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A SAFER FUTURE: ADVANCING GENDER-BASED VIOLENCE PREVENTION THROUGH PROFESSIONAL TRAINING IN NORTH MACEDONIA

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List of Abbreviations

AJPP – Academy of Judges and Public Prosecutors

BED – Bureau for Education Development

CEDAW – Convention on the Elimination of All Forms of Discrimination against Women

CoE – Council of Europe

CRC – Convention on the Rights of the Child

CSW – Center for Social Work

CSOs – Civil society organizations

DV – Domestic violence

EIGE – European Institute for Gender Equality

ERA – Academy of European Law

ESE – Association for Emancipation, Solidarity and Equality of Women

EU – European Union

FRA – European Union Agency for Fundamental Rights

GBV – Gender-based violence

GE – Gender equality

GR – General Recommendation

GREVIO – Group of Experts on Action against Violence against Women and Domestic Violence

HERA – Health Education and Research Association

IGOs – Intergovernmental Organizations

Istanbul Convention – Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence

LGBTQ+ – lesbian, gay, bisexual, transgender, queer, and more

LPPVAWDV – Law on Prevention and Protection from Violence against Women and Domestic Violence

MAGO – Macedonian Association of Gynaecologist and Obstetricians

MSPDY – Ministry of Social Policy, Demography and Youth

MoI – Ministry of Interior

MES – Ministry of Education and Science

NCB on IC – National Coordinating Body for the Implementation of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence

NHRIs – National Human Rights Institutions

OHCHR – Office of the United Nations High Commissioner for Human Rights

OSCE – Organization for Security and Cooperation of Europe

ToT – Training of trainers

UN Women – United Nations Entity for Gender Equality and the Empowerment of Women

UNFPA – United Nations Population Fund

UNDP – United Nations Development Programme

VAW – Violence against women

VAWG – Violence against women and girls

Executive summary

This research presents the findings of a comprehensive mapping and analysis of gender-based violence (GBV) training initiatives implemented between 2021 and 2024 across six key sectors of first responders in North Macedonia: Centers for Social Work (CSW), law enforcement, judiciary, healthcare, education, and employment. In addition to mapping training efforts, the research assesses the training needs, institutional readiness, and professional attitudes of frontline responders within the national GBV prevention and response system—including violence against women (VAW) and domestic violence (DV).

Despite notable efforts, particularly by civil society and international organizations, as well as the Ministry of Social Policy, Demography and Youth (MSPDY), GBV-related training remains fragmented, inconsistently delivered, and often reliant on external support. Professionals across all sectors are not systematically equipped with the knowledge, skills, or institutional support needed to fulfil their obligations under national laws, the Istanbul Convention, and EU Directive 2024/1385 on combating violence against women and domestic violence.

Key weaknesses identified include limited recognition of psychological and economic violence by social workers; inconsistent police training and protocol implementation; the lack of mandatory gender-sensitive education for judges and prosecutors; low participation of healthcare and educational professionals in GBV-specific training; and minimal preparedness among Employment Center representatives to work with survivors of GBV —despite their essential role in the economic reintegration of victims/survivors, which would lead to long-term prevention of GBV. These issues are compounded by gaps in institutional protocols on how to respond to/deal with/recognize GBV, weak inter-sectoral coordination, and the adherence to harmful gender norms among a minority of professionals.

To address these challenges, the report highlights the urgent need for institutionalized, victim/survivor-centered, and role-specific training across all sectors. Strengthening internal protocols, fulfilment of legal obligations, and cultivating trust-based, empathetic professional conduct are essential to ensuring that every frontline actor contributes meaningfully to the prevention of GBV through protection, support, and empowerment of survivors.

Key research findings

Social support sector

- The research shows limited understanding of non-physical forms of violence among Centers for Social Work (CSW) representatives. Despite general awareness of GBV, many CSW representatives show gaps in recognizing psychological, emotional, and economic abuse. Almost half of the professionals (33 out of 78) would only report domestic violence if it causes serious physical harm, while one in ten professionals tend to hesitate to report psychological violence (8 out of 78). This underscores the need for training on the full spectrum of abuse in line with survivor-centered standards.
- While most CSW professionals demonstrate supportive and forward-thinking attitudes toward gender equality, a minority still maintain harmful or patriarchal beliefs, such as downplaying verbal violence or excusing male aggression. These attitudes risk undermining survivor trust and reinforcing systemic barriers. Gender-transformative training that challenges internalized biases and strengthens victim-centered values is urgently needed.
- There is a notable lack of attention to stress management and burnout prevention among CSW representatives. Despite the emotionally demanding nature of working with GBV

survivors, many CSW professionals report a lack of training in techniques for managing stress and preventing burnout. This shortcoming not only affects the professionals' well-being but also risks diminishing the quality of care provided to victims. Capacity building should therefore prioritize integrating occupational health and resilience-building components to support long-term professional sustainability and effective service delivery.

Law enforcement sector

- Between 2021 and 2024, law enforcement agencies implemented various training programs on GBV and domestic violence, including cascade trainings[1], basic and advanced courses, and specialized modules for police cadets. Despite these efforts, training remains fragmented—often dependent on external actors' funding such as international organizations and civil society organizations (CSOs)—and lacks a systematic and mandatory framework including all police officers. While around 497 police cadets were trained in 2024, many active-duty officers have not received consistent or role-specific education on gender-sensitive policing including training on GBV.
- Although the Ministry of Interior (MoI) has introduced protocols and strategic objectives for gender-sensitive policing, such as procedures for responding to GBV cases, they are poorly disseminated and their implementation is unclear. Internal coordination challenges, absence of public access to protocols for responding to GBV, and lack of defined training quotas contribute to inconsistent application across police sectors—limiting effective first response and increasing the risk of secondary victimization.

Judiciary sector

- Judges and prosecutors need obligatory and continuous gender-sensitive training, institutional backing, and tools to tackle GBV comprehensively. Current gaps include insufficient mandatory training on detecting and understanding all forms of GBV—many judicial training programs omit key topics like root causes, abuse dynamics, and prevention of secondary victimization.
- The Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO) and national assessments highlight that some judges and prosecutors still view violence against women as a private matter or seek to mediate between victims and perpetrators. This reflects a lack of professional conduct that can re-traumatize victims and obstruct justice. Moreover, limited training on recent legal amendments, such as the criminalization of sexual harassment, stalking, rape, commitment of femicide[2] and digital violence, further undermines the judiciary's capacity to provide adequate protection and redress for victims.

Health sector

- Despite the critical role healthcare professionals play in identifying and supporting victims of gender-based and domestic violence, only four out of 14 surveyed respondents reported participating in any GBV-related training between 2021 and 2024. Most professionals

[1] Cascade training in terms of this research and the EU Support for Rule of Law project is a method where a core group of master trainers is trained on GBV-related topics and then tasked with training different target groups, creating a tiered approach that enables wide, consistent, and sustainable capacity building across sectors.

