consequences of the criminal offense, physical and mental disability or other significant health condition, social and cultural background, family circumstances, religious beliefs and ethnicity of the victim, behavior of the accused, family members and friends of the accused, would have harmful consequences on the mental and physical health of the victim /survivors or negative impact on the quality of the statement given (for particularly sensitive victims).

In cases where the victim/survivor of sexual violence is a child, apart from the parents, (if excluded from the suspicion as perpetrators of the abuse) the Victim's Advocates or another suitable person (such as the psychologist or the pedagogue assigned to provide assistance), the competent judge appoints the supportive person from Centre for Social Work⁶⁶ to accompany the child victim/survivor of sexual violence in all the time she/he participates in court proceedings, in order to reduce anxiety or stress. Before being interrogated, the victim/survivor is placed in a separate office together with the child psychologist who must be present during the trial as well. Also, the judge undertakes a series of actions during the hearing and avoids direct contact between the child - victim/survivor of sexual violence and the accused at every stage of the judicial review. In this case, he/she has the right to order the removal of the accused from the hall during the interrogation of the victim/survivor. Furthermore, the judge issues an order for medical examinations and taking samples from the body in cases where there is a doubt about the health of the child-victim, including mental health, as well as an order to examine the ability of the child-victim to determine whether the child is able or not to understand the questions addressed to him in a language that is understandable to him/her and the importance of telling the truth.

The competent judge informs the victim/survivor of sexual violence and her lawyer about the procedures for seeking compensation. The judges are sought to use a simplified language when informing the victim/survivor as to their rights of compensation and legal remedies.

⁶⁶ Juvenile Justice Code, Article 124, see official gazette reference

Following the conviction of the accused and in addition to any other measure taken against him, the competent judge, at the request of the State Prosecutor, the victim/survivor, or his/her lawyer, or based on the institution's own request, may order that the perpetrator of the criminal offense make compensation for the victim.

The competent judge informs the victim/survivor of sexual violence about the final outcome of the trial and she/he has the right to file an appeal against the decision made by the court. The legislator has not set limits on the duration of the court procedure, but the Judge in the case of sexual violence will try to end the case with as few court sessions as possible, in order to save the party from traumatization.

COURT ACTIONS IN CIVIL PROCEDURE

Sexual violence is a criminal offense that falls under the jurisdiction of the criminal court, which judges the case and decides the punishment. Domestic violence is dealt with within criminal and civil justice. If the case of sexual violence is related to a crime within the family, i.e. the perpetrator is a member of the family of the victim/survivor, the provisions stipulated by the laws in force may be applied, as follows.

The Law on Protection against Domestic Violence guarantees and provides protection to persons who are in a family relationship, to submit a request to the court for the issuance of protective orders provided by law, for cases of domestic violence. This opportunity has been given without distinguishing citizens regardless of age, education, economic and social status, so all citizens who are victims of domestic violence can submit a request. The purpose of the law is to prevent and reduce domestic violence in all its forms and to protect the victims. Under this law, civil courts can impose protection measures for victims through a quick, affordable and simple procedure. There is a procedure for issuing a protective order, or an emergency protective order against the person alleged to have committed an act of violence.

In cases where the request is submitted to the court orally or in writing, the court will take action and instruct the party to include the name of the court, the name, address and profession of the protected party and the responsible party as the perpetrator of the violence, the name and address of the parties in the procedure, a detailed description of the factual situation and, when possible, attach the evidence as well as the reason for the request for the issuance of the protective order and the proposal for the issuance of the protective measure. The court will ensure that the parties submitting the application do not charge it with any court fees.

The police have the right to issue an emergency protective order, if the case presents itself during weekends or holidays, when the court does not work.

DO NOT FORGET!

Training and qualification of criminal and civil law judges who will deal with cases of sexual violence is a must!. The trainings must be part of the curriculum of the continuous training of Judges and must be held regularly and annually.

The curricula shall be unified and accredited. Some of the themes the curricula may contain are but not limited only to the following:

- International legal framework and the national improved framework.
- Working through coordinated multi-sectorial approach.
- Managing cases of sexual violence.

- Managing stress, behavior and attitudes while working with the victims/survivors of sexual violence.
- The rights and needs of the victims and treatment with specialized support services.
- Prevention of secondary traumatization
- Prevention and identification of sexual violence.
- Gender equality, non-discrimination, gender based violence, etc.

It is advisable following every training to identify new themes that require provision of follow up training.

II.6. ACTIONS TO BE TAKEN BY HEALTH PROFESSIONALS

IDENTIFICATION

A victim/survivor of sexual violence can appear to health institutions through a referral made by the police for the treatment of urgent health needs, or a referral made by other institutions, for the same purpose. Also, a victim/survivor of sexual violence can also get in direct contact with a health institution, providing information on the incident of sexual assault, or not providing this type of information. If a victim/survivor contacts a health care facility for the first time and does not report being sexually assaulted, there are some signs and symptoms that should lead health care personnel to suspect the possibility of sexual abuse/assault, as presented below

Consequences on physical health:

- Physical damage.
- Fistula.
- Chronic pain
- Severe abdominal pain.
- Burn medicine
- Sexual dysfunction.
- Dyspareunia.
- Menstrual disorders.
- Urinary tract infections;
- Unwanted pregnancy.
- Spontaneous abortion of an existing fetus.
- Exposure to sexually transmitted infections (including HIV/AIDS).
- Pelvic inflammatory disease.
- Sterility.
- Mutilated genitals.
- Other bodily injuries obtained during sexual violence
- Self-mutilation as a result of psychological trauma
- Death (directly as a result of violence or as a result of suicide after the event).

Psychological consequences:

Short-term psychological effects:

- Fear and shock.
- Physical and emotional pain.
- Intense self-disgust, helplessness.
- Invalidity.

- Apathy.
- Depression;
- Headaches
- Insomnia
- Denial.
- Numbness.
- Withdrawal.
- Inability to function normally in their daily life.

Long-term psychological effects:

- Chronic depression and anxiety.
- Chronic headaches
- Feelings of vulnerability.
- Loss of control/loss of self-esteem.
- Loss of interest in emotional, intimate and/or sexual relationships
- Emotional disturbance.
- Damaged sense of self.
- Nightmares.and insomnia.
- Eating disorders.
- High blood pressure
- Self-blame.
- Disbelief.
- Post-traumatic stress disorder.
- Chronic mental disorders.
- Thought about suicide
- Attempting suicide or endangering their lives.

CAUTION!

If the victim/survivor/ has serious injuries that are accompanied by bleeding, the service must be provided, even without obtaining his/her based/ informed/ consent, as the risk of harm to life must be avoided to the maximum..

If the health professional verifies based on the symptoms above that he/she is communicating with a victim/survivor of sexual violence, who is an adult, he/she must give him/her all the information necessary for the treatment of his/her case and in line with the law in force shall report to the Police and report the case after having explained to the adult victim/survivor of sexual assault the duty of law to report the case and partial adherence to the principle of confidentiality.. If the victim/survivor/adult survivor of sexual violence does not give informed consent and does not want his/her case to be reported and followed up to the police, the health professional, prior to the reporting of the case while acting under the right to professional secrecy, gives as much effort as possible to build trust in the victim/survivor and encourage him/her, through well-informed arguments, to report the case, in order for the perpetrator to be prosecuted and punished. At the same time, it explains to the victim/survivor her right to receive services at any time she feels ready for this, without forgetting to mention the deadlines for performing the medical-forensic examination as soon as possible and collecting body evidence, when the case is. Moving thereafter to meeting of the duty to report the case, without denying to the victim/survivor the provision of support services. If the victim/survivor is a child, then the health professional immediately reports the case to the police, based on the "best interest of the child" principle, regardless of whether the child's guardian/legal guardian gives or not informed consent. In this case, as recommended in the Istanbul Convention, the health professional has the right to report the case and does not violate the Code of Ethics, regarding the preservation of professional integrity. It is important that in each case when there is no wound or urgent condition that needs to be repaired, the victim/survivor should NOT BE

TOUCHED AND NOT EXAMINED IN THE GYNECOLOGICAL ASPECT, so as not to damage the biological evidence! The case should be immediately sent to the Institute of Forensic Medicine for examination (depending on the verdict obtained as explained on the basis of informed consent) and then proceed with medical treatment.

INITIAL CONTACT

During the initial contact with the victim/survivor of sexual violence, health personnel must take into account the fact that when the case is referred by the police or other institutions responsible for treating urgent health needs (which implies that the sexual assault occurred immediately or in a time limit shorter than 72 hours), the priority is to explain the health service that will be provided to the victim/survivor and at the same time, along with introducing themselves, the health personnel must work to create trust in the victim/survivor of sexual violence. If the case is identified by the health personnel themselves, then as explained above, during the initial contact the victim/survivor is worked on to give informed/based consent to report the case to the police.

In case the health professional is asked for help by the victim/survivor himself or a state or non-state institution for the medical treatment of a victim/survivor of sexual violence, she/he offers immediate help as needed. Though, in line with the principle of treating the victim//survivor ***has the right to choose not to report the case of sexual violence to another service provider***; this choice must be respected unless it violates the legal framework of the country. Provided that the reporting of a case by health professionals is mandatory (Article 378 of the CCRK) in line with the law in faw but taking into account the international standards, they have to inform the victim/survivor for their legal duty of reporting the discovered criminal offence, and consequently the partial adherence to the principle of confidentiality. The health professionals in addition to their legal duty of reporting in line with the Criminal Code shall take into account the victim's/survivor's right to obtain services regardless of the latters will to file charges or testify against the perpetrator as provided by the Istanbul Convention (Article 18/4). When the victim/survivor is a child, when he/she is differently abled, when he/she does not have the ability to act, or when he/she suffers from mental health disorders reporting to the police by the health professional is mandatory.

ASSESSMENT OF EMERGENT NEEDS

For a victim/survivor of sexual violence, it is imperative to determine at the beginning of the assessment process if there is an urgent need for health care. This depends a lot on the form of sexual violence perpetrated as well as the length of time since the last event. Knowing when the last event occurred is essential to analyze the urgency of a medical referral and to accurately inform the person about medical options, since these treatments depend on exactly when the event occurred. If the victim/survivor has a history of repeated sexual abuse, the assessment should focus on the last event, not because the others are unimportant, but because information about the need for immediate health care is most closely related to the last event. After receiving this first information, it is very important to emphasize that what happened to the victim/survivor is not her/his fault.

All actions are undertaken only after obtaining informed consent and based on the clinical Protocol for handling such situations by health professionals. If more than 5 days have passed since the event, then the needs for health services are no longer urgent, however care and examination in this regard must be continued, as there are still time limits to be respected (e.g.

if we are facing a pregnancy unwanted and the sexually assaulted victim/survivor wants to exercise her right to an abortion, then this can only be done within the time limit and in accordance with the procedures defined in the law.

While treating urgent health needs

- ✓ Inform the victim/survivor of each step you are taking and why.
- ✓ Treat wounds (injuries), for example cuts, bruises and superficial wounds. Any wound should be cleaned and treated as necessary, especially if there is bleeding.
- ✓ Avoid treatment, examination, immediate use of medications or vaccines, if the victim/survivor has not yet undergone a forensic examination and will perform this examination immediately after intervention by a health professional to stop bleeding and ensure of life in terms of health, respecting the relevant treatment protocols.
- ✓ Perform an examination regarding possible pregnancy, in female or girl victims/survivors
- ✓ Prevent unwanted pregnancy by giving the victim/survivor emergency contraception if the violent intercourse occurred within five days. The emergency contraceptive would ideally be given as soon as possible after the violent act, to be sure of its effect. There are three regimens for emergency contraceptives:
 - Ulipristal acetate (a single dose of 30 mg);
 - Progestogen only (a single dose of levonorgestrel 1.5 mg or two 0.75 mg tablets); and
 - Combined estrogen-progestogen (100 µg ethinyl estradiol + 0.5 mg levonorgestrel, repeated 12 hours later). Combined tablets are less effective and have more side effects. If the victim/survivor vomits within two hours of taking the tablet, another tablet should be taken.
- ✓ If the violent intercourse occurred more than 5 days ago, offer to take a pregnancy test, not to administer emergency contraception, but to find out if the victim/survivor was pregnant before the violence.
- ✓ The victim/survivor must be offered a safe abortion, in accordance with the legislation in force in the Republic of Kosovo, as provided for in Article 16 of Law No. 03/L-110 "On Termination of Pregnancy".
- ✓ Reduce the risk of HIV infection by administering post-exposure prophylaxis to the victim/survivor who appears within 72 hours of the violent sexual act.
- ✓ Do prophylactic treatment for sexually transmitted infections (chlamydia, gonorrhea, trichomonas, syphilis). National guidelines and relevant approved health protocols should be followed for the selection of drugs and regimens.
- ✓ Vaccination for hepatitis B if anti-HPV antibodies are negative, should be provided according to national guidelines and relevant approved health protocols. Hepatitis B status should be assessed through a blood sample before the first dose of vaccine is given. If the antibodies are positive, vaccination should not be given.
- ✓ If the victim/survivor has any cracks in the skin or mucosa, tetanus prophylaxis should be given unless the victim/survivor is fully vaccinated. Advise them to complete vaccination for full protection (i.e. second dose at 4 weeks, third dose at 6 months to 1 year).
- ✓ Provide or mobilize social support, if necessary, or at the request of the victim/survivor of sexual violence.
- ✓ Assist the victim/survivor to increase safety for himself/herself and children (if any), when necessary.
- ✓ Plan and provide ongoing health services as and when required.

