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POLICY BRIEF

CENTERS FOR SOCIAL WORK

A Safer Future: Strengthening the Prevention of Gender-Based Violence through Professional Training in North Macedonia

Role

As first responders, the employees at the Centers for Social Work (CSW) play a crucial role in supporting victims of all forms of gender-based violence. They provide access to essential assistance, protection, and support while collaborating with relevant authorities and civil society organizations to streamline efforts. The Center for Social Work provides victims with support services that aim for their recovery from violence, their empowerment, and prevention of future abuse. Additionally, these services should also contribute to changing the victims' perspectives and attitudes toward violence. Each Center for Social Work must have at least one dedicated team, consisting of a social worker, legal professional, pedagogue, and psychologist, all of whom are certified and trained to support victims of gender-based and domestic violence. The center's professional staff is responsible for efficiently handling cases to ensure that beneficiaries receive high-quality services. Professionals delivering these services must have a comprehensive understanding of violence against women and children, ensuring a human rights-based and gender-responsive approach. Their work should focus on minimizing secondary victimization while prioritizing the safety, well-being, and overall recovery of survivors, which is in line with the obligations stipulated in the Istanbul Convention.

Introduction and Context

Gender-based violence (GBV), including violence against women (VAW) and domestic violence (DV), remains a serious and persistent social issue in North Macedonia, deeply rooted in patriarchal norms, unequal power relations, and gender stereotypes. Despite existing legislation and alignment with the Istanbul Convention, challenges remain in the implementation of laws, limited institutional coordination, and insufficient capacities for prevention and protection.

GBV continues to be widespread in North Macedonia. Nearly half of all women (45%) have experienced some form of intimate partner violence—whether physical, sexual, or psychological—since the age of 15. (OSCE, 2019)

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- Internal data collected by the Ministry of Social Policy, Demography and Youth (MSPDY) from the 30 Centres for Social Work show a continuous increase in reported cases of gender-based and domestic violence between 2022 and 2024.
- Psychological violence remains the most frequently reported form, increasing from 1,051 cases in 2022 to 1,492 in 2024.
- Physical violence has also shown a steady rise, with 846 cases reported in 2022, 944 in 2023, and reaching 951 cases in 2024.
- Although less frequently reported, economic violence is on the rise—from 25 cases in 2022 to 36 in 2024.
- According to publicly available data from the Ministry of Internal Affairs (MoIA), reported rape cases increased from 18 in 2022 to 33 in 2023, in 2024 31 cases were reported.
- Cases of bodily harm continue to dominate in the context of domestic violence, with more than 650 criminal offenses registered each year.
- The number of femicides—ranging from 3 to 7 annually—is particularly alarming in a country with a population of just 1.8 million.

A survey conducted by the OSCE (2019) revealed that only 2% of women in North Macedonia who experienced gender-based violence reported the incident they considered most serious to the police.

The EU Gender-Based Violence Survey (2024) covering all 27 EU Member States shows that 21% of women who experienced physical violence, threats, and/or sexual violence at some point in their lives sought support from a healthcare or social service, while only 14% reported the incident to the police.



Scope of the Research

The research aimed to answer the following main question: "How can the prevention of gender-based violence (GBV) in North Macedonia be improved through training of professionals/first responders?"

The study employed a mixed-methods approach that included a review and analysis of relevant literature and legal documents, as well as qualitative data collected through interviews and online questionnaires targeting professionals and first responders. The research was conducted between November 2024 and April 2025. The data collected focuses on preventive measures, specifically the trainings for professionals and first responders, conducted between January 2021 and December 2024.

Coverage: The questionnaire was completed by 79 professionals (69 women and 10 men) from 30 different Centres for Social Work, including social workers, psychologists, pedagogues, legal experts, and triage workers. Notably, 34 of them also serve as case managers, and nearly half have over 10 years of professional experience, indicating a highly experienced sample. Additionally, interviews were conducted with 13 representatives from civil society and international organizations, as well as two representatives from the Ministry of Social Policy, Demography and Youth.

Key Findings – Centres for Social Work

Between January 2021 and December 2024, a range of trainings were delivered to professionals from CSW across North Macedonia. These trainings were organized by state institutions, civil society organizations, and international actors, and addressed critical areas in the prevention and response to GBV.