[2] In the Criminal Code of North Macedonia, Art. 123, para. 2, item 2, the perpetrator who commits a femicide is defined as: "a person who takes the life of another in the course of committing domestic violence or gender-based violence against women."

indicated they had not received adequate or sufficient training, and few were fully familiar with national legislation or the Istanbul Convention. This reflects significant gaps in legal literacy, preparedness, and institutional support in GBV cases within the health sector.

- The majority of healthcare professionals reported the absence of clear institutional protocols for responding to GBV cases, or were unaware of whether such protocols exist. Additionally, many professionals did not fully recognize their legal obligations to report or provide medical assistance in suspected cases of violence. This lack of clarity and accountability, combined with a lack of availability of trauma-informed and intersectional training content, undermines the health sector's ability to provide timely, coordinated, and victim/survivor-centered care.

Education sector

- Despite the implementation of both accredited and non-accredited trainings between 2021 and 2024, training efforts on GBV within the education sector remain insufficiently institutionalized and unevenly distributed. While more than 2,500 teachers received general training on conflict resolution, peer violence, and cyberbullying, only two in ten school psychologists and pedagogical support staff (23 out of 106) participated in any training specifically focused on GBV during the same period.
- The majority of school psychologists and pedagogues do not feel adequately trained or prepared to respond to cases of violence, with only three out of 94 respondents reporting full preparedness to work with survivors of GBV and most expressing low confidence in their ability to act effectively when violence is disclosed or suspected.
- Despite the existence of a protocol in the Ministry of Education and Science (MES) for responding to violence against students including GBV, the majority of school psychologists and pedagogical support staff reported either being unaware of such a protocol or stated that it was not implemented within their institutions. Only eleven out of 42 respondents confirmed the presence of clear procedures, while others highlighted the absence of formal guidance or reliance on informal practices. This gap in institutional clarity significantly weakens schools' ability to respond consistently and effectively to cases of GBV, DV, and violence against children and girls, underscoring the urgent need for training on the protocol's application, and systemic dissemination across the education sector.

Employment sector

- The research reveals that staff from Employment Centers have received the least training on GBV, VAW and DV compared to other first responders. Despite their limited preparedness to work with survivors of GBV, their role is critical in the economic reintegration of victims that are not economically active or are at risk of losing their jobs due to the violence they are experiencing—a key component of long-term recovery and prevention of re-victimization. This training gap undermines the Employment Centers' potential to support survivors effectively and calls for urgent capacity-building measures within this sector.
- A key finding indicates that only half of the respondents from Employment Centers acknowledge the influence of institutional trust and professional conduct on a victim's decision to report gender-based or domestic violence. The remaining respondents either attribute the decision solely to the victim's will or express uncertainty of their own role in preventing and/or reporting GBV. This points to a limited understanding of the crucial role employment professionals play in the broader protection system—particularly in building trust and supporting the economic empowerment of victims.

Introduction

First responders play a critical role in the prevention, early identification, support, and protection of victims of gender-based violence in North Macedonia, serving as the initial point of contact within the institutional response system. Their ability to act sensitively, knowledgeably, and in a coordinated manner can significantly influence a victim's decision to report violence and seek further assistance.[3] However, despite the importance of their role, many first responders across sectors—including social services, law enforcement, judiciary, education, health care, and employment—lack sufficient training and ongoing capacity building tailored to the complexities of GBV. This gap undermines the quality of services provided and limits the system's effectiveness in offering comprehensive, victim/survivor-centered protection and support.

GBV, including VAW and DV, remains prevalent in North Macedonia. Nearly half of women (45%) have experienced some form of intimate partner violence—whether physical, sexual, or psychological—since the age of 15.[4] Internal data collected from the 30 Centers for Social Work by the Ministry of Social Policy, Demography and Youth (MSPDY) show a consistent increase in reported cases of gender-based and domestic violence between 2022 and 2024. This increase is largely attributed to the preventive and informative campaigns on reporting and protection from GBV, VAW and DV conducted by the MSPDY, civil society organizations (CSOs)[5], and international organizations[6] (IGOs) which intensified since the Covid period[7]. Psychological violence remains the most frequently reported form, rising from 1,051 cases in 2022 to 1,492 in 2024. Physical violence also increased steadily, reaching 951 cases in 2024. Although less frequently reported, economic violence cases rose from 25 in 2022 to 36 in 2024. Reports of sexual violence remained low but showed fluctuation, with six cases in 2022, 15 in 2023, and twelve in 2024. These figures highlight the ongoing prevalence of non-physical forms of abuse and the need for continuous, victim/survivor-centered response mechanisms.

The data on temporary protection measures[8] proposed and issued by the CSW reveal a concerning downward trend between 2022 and 2024. In 2022, CSW proposed 2,125 temporary

[3] Council of Europe (2011), Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), available online at https://www.coe.int/en/web/istanbul-convention.

[4] OSCE (2019), OSCE-led Survey on Violence Against Women: North Macedonia – Results Report, available online at https://www.osce.org/files/f/documents/3/5/419264_1.pdf.

[5] National Network to End Violence Against Women and Domestic Violence, Gender Equality Platform, National Council for Gender Equality, EcHO Shtip, Vizija Kavadarci, Helsinki Committee, Crisis Center Hope etc.

[6] UN North Macedonia 16 days of activism against VAW (2023) Speaking up for every woman and girl to feel encouraged and protected, more information available online at https://northmacedonia.un.org/en/253862-speaking-every-woman-and-girl-feel-encouraged-and-protected and UNFPA campaign "Help is Available for a Life Free from Violence", (2022-2024), more information available online at https://northmacedonia.unfpa.org/mk/search/content?search_api_fulltext=%D0%98%D0%BC%D0%B0+%D0%BF%D0%BE%D0%BC%D0%BE%D1%88+%D0%B7%D0%B0+%D0%B6%D0%B8%D0%B2%D0%BE%D1%82+%D0%B1%D0%B5%D0%B7+%D0%BD%D0%B0%D1%81%D0%B8%D0%BB%D1%81%D1%82%D0%B2%D0%BE.

[7] Baseline Evaluation Report by GREVIO on legislative and other measures giving effect to the provisions of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) North Macedonia available online at https://mtsp.gov.mk/content/pdf/2023/ednakvi%20moznosti/GREVIO%20%20INF%202023%205%20FINAL%20REPORT%20MK.pdf.