COMPLETE NEEDS ASSESSMENT

After the treatment of immediate health needs, it is continued with the treatment of other health needs which may be in the medium or long term and which may not necessarily require the presence of the victim/survivor of sexual violence in the health service environment. In order to ensure the continuous and appropriate treatment of these needs, there must be a good coordination of the health personnel in the health facilities where the case was initially treated, with the doctor of the center of specialized support services where the case will continue to stay, or with the family doctor, if the victim/survivor/survivor returns to her/his or her parents' home. The Center for Social Work should also be aware of and encourage, facilitate this coordination.

DOCUMENTING

The documentation contains, at a minimum, a complete description of the most important information about the particular incident of sexual violence, if there is no history. The documentation of the case should be done by means of standard forms, notes, charts, photos, body maps, registers, etc.

Health care workers should collect and record information about the victim/survivor, including: demographic data (e.g., first name, last name, age, gender, ethnicity, address, telephone number, date of presentation) , obtaining informed/informed consent, history (e.g. general medical and gynecological history), description of incident, results of physical examination, tests and their results, treatment plan, medications given in hospital settings or prescription data, victim's education, information provided and referral. For all of the above, the referral form from other institutions (if the case has been referred by them) can help in part of the data in order to avoid re-interviewing and repeating the story telling that can lead to deterioration of the situation of the victim/survivor due to continuous re-experiencing of the same event as a result of retelling.

The health professional must:

- Collect and record full details including:
 - the history of any other incidents, including those with previous partners;
 - the relationship of the victim/survivor with the perpetrator;
 - the type of violence used;
 - witnesses present during the incident, including children;
 - if tools, weapons were used (how and what type)
- Describe in detail any damage you notice. For this purpose, use specific forms, body maps and special registers for a more accurate presentation.
- Also note the emotional and psychological symptoms.
- Record what the victim/survivor himself/herself says using his/her own words.
- Document their suspicions as health personnel, as well as the evidence on which they are based.
- Inform victims/survivors about the possible use of their data and obtain their based/informed consent in writing.
- Store all data in a safe and confidential place, in locked cabinets or drawers, on computers with a secure password, etc.

CONTINUOUS FOLLOW-UP OF THE CASE

The ongoing follow-up of the case can be done through meetings with the victim/survivor, according to a calendar of meetings agreed in advance with him/her, where other elements related to the environment where the meeting will take place, the duration, etc.

Follow-up visits/appointments should take place two weeks, one month, three months and six months after the initial visit. In some areas, or for some cases of sexual violence, continuous and long-term follow-up may not be feasible, especially if the victim/survivor is constantly displaced. The health professional should aim to have at least one follow-up visit within the first three months after the initial visit and should ensure that essential care and appropriate medication is given during the first visit. A list of steps for follow-up is provided in the following table:

Follow-up visit in the second week:	
Injuries	Check if the injuries are healing properly.
STI	<ul style="list-style-type: none"> - Check that the survivor has received the full course of any medications given for Sexually Transmitted Infections (STIs). - Check adherence to post-exposure prophylaxis (PEP), if the victim/survivor is receiving it. - Discuss any test results.
Pregnancy	<ul style="list-style-type: none"> - Test the woman for pregnancy if she was at risk. - If she is pregnant, explain and discuss the available options. - Since abortion is legally available, if the victim/survivor chooses this option, refer her to safe abortion services.
Mental Health	Continue first line support and assess the emotional state and mental health status of the victim/survivor
Planning	<ul style="list-style-type: none"> - Remind the victim/survivor to return for further hepatitis B vaccinations at 1 month and 6 months, and for HIV testing at 3 months and 6 months, or to continue with her usual health care. - Ask the victim/survivor to return for follow-up care if emotional or physical symptoms of stress appear, or if these symptoms become more severe, or if there is no improvement at all within 1 month after the incident. • Make the next routine appointment 1 month after the initial visit
Follow-up visit after one month	
STI	<ul style="list-style-type: none"> • Get the second hepatitis B vaccination, if needed. Remind the victim/survivor of the 6-month dose. • Test for syphilis, gonorrhea, chlamydia, and trichomoniasis (if present), even assuming treatment (and testing) was provided close to the time of exposure. • Ask the victim/survivor about symptoms of STIs and examine for genital and/or anal lesions or other signs of STIs.
Mental Health	Continue first-line support and assess the emotional state and mental health status of the victim/survivor. For depression, post-traumatic stress disorder (PTSD), self-harm, suicidal thoughts, or unexplained somatic complaints, follow appropriate protocols.
Planning	Make the next follow-up appointment 6 months after the sexual assault incident. Also, remind the victim/survivor of the 6-month dose of hepatitis B vaccine, if needed.
Follow-up visit after six months	

STI	<ul style="list-style-type: none"> - Offer HIV counseling and testing if not already done. Ensure that pre- and post-counseling testing is available and that the victim/survivor is referred for HIV prevention, treatment and care, as needed. - Give the third dose of hepatitis B vaccine, if needed. - If presumed STI treatment was not given, conduct an STI assesment and treat them as needed.
Mental Health	Continue first-line support and assess the emotional state and mental health status of the victim/survivor. For depression, post-traumatic stress disorder (PTSD), self-harm, suicidal thoughts, or unexplained somatic complaints, follow appropriate protocols.

REFERRAL

Health personnel, as well as the police, are often the first professionals who come into contact with the victim/survivor. Therefore, health service personnel may refer victims to other health male/female professionals in the same health facility, in another health facility, or to other services (police, specialized support services, other care services social, etc.). Likewise, health personnel may have to assist victims/survivors of sexual violence referred by specialists from other services. Victims/survivors of sexual violence have complex needs, therefore an effective response to this form of violence requires a range of services available, dedicated to cases of sexual violence, for a coordinated multi-sectoral response, which can be provided by an effective referral (as explained in the first section of this state Protocol through the example of the response of the SART teams).

Effective referrals require health personnel to:

- ✓ Be able to recognize and facilitate the detection of violence, as well as provide first-line support.
- ✓ Be able to assess the individual situation and needs of the victim/survivor/ of sexual violence. If the risk is assessed as high, the victim/survivor requires immediate intervention, such as immediate medical or psychological assistance and/or accommodation in an emergency (or even long-term) shelter. If the risk is not assessed as high, referrals to other social, psychological or legal support may be appropriate.
- ✓ Know existing legislation, policies and strategies for protection from domestic violence and other forms of violence against women, including relevant definitions of criminal offenses that can be committed against women or men, available safeguards and all reporting obligations of violence, especially sexual violence on their part. This knowledge is only required on the basis of relevant professional obligations.
- ✓ Obtain the based/informed consent of the victim/survivor of sexual violence before sharing information about her case with other institutions or service provider organizations, as well as follow the procedure that protects the confidentiality of the victim. In the case of partial confidentiality, i.e. the reporting of the case to the police by health personnel is a legal obligation, it is still important that the victim/survivor is informed about this limitation and of the type of information that will be forwarded before reporting the case.

The following steps should be followed to ensure an effective referral:

- ✓ To update the register with institutions/organizations that provide services to victims/survivors of sexual violence. The register should include the name of the institution, the contact person, the address, other contact data, as well as the list of services offered.

- ✓ To assess what referral can be useful for victims/survivors of sexual violence, according to the assessment of their needs and requirements.
- ✓ To inform the victim/survivor of sexual violence about the possibility of referral to other service institutions or organizations, according to request or need.
- ✓ Obtain the based/informed consent of the victim/survivor of sexual violence to make the referral, before any further steps.
- ✓ Clarify to the victim/survivor of sexual violence what information will be shared with specialists and other service specialists and what information will be kept confidential (specify if there are any legal restrictions).
- ✓ To provide the victim/survivor of sexual violence with complete and correct information about institutions and other organizations providing services, according to the scheme described below:

WHO - which institution/organization provides services for victims/survivors of sexual violence, accompanied by the data of the person (name, phone number) who can be contacted as a contact point for that service.

WHAT - what kind of help they can get from this institution/organization, along with information about the costs of this service (if any).

WHERE - where exactly (exact address) the given service is located.

- ✓ Refer according to the decision (choice) of the victim/survivor of sexual violence.
- ✓ Accompany the referral with a brief written report and a telephone discussion with the specialist or other specialist services, as a method to avoid the situation where the victim/survivor of sexual violence has to repeat the story and be told answers to the same questions during multiple interviews, re-experiencing the psychological trauma caused by the incident of violence.
- ✓ To explain to the victim/survivor of sexual violence that he can return to the health services for further assistance. To present the issue of the next meeting.
- ✓ To explain to the victim/survivor/survivor of sexual violence the plan for further follow-up of her health condition.
- ✓ Provide contact details to the victim/survivor of sexual violence for follow-up.
- ✓ Terminate assistance when the best possible outcome is achieved (e.g. when the victim/survivor of sexual violence is referred for other long-term services after recovery from a health perspective, or when the needs/demands of the victim/ survivor of sexual violence change and can no longer be addressed by health services).
- ✓ To conclude agreements and protocols for the referral process with important services/institutions, including defining clear responsibilities for each service, based on this state Protocol.
- ✓ Ensure that the procedures between services/institutions for the exchange of information and referrals are continuous and recognized by health personnel and employees of other responsible institutions.

DO NOT FORGET!

Training and qualification of health professionals who will deal with cases of sexual violence is a must! The trainings must be part of the curriculum of the continuous training of Judges and must be held regularly and annually.