Key Topics Covered

- **Foundational GBV training**: Most programs included modules on recognizing and responding to various forms of gender-based and domestic violence, including intimate partner violence, sexual violence, and stalking.
- **Legal frameworks**: Participants were introduced to national and international legal obligations (e.g., the Istanbul Convention, CEDAW) and the rights of survivors, including access to justice and compensation.
- **Intersectionality and marginalized groups**: Some trainings incorporated intersectional approaches, addressing the needs of marginalized groups such as women who use drugs, Roma women, and LGBTI individuals.
- **Trauma-informed practices**: Trainings included sensitivity to trauma, preventing secondary victimization, and improving workplace responses.
- **Multi-sectoral cooperation**: Multiple programs emphasized coordinated responses and joint trainings involving police, prosecutors, healthcare providers, and CSW.
- **Reintegration and rehabilitation**: A number of trainings focused on the long-term support and reintegration of survivors into society.
- **Work with perpetrators**: Specialized sessions were delivered for professionals engaged in psychosocial treatment and counselling for perpetrators.
- **Technologically facilitated GBV** (TFGBV): In 2024, new content was introduced on TFGBV, online abuse, and digital evidence handling.

Gaps in Initial Training and Legal Knowledge

The research revealed significant gaps in initial training and understanding of the legal framework, highlighting the need for more systematic and continuous capacity-building. Only 7% of respondents reported receiving adequate training upon employment, while two-thirds described it as partial, insufficient, or completely absent. Additionally, 43% of professionals had not participated in any training on GBV, VAW, or DV since the adoption of the Law on Prevention and Protection from Violence against Women and Domestic Violence—raising serious concerns about their preparedness to respond effectively.

Focus on Domestic Violence, Neglect of Broader GBV Concept

While awareness of national legislation is relatively solid, knowledge of international standards—such as the Istanbul Convention—remains uneven. Most trainings focused primarily on domestic violence rather than the broader spectrum of GBV. Common topics included victim identification, encouraging reporting, legal framework, risk assessment, case management, and interinstitutional cooperation. However, nearly 90% of respondents felt that the trainings were only partially helpful or insufficient for effective victim support.

Attitudes, Perceptions, and Understanding of GBV

Respondents showed strong institutional values of gender equality, generally supporting equal rights, shared domestic duties, and parenting responsibilities.
Findings also revealed high levels of empathy and awareness regarding GBV, particularly in understanding the factors influencing women's decisions to remain in abusive relationships (fear, economic dependence, structural barriers).
However, 7% expressed hesitation about reporting psychological violence, and over 42% agreed or remained neutral to the statement that domestic violence should only be reported in cases of serious physical harm—indicating limited understanding of non-physical forms of violence.

Biases and Attitudes Toward Victims and Perpetrators

Alarmingly, nearly one-third of respondents agreed with or were unsure about the statement that women sometimes exaggerate or fabricate GBV cases—undermining victim trust and willingness to report.
Attitudes toward perpetrators were mixed: While many rejected stigmatization, there remains a high level of neutrality regarding their potential for change or understanding structural causes of violence.

Professional Ethics, Trust, and Mental Health Care

69% of respondents believe that trust in the institution significantly influences reporting of violence, and 55% recognize that their personal attitude toward victims is a crucial factor. However, some professionals downplay this role, pointing to the need for further training focused on building trust and adopting an empathetic approach.
A major gap is the limited focus on stress management and prevention of professional burnout, despite the emotional burden associated with working with survivors of violence.

Need for Advanced, Practical, and Multi-Sectoral Training

CSW professionals expressed strong support for advanced and practically oriented training that addresses the complexities of GBV. There was a clear demand for training on risk assessment, psychosocial support, early identification of violence, and working with both victims and perpetrators. Respondents emphasized the need to strengthen interpersonal skills (empathy, communication, trust-building) as well as improve resources and institutional coordination to ensure comprehensive, victim-centered support.

Gaps Between Legal Framework and Practical Implementation

Although there are legal obligations for training and education of first responders from the Centres for Social Work in accordance with the Law on Prevention and Protection from Violence against Women and Domestic Violence and the Istanbul Convention, significant implementation gaps remain in practice. Trainings are neither systematic nor continuous for all employees, and there is a lack of a unified approach and standardized procedures, which hinders the effective and consistent handling of gender-based and domestic violence cases. While Centres are legally required to ensure the presence of specialized teams trained to work with victims, in some regions there is a shortage of training and staffing capacities, affecting the quality of services provided.