[8] Law on Prevention and Protection from Violence Against Women and Domestic Violence (2021), Chapter VIII. Urgent and Interim Protection Measures, MKD version available online at https://www.mtsp.gov.mk/content/pdf/2021/1a28a922f364401e94935d4d694b9d75.pdf.

protection measures, of which 88% were issued. By 2024, the number of proposed measures dropped to 1,270, with decreasing 79% issued. This decline may reflect gaps in institutional response, underreporting, or procedural barriers, and raises questions about the accessibility and effectiveness of protection mechanisms for victims of gender-based and domestic violence. Furthermore, this decline in proposed and issued temporary protection measures may indicate insufficient awareness or understanding among judges regarding the urgency and legal basis for such measures. It underscores the need for enhanced, mandatory training for judges on the dynamics of gender-based violence and the critical role of protection orders in ensuring victim safety.

Furthermore, the official data from the Ministry of Interior[9] between 2021 and 2024 reveal the persistent prevalence of serious criminal offenses related to domestic violence in North Macedonia. Among the most alarming are cases of murder (Criminal Code, Article 123, paragraph 2) and attempted murder of women, which reflect the most extreme outcomes of prolonged abuse and failure of the institutions to intervene early. The number of femicides—ranging from three to seven per year—is alarming, especially in the context of a country with a population of just 1.8 million. Each of these cases represents a preventable loss of life and underscores systemic gaps in victim protection. Similarly, the consistently high number of offenses involving threats to security (Criminal Code, Article 144, paragraph 2)—over 380 cases each year—demonstrates the ongoing exposure of victims to coercion, intimidation, and emotional terror. These offenses, though often dismissed as less serious, are frequently precursors to physical violence and must be treated with the same urgency.

Furthermore, cases of bodily harm (Criminal Code, Article 130, paragraph 2) continue to dominate the domestic violence landscape, with over 650 offenses recorded each year, signalling widespread physical abuse within intimate relationships. Despite the introduction of new legal qualifications such as sexual harassment, femicide, stalking, and the new rape regulation focused on the consent of the victim, training for judges and public prosecutors remains limited, especially in terms of practical application of the legal provisions while using trauma-informed and human rights-based approaches. The fact that rape cases show no significant decline—rising from 18 in 2022 to 33 in 2023—reinforces the need for judicial actors to be better equipped to identify patterns of coercion, recognize the complex realities of consent, and ensure the proper classification and prosecution of such crimes. Without systematic, mandatory, and context-sensitive training, the judiciary risks perpetuating impunity, misclassifying crimes, or delivering outcomes that re-traumatize victims rather than provide redress.

The OSCE-led survey[10] (2019) showed that only 2% of women in North Macedonia who have experienced GBV have reported what they consider their most serious incident to the police. Reporting rates vary depending on the relationship status of the victim to the perpetrator, with women who have faced violence from a non-partner or former partner being more likely to seek help from the police or medical services compared to those experiencing violence from a current partner. Moreover, a significant number of women choose not to report violence due to feelings of shame, financial dependency, lack of information, distrust in available services, fear of repercussions, and limited awareness of what legally constitutes violence. Nevertheless, the reporting rate according to the latest EU gender-based violence survey[11] (2024) are higher in the

[9] MoI, Aggregate Analysis of Total Crime (2010–2024), available online at https://mvr.gov.mk/Upload/Editor_Upload/analizi-statistiki/Zbirna%20analiza%20za%20vkupen%20kriminalitet%202010-2024%20-%20finalna.xls.

[10] Ibid.

[11] FRA, EIGE, Eurostat (2024), EU gender-based violence survey – Key results. Experiences of women in the

EU. Namely, 21% of women in EU countries who have experienced physical violence, threats, and/or sexual violence at some point in their lives have sought assistance from a healthcare or social service provider. Additionally, 14% have reported the incident to the police.

Overall, this context underscores the urgent need to invest in the education, training, and institutional readiness of all first responders. Strengthening their capacity and accountability is not only a legal obligation—it is a vital step toward ending violence against women and ensuring the safety, dignity, and rights of all survivors.

Methodology

The research aims to answer the following main question: "How can the prevention of gender-based violence in North Macedonia be advanced through training for professionals/first responders?" whereby we use the terms in the following way:

- "To advance" herein, means to take steps towards making the preventive measures more effective, timely, well-coordinated, of a higher quality, and more appropriate in terms of being trauma- and child-sensitive and including a gender and an intersectional perspective.
- "Prevention" is understood as undertaking a broad range of preventive measures as established under Chapter III of the Istanbul Convention.
- "Trainings for professionals" in this research refers to capacity building for the first responders to GBV from:
    - The Centers for Social Work including social workers, psychologists, pedagogues and lawyers;
    - Law enforcement officers including police officers and domestic violence inspectors, as well as inspectors for blood crime and sexual violence;
    - Judiciary representatives including judges, public prosecutors and legal practitioners;
    - Healthcare professionals including general practitioners, gynaecologists and nurses;
    - Specialized services representatives within primary and secondary schools, including pedagogues, psychologists, and social workers and
    - Representatives from the Employment Centers.

The main research question is further broken down into three sub-questions:

1) What prevention actions in GBV have been undertaken in North Macedonia with a particular focus on the training of first responders and what are their further training needs?
2) Is there a gap between the prevention obligations and the standards prescribed in the Istanbul Convention? What has been implemented in practice in North Macedonia? What is the nature and scope of this gap, if any?
3) Based on the findings arrived at via research questions 1 and 2, how can preventive measures for GBV be advanced in North Macedonia?

The research was conducted in the period from November 2024 to April 2025. The data collected focuses on preventive measures, specifically trainings for professionals and first responders, implemented from January 2021 to December 2024 after the adoption of the Law on Prevention

EU-27, Publications Office of the European Union, Luxembourg, available online at https://fra.europa.eu/sites/default/files/fra_uploads/eu-gender_based_violence_survey_key_results.pdf.

and Protection from Violence against Women and Domestic Violence (LPPVAWDV). It also includes information on additional training plans for the year 2025.

Research Methods

The research uses a combination of qualitative and quantitative methods for data collection and data analysis.

Library and online search

1. Literature review (academic literature, grey literature, public opinion polls, reports)

2. Legal and policy analysis (laws, policies, bylaws)

3. Qualitative content analysis (annual reports by the relevant ministries, other documents produced by the government, documents available from the work of the National Coordinating Body for the Implementation of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (NCB on IC), annual reports of National Human Rights Institutions (NHRIs))

Semi-structured interview questionnaires

The research employed semi-structured interview questionnaires guided by a pre-developed interview guide and supported by a comprehensive coding frame to ensure consistency in data collection and analysis. The respondents included key individuals responsible for planning, designing, implementing, and monitoring trainings for professionals. A total of 22 interviews were conducted. The sample comprised 13 interviews with representatives from CSOs and GBV activists, alongside four interviews with representatives from IGOs. Five interviews were conducted with representatives from the MSPDY, Ministry of Health, Center for Sexual Violence, MoI and Bureau for Development of Education. Data was analysed using deductive thematic analysis, allowing the research to explore pre-identified themes related to training content, institutional coordination, and practical challenges in implementing Article 15-Training of professionals of the Istanbul Convention, while remaining open to emerging insights from the interviews.