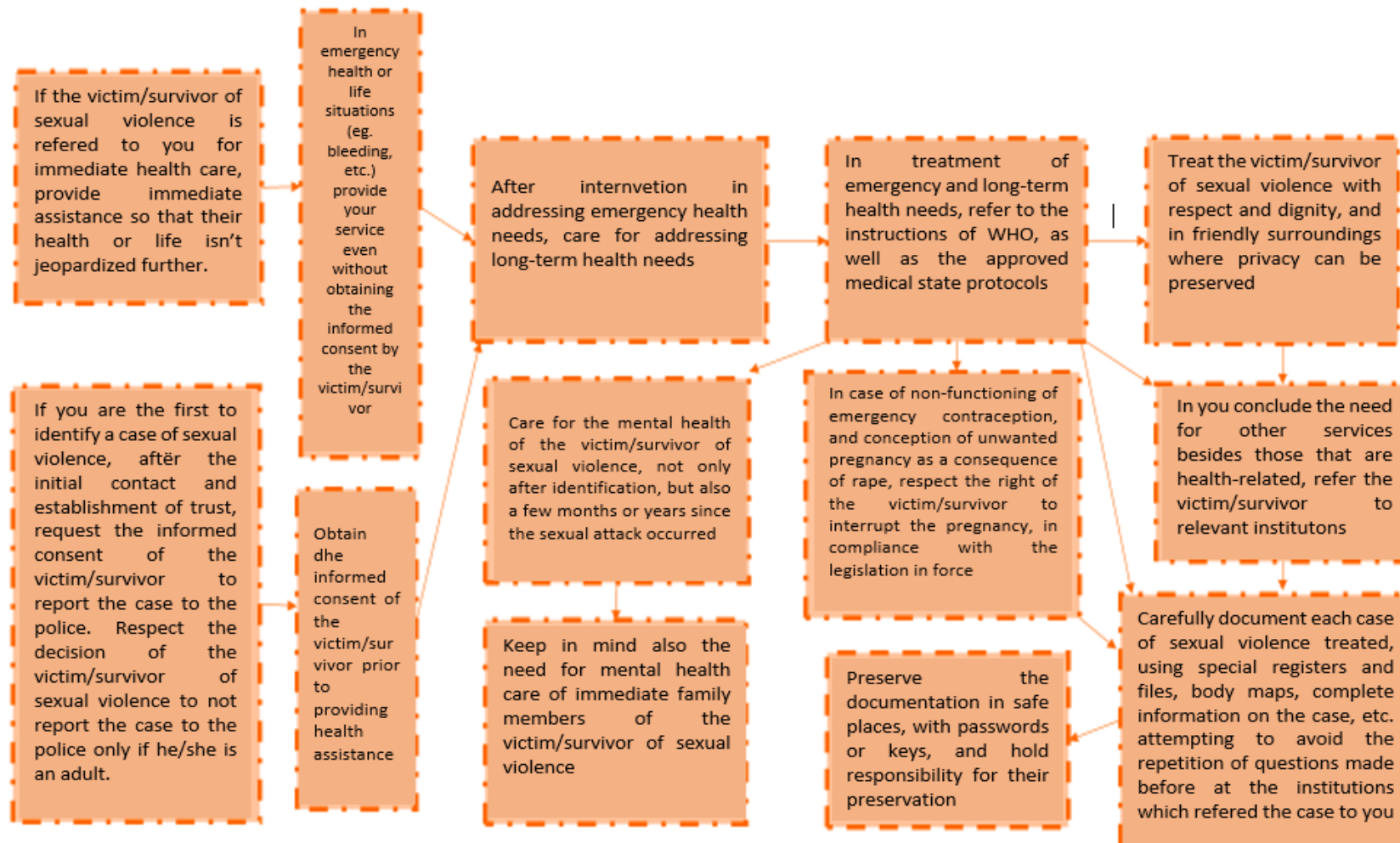
The curricula shall be unified and accredited. Some of the themes the curricula may contain are but not limited only to the following:

- International legal framework and the national improved framework.
- Working through coordinated multi-sectorial approach.

- The conduct of forensic examinations of sexual violence and health care by inclusion of matters from forensic medicine.
- Managing cases of sexual violence.
- Managing stress, behavior and attitudes while working with the victims/survivors of sexual violence.
- Treating of mental health concerns among the victims/survivors of sexual violence.
- The rights and needs of the victims and treatment with specialized support services.
- Prevention of secondary traumatization
- Prevention and identification of sexual violence.
- Gender equality, non-discrimination, gender based violence, etc.

It is advisable following every training to identify new themes that require provision of follow up training.

ACTIONS OF THE HEALTHCARE PERSONNEL



II.7. ACTIONS TO BE TAKEN BY CENTERS FOR SOCIAL WORK

IDENTIFICATION

The Center for Social Work shall be notified about a case of sexual violence by the police or other responsible institutions that have identified the case, but it may also be the first point of contact with the victim/survivor of sexual violence.

If notified by the police, the CSW appears immediately to be with the victim/survivor of sexual violence from the first steps that are taken, and especially if it is a question of child victims/survivors of sexual violence.

If the CSW first identifies the case of sexual violence, then if it is about female/male adults victims/survivors of this form of violence, as explained in the first part of this protocol, it will clarify to her/him the partial application of the principle of confidentiality, due to the legal obligation to report the case to the police. He/she will then report the case to the police, in accordance with the legislation in force, ensuring the victim/survivor/ also the provision of all necessary support services, and if it is about child victim/survivor of sexual violence, reporting the case to the police is a legal obligation.

The Center for Social Work (CSW) has the legal responsibility to follow the case from beginning to end as to the social services aspect, with the consent of the victim/survivor of major sexual violence and in any case involving children. The CSW must appoint a case manager who will hold responsibility until the end (closure) of case management.

It is important that the case manager assigned by the CSW has successfully completed training on this Protocol and how to handle cases of sexual violence. Ideally, in cases involving sexual violence, to reduce the possibility of re-traumatization and increase trust in the social worker, the CSW should assign a woman to help women and girls who have suffered violence. The case manager will be responsible for consulting with other relevant institutions for each of the assessments (of emergency or long-term needs - explained in the first section of this State Protocol) that will inform the ISP, based on the responsibilities of each institution and with the informed consent of the victim at every step. Thus, the case manager will also be responsible for organizing the meeting of the Coordinating Mechanism to discuss each case, as necessary. The institutions involved therein shall respond positively to each invitation from the CSW case manager to take part in the mechanism.

INITIAL CONTACT

The initial contact should demonstrate to the victim/survivor that the professionals who make first contact with him/her are engaged and committed to his/her safety, take his/her situation seriously, as and take steps in coordination and coordination with other institutions of the police, justice, health, social service, etc. During the initial contact, the CSW manager, in addition to presenting herself and the services she will be able to offer through the CSW, also begins to build the trust of the victim/survivor in the CPS, by providing the necessary information and answering all questions. Filling out all applicable forms and keeping them in the file that may be used as piece of evidence from other institutional partners.

ASSESSMENT OF EMERGENCY NEEDS

A good case evaluation process is crucial for its proper and effective management. Assessment as a step involves listening to the victim/survivor of sexual violence to understand what happened and what the current situation is, providing the right information, and identifying emergency needs, mainly related to her health and safety of life. Emergent needs assessment for health care and social services, as well as the assessment of the risk by the Police with participation of the CSW or assessment of the need for security and protection, is carried out as soon as possible in the first 24 hours from the moment of identification of the case of sexual violence. Then, depending on the provision of based/informed consent by the victim/survivor, is continued with the investigation of the incident, the referral for the collection of forensic evidence (when applicable), legal services, the assessment of the situation and medium-term and long-term needs as a whole, and with the processes that follow based on them. It is important to keep in mind the fact that, without building a relationship of trust in the first step, it is almost impossible to move to this second step, since a person who does not trust us, would not want to talk to us and explain what happened to him/her, especially when it comes to sexual violence and her experiences. Once the building of trust has started from the first step, it will be necessary to continue strengthening this trust, creating an environment that is friendly and understandable and not judgmental for the victim/survivor of sexual violence.

When notified by the Police or any other responsible institution, the employee of the CSW participates in the assessment of the emergency needs of the victim/survivor of sexual violence and helps address the need for security, especially if it is about immediate accommodation (coordinating with shelters that provide this service).

If the identification of the case of sexual violence is done by the CSW itself, the case manager immediately assesses the urgent needs of the victim/survivor of sexual violence in terms of family, health, safety and life protection, as well as coordinates with the relevant institutions for addressing these needs without wasting time. Later, any additional safety needs for the victim/survivor(s) and her/his children are included in the ISP with the informed consent of the victim/survivor(s).

COMPLETE NEEDS ASSESSMENT

The Center for Social Work for all victims/survivors of sexual violence, referred to it or identified by it, provides social and family services based on a full assessment of the needs of the victim/survivor and has the obligation to coordinate social services for the victim/survivor until her/his reintegration into society. The case manager undertakes the supervision of the case and assesses the social and economic situation of the victims/survivors of sexual violence, in parallel with the full assessment of their needs.

The Center for Social Work allows the victim/survivor of sexual violence to complete the reflection period of 48 hours, except in exceptional cases, before assessing his/her short-term (emergency) needs, addressing the fulfillment of these needs and then move on to the full assessment of needs and the drafting of the individual support plan (ISP). The provision of social and family services should be done after assessing the needs. It is necessary for the planned budget of the CSW mirror proper training and meeting of the needs of the victims/survivors and also the availability of the CSW infrastructure to manage the cases.

The victim/survivor of sexual violence must be informed about the conditions and obligations needed to benefit from services. The case manager completes the basic data form for the victim/survivor of sexual violence and coordinates activities with other responsible institutions to help and integrate the victim/survivor. During the provision of services, the case manager is obliged to respect the procedures and deadlines according to the legislation in force.

The complete assessment of the needs of the victim/survivor of sexual violence is carried out as soon as possible but no later than 14 days from the moment of the immediate assessment and aims to fully determine the situation in which the victim/survivor is found, as well as gathering the necessary information for the drafting of the Individual Management Plan (IMP). This assessment can be carried out by the first manager of the Center for Social Work, in collaboration with other actors and in particular with the centers that offer specialized support services addressing emergency needs (for example, if the victim/survivor is housed in a shelter, then a full assessment of her needs can be carried out by the case manager at the shelter). Any needs identified during long term/complete assessment as per following appearing fields shall be incorporated thereafter in the IMP with the informed consent of the victim/survivor along with the manner it shall be addressed. A full assessment of the mid-term and long-term needs of the victim/survivor of sexual violence includes but is not limited to:

Assessment of the need for security and ongoing protection – based on the assessment of the emergency need for security and how this need was addressed. Depending on the decision taken to secure the victim/survivor in the first days after the sexual assault, all the circumstances in cooperation with the Police are examined and it is concluded whether it is necessary to accompany her/him again with a police officer (e.g. in case he/she has to go to court). It is also assessed whether the victim/survivor is safe in the place where he/she is staying and whether this safety is compromised in the long term, whether he/she needs shelter, long-term accommodation, etc.

Assessment of psycho-social needs - aims to identify what are the areas of concern, what are the thoughts and concerns of the victim/survivor, what thoughts he/she has created and is currently thinking about himself/herself, etc. The case manager from the CSW must have the appropriate training and qualifications in order to professionally assess psycho-social needs. If he lacks this qualification, he should seek the help of a specialized psychologist for this purpose. The questions that are asked by the psychologist during the assessment of the psycho-social situation of the victim/survivor touch areas such as:

- sleep disturbances (does the victim suffer from insomnia, frequent nightmares, does he often wake up at night, etc.)
- manifestations of psycho-somatic symptoms (frequent headaches, upset stomach, fainting, other signs in terms of health...)
- emotional difficulties (state of impulsivity or high sensitivity, high, low or alternating emotional state, lack of reaction, control, emotional stability, signs of depression, threat or risk of self-harm or suicide, etc.)
- cognitive difficulties (severing thoughts, inability to concentrate, memory difficulties, frequent confusion, delayed reaction, etc.)
- motivation difficulties (lack of initiative to do something, excessive dependence on others, frequent pessimism, etc.)
- behavior disorder, performance and functioning concerns (neglect of hygiene and personal appearance, use of offensive language or violence, etc.)

- social relations (standing apart from the group, inappropriate behavior, inappropriate affection towards others, hostility towards social norms, the emergence of problems during conversation, etc.)
- self-concept (negative self-perception, blame, does not make decisions for himself, lacks a sense of meaning in life, etc.)

Depending on the findings from this assessment, intervention is planned to help the victim/survivor of sexual violence, considering her referral to specialized centers that offer counseling and psycho-social support therapy.

Assessment of health needs and mental health care - the consequences of sexual violence on the health and mental health of the victim/survivor can be long-term. When assessing health needs, performed by respective professional and reflected in the ISP prepared by the CSW case manager, attention should be paid to physical health and chronic diseases that need to be treated continuously and in the long term. Mental health care is also a must. Victims/survivors of sexual violence may need support and treatment for their mental health on an ongoing basis, although there is no definite definition as to the duration and the way of experiencing the incident of violence. Over time, some of these concerns fade and can be kept under control until recovery, while cases of their appearance, or deeper experience, are not excluded precisely as time passes. During this evaluation, for which the case manager must definitely seek the help of a mental health specialist, symptoms of acute stress / post-traumatic stress disorder (PTSD), depression, problems with alcohol and drug use, attempted suicide or self-harm, etc. Also, during the continuous follow-up and monitoring of the progress of the case, it is good to apply "watchful waiting" for 13 months after the event, to verify if the victim/survivor is not in a depressed state, or has no problems with alcohol or drug use, no psychotic symptoms, no suicidal or self-harming attempts, or no difficulty carrying out day-to-day activities. If the victim/survivor presents post-rape symptoms or any other mental health concern, she/he should be referred to specialized workers in mental health treatment centers.