Moreover, the lack of full intersectoral coordination and limited knowledge of international standards among staff restrict their ability to provide adequate support and protection to victims. At the same time, the inactive Registry of trained professionals—intended to be maintained by the Ministry of Social Policy, Demography and Youth—further weakens institutional guarantees for a standardized and high-quality response. These shortcomings create a gap between the legal framework and its practical implementation, reducing the effectiveness of the institutional response of the Centres for Social Work as first-line responders to GBV.

Recommendations for First Responders to GBV at CSW

Develop and implement comprehensive and specialized training programs

- Develop and implement comprehensive, ongoing training programs that address the specific needs of GBV and DV victims.
- Focus on enhancing practical skills, such as risk assessment, managing difficult situations, and preventing re-traumatization.
- Offer specialized training on working with marginalized groups, including migrants, Roma women, women with disabilities, and LGBTIQ+ individuals, to ensure an intersectional approach.

Enhance a gender-sensitive approach

- Implement gender-sensitive training to address personal biases, harmful gender stereotypes, and traditional beliefs about gender roles that could negatively affect victim support.
- Promote gender equality, victim/survivor-centered and human rights-based approaches, ensuring that professionals respect and support all victims in an equal manner.
- Provide targeted training on working with perpetrators of GBV, VAW and DV, focusing on risk assessment, behavioural change approaches, and safe reintegration practices

Focus on secondary victimization prevention

- Prioritize training on preventing secondary victimization during institutional interactions by building capacities in empathetic communication, trauma-informed care, and non-re-traumatizing practices.
- Incorporate the development of strategic skills on how to build trust with victims, particularly in sensitive cases where conflicting testimonies or inadequate resources may be present.

Enhance capacities on legal and international frameworks

- Strengthen capacities on the legal frameworks governing GBV, including the Law on Prevention and Protection from Violence against Women and Domestic Violence, the Istanbul Convention and all relevant international human rights obligations (CEDAW, CRPD, CRC, ICESCR).
- Ensure continuous updates and refreshers on international and national legal obligations, particularly regarding victim rights and institutional responsibilities.

Enhance cross-institutional collaboration and multi-sectoral approaches

- Promote cross-institutional training to encourage collaboration and the sharing of experience between different sectors, including health, law enforcement, and social services.
- Encourage the development of multi-disciplinary teams for a coordinated and victim-centered response.
- Provide training on how to effectively navigate inter-institutional cooperation and establish clear roles and responsibilities for each sector involved.
- Include cross-sectoral training on perpetrator rehabilitation programs, ensuring all actors understand their roles in both victim protection and prevention of recidivism.

Develop and implement hands-on and case-driven training

- Shift training towards more practical, hands-on approaches, including role-play exercises, real-life case studies, and simulated scenarios to build practical experience.
- Include case management tools in the training, which ensure early identification of GBV and DV, and equip professionals to handle complex situations and sensitive cases effectively. The establishment and enhancement of such tools within the CSW needs support by organizational structures.

Establish mental health support

- Provide training on mental health support for professionals responding to GBV, VAW and DV, ensuring that they can identify and address mental health issues for their own psychological well-being. This ensures that professional can provide effective, compassionate, and legally sound support to victims of GBV and DV.
- Establish support systems for professionals (e.g., supervision, intervision) to manage the emotional toll of working with GBV and DV cases, ensuring long-term sustainability in the workforce.

Develop and implement ongoing monitoring and feedback mechanisms

- Establish mechanisms for continuous monitoring and evaluation of training programs to assess their effectiveness and adjust curricula based on feedback from professionals, new scientific findings and evolving needs in the field.
- Encourage ongoing dialogue between trainers, institutions, and victims to ensure that training aligns with real-world challenges and addresses emerging trends in GBV and DV response.

FOR FULL ACCESS TO THE RESEARCH "A SAFER FUTURE: STRENGTHENING GENDER-BASED VIOLENCE PREVENTION THROUGH PROFESSIONAL TRAINING IN NORTH MACEDONIA", SCAN THE QR CODE!

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