Self-administered semi-structured online questionnaires

The study also utilized self-administered semi-structured online questionnaires, distributed via Survey Monkey, to collect data from a diverse group of first-line respondents. These included professionals from (Inter-municipal) Centers for Social Work, Public Prosecutors' Offices and Judiciary (public prosecutors and judges), Ministry of Health (general practitioners, gynaecologists and nurses), Ministry of Education and Science (psychologists and pedagogics), and Employment Centers (career/employment advisors). A structured coding frame was applied to support the systematic organization and interpretation of responses. The analysis was carried out using thematic, operational, task, and performance analysis, enabling the identification of patterns, challenges, and capacities related to the practical implementation of professional obligations under the Istanbul Convention.

A total of 278 first responders completed the questionnaire, of whom 233 were female, 37 were male, and 17 preferred not to disclose their sex or any other demographic data. The educational background of the first responders surveyed indicates a highly educated group. Out of all respondents, 265 have completed higher education (217 achieved a bachelor's and 41 a master's degree, 7 a PhD), demonstrating a strong foundation of academic knowledge. A small number—six respondents have either completed higher vocational education (4) or attained high school education (2). Of the total 278 respondents, 255 were from urban and 15 from rural areas.

The sample of 287 respondents covers a broad range of professionals: 106 psychologists and pedagogues working in primary and secondary school services, 79 social workers, psychologists, pedagogues, and legal advisors from CSW, 47 employment and career advisors, 41 members of the AJPP, 14 general practitioners, gynaecologists, and nurses, no responses were received from police stations under the Ministry of Interior.

Institution	Number of respondents
Centers for Social Work – Ministry of Social Policy, Demography and Youth	79
Courts and Public Prosecutor's Offices – Academy of Judges and Public Prosecutors	41
State and Private Healthcare Centers – Ministry of Health	14
Primary and Secondary School's Services – Ministry of Education and Science	106
Employment Centers – Employment Agency	47
Total	**287**

Table no. 1: Number of respondents by institution

Research limitations

One of the key limitations of the research was the low number of responses from first responders, particularly those based in rural municipalities as well as a notably low response rate from professionals in the health sector. The Ministry of Interior did not grant the project permission to conduct the online questionnaire with police officers and domestic violence inspectors. The request was submitted on 14 February 2025. As a result, the analysis lacks insights from first responders within the Ministry of Interior. This uneven representation across sectors and regions may have impacted the comprehensiveness and generalizability of the findings. Additionally, since participation in the questionnaire was on a voluntary basis, the results may reflect a self-selection bias, as individuals with stronger opinions or more positive/negative experiences may have been more inclined to respond.

Another limitation relates to the timeframe of the training data, which covered the period between January 2021 and December 2024. As such, the findings may not fully capture long-term trends or previous gaps in training delivery. Furthermore, not all individuals who received training remained in the same professional positions, making it difficult to assess the sustained impact of the capacity-building efforts. Lastly, there is a possibility that one or a few civil society organizations that provided training for first responders were not interviewed due to a lack of willingness, which may have led to an incomplete picture of the scope, quality, and coverage of such trainings. However, to mitigate these limitations, comprehensive desk research and additional interviews were conducted, which helped address some of the gaps and provide a more robust understanding of the topic.

Report structure

This report is organized into three main chapters, each designed to provide a comprehensive overview of the state of GBV training among first responders in North Macedonia and to identify opportunities for strengthening institutional response and prevention. Following an executive summary and introductory sections that outline the methodology, research limitations and key concepts, Chapter 1 presents a detailed mapping of preventive actions and GBV-related trainings conducted between 2021 and 2024. It includes sector-specific analyses covering social services, law enforcement, judiciary, healthcare, education, and employment, supported by data from questionnaires completed by professionals across these sectors. Chapter 2 explores the legal and strategic framework surrounding GBV prevention and response, examining international

standards such as the Istanbul Convention, CEDAW, and the new EU Directive on combating violence against women and domestic violence[12], alongside national legislation and strategies. Chapter 3 synthesizes training needs identified through the research and offers tailored recommendations for strengthening capacity-building efforts across institutions. The structure ensures a logical progression from data mapping to legal alignment and forward-looking measures, enabling a holistic understanding of current gaps and opportunities in GBV prevention through professional training.

Key concepts

This research explores key concepts related to training for first responders on gender-based violence, including intersectionality, vulnerability, trauma-informed and victim/survivor-centered approaches, as well as, secondary victimization, which provide a comprehensive framework for understanding and addressing GBV in North Macedonia. By focusing on GBV, this study investigates the systemic nature of violence, which disproportionately affects women and marginalized groups due to structural gender inequalities and intersecting forms of discrimination. The research highlights the critical need for tailored, victim-centered training for professionals across various sectors, including law enforcement, judiciary, social services, healthcare, education and employment, to ensure that they are equipped to respond effectively and sensitively to survivors. Emphasizing the importance of intersectionality and trauma-informed approaches, the research study argues that training of professionals, who are first responders, must address the diverse vulnerabilities of survivors to prevent secondary victimization and improve overall institutional responses to GBV.

Gender-based violence (GBV) presents any form of violence directed against a person based on their gender, or violence that affects persons of a particular gender disproportionately[13], including violence against women, domestic violence, sexual violence, and other forms of harm disproportionately affecting marginalized groups. However, GBV is often used interchangeably with the term "violence against women".[14] Also the 1993 UN Declaration on the Elimination of Violence against Women (CEDAW) defines in Article 1, that "'violence against women' means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."[15]

Similar approaches can be found in CEDAW General Recommendation No. 19 (GR 19), which determines that gender-based violence (GBV) "is a form of discrimination that seriously inhibits women's ability to enjoy rights and freedoms on a basis of equality with men."[16] It further defines GBV as "violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering,

[12] Available at https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:L_202401385.
[13] This research uses the definition of GBV provided by the European Commission, for more details see https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/gender-equality/gender-based-violence/what-gender-based-violence_en.
[14] See, for example, the definition of the European Institute for Gender Equality (EIGE) "What is gender-based violence?", available at https://eige.europa.eu/gender-based-violence/what-is-gender-based-violence.
[15] Declaration on the Elimination of Violence against Women, Proclaimed by General Assembly resolution 48/104 of 20 December 1993, available at https://www.ohchr.org/sites/default/files/eliminationvaw.pdf.
[16] UN Committee on the Elimination of Discrimination Against Women (CEDAW) (1992), CEDAW General Recommendation No. 19: Violence against Women, para. 1, available at https://www.legal-tools.org/doc/f8d998/pdf/&ved=2ahUKEwi4r8KY2dX.