Legal needs assessment- A full needs assessment also includes an assessment of the victim's legal needs carried out by respective professionals and reflected in the ISP prepared by the CSW case manager and addressing them through civil, criminal, family, etc. legislation. The legal needs of the victim/survivor of sexual violence will be individualized but some of them may be: a) representation of the case in the criminal court; b) claiming compensation for the damage caused in the criminal court or in the civil court, etc.

Education needs assessment - carried out by respective professionals and reflected in the ISP prepared by the CSW case manager records the level of education of the victim/survivor and whether there is a possibility to continue education (if there has been interruption). Depending on the age and years of education met by the victim/survivor, the decision is then made on how the need for further education of him/her can be addressed.

Assessment of the needs for professional training and employment -carried out by respective professionals and reflected in the ISP prepared by the CSW case manager records the the situation regarding the employment of the victim/survivor and the need she/he may have for a professional training, for mediation for employment, etc. The years of work and the profession he/she has practiced are analyzed, how big is the possibility of continuing to work where he/she worked before (if he/she worked), if there was a break from employment, what needs should be addressed in order to be able to re-approach and re-integrate into the labor market, how much these can be completed through professional courses offered by vocational

training centers, etc. With the informed consent of the victim/survivor, vocational training opportunities can be discussed with the Vocational Training Center (VTC) and employment opportunities with the Employment Office. These discussions can take place bilaterally or as part of the meetings of the CMHD or the Coordination Mechanism.

Assessment of family situation - is essential to make an accurate assessment of the family situation in order to accurately plan the long-term support that will be provided to the victim/survivor. An accurate and complete assessment of the family situation is necessary to understand the context, the status of the victim/survivor, family relationships, support network that influence coping with the situation. In the assessment of the family situation, attention should also be paid to close family members and their psycho-emotional situation, or problems that may appear immediately after the event or some time later, in relation to mental health. For this reason, continuous evaluation is recommended and therefore the role of the case manager is extremely critical. The assessment of family situation is based on:

- the connections between the victim/survivor of sexual violence, the family and other social contacts,
- the issues the family is facing such as unemployment, housing problems and education challenges, for which they need support;
- the nature and level of concerns.

An accurate and complete assessment of the family situation is necessary to understand the context, the status of the victim/survivor of sexual violence, family relationships, as well as the support network, which influence the coping.

Assessment of children's needs - in the case when victims/survivors of sexual violence have children under their care, it is necessary to be able to assess their situation, especially from the moment of departure and the start of emergency treatment of the case of the adult victim/survivor. It is very important to gather information about the people the children are staying with, how safe it is to stay with them, what emergency needs the children have, how their needs will be addressed in the long run and how this will affect the way it is further addressed the treatment of the adult victim/survivor in the long term, etc.

Assessment of the needs for financial support/assistance – the effective implementation of the prepared ISP depends a lot on the resources available to the responsible institutions, starting from the CSW as the institution responsible for case management. All the above assessment concludes in concrete actions and services, for the implementation of which there is not

CONSEQUENCES OF SEXUAL ABUSE IN ADOLESCENTS:

- Neurobiological changes
- Symptoms of depression
- Anxiety, fear, distrust of others
- Symptoms of post-traumatic stress disorder
- Low self-esteem and negative image of their body
- Suicidal thoughts and suicide attempts
- Eating disorders (anorexia, bulimia)
- Behavioral problems, social isolation
- The desire to stay home alone or to leave home
- Alcohol and drug abuse
- Risk of early pregnancy (in girls)
- Sex with many partners
- Sexually transmitted infections
- Lack of satisfaction in intimate relationships and sexual intercourse, etc.
- Behaviors of social isolation, etc.

always a dedicated budget. For example, if the

victim/survivor is in a difficult economic situation, he/she will need to be provided with financial support to attend health treatment (for health damage caused as a result of the violence suffered), to go to court, to go to apply for a job, to follow the regular treatment of counseling/therapy sessions, etc., depending on the individual needs of the case. For this reason, it is imperative that, also in the function of the implementation of this State Protocol, the costs associated with the implementation of the ISP are planned and supported by the state, the CSW and shelters (for cases that are accommodated in shelters) with a fund for this purpose.

ASSISTANCE PLANNING

After the assessment is completed, it is moved to the step of assistance planning, which is carried out through the preparation of the **individual support plan (ISP)**. This plan contains the steps to be taken by the various actors, to meet the short-term and long-term needs of the victim/survivor of sexual violence. This plan addresses the needs of the victim/survivor and her/his family, defines the necessary services, the providers of these services as well as the timelines for when the services will be provided. This ISP is prepared by the Center for Social Work under the responsibility of the case manager (or by the Shelter manager, if the victim/survivor is sheltered there) in collaboration with the victim/survivor and is updated every time one of the steps described in it, or in case there is a need to reassess the risk due to the threats that the victim/survivor may receive during the treatment. The individual support plan must be drawn up within 5 days after the full assessment of the victim's needs has been completed.

Help to the victim/survivor of sexual violence is made possible by the cooperation of many actors, specialists in the field. When designing the ISP it is important to carefully evaluate the different alternatives as a selection which may fulfill a need or which may reduce a risk, may have the consequence of causing further damage/creating new problems. During the preparation of the ISP, it is important to provide information and agree with the victim/survivor of sexual violence if they wish to be referred to certain services. If so, proceed with obtaining based/informed consent. The case manager is responsible for referring the victim/survivor to the designated services, to ensure the accompanying of the victim/survivor of sexual violence to these services, to determine the objectives to be set, together with the respective deadlines for their implementation. Documentation of the individual support plan (ISP)⁶⁷ is very important, as it not only makes it possible to monitor its implementation, but also allows revision and updating depending on changing conditions or meeting the primary goals set for case management. in general.

DOCUMENTING

The Center for Social Work keeps two types of data for each case of victim/survivor of sexual violence:

- Detailed information about the case and its management (full case file). The purpose of this information is to assist the case manager in implementing and monitoring the individual support plan. At the same time, accurate and continuous documentation facilitates communication with other service providers, promoting the continuity of services.
- Statistical data regarding the number and type of sexual violence cases managed.

All data, divided by gender, age, ethnicity, disability, sexual orientation and expression of gender identity, and many other individual characteristics, as well as the information obtained, are stored, processed and administered in accordance with the law No. 06/L-082 “On the protection of personal data” of 2019⁶⁸. The obligation for confidentiality and preservation of

⁶⁷An individual support plan (ISP) format is attached as an appendix IV.1.9 to this protocol

⁶⁸See:<https://gzk.rks-gov.net/ActDocumentDetail.aspx?ActID=18616>

personal data extends to all persons and institutions involved in the case management process of victims/survivors of sexual violence.

REFERAL

Referral is about a coordinated approach to service delivery. All the officers of the CSW and in particular those who are appointed as case managers, must be aware of the existence of Coordinating Mechanisms, institutions and organizations that provide specialized support services, as well as be able to perform the referral properly, whether or not they are the first point of contact for the victim. A referral system cannot be effective if information and data, including contact person data, about institutions or organizations providing services are not systematized and distributed to all relevant institutions and specialized organizations. CSW officials in cooperation with relevant institutions and specialized NGOs must prepare a list of institutions and organizations that can provide services for the treatment of cases of sexual violence, the type of services they provide, the schedule and conditions for providing these services during the 24 hours, the payments (if applicable) as well as the contact persons and the way of contacting them (phone, e-mail). This list, with data that must be updated regularly on a monthly basis, must be distributed to all relevant institutions, members of the Coordinating Mechanisms and specialized NGOs that act together for the management of cases of victims/survivors/survivors of sexual violence. .

In the same way, CSW officials must:

- Assess what referral may be useful for the victim/survivor of sexual violence according to the identified needs and requirements.
- Inform the victim/survivor about the possibility to refer to other services, if requested and/or necessary.
- Clarify to the victim/survivor what information will be shared with officials of other service institutions/organizations to which the case is being referred and what information will be kept confidential (specifying if there is any legal obligation for partial confidentiality) .
- Provide the victim/survivor with complete and accurate information about institutions/organizations and other services, according to the points explained below:
 - o WHO – which institution/organization provides services for victims/survivors/survivors of sexual violence, accompanied by the data of the person (name, phone number) who can be contacted as a contact point for that service.
 - o WHAT – what kind of support they can expect to receive from this institution/organisation, together with information on the costs of this service (if any)
 - o WHERE - where is the exact location (exact address) of the institution/organization that will provide the service to which it is referring.
- Make the referral dependent on the choice of the victim/survivor/survivor and not encourage him/her to do things he/she is not comfortable with.
- Accompany the referral with a brief written report and a telephone discussion with the other service professional so that the victim/survivor does not have to repeat the story and answer the same questions during interviews many, to avoid the psychological trauma caused by the occasional retelling of the incident of violence.
- Accompany the victim/survivor to the referring service.

CONTINUOUS CASE FOLLOW-UP MONITORING AND EVALUATION

During **the implementation of the planned support/intervention** , coordination remains a key element. Facilitated and coordinated through the manager of the case, the responsible actors take all measures to coordinate actions with each other, follow them according to the

order established in the ISP and enable the provision of all necessary information to the institution that has the responsibility of case management. This information can also be collected/provided through direct contact of each responsible institution with the case manager of the CSW, but also through discussion tables on the case, where the CSW calls together all the responsible institutions involved in the implementation of the ISP and the steps taken and the results achieved are discussed. Meetings of the Coordinating Mechanism at the municipal level, organized with professionals on case management, can also serve to collect information for the implementation of the ISP, where the CSW and all other responsible actors take care to preserve the confidentiality of the victim/s survivor.

Referral makes it possible to connect the victim/survivor to resources and provide direct services. During the referral, it should be taken into account that the based/informed consent of the victim/survivor is taken before forwarding/referring the case to the relevant institution, as well as giving her/him sufficient information on the services that will be made available through this referral.

During the continuous follow-up of the case of sexual violence, the following are monitored and evaluated:

- **The psycho-emotional state and functioning of the victim/survivor.** If it is noticed that there is instability or deterioration in this regard, then, trying to reach an agreement with the victim/survivor, a referral is made for a more specialized and in-depth psychological service in this regard.
- **Implementation of ISP.** Here it is discussed with the victim/survivor which of the planned services have actually been offered to her/him, how much the goals have been achieved and what else the victim/survivor needs. The case manager for the ongoing follow-up and monitoring of the implementation of the ISP must meet with the victim/survivor regularly and periodically. At the beginning of the sustainable empowerment, meetings can be every two weeks for the first two months, and then meetings should be scheduled once a month for at least the first 6 months. In the following, these meetings can be held once every two months, for the first two years, always when the monitoring of the implementation of the ISP shows that it is proceeding according to the forecasts.
- **Updating the ISP.** Based on the discussions and findings from the discussion on the implementation of the ISP, in cooperation with the responsible institutions and in full agreement with the victim/survivor, this plan is also updated, in order to address other aspects of the needs assessed more seen, or of new needs identified during ongoing case follow-up and monitoring.
- **Implementation of the revised ISP.** Once updated, follow-up and implementation of the revised ISP begins, with referrals being made as necessary, preceded by informed consent and taking care to follow all procedures, as they were followed when the ISP was first drafted.

CLOSING THE CASE

The Center for Social Work, after continuous monitoring and evaluation, when from joint discussions with other responsible institutions, considers that all actions planned in the ISP for the follow-up of a case of sexual violence have been fulfilled, as well as when each institution has carried out responsibly its obligations, decides to go towards the step of closing the case. It is very important to note that a case of sexual violence cannot be closed immediately as soon as the relevant legal procedure is closed, many other steps will have to be taken in order for the victim/survivor to be rehabilitated and then reintegrates into society. These processes require a

lot of time, maybe even years, so the closing of the case does not have a well-defined timeframe for when it is expected to happen. At the closing of the case, the CSW case manager carefully assesses the situation of the victim/survivor of sexual violence, if she/he has benefited from the services she/he needs, if after these continuous services she/he has found the strength to overcome the trauma of the experienced violence, if the victim/survivor is in a good state of health and has been reintegrated into society, with all the necessary services. The decision to close the case is made by agreeing in advance with all the members who were involved in the management of the case, as well as by discussing and agreeing with the victim/survivor of sexual violence, when:

- The interventions undertaken have reduced the level of risk, to low risk or no risk.
- During continuous monitoring, there have been no circumstances or facts that the victim/survivor may return to the previous situation as a recidivist case or as they may be, for example, the impossibility of her/his re-integration (for reasons related to the lack of housing, employment, etc.).
- If as a result of the services and support provided, it turns out that the trauma of sexual violence faced by the victim/survivor has been overcome;
- The victim/survivor moves to another municipality and is referred for follow-up to the CSW there, after cooperating in providing the necessary information and for any other needs.
- The victim/survivor loses his/her life/dies.