threats of such acts, coercion and other deprivations of liberty."[17] In 2017, the CEDAW committee adopted a new General Recommendation No. 35 (GR 35) on gender-based violence against women, which basically is based on the same definition. GR 35 stresses "the gendered causes and impacts of the violence" and emphasizes that the term gender-based is based on an "understanding of this violence as a social—rather than an individual—problem, requiring comprehensive responses, beyond specific events, individual perpetrators and victims/survivors."[18]

The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) uses both terms, "violence against women" and "gender-based violence against women". The Convention lays down that "violence against women" is a human rights violation and a form of discrimination against women. It further stipulates, that "violence against women" comprises "all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".[19] The Convention defines "gender-based violence against women" as violence "that is directed against a woman because she is a woman or that affects women disproportionately".[20] In the Explanatory Report to the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, "violence against women" is considered as being one among other forms of gender-based violence, although it classifies "violence against women" as "one of the most serious forms of gender-based violations of human rights in Europe" and it also acknowledges violence against other victims such as children, men and the elderly as an issue in this context.[21]

In recent years, the view has gained ground that gender-based violence must be understood as a more comprehensive and complex phenomenon based on a broader concept of gender which takes into consideration multi-faceted gendered roles, dimensions and aspects and including those relating to men and non-binary gender identities as well as different forms of sexual orientations closely linked with gender roles. The CoE publication Gender Matters. A manual on addressing gender-based violence affecting young people contains a broader and more inclusive definition of gender-based violence. "Gender-based violence refers to any type of harm that is perpetrated against a person or group of people because of their factual or perceived sex, gender, sexual orientation and/or gender identity."[22] It is acknowledged in most of these documents that gender-based violence can take multiple forms, "including acts or omissions intended or likely to

[17] Ibid., para. 6.
[18] Committee on the Elimination of Discrimination against Women (2017) General recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19, CEDAW/C/GC/35, para. 9, available at https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-recommendation-no-35-2017-gender-based.
[19] Council of Europe (2011) Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, Art. 3(a), available at https://rm.coe.int/168008482e.
[20] Ibid., Art. 3(d).
[21] Explanatory Report to the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (2011), available at https://rm.coe.int/1680a48903.
[22] Anca-Ruxandra Pandea, Dariusz Grzemny and Ellie Keen (2019) Gender Matters, A manual on addressing gender-based violence affecting young people, Council of Europe, p. 18, available at https://rm.coe.int/gender-matters-a-manual-on-addressing-gender-based-violence-affecting-/16809e1c34.

cause or result in death or physical, sexual, psychological or economic harm or suffering to women, threats of such acts, harassment, coercion and arbitrary deprivation of liberty."[23]

The Istanbul Convention mentions the following forms of gender-based violence: psychological violence (Art. 33), stalking (Art. 34), physical violence (Art. 35), forced marriages (Art. 37), sexual violence, including rape (Art. 36), female genital mutilation (Art. 38), forced abortion and forced sterilisation (Art. 39), sexual harassment (Art. 40), aiding or abetting and attempt (Art. 41), unacceptable justifications for crimes, including crimes committed in the name of so-called "honour" (Art. 42).[24]

This research will use the concept of GBV as it provides a comprehensive framework for understanding violence that disproportionately affects women due to structural gender inequalities (Browne, 2007; Connell, 2002, 2009; Crenshaw, 1989, 1991; Walby, 1990, 2004). GBV encompasses various forms of violence, including physical, psychological, sexual, and economic abuse, and is deeply rooted in power imbalances and discriminatory social norms (Butler, 1990; Connell, 1987; Smith et al., 1992). By using this concept, the research will examine the systemic nature of violence, the role of institutions in prevention and response, and the necessity of gender-sensitive policies and training. This approach ensures a more nuanced analysis that goes beyond individual cases, addressing the broader socio-political and legal frameworks influencing GBV in North Macedonia.

Prevention is seen as one dimension of a three-tiered (sometimes four-tiered) approach to combating gender-based violence, but also other (related) human rights issues such as trafficking. The other two dimensions are protection on the one hand and prosecution on the other hand. The Istanbul Convention is based on four pillars: prevention, protection, prosecution and coordinated policies.

The CEDAW GR 35 as well as the Istanbul Convention contain a specific section on prevention. Prevention is generally understood as helping to avoid gender-based violence from happening in the first place. The Explanatory Report to the Istanbul Convention states in paragraph 83 that "preventing violence against women and domestic violence requires far-reaching changes in attitude of the public at large, overcoming gender stereotypes and raising awareness. Local and regional authorities can be essential actors in implementing these measures by adapting them to specific realities." CEDAW GR 35 says that prevention requires the addressing of "the underlying causes of gender-based violence against women, including patriarchal attitudes and stereotypes, inequality in the family and the neglect or denial of women's civil, political, economic, social and cultural rights, as well as to promote women's empowerment, agency and voice." The Istanbul Convention specifies preventive measures of gender-based violence in the following areas: awareness-raising (Art. 13), education (Art. 14), training of professionals (Art. 15), preventive intervention and treatment programmes (Art. 16) and the participation of the private sector and the media (Art. 17).

In this research, the protection and prosecution system will be examined as integral preventive measures against GBV. Protective mechanisms—such as temporary measures, shelters, and

[23] Committee on the Elimination of Discrimination against Women (2017) General recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19, CEDAW/C/GC/35, para.14, available at https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_35_8267_E.pdf .

[24] Anca-Ruxandra Pandea, Dariusz Grzemny and Ellie Keen (2019) Gender Matters, A manual on addressing gender-based violence affecting young people, Council of Europe, p. 23, available at https://rm.coe.int/gender-matters-a-manual-on-addressing-gender-based-violence-affecting-/16809e1c34.

coordinated risk assessments—aim to create safe environments that deter future violence and empower victims to break cycles of abuse. Simultaneously, effective prosecution ensures accountability through swift, victim/survivor-centered legal processes, consistent application of laws, and evidence-based practices, thereby reinforcing societal norms that reject GBV. By integrating these approaches within a trauma-informed framework, the research will explore how such systems not only respond to incidents of GBV but also proactively prevent them by fostering safety, trust, and empowerment for survivors and communities alike.

Intersectionality in GBV prevention is about recognizing how different forms of discrimination based on gender, ethnicity, socio-economic status, disability, etc. (Crenshaw, 1989, 1991; Kabeer, 2005, 2016) intersect and influence experiences of GBV, ensuring that training programs address diverse vulnerabilities.

Although traditionally the UN human rights framework, including CEDAW, have pursued a single-axis approach to anti-discrimination, UN human rights bodies have increasingly acknowledged the concept of intersectionality, in particular CEDAW.[25] In its General Recommendation No. 28, the CEDAW Committee states: "The discrimination of women based on sex and gender is inextricably linked with other factors that affect women, such as race, ethnicity, religion or belief, health, status, age, class, caste and sexual orientation and gender identity. Discrimination on the basis of sex or gender may affect women belonging to such groups to a different degree or in different ways to men."[26] The Committee has also raised the issue of intersectionality with regard to gender-based violence against women. It pointed out that "because women experience varying and intersecting forms of discrimination, which have an aggravating negative impact, the Committee acknowledges that gender-based violence may affect some women to different degrees, or in different ways, so appropriate legal and policy responses are needed."[27] In the Explanatory Report to the Istanbul Convention, no reference is made to intersectionality, however, the report emphasizes "that women tend to experience multiple forms of discrimination as may be the case of women with disabilities or/and women of ethnic minorities, Roma, or women with HIV/AIDS infection, to name a few. This is no different when they become victims of gender-based violence."[28]

Women from marginalized communities in North Macedonia—such as rural women, women from ethnic minorities, women with disabilities, or LGBTQ+ individuals—often face compounded barriers in seeking justice and support due to systemic inequalities, cultural biases, and institutional failures. Recognizing intersectionality in GBV prevention ensures that policies and training programs address diverse vulnerabilities and provide inclusive, victim/survivor-centered responses that account for the complex realities of different groups.

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[25] Monika Mayrhofer (2021) 'Intersectionality', in: Binder, Christina, Nowak, Manfred, Hofbauer, Jane A. and Janig, Philipp (eds) Elgar Encyclopaedia of Human Rights.

[26] Committee on the Elimination of Discrimination against Women (2010) General recommendation No. 28 on the core obligations of States parties under Art. 2 of the Convention on the Elimination of All Forms of Discrimination against Women, CEDAW/C/GC/28, para.18.

[27] Committee on the Elimination of Discrimination against Women (2017) General recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19, CEDAW/C/GC/35, para.12, available at https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_35_8267_E.pdf .

[28] Explanatory Report to the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (2011), para. 53, available at https://rm.coe.int/1680a48903.

Trauma-informed and victim/survivor-centered approaches apply an intersectional lens to GBV prevention means ensuring that first responders and professionals are trained to recognize individualized needs and avoid responses that could exacerbate secondary victimization. This includes trauma-sensitive, child-sensitive, and culturally aware interventions (Campbell 2008, 2012; Harris & Fallot 2001; Herman 1992). According to the Office of the United Nations High Commissioner for Human Rights (OHCHR)[29], a trauma-informed approach recognizes that individuals react differently to experiencing harm and that reporting violence to first responders can carry physical and psychological risks for survivors. It acknowledges that trauma can impact memory, making it difficult for victims to recall events clearly or in chronological order. This approach prioritizes safety, empathy, and an understanding of trauma's effects in all interactions with survivors.

According to CEDAW GR No. 35, understanding trauma and its effects is crucial in addressing GBV, particularly in cases of intimate partner violence, where power dynamics play a significant role[30]. Women experience GBV in diverse ways, often facing intersecting forms of discrimination that further complicate their situations. Professionals must be trained to interact with survivors in a sensitive and supportive manner, ensuring that institutional responses do not contribute to re-victimization or erode victims' trust in the system[31]. Moreover, both CEDAW General Recommendation No. 35 and paragraph 28, and Article 12(3) of the Istanbul Convention call for a victim/survivor-centered approach in all measures to prevent and address GBV. This approach places the rights and needs of the victim/survivor at the forefront, ensuring their safety, dignity, autonomy, and empowerment throughout legal, medical, and social support processes. It also requires that interventions avoid re-traumatization, respect confidentiality, and support survivors' informed decision-making, thereby shifting the focus from viewing survivors as passive recipients of aid to active agents of change in their own lives and in society. In line with this, the research adopts a victim/survivor-centered approach, which requires that all measures to prevent and respond to GBV respect the rights, needs, and agency of victims and survivors. This approach prioritizes safety, confidentiality, informed consent, and non-discrimination, ensuring that victims/survivors are empowered in their interactions with institutions and services. By focusing on victim/survivor-centered responses, this research aims to assess whether existing systems mitigate or perpetuate secondary victimization and to identify improvements aligned with international standards.

Secondary victimization refers to the additional trauma a victim may experience due to how institutions and professionals respond to violence—e.g., during police interviews, legal proceedings, or healthcare visits. The Istanbul Convention explicitly addresses secondary victimization and requires states to prevent it through all protective, support, and legal measures. Article 18 of the Istanbul Convention emphasizes that support and protection measures: "[...] shall be based on a gendered understanding of violence [...] and be aimed at avoiding secondary victimisation." Additionally, the Explanatory Report (paragraph 128) discusses avoiding secondary victimization and ensuring that services are delivered in a way that supports the recovery and empowerment of victims. In this research, the concept of secondary victimization will be utilized to explore how survivors of gender-based violence may experience further trauma

[29]Monitoring cases of gender-based violence: interviewing victims of gender-based violence, OHCHR (2025), available online at https://www.ohchr.org/sites/default/files/documents/publications/womens-hr-gender/tool-3-interviewing-digital.pdf.

[30] CEDAW General Recommendation No. 35 (2017), para. 30, available online at https://digitallibrary.un.org/record/1305057/files/CEDAW_C_GC_35-EN.pdf?ln=en.

[31] Ibid. para. 32.

due to inappropriate or insensitive responses from institutions, such as law enforcement or healthcare providers. This highlights the critical need for trauma-informed and victim/survivor-centered training for professionals, ensuring that their responses do not exacerbate the harm survivors have already experienced.

The **Human Rights-Based Approach** (HRBA)[32] is employed as a guiding methodological framework to integrate human rights into development programs and professional training activities for GBV prevention. This approach is guided by five core HRBA principles — universality of human rights, inclusive participation, non-discrimination and equality, accountability and rule of law, and transparency and access to information supported by disaggregated data. This research adopts the HRBA as its guiding methodological framework to ensure that all training efforts are inclusive, equitable, and aligned with international human rights standards, by recognizing the state as the primary duty-bearer and professionals as key agents in upholding the rights of victims as rights-holders.

Chapter 1: Mapping of gender-based violence preventive actions in North Macedonia

Effective prevention of GBV, VAW and DV requires a comprehensive and coordinated approach, including awareness raising, policy implementation, and capacity building for professionals. In North Macedonia, state institutions, civil society organizations, and international partners have undertaken various preventive actions focussing on training professionals such as police officers, representatives from the CSW, healthcare providers, judicial representatives as well as educational workers. However, the alignment of these training programs with international standards and the needs of professionals remains insufficient and inconsistent. Moreover, the absence of a unified registry[33] for trained professionals hinders coordination, continuity, and the systematic tracking of capacity-building efforts in the prevention of GBV, VAW and DV. This chapter maps existing GBV prevention efforts, with an emphasis on training initiatives, and assesses the gaps and challenges that persist in North Macedonia. The mapping covers the period from January 2021 to December 2024, during which capacity-building measures targeting first responders were conducted following the adoption of the Law on Prevention and Protection from Violence against Women and Domestic Violence. Understanding the current landscape is crucial for strengthening prevention mechanisms and ensuring that professionals are equipped to respond effectively to GBV.