It should be borne in mind that the victim/survivor herself may decide to close the case if she does not give based/informed consent to further support steps, even though all her/his needs may not have been fully addressed, as foreseen in the ISP. In this situation, the ISP must respect the wish/decision of the victim/survivor of sexual violence, making clear in advance the consequences/effects that closing the case may have without fully addressing the identified needs with the provided services, and always leave open the possibility to return and get the necessary help.

**CONSEQUENCES OF SEXUAL ABUSE
IN ADULTS:**

Damage to health:

- Somatic disorders (migraine, fainting, nausea..etc.)
- Nutrition problems, appetite disorder
- Dangerous sexual behavior (unprotected sex, with many partners, etc.)
- Most frequent presence in health care services
- Abdominal pain and menstrual disorders (in women)
- High risk of infection with sexually transmitted diseases or with HIV-AIDS

Psychological consequences:

- Fear, anxiety, relationship disorders in society
- Severe depression
- Post-traumatic stress disorder
- Suicidal thoughts and suicide attempts
- Alcohol and drug abuse

Consequences in social relations

- Less trust / lack of trust in others
- Isolation
- Fear of building an intimate relationship, etc.

The closure of sexual violence cases or case transfer into passive when the victims/survivors are children takes on a very special importance and must be done very carefully, due to the very impact that the trauma suffered has in their lives. In this case, it is necessary that before the meeting to discuss the closure of the case is organized, all the principles of treatment and empowerment of children have been followed rigorously and respected, before the work to

disconnect them from the help offered until now. For this reason, the employees of CSW, but also all professionals from other institutions must implement all protocols and standard procedures approved in function of their interventions.

DO NOT FORGET!

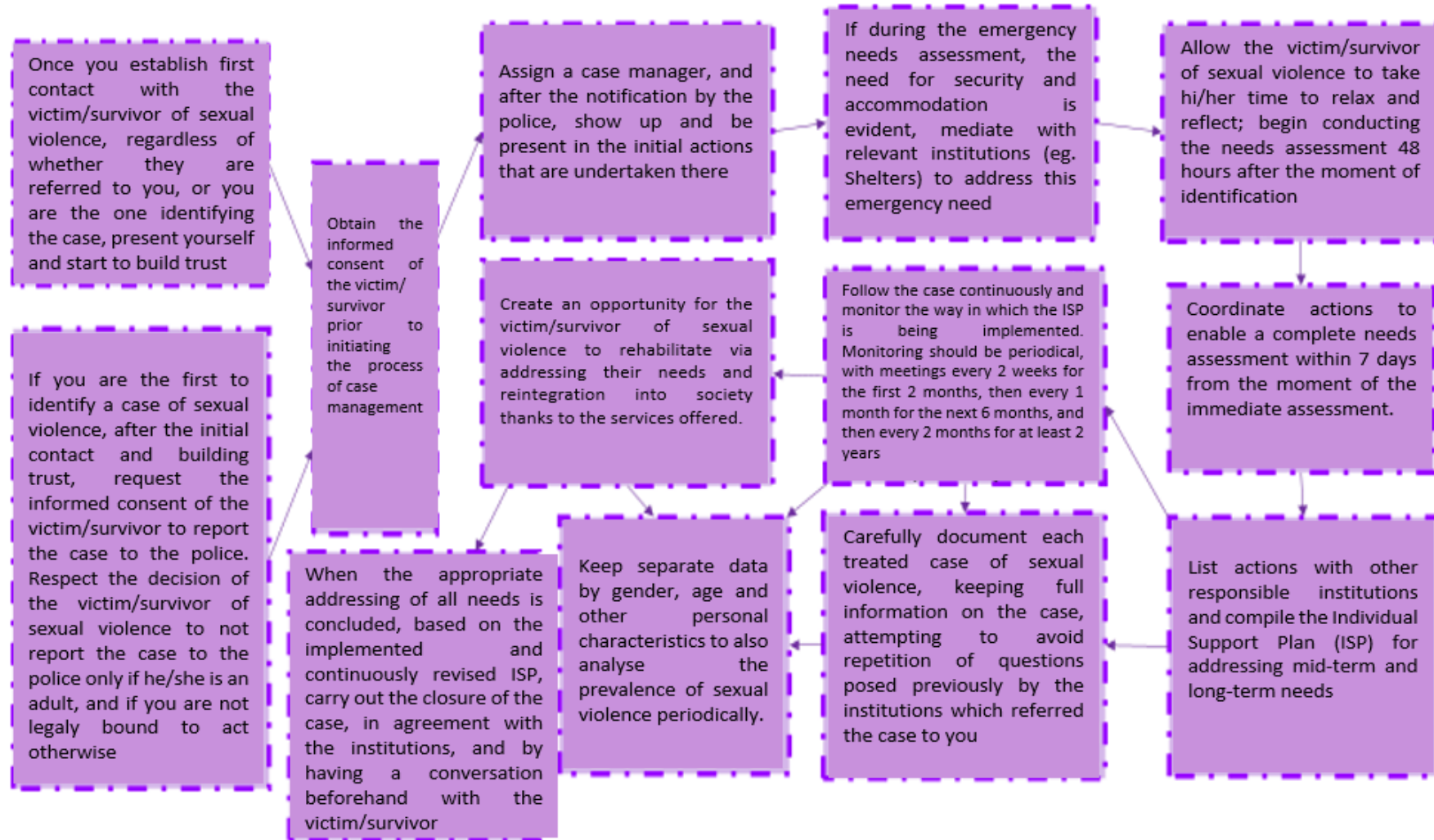
Training and qualification of employees of the Center for Social Works who will treat sexual violence cases is a must! The engagement of employees of the Center for Social Works with more than one year of work experience in treating such cases should be foreseen, along with their mandatory qualification through training. The trainings must be part of the curriculum of the continuous training of employees of the Center for Social Works and must be held regularly and annually.

The curricula shall be unified and accredited. Some of the themes the curricula may contain are but not limited only to the following:

- International legal framework and the national improved framework.
- Working through coordinated multi-sectorial approach.
- Managing cases of sexual violence.
- Managing stress, behavior and attitudes while working with the victims/survivors of sexual violence.
- The rights and needs of the victims and treatment with specialized support services.
- Prevention of secondary traumatization.
- Prevention and identification of sexual violence.
- Gender equality, non-discrimination, gender -based violence, etc.

It is advisable following every training to identify new themes that require provision of follow up training.

ACTIONS OF THE CENTER FOR SOCIAL WORK



II.8. ACTIONS TO BE TAKEN BY SHELTERS

IDENTIFICATION

A specialized shelter for treatment of violence cases against women can be notified and become part of the actors managing a case of sexual violence, for the very need that the victim/survivor may have for short-term or long-term shelter. The shelter is notified of a case of sexual violence by the CSW as the institution responsible for managing the case, by the police, or other responsible institutions that have identified this case. Also, the shelter can be the first point of contact with the victim/survivor of sexual violence and can identify the case itself during the treatment of a sheltered woman who is a victim of gender-based violence.

If the case is not identified by the Shelter, but referred by the CSW or the police, the victim/survivor must be accompanied by the Police and the case manager⁶⁹ of the CSW.

If the Shelter first identifies the case of sexual violence, then if it is about female/male adults victims/survivors of this form of violence, it will first obtain her/his informed/consent and will respect the desire to whether or not to report the case to the police. Whereas if it is about child victim/survivor of sexual violence, reporting the case to the police is a legal obligation.

The management of the case of sexual violence inside the shelter is done in accordance with the regulation, standards, internal manual of each shelter, as well as in accordance with the approved SAP for the management of cases of violence against women and domestic violence. Therefore, the steps of case management are presented below very briefly, while in each shelter the services are detailed according to the specifics of their internal documentation.

ATTENTION:

In the shelters that deal with the cases of women and girls who are victims/survivors of various forms of gender-based violence, it is allowed to accept and treat mothers together with their children (when both the mother and the children are victims/survivors of violence). Also, in special cases, only girls and boys are accepted for treatment, when they are victims/survivors of violence (mainly perpetrated in the family).

Regardless of whether they are treated alone or accompanied by their mothers, ***male children are admitted to the shelter if they are up to the age of 12.***

State shelters accept cases of ***sexual violence and boys from the age of 12-18.***

Male children over this age, accompanied or not by their mothers (depending on the violence suffered) should be accommodated through other suitable alternatives (eg rented houses if they are accompanied by their mothers, residential treatment institutions children, the shelter in Lipjan, etc.).

⁶⁹For the treatment of cases of sexual violence, it is suggested to offer the possibility of training by professionals of the same gender, based on the request of the victim. Usually, female victims/survivors prefer to be treated by female professionals.

INITIAL CONTACT

The initial contact with the victim/survivor should be made by an employee of the shelter who will also have the responsibility of managing the referred case as it pertains to all the services offered within the shelter. This case manager will work closely with the case manager from the CSW on all case management activities as a whole. During the initial contact, the case manager, in addition to introducing themselves and the services that the victim/survivor will receive at the Shelter, begins to build the victim's/survivor's trust by providing the necessary information and answering all questions.

ASSESSMENT OF EMERGENCY NEEDS

Following the assessment of the emergency needs of the victim/survivor of sexual violence carried out by the Police in cooperation with the CSW (as explained above), the Shelter assesses and begins the immediate addressing of the emergency needs for clothing, food and accommodation and if there is still need, even for treatment of any health aspect. After the emergency period of up to 48 hours, the shelters invite the victims' advocates to provide legal counseling services related to the court proceedings, and if the victim is a child, the CSW is informed also by the shelter.

COMPLETE NEEDS ASSESSMENT

The case manager at the Shelter collaborates with the case manager from the CSW to make a complete assessment of the needs of the victim/survivor of sexual violence. Any needs identified during the comprehensive/long-term assessment should then be included in the ISP with the informed consent of the victim/survivor, together with how it will be addressed. In this complete assessment, the case manager from the Shelter plays an important role in assessing the needs for accommodation (based on the services provided by the Shelter) and in the meantime it also supports with the assessment of psycho-social and health-related needs, education, professional training and employment, as well as assessment of family needs and financial support, depending on the range of services and programs that a shelter offers.

ASSISTANCE PLANNING

The case manager from the Shelter supports the case manager from the CDW to prepare the ISP, providing all the necessary information for each of the identified needs and proposing actions based on the services and programs available at the Shelter, for the fulfillment of these needs, including health care or access, particularly in health care institutions. It is understood that these actions become part of ISP, once the consent of the victim/survivor has been obtained.

DOCUMENTING

The Shelter keeps two types of data for each case of victim/survivor of sexual violence:

- Detailed information about the case and its management (full case file). The purpose of this information is to assist the case manager in implementing the ISP, and to assist the case manager from the CSW with necessary information for monitoring the implementation of the ISP.
- Statistical data regarding the number and type of sexual violence cases managed.

All data, divided by gender, age, ethnicity, disability, sexual orientation and expression of gender identity, and many other individual characteristics, as well as the information obtained, are stored, processed and administered in accordance with the law No. 06/L-082 “On the protection of personal data” of 2019⁷⁰.

CONTINUOUS FOLLOW-UP OF THE CASE AND MONITORING

The case manager from the Shelter follows up the case continuously in coordination and cooperation with the case manager from CSW. As needed, the victim is accompanied to move to the court, to a medical institution, or later also to apply for a job, or to attend a professional training course, etc.

Part of the ongoing follow-up of the case is the implementation of the ISP for those obligations assigned to the Shelter, but also the monitoring of the implementation of the ISP internally.

For all these movements and the services it offers, which are not covered by the programs with funding provided by donations, the Shelter must also have a clear estimation regarding the costs it needs and must foresee them in the request for financial support from the state.