Training of first responders conducted in the period 2021-2024

(Inter-municipal) Centers for Social Work

Social service representatives play a vital role as first responders to GBV, including VAW and DV, providing immediate support and protection to survivors. They assess the victim's needs, ensure access to an emergency shelter, psychological counselling, and legal assistance, and coordinate with other institutions such as the police, healthcare providers, and CSOs. Their role also includes identifying risk factors, offering long-term social reintegration support, and ensuring that survivors gain access to the necessary resources to rebuild their lives. Given the complexity of

[32] Human Rights-Based Approach, more info available online at https://wikis.ec.europa.eu/spaces/ExactExternalWiki/pages/50108948/Human+Rights+Based+Approach.

[33] Maintaining a registry of trained personnel according to Art. 17 of the Law on Prevention and Protection from Violence against Women and Domestic Violence is an obligation of the Ministry of Social Policy, Demography and Youth.

GBV cases, continuous training is essential to equip social service workers with the skills to handle cases sensitively and effectively.[34]

The Centers for Social Work in North Macedonia function as part of the social protection sector under the MSPDY. There is a total of 23 Inter-municipal[35] Centers for Social Work and seven Centers for Social Work functioning in the territory of the Republic of North Macedonia. To regulate and unify the work of the CSW in regard to GBV, including VAW and DV, the MSPDY adopted a protocol on "Standards and Procedures for Working with Victims of Gender-Based Violence against Women and Domestic Violence"[36] (the Protocol) in May 2021.

As first responders, the employees at the Centers for Social Work play a crucial role in supporting victims of all forms of GBV. They provide access to essential assistance, protection, and support while collaborating with relevant authorities and civil society organizations to streamline efforts. 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.[37]

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. According to the Protocol[38], prevention and protection measures for women affected by gender-based and domestic violence should be gender-sensitive, acknowledging the impact of gender roles and structural inequalities. 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.

The purpose of standardized procedures for victims—beneficiaries of social services—is to improve and enhance the system of victim protection by professional services within the CSW, from the moment violence is reported, until the process is completed. Completion of the process depends on the individual plan developed by the CSW employees and the will/needs of the victim.

Target groups, i.e., the beneficiaries of the services provided by the Center for Social Work[39], are:

- Women victims of gender-based violence,
- Children victims of gender-based violence,
- Victims of domestic violence,
- Victims of sexual violence,
- Victims of human trafficking,
- Victims of violence due to sexual orientation and gender identity,

[34] Mandara M. et al. (2023) First Contact Social Work: Responding to Domestic and Family Violence, Australian Social Work, available online at https://doi.org/10.1080/0312407X.2021.1977969.
[35] The inter-municipal Centers for Social Work are in service of the citizens of two or more municipalities.
[36] Standards and Procedures for Working with Victims of Gender-Based Violence Against Women and Domestic Violence (2021), Ministry of Social Policy, Demography and Youth, MKD version available online at https://www.mtsp.gov.mk/content/word/2021/standardi/%D0%A1%D0%A2%D0%90%D0%9D%D0%94%D0%90%D0%A0%D0%94-%D0%A6%D0%A1%D0%A0.docx.
[37] Ibid.
[38] Ibid.
[39] Ibid.

- Elderly individuals in need of assistance.

Summary: Trainings mapped for CSW representatives (2021–2024)

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. A comprehensive overview is provided in Annex I.

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 into one of the training programs.

Gaps and limitations identified:

- **Uneven geographic coverage:** Trainings were not uniformly available across all CSW offices, with some regions underrepresented, especially smaller municipalities and rural regions.
- **Lack of standardization:** Training content varied significantly by organizer, with no unified curriculum or quality assurance mechanisms.
- **Limited institutionalization:** Despite repeated efforts, training has not yet been fully embedded into the formal professional development system of CSW personnel.
- **Inadequate focus on specific vulnerabilities:** While some programs addressed intersectionality, issues such as disability, migration status, or rural isolation received limited attention.
- **Insufficient follow-up and evaluation:** There is a lack of structured post-training evaluations to assess knowledge retention, application in practice, or long-term impact.
- **Need for specialized skills:** Key areas such as risk assessment, safety planning, case management and long-term rehabilitation are still not covered comprehensively or consistently.

Overall, while the training landscape has significantly improved in scope and inclusiveness, the findings point to the need for a more systematic, standardized, and sustained approach to capacity building within the social protection sector for GBV prevention and response.

Summary of key findings: Questionnaire analysis—first responders from Centers for Social Work (CSW)

Profile of respondents

The questionnaire was completed by 79 professionals (69 women, 10 men) from 30 different CSW, including social workers, psychologists, pedagogues, legal professionals, and triage workers[40]. Notably, 34 respondents also serve as case managers, and nearly half have over ten years of experience, indicating a highly experienced cohort. A comprehensive overview is provided in Annex I.

I. Roles, responsibilities, and gaps in practice

CSW professionals described their work with victims of GBV, VAW, and DV as multi-phased, involving:

- Initial contact, rights information, and psychosocial support,
- Risk assessments, urgent relocations, and court requests for protective measures,
- Ongoing case management, referrals, documentation, and victim empowerment.

While most respondents are actively engaged in victim support, over half stated they do not work with perpetrators, citing a focus on victims or the need for cooperation by the perpetrators. Among those who work with perpetrators, tasks include counselling, legal awareness, and monitoring compliance with protection measures.

A notable finding is the under-recognition of legal responsibilities, such as:

- One in seven respondents (11 out of 79) acknowledged the obligation to provide or coordinate medical assistance.
- One in four respondents (20 out of 79) reported involvement in perpetrator reintegration, despite this being a mandated duty.

II. Participation and quality of GBV trainings

Training remains insufficient and inconsistent:

- Very few respondents (6 out of 79) received comprehensive GBV training upon employment; more than one in three (29) said training was insufficient, and one in four respondents (19) received no training at all.
- Almost half of all respondents (34 out of 79) had not attended any GBV-related training since the 2021 adoption of the national LPPVAWDV.
- Out of 45 CSW respondents trained, 24 were trained to work with victims only, 20 with both victims and perpetrators, and one with perpetrators only.

Most frequently covered training topics:

- Prevention and detection of VAW, DV, and GBV (32 responses)
- Causes and consequences of violence (31)
- Victims' rights and needs (27)
- Domestic legal frameworks (23)

[40] According to the systematization protocol of the professions in the CSW triage workers are Level A5 Professional Officer in a Public Social Protection Institution who have graduated in social work.