CLOSING THE CASE

The victim is released from the shelter by decision of the shelter and the case manager from the CSW and with the consent of the victim. When the victim leaves, the shelter must inform the family, the police, the CSW and the victim's advocate for further follow-up of the case (SAP, page 42). The victim is informed about the responsible bodies and contact numbers in case of danger, if the victim refuses help, he/she should be aware that help is available in the future, whenever it is needed (SOP, pages 88 and 89). Shelters are obliged to provide psychological support in individual and group sessions (SOP, year 2013, pages 88, 89).

ATTENTION!

Training and qualification of employees of the Center for Social Works who will treat sexual violence cases is a must! The trainings must be part of the curriculum of the continuous training of employees of the Center for Social Works and must be held regularly and annually.

The curricula shall be unified and accredited. Some of the themes the curricula may contain are but not limited only to the following:

- International legal framework and the national improved framework.
- Working through coordinated multi-sectorial approach.
- Managing cases of sexual violence.
- Managing stress, behavior and attitudes while working with the victims/survivors of sexual violence.
- The rights and needs of the victims and treatment with specialized support services.
- Prevention of secondary traumatization.
- Prevention and identification of sexual violence.
- Gender equality, non-discrimination, gender -based violence, etc.

It is advisable following every training to identify new themes that require provision of follow up training.

⁷⁰See: <https://gzk.rks-gov.net/ActDocumentDetail.aspx?ActID=18616>

III. THIRD SECTION

As explained in the first two sections of this Protocol, victims/survivors of sexual violence are not always ready to file for or report the violence suffered at the moment it happens to them. There are cases where the history of sexual violence starts in a person's childhood, but the person may decide to speak up (or the case may be identified in certain circumstances) many years later. Likewise, sexual violence is one of the criminal acts committed during situations of armed conflicts, or in situations of disasters, especially when it comes to moving from one place to another, living in improvised settlements or camps, etc. For this reason, we consider it important that in this third section of the Protocol, we provide a summary of information regarding the treatment of victims/survivors of sexual violence during the war, as well as the implementation of the Protocol even in conditions of natural disasters and other disasters. References of complete sources of information are also provided for both issues, in order for professionals of all institutions who are interested to learn further, to be able to browse and find all the desired information.

At the end of this third section of the Protocol, a summary of the main elements that the institutions must take into consideration was given as well, when talking about another important role that they have besides case management, which consists precisely in the PREVENTION of sexual violence and attacks.

III.1. TREATMENT OF VICTIMS OF SEXUAL VIOLENCE DURING THE WAR⁷¹

Sexual violence, whether committed as a war crime, a crime against humanity and/or an act of genocide, is often part of a tragic and brutal pattern of criminal acts committed during armed conflict and in the context of mass crimes. Sexual violence not only affects hundreds of thousands of women and girls, but it also affects and victimizes men and boys. In addition to the extreme physical and psychological trauma suffered by victims/survivors, sexual violence can also cause and exacerbate ethnic, religious and other divisions within the community. This sows conflict and destabilization, and undermines peace-building and stabilization efforts. However, the vast majority of victims/survivors does not receive justice and face significant challenges in accessing the medical, psychological and economic support needed to help them rebuild their lives. The lack of accountability of those who commit crimes of sexual violence in the conflict aggravates impunity.

In conflict settings and environments where mass crimes are being committed, whether in conflict or not, sexual violence is often committed by members of armed groups against many individuals, including civilians, as a strategy to advance military objectives and may form part of a widespread or systematic attack directed against the civilian population. Sexual violence can be used to weaken and gain control over communities. It can be used to punish or destroy a particular group, take revenge against it or make it leave the country. Sexual violence also includes acts - taken as part of an assault or not - that are committed as a result of the breakdown of community and family structures, lack of security and lack of rule of law. These are

⁷¹“International Protocol on the Documentation and Investigation of Sexual Violence in Conflict: Basic Standards of Best Practices on the Documentation of Sexual Violence as a Crime or Violation of International Law”, UN, June 2014.

See:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/532510/PSVI_Protocol_-_Albanian.pdf

characteristics of situations of conflict, emergency and displacement, where perpetrators can take advantage of the insecurity and atmosphere of impunity to commit sexual violence.

Sexual violence as a crime under international law is often committed within a broad pattern of offenses against individuals and communities—a pattern that includes both sexual and non-sexual crimes. In the context of war crimes, crimes against humanity and genocide, rape and other forms of crimes of sexual violence may be committed as one of many acts of brutality that form part of an attack on a civilian population, may be related to armed conflict, and/or may have been carried out with the aim of destroying a particular group in whole or in part.

Victims/survivors of sexual violence face significant barriers to accessing services, justice mechanisms, and other post-conflict tools. Some victims/survivors do not access justice because of the stigma, shame, humiliation and trauma experienced by survivors and their families. Others fear isolation from their spouses, other family members, and their community, fear further violence, and lack confidence in the state police.

All professionals should collectively strive to provide a safe and supportive environment where victims/survivors of sexual violence will feel safe and comfortable to come forward and report crimes. It should be emphasized that the main responsibility to investigate and document sexual violence remains with the state.

The Republic of Kosovo has started to recognize the status of victims/survivors of sexual violence in conflict, whereas the police and the prosecution have prioritized the documentation and investigation of these cases. Under the leadership of the President of Kosovo, a working group composed of responsible institutions and civil society organizations, facilitated by the Kosova Rehabilitation Center for Torture Victims (KRCT) in cooperation with the working group represented by the Kosovo Police, War crimes sector, State Prosecution, Center for Promotion of women's rights, Medika Kosova and Medika Gjakova prepared in 2019 the "Protocol on Identification, Investigation and Treatment of Sexual Violence Cases during the War in Kosovo", in which were included and contributed the Kosovo Judicial Council, Ombudsperson and Free Legal Aid agency

Therefore, in all cases of identification of victims/survivors of sexual violence during the war, step-by-step treatment will be carried out as described in the aforementioned Protocol dedicated to this purpose.

III.2. IMPLEMENTATION OF THE STATE PROTOCOL IN CONDITIONS OF OTHER NATURAL DISASTERS

This State Protocol must find its application in normal situations, as well as in conditions of natural disasters and other disasters (also including pandemic situations, as was Covid-19).

The following information is orientating, as every natural or other disaster has its characteristics and for each case the emergency measures undertaken by the state, dedicated depending on the type of disaster, dominate over every Protocol and become the principle instruction for offering any kind of service, including also the treatment of sexual violence cases.

However, based also on the experience during the Covid-19 pandemic, some general recommendations⁷² on the implementation of this Protocol are presented below.

- Services for victims/survivors of sexual violence must be based on the respect for human rights, avoiding discrimination for all the reasons mentioned in the legislation in force for protection from discrimination, including the health situation of the victim/survivor of sexual violence. This means providing quality service, effectively and according to the standards and essential principles, regardless of the suspicion or even the conclusion that a person may be infected with a certain virus.
- The provision of services by each institution that is involved in the treatment of a sexual violence case should be based on reliable and up-to-date information regarding the type of pandemic/disaster and the measures to be taken. Thus, given the situation of Covid-19, every institution must be constantly informed about the measures proposed by the Government, the Ministry of Health and the WHO, regarding the actions that should and should not be taken to minimize the risk of the pandemic.
- Every institution that is involved in managing the sexual violence case must take measures to have sufficient tools that are recommended as protection and for continuous use, such as: masks, gloves, sanitizers, hand cleaners and disinfectants necessary for personal hygiene and the working environment.
- Information on preventive measures for the spread or infection of a virus and how to implement them in practice should be regularly conveyed to the staff of the institution, but also to the victim/survivor of sexual violence, the moment contact is made and case treatment begins.
- Every institution must post information on the rules to be followed during the period of emergency due to the pandemic/disaster in the work environment, especially where certain actions are taken to manage a sexual violence case.
- The maintenance of daily hygiene of the environments where work or meetings are organized with some members in the function of case management must be

⁷²An example of the protocol for case management by the members of the Coordinated Referral Management during the Covid-19 situation prepared by Albania can be found in the address: <https://www.undp.org/sites/g/files/zskgke326/files/2022-07/Protokoll%20MKRte%20Gjate%20situates%20COVID.pdf>

continuously monitored and improved, in order to avoid the risk of the possible spread of the virus/pandemic.

- Items of personal use in offices such as telephones, computers, doors, tables, filing cabinets, etc. must be cleaned and sanitized constantly.
- Professionals should ensure that they always have means of protection against infection (mask, gloves and hand sanitizer) available, in order not to be caught unprepared (so have spare tools with you, to use for yourself, the victim and/or the perpetrator if needed), the moment they commit to treat a sexual violence case (even in the field).
- During work on management of sexual violence cases, contact with hands should be avoided as much as possible. If action needs to be taken against the abuser, gloves and a mask must be worn, and then measures must be taken to wash and sanitize hands immediately.
- When the victim is examined, medical doctors must strictly apply all the rules of protection in order to not spread the pandemic, but at the same time they will respect the right of the victim/survivor not to be discriminated against and to be treated with respect and dignity. Medical examiners and the victim/survivor must be equipped with the necessary protective equipment such as gloves, masks, disposable clothing, bags for their feet and sanitizers.
- During the examination, it is very important that in addition to the routine explanations given to the victim/survivor about the manner and place of touching, the need to reveal certain parts of the body for the purpose of gathering evidence, etc., it is imperative that explanations are also provided for any additional measures undertaken in the framework of protection against infection or transmission of the virus.
- Before the victim is asked to remove her clothing (if she has not changed since the moment of rape) and put on the disposable clothing provided at the IFM, she should be asked to wear gloves, in order not to clean hands so as not to damage the evidence that may be under the nails or on the skin. Similarly, it is advisable to take off the clothes carefully, without shaking them and put them with gloves in the plastic bag located in the designated place, close the bag and leave it in place again. Then, immediately disinfect the gloves and put on the disposable clothing. Similarly, all preventive measures should be explained step by step. The doctor/forensic examiner or gynaecologist should answer any possible questions of the victim/survivor about the fear of the risk of being infected with the virus, as a result of the sexual violence suffered.
- After the end of the examination, measures are immediately taken to disinfect all the tools used and the entire examination room. Disinfection of tools is done by the doctor/forensic examiner, while disinfection of the environment is done by the sanitation worker who follows a strict Protocol for this purpose. After disinfection, the window of the examination room is left open while its door is closed. At the same time, the toilet used by the victim/survivor is cleaned and disinfected during and after the forensic examination process.

- It is suggested to maintain a distance of at least 1 meter while completing the relevant documentation, or to wear a mask in a mandatory manner, as well as to explain in advance but also during each step to the victim/survivor that these measures are necessary to protect the lives of everyone.
- If, during the work of case management, documents are needed which must be signed by the parties, in the absence of conditions for washing hands with running water and soap, hand sanitizer with alcohol is kept with them and the persons who will sign the documents are asked to sanitize hands beforehand. There must be caution to avoid touching the face, mouth, nose, etc. with hands.

As soon as the victim/survivor is contacted, the need is explained and a quick test is given to understand whether or not he/she is infected. If the test results are positive, it is suggested that the victim/survivor be transferred to the dedicated hospital facilities for the treatment of the pandemic, so that all other actions, starting from the identification of emergency needs and onwards, be carried out there, including forensic examination.

If the victim/survivor must be accommodated in a shelter, all the rules that apply to shelters for functioning during periods of pandemics should be taken into account even in case of mandatory isolation⁷³. It is appropriate for the shelter to have a separate room, preferably with direct access to the toilet, where the victim/survivor can stay during the quarantine period, protocols for personal protection, protection of staff, victims/survivors and the building be applied, the schedule of workers who will stay in the shelter and the length of stay and the rules of the shift be prepared and implemented, as well as to respect the standards of the shelters. It is important that services continue to be provided without interruption.

The following table describes the minimum standards of operation of shelters according to the Istanbul Convention and their adaptation to the emergency situation of the COVID-19 pandemic, as an example of how measures should be taken under conditions of natural disasters and other disasters, always in accordance with the rules issued by the state.