Least addressed areas:

- CEDAW obligations, sex offender treatment, legal aid standards, custody/visitation in violent contexts
- Economic empowerment and employment (covered only once)
- Stress management and burnout prevention (only 6 and 3 mentions, respectively)

Despite overall positive feedback**,** approximately three in ten respondents (24 out of 79) expressed dissatisfaction with skills and knowledge gained, and one in ten professionals (71) felt that trainings were only partially helpful or insufficient in preparing them for practice.

III. Attitudes towards gender equality and GBV

Most respondents showed progressive views:

- One in ten professionals (70) strongly support equal rights for men and women.
- Almost all respondents (78) agree that fathers should equally participate in childcare.
- Nine in ten professionals (73) reject myths that sex is a marital obligation.

However, concerning attitudes persist:

- One in ten professionals (7) believe that GBV only happens to women.
- One in four respondents (20) are unsure or support the stereotype of women having ot handle all household duties.
- Two in ten professionals (15) believe or are unsure about women taking revenge by lying about GBV.
- More than one in ten respondents (10) express doubt in victim credibility.
- Very few professionals (5) believe that verbal violence is less serious than physical violence.

Such beliefs, although held by a minority, risk compromising survivor support and perpetuating institutional biases.

IV. Professional influence and institutional trust

CSW professionals overwhelmingly acknowledge their influence:

- One in seven respondents (55) believe that a victim's decision to report violence depends on trust in their institution.
- More than half professionals (43) say that their own conduct strongly impacts a victim's decision to seek further legal action.

This highlights the need for consistent, sensitive, and accountable professional behavior, as institutional trust directly affects survivor engagement.

V. Training needs and recommendations

Respondents unanimously support the need for continuous and practical training:

- Eight in ten respondents (66) called for ongoing capacity building.
- More than half respondents (42) requested cross-institutional trainings, emphasizing multi-sectoral cooperation.

Specific needs include:

- Implementation of the new LPPVAWDV**,**

- Risk assessment,
- Working with perpetrators,
- Handling complex or conflicting testimonies,
- Supporting children and sexual violence survivors, and
- Stress/burnout prevention.

There is also a strong call for training that promotes trauma-informed, intersectional, and human rights-based approaches. Respondents stressed the importance of skills-based sessions, role-plays, and multi-disciplinary collaboration to bridge gaps between theory and practice.

While CSW first responders demonstrate commitment and growing capacity in addressing GBV, notable gaps in training content, role awareness, and attitudes remain. Foundational concepts are well integrated, but specialized areas—such as economic reintegration, legal protections, perpetrator work, and psychological well-being of staff—require urgent attention. Addressing harmful or ambivalent attitudes, improving institutional coordination, and ensuring equitable access to robust, gender-transformative education are essential to achieving a professional response system that protects the dignity of all survivors of gender-based violence and their access to justice.

Law enforcement officers

Law enforcement officers play a critical role as first responders to gender-based violence (GBV). They are often the first point of contact for victims, and their initial actions can significantly impact the victim's safety, well-being, and access to justice.[41] Officers are responsible for ensuring the immediate safety of the victim, documenting evidence, and providing the necessary referrals to support services such as medical assistance, shelters, counselling, and legal aid. In addition, they must be trained to handle sensitive cases with empathy and professionalism, maintaining confidentiality while adhering to legal procedures, especially in smaller towns/communities where people have personal ties that might compromise these aspects. Their ability to assess the situation, protect the victim, and collect evidence can help secure legal outcomes for the survivor and prevent further violence. Effective first-response by law enforcement is essential in breaking the cycle of violence and ensuring that victims are supported throughout the process of recovery and justice.

There are several organizational units within the Ministry of Interior responsible for coordinating the functioning of the entire training system[42]:

- The organizational units responsible for the management of human resources are primarily responsible for conducting and coordinating activities related to identifying training needs, planning the training, and utilizing data from the database (the unified information system) for training.
- The MoI Training Center is primarily responsible for the basic training of police officers, training to equip employees for independent work, and training in security management, as well as coordinating other types of training conducted in various organizational units. The MoI Training Center is responsible for the general coordination, design of the training, development of training materials, and delivery of training in collaboration with

[41] Davies P. & Barlow C.F. (2024) Policing domestic abuse: the onus on first responders, Policing and Society, available online at https://doi.org/10.1080/10439463.2024.2328173.

[42] MoI Strategy for Training and Staff Development 2022-2024, MKD version available online at https://mvr.gov.mk/Upload/Editor_Upload/Strategy%20for%20Training%20and%20Staff%20development%20MK%20(1)%20(1).pdf.

external trainers. The planning of the trainings is carried out by the Training Departments of the Ministry of Interior and the Bureau of Public Safety in collaboration with the MoI Training Center.

According to a 2022 report cited in MoI's Strategic Plan 2023-2025[43], a "Reminder for police officers on procedures upon receiving a report of gender-based violence against women and domestic violence" has been developed within the framework of the strategic program "Police Development". Additionally, the MoI developed a schematic diagram/algorithm outlining the steps for police officers to follow when handling such reports. However, it is unclear how this document has been disseminated or whether it has been accompanied by any training. Additionally, the document is not publicly accessible.

Regarding the strengthening of gender equality within the MoI, three workshops were held in 2022 as part of the mentoring program for women, training a total of 37 employees—17 as mentors (3 men and 14 women) and 20 as mentees (1 man and 19 women). Furthermore, 13 educational activities on the prevention of gender-based violence and gender representation were conducted within the MoI in collaboration with international organizations and CSOs, targeting a total of 162 police officers, including 110 men and 52 women.[44]

The research results show that a workshop targeted 22 MoI employees, including eleven mentors (7 women and 4 men) and eleven mentees (10 women and 1 man in 2023, with the aim of developing a more effective training system for acquiring knowledge on gender equality. Additionally, a conference of the International Association of Women was held in New Zealand, along with three educational events on the topics: "Continuous Training on Gender-Responsive Policing for Women and Girls," "Combating Sexual and Gender-Based Violence in the Digital Sphere," and "Introductory Training on Gender-Based Violence Against Women and Domestic Violence." It is unclear how many people have attended this conference and if they have disseminated the knowledge gained.

In 2024, the MoI developed a new Strategic Plan 2024-2026[45]. It is worth mentioning that the new Strategic Plan 2024-2026 includes "Enhancing legislation for gender equality and developing strategies for the prevention and protection of women from all forms of gender-based violence, including domestic violence" as one of MoI's strategic priorities. The MoI plans to achieve this through the implementation of gender equality and ensuring equal treatment and opportunities within their own ministry. Additionally, the implementation plan of the program for improving the Common Functions of the MoI provides further context on how to achieve this goal by focusing on gender-sensitive training and raising gender awareness among MoI employees. Specifically, success indicators for the program include:

- Increasing gender-sensitive expertise by incorporating gender equality topics into the basic police-training curriculum.
- Raising gender awareness among MoI employees through a mentoring program focused on gender equality, which includes workshops on gender differences and dilemmas in police work.

[43] MoI's Strategic Plan