MINIMUM STANDARDS ACCORDING TO THE ISTANBUL CONVENTION	CHANGE / ADAPTATION THAT FOLLOWS
Services in shelters for women should be given by a staff of women.	- Mandatory for implementation, especially in isolation conditions
The security of the beneficiaries must be addressed via concealed addresses and other security measures.	Mandatory for implementation. For the effect of maintaining security, along with the notification in a relevant number for a person suspected of being touched by COVID-19, the obligation to preserve the concealment of the address of the shelter will be emphasized as well.
If there are not enough places, or if for certain reasons the shelter is closed, it must	- In the emergency conditions of the COVID-19 pandemic, it is not recommended to close the housing service provided by public and

⁷³A model of the protocol for the operation of shelters in the conditions of the Covid-19 pandemic, prepared by Albania, can be found at the address: <https://shendetesia.gov.al/wp-content/uploads/2020/05/Urdhri-254-per-protokoll-strehezat.pdf>

<p>take all precautions to provide other suitable and safe places to accommodate the residents</p>	<p>non-public residential centers. If the latter are in financial crisis and in the meantime have beneficiaries who were receiving services before the start of the COVID-19 emergency, they must immediately notify the Center for Social Work and the Municipality, in order provide them the cost of continuing the service, at least until the end of the COVID-19 emergency.</p>
<p>Refusal to provide service or re-admit a woman to the shelter should ONLY occur if there are serious violations of the residency rules that harm the safety of other residents.</p>	<p>- In the emergency conditions of the COVID-19 pandemic, it is not recommended to refuse providing the service, because if she is brought to the shelter, it means that this is the only alternative for saving her life which is in danger. Instead it is recommended that the case be kept under control by taking specific measures depending on the offense she may have committed before.</p>
<p>Shelter support should be available for as long as beneficiaries need it.</p>	<p>- Shelter support for newly admitted beneficiaries, but also for those who are at the end of the planned duration of their shelter should be postponed until the end of the emergency situation of COVID-19, even if their need for this service ends earlier.</p>
<p>The number of staff should be sufficient to provide adequate services to beneficiaries and children</p>	<p>In emergency conditions, the number of staff is accepted to be even reduced, it is enough that the essential basic services do not remain unprovided. Providing certain services (eg counseling) via telephone and online also remains an option</p>
<p>Crisis support and security plans should be compiled individually for each beneficiary. Information on rights and responsibilities must be provided to the beneficiary within 24 hours of admission. Rules should be worded in language that promotes empowerment</p>	<p>This standard remains applicable as it is worded, provided that both the beneficiary and the employees strictly implement the infection prevention and protection Protocol</p>
<p>A written needs assessment report should be ready within 37 days of admission. It should include: health needs, situation regarding children, long-term housing needs, opportunities for legal support, financial situation and opportunities for support, training and education</p>	<p>When implementing this standard, it is important to identify and prepare a report only for the emergency needs of the newly housed beneficiary within the specified period (37 days). The report on long-term needs can be prepared after the end of her 14-day isolation period</p>
<p>The shelter must be able to offer (or refer to) support services, such as legal and psychological services, accompaniment in institutions, etc.</p>	<p>In the emergency conditions of the COVID-19 pandemic, the provision of other support services, or reference to these other support services, when they are an emergency, is recommended to be done mainly through teleworking</p>

<p>The shelter must have at least one qualified child care staff.</p>	<p>When implementing this standard, in the absence of a qualified specialist for the treatment of children, the Shelter can be coordinated to receive specialized service through the CSW with other actors.</p>
<p>The way of working in shelters should model and promote respect and non-violence between all beneficiaries, adults and children.</p>	<p>The application of this standard remains mandatory, without changes. Care must be taken to enable online communication and not to cause discrimination among beneficiaries who are not well oriented in the use of technology. Also remember the rule of avoiding discrimination or bullying due to COVID-19</p>
<p>When sheltering cannot be provided for a case because of an adult male child, another safe shelter/accommodation alternative for the whole family should be provided.</p>	<p>Within the framework of the implementation of this standard, shelters for victims of domestic violence are allowed to accommodate boys up to the age of 12. In state run shelters are admitted cases of sexual violence also the boys from 12-18 years of age. However, in emergency conditions, housing a mother with a son over 14 years of age would be more suitable in a separate apartment, for the payment of which rent must be coordinated with the municipality to include it in the economic support offered, at least until the end of the COVID-19 emergency.</p> <p>The "State run Shelter" or "Center for shelter, protection and rehabilitation of victims of human trafficking" works 24 (twenty-four) hours a day and accommodates/shelters victims of trafficking with high and medium security risks, minors and adults, domestic and international, as well as witnesses protected as victims of trafficking. Also, the Center has two apartments with a capacity of 10 (ten) beds for victims who are mothers with children.</p> <p>For victims of trafficking, the alternative of placing the family in an apartment, social housing is more appropriate than accommodation in a residential center, also in cases of families with children over 10 years old. In the residential centers for VT/VMT when the beneficiaries are girls over 12 years old, it is inappropriate to accommodate a mother who is with her child a boy of the same age.</p>

The shelter must provide support that ensures an economic independence of the residents when they leave the shelter

This standard may begin to be implemented with the end of the isolation period due to the pandemic.

In addition to handling cases of sexual violence in pandemic conditions, the existence of the MISP package should also be taken into consideration. The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crisis Situations is a series of essential, life-saving activities required to respond to the sexual and reproductive health needs of affected populations at the onset of a humanitarian crisis. These needs are often neglected with potentially life-threatening consequences. The main goals of MISP implementation are to have no unmet need for family planning, no preventable maternal deaths, and no gender-based violence, sexual violence, or harmful practices, even during humanitarian crises.

Six objectives of MISP:

1. Ensure that the Health Sector identifies an organization that will lead the implementation of the MISP.
2. Prevent sexual violence and respond to the needs of victims/survivors.
3. Prevent transmission and reduce morbidity and mortality due to HIV and other STDs.
4. Prevent maternal and newborn morbidity and mortality.
5. Prevent unwanted pregnancies.
6. Plan comprehensive sexual and reproductive health services integrated into primary health care as soon as possible.

Finally, it is important to provide for the review of specific parts of this state Protocol, especially after the steps to change and complete the legal framework, as well as after the establishment of specialized support services for cases of sexual violence, in fulfillment of the implementation of the Istanbul Convention.

MISP

For the treatment of sexual violence in civil emergency situations, there is a Minimum Initial Service Package (MISP) that enables the provision of immediate health and counseling services, prevention of the risk of HIV or STD infection, as well as planning of providing essential sexual and reproductive health services, in the acute phase of the civil emergency.

The MISP can be delivered without an immediate needs assessment, as it is built from past experiences in civil emergency situations and can only be delivered by people trained to deliver the services this package contains. With the passing of the acute phase of the civil emergency, the treatment of the sexually abused person in the civil emergency situation resumes, following the steps of case management.

* More information on MISP can be found at: <https://www.endvawnow.org/en/articles/1559-minimum-initial-service-package-misp.html>

III.3. THE ROLE OF INSTITUTIONS IN PREVENTING CASES OF SEXUAL VIOLENCE

The prevention of cases of sexual violence is a strategy that includes a set of actions both at the individual and community level, mainly to mobilize the latter to promote sub-normative changes and gender behaviors, as well as efforts to improve social and economic status of the victims.

Intervention to prevent sexual violence can take the form of:

- a) **Information and prevention campaigns**, where the role of the media itself takes on special importance, both in explaining the form of violence and in providing accurate information on specialized service centers or on other actions to be taken to prevent, protect and treat such cases, up to the reintegration process. Involvement of boys and men as allies in the fight against various forms of violence against women, including sexual violence, is another element of effective intervention in this regard.
- b) **Cooperation with the media to broadcast educational and informative programs.** The media (television, social media), as it can harm the actions taken to deal with cases of sexual violence, through revealing the identity of persons or details about the investigation process, can and should be very strong partners and allies regarding education, awareness and continuous information of the whole society. The responsible institutions should work together with the media to broadcast cycles of educational programs on family, positive parenting, combating gender stereotypes, education on rights, discussion on protection from various forms of violence against women and domestic violence, etc. Addressing and increasing the professional capacities of journalists for the way they present news about cases of sexual violence as well as to make a sensitive reporting of cases of sexual violence in all visual and written media, including social media, in the media is also a must. In the implementation of the measures proposed in point a) above and here in point b) the institutions must also take into consideration the obligation according to Article 14 of the Istanbul Convention to provide information and to organize broadcasts and certain programs on such issues such as equality between women and men, non-stereotypical gender roles, mutual respect, non-violent conflict resolution in interpersonal relationships, gender-based violence against women and the right to personal integrity, adapted to the developing capacity of students, in formal curricula and at all levels of education.
- c) **Providing support and care in psychological terms.** Initiatives such as counseling, therapy or support groups have been identified as beneficial especially after sexual assault has occurred, and particularly in accelerating the recovery of psychological damage arising from trauma. Also, since victims/survivors of sexual violence often blame themselves for the violence suffered, psychological support and care helps them recover more quickly and can remove the harmful feeling of self-blame.
- d) **Training programs for perpetrators of sexual violence.** As provided for in the Istanbul Convention, but also as provided for in the actions included in the National Strategy for Protection from Domestic Violence and Violence against Women 2022-2026, it is necessary to work on the establishment of rehabilitation programs for perpetrators of sexual violence. The Istanbul Convention provides for these programs for sexual abusers, separate from rehabilitation programs for perpetrators of other forms

of violence. The purpose of treatment programs for perpetrators of sexual violence, as instructed in the Istanbul Convention, Article 16.1,2,3, is to teach perpetrators of sexual violence to adopt non-violent behavior in interpersonal relationships, aiming to prevent them from committing again the criminal offense. Effective programs in this regard are those that manage to work with the perpetrators of crime (sexual violence) to make them accept responsibility and be seen publicly as responsible for their actions. This means that these programs must work closely with specialized support services for victims/survivors, as well as jointly organize awareness campaigns against sexual violence. The abuser follows these programs in compliance with the measures taken in the protection orders, after serving the sentence for the violence exercised, or may follow them in parallel when offered in prisons. It is essential to provide capacity building training for relevant professionals to increase their knowledge and skills in dealing with perpetrators of sexual violence. A Council of Europe research "Establishing Treatment Programs for Perpetrators of Violence against Women and Domestic Violence - Analysis of the Legal Framework and Good Practices in Kosovo*" provides guidance on legal measures and good practices for the development of Treatment Programs for Perpetrators of Domestic Violence.

- e) **Educational programs.** In this context, the combination of educational programs on sexual health and reproductive rights with issues related to women's rights and protection from various forms of violence against them, including sexual violence, applies. This includes psychosocial rehabilitation programs that lead to empowerment and/or parenting training programs, organized by licensed public or private entities. Such programs can be pursued in a combined way by men and women, as even discussions on the topics covered can be conducted more easily and help especially abusive men to understand and take responsibility for their actions. Such activities can also be information sessions in schools or focus groups in the community. The inclusion of sexual and reproductive health curriculum in school programs is also a must. In tandem with education materials on such matters such as equality between men and women, non-stereotype gender roles, mutual respect, free of violence conflict resolution in interpersonal relations, gender-based violence against women and the rights to personal integrity adapted to the pupils development capacity, in formal curricula and all levels of education.
- f) **Training and capacity building of female professionals and male professionals,** to explain in more detail this form of violence, its causes and consequences, how cases can be handled and managed through a coordinated multi-sectoral approach, obligations and responsibilities according to the professional field, etc. Trainings should also be provided within the framework of the implementation of this state Protocol, after its approval.
- g) **Establishment of specialized support service centers for dealing with cases of sexual violence,** in which the cases are managed through a coordinated multi-sectoral approach, by a team of well-trained female professionals and male professionals (an explanation from international practice on these centers, their types and how they work is also given in the following section).
- h) **School-based education programs,** where in addition to explanations about this form of violence is given detailed information on the actors to be involved and the actions to be taken for case management. The information shall be provided for other matters such

as equality between men and women, non-stereotype gender roles, mutual respect, free of violence conflict resolution in interpersonal relations, gender-based violence against women and the rights to personal integrity adapted to the pupils development capacity, in formal curricula and all levels of education, as provided in Article 14 of the Council of Europe convention on prevention and combating of violence against women and domestic violence (Istanbul Convention)⁷⁴

- i) **Responding through improved legal framework and policies, in accordance with international standards.** This means continuous improvement of this legal framework, as well as its proper implementation in practice. Important is also promotion of education and awareness on international standards on human rights that may be deemed or seen as a tool for prevention of sexual violence.

⁷⁴ Available at <https://rm.coe.int/168008482e>

IV. ANNEX

IV.1. STANDARD FORMS

IV.1.1 SEXUAL ASSAULT INVESTIGATION CHECKLIST

Case number:

Number at the Prosecutor's Office:

Type of Incident:

Date of Incident:

Prepared by:

Investigators, names, IDs:

The case is initiated at the level: Station Region Central Other Agency

No.	Checklist	Status	Comment
1.	The response of the first police officers in the case	Yes	
		No	
2.	Victim assistance/safety	Yes	
		No	
3	Securing the scene and evidence	Yes	
		No	
4	The response of the relevant investigator at the scene.	Yes	
		No	
5	The prosecutor has been contacted and notified in time	Yes	
		No	
6	It is made sure that all physical evidence relevant to the case is collected.	Yes	
		No	
7	The Victims' Advocate has been contacted, who must participate in the interview	Yes	
		No	
8	The guardian/representative of the Center for Social Work has been contacted	Yes	
		No	
9	The victim's parent has been contacted if the victim is a minor,	Yes	
		No	

	and, if requested by the victim, also if he/she is an adult		
10	First aid has been given to the victim	Yes No	
11	An alcohol test was performed and, by order of the court, blood tests were performed on the victim in case of suspicion of possible use of narcotic substances.	Yes No	
12	The victim has been interviewed.	Yes No	
13	Potential witnesses have been interviewed	Yes No	
14	The shelter has been contacted (if necessary)	Yes No	
15	Sexual violence forensic examinations have been carried out on the victim	Yes No	
16	Potential suspects have been identified	Yes No	
17	The criminal records of the suspect/s have been obtained.	Yes No	
18	Possible suspects have been questioned	Yes No	
19	Are the suspects/suspect detained?	Yes No	
20	The help of the media/s during the investigation has been requested if it was deemed necessary, while preserving the identity of the persons involved in the case.	Yes No	
21	The victim has been notified about the status of the case	Yes No	
22	The ordinances issued by the Prosecution or the competent Court have been implemented.	Yes No	
23	A quick report has been sent	Yes	

		No	
24	Additional quick report has been sent	Yes	
		No	
25	A criminal charge has been filed; a Special Report or even a Notification Report.	Yes	
		No	
26	The case has been processed in the Prosecutor's Office	Yes	
		No	
27	List of Actions Taken	Yes	
		No	

IV.1.2.RISK ASSESSMENT FOR VICTIMS OF SEXUAL VIOLENCE

Name of the person/institution filing the report:					
Name of Institution:					
Date when the report was filed:					
Relationship with the victim:					
<u>Victim</u>					
Name:	Surname:				
Ethnicity:	Gender:		Date of birth:		
Special needs/language of communication disabilities/mental health concerns if any:					
Are there visible damages:	Yes	No	Does the victim report pain:	Yes	No
Were weapons or other dangerous means used:	Yes	No	Does the victim think that he/she has been drugged:	Yes	No
Has the victim used alcohol:	Yes	No	Has the victim voluntarily used other substances:	Yes	No
Has the victim been abused continuously:	Yes	No	Is it thought that there may be other possible victims:	Yes	No
Does the victim report health problems? Specify.	Yes	No	Are there mental health concerns? Does the victim report any prior treatment received for mental health issues?		
Does the victim feel very intimidated by the abuser?	Yes	No	Has he/she left home? Does he/she want to leave home?	Yes	No
<u>Abuser</u>					
<u>Name Surname</u>					
<u>Gender:</u>					
<u>Age:</u>					
<u>The relationship with the victim, if any:</u>					
Conflict with the law/sexual violence/unlawful possession of weapons/other criminal offences,	<u>Yes</u>	<u>No</u>	Alcohol/drug use problems?	<u>Yes</u>	<u>No</u>
Is it possible that the accused will use sexual or physical violence again?	<u>Yes</u>	<u>No</u>	Mental health concerns?	<u>Yes</u>	<u>No</u>
Has sexual violence been practiced in the presence of children?	Yes	No	Is the abuser a danger to the children?	Yes	No
<u>Other considerations regarding the victim:</u>					
<u>Other considerations regarding the abuser:</u>					
<u>Information on the incident/incidents</u>					
Location of the victim prior to the attack:					

The place where the attack occurred:

Describe the last incident (including approximately when it occurred: date and time)

Describe past incidents, if it appears that the victim has been sexually abused on an ongoing basis.

If it turns out that the victim has been sexually abused in the presence of children, what is the condition of the children who were present during the exercise of violence?

Type of pressure applied:

- Failure to comply with lack of consent
- Verbal pressure/coercion
- Pressure as a cause of authority
- Exercise of physical force/violence
- Threat with a weapon
- Death threat
- Abduction

Type of attack committed

Attempted	Completed	
		Rape (physical coercion or penetration using force – even if in a small scale – of the vulva or anus, using a penis, other body parts or an object)
		Forced oral-genital contact
		Other (specify)

Caution: The above-mentioned risk factors are not exhaustive, they can be further enriched depending on the specifics of the case.

IV.1.3. INFORMED CONSENT FORM FOR CASE REFERRAL

I _____ the undersigned _____ by means of this form I give my consent to _____ (name of institution/case manager), to share data and personal information with other service providers, including information about medical condition, mental health, legal situation and other information of necessary. I agree that case referrals will be made in order to address my needs to existing and specialized services.

I understand that _____ (name of institution/case manager) may store data and information collected by different institutions/individuals and my rights will not be violated and will be processed and administered in accordance with the law "On protection of personal data". All information will remain confidential and only designated representatives of the following institutions/organizations will have access to it.

Statement of Consent:

- I understand that personal data will be stored;
- I have had the opportunity to discuss the consequences of sharing and not sharing personal data.
- I agree that personal data will be shared with the following institution/s:
 - The police
 - Victims Advocate
 - Center for Social Work
 - Health care institutions
 - Institute of Forensic Medicine
 - The shelter
 - The Prosecutor's Office
 - The court
 - Other _____

Is there an institution with which you do not want to share information or personal data?
Please list them here:

Your consent to share personal information is completely voluntary.

Name.

Surname.

Signature

Date

Signature of the representative of the institution/case manager:

Name of Institution

IV.1.4. CASE REFERRAL FORMS TO OTHER INSTITUTIONS

Referral Date:	The institution receiving the referral: Name of contact person: Phone number: Email:
Name of the person filing the referral:	Institution:
Position/Role of the person filing the referral:	Phone number: Email:

Name/Surname of the case/victim: Gender:	Name/surname of the abuser: Gender:
Address:	Address:
Telephone:	Telephone:

<u>Reasons for referral:</u>
<u>Summary of risk/risks for the case: (Attach the completed risk assessment form to this format)</u>
<u>Services offered:</u>
<u>Other agencies involved in the treatment of the case:</u>
<u>Signature of the case/victim: (I agree to be referred to : _____ . I have been informed by the referrer and the reasons for the referral have been explained to me)</u>

IV.1.5. CONSENT FORM FOR PHYSICAL EXAMINATION

I _____
[Name and surname]

From _____
(address of the examined person)

born on _____, having understood the purpose, nature and possible consequences of the physical examination, freely and voluntarily give my consent to:

- (1) complete and general clinical physical examination of my body;
- (2) clinical examination of my sexual organs and near-sexual organs, including vaginal and/or rectal (large intestine) examination with fingers and using standard medical tools,
- (3) the collection of necessary materials during these examinations which will have possible evidential value,
- (4) photographing all necessary findings during the examination,
- (5) submission of the findings and results of the analysis of the materials obtained during the examination to the investigating police/prosecutor/judge upon request,

Signature of examinee _____

Dated _____, at _____

In the presence of _____ (name and surname, ID number, signature)

IV.1.6. CONSENT FORM FOR PHYSICAL EXAMINATION - FOR MINORS

I
(name and surname of parent/legal guardian)

from
(address of parent/guardian)

having understood the purpose, nature and possible consequences of the physical examination freely and voluntarily give my consent to:

.....
(name of the person to be examined)

.....
(address of the person to be examined)

born on.....for;

- (1) complete and general clinical physical examination of my body;
- (2) clinical examination of my sexual organs and near-sexual organs, including vaginal and/or rectal (large intestine) examination with fingers and using standard medical tools,
- (3) the collection of necessary materials during these examinations which will have possible evidential value,
- (4) photographing all necessary findings during the examination,
- (5) submission of the findings and results of the analysis of the materials obtained during the examination to the investigating police/prosecutor/judge upon request.

Signature of parent/legal guardian

Dated, at.....

In the presence of
.....
(first and last name, ID number, signature)

IV.1.8. VICTIM'S NEEDS ASSESSMENT FORM

CASE NEEDS ASSESSMENT FORM <i>Complete this form in consultation with relevant experts from other institutions as needed and with the informed consent of the victim/survivor</i>	
Name of the victim:	Identity Reference:
Age / Date of birth:	Gender:
Date when the Needs Assessment was filled:	The assessment of needs was carried out by (name, surname, institution/organization):
Address of the victim's current residence:	Designated case manager (if different) (name, surname, institution/organization):
Phone number	Composition of the case / whether there are children or not:
Special needs (language, disabilities, mental health issues, if any):	
MANNER OF CASE IDENTIFICATION	
SITUATION BACKGROUND/ Summary of recent histories/ previous histories/ events Critical:	
EMERGENCY NEEDS OF THE VICTIM	
Need for security: <input type="checkbox"/> Police escort <input type="checkbox"/> Secure transportation <input type="checkbox"/> Emergency sheltering <input type="checkbox"/> Other (write down)	
(Attach the safety assessment form if the victim has given informed consent.)	
Need for medical treatment:	

Need for psychological support for the victim:
Need for psychological support for the victim's children:
Need for legal service for issuing EPO:
Need for food package, clothing and/or other assistance:
Need to accompany the victim to take personal belongings from the apartment for himself/herself or the children:
Other needs:
LONG TERM NEEDS:
Needs for ongoing security/protection: <ul style="list-style-type: none"> <input type="checkbox"/> Police escort: to/from work, school, medical check-ups, court proceedings, and/or other (write down which): <input type="checkbox"/> Police to regularly check to see if the victim is okay during the rounds Other (write down)
Long-term accommodation needs:
Need for psychological support:
Health needs:
Legal support/assistance needs:

Education needs (including children when applicable):
Vocational training/employment needs
Need for social assistance
Need for subsidies for basic needs because the victim has no other source (for example transportation, childcare, other costs not already covered by institutions):
Any other information related to the needs of the victim:

IV.1.9 INDIVIDUAL SUPPORT PLAN (ISP) FORM

Complete this form in consultation with relevant experts from other institutions as needed and with the informed consent of the victim/survivor. Add new rows for each activity. If the informed consent of the victim/survivor has been obtained, it is recommended that this form and its completion be discussed during the Coordinating Mechanism meeting with the relevant representatives of each responsible institution. Discuss each step of this form with the victim/survivor, making sure the victim understands each step, and revise it based on the victim/survivor's expressed wishes and needs.

Name and surname of the victim:	Identity Reference:
Date of birth:	Gender:
Ethnicity:	Special needs (language, disabilities, mental health issues, if any):
Phone number:	Address of the victim's current residence:
Review / assessment date	Name and surname of the person (and institution/organization) who wrote the ISP:
Date of last ISP update	Designated case manager (if different) (name, surname, institution/organization):

Identified needs	Actions / Activities to provide the necessary support	Responsible Institution / Person	Services start date:	Services end date:	Estimated cost (if not already covered by the responsible institution)	Success indicator
Security / protection						
Long-term housing/accommodation						
Psychological counseling						
Health-related						
Legal support/assistance						
Education needs (including children when applicable):						
Vocational training/employment needs						
Need for social assistance						
Need for subsidies for basic needs because the victim has no other source (for example transportation, childcare, other costs						

Identified needs	Actions / Activities to provide the necessary support	Responsible Institution / Person	Services start date:	Services end date:	Estimated cost (if not already covered by the responsible institution)	Success indicator
not already covered by institutions):						
Monitoring (clarify when the monitoring visits will be made, how often, for how long and by which institution.)						
Assessment (indicate the objective of when the assessment of the completion of this plan will take place)						
Others						

V. REFERENCES

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- <https://gzk.rks-gov.net/ActDocumentDetail.aspx?ActID=18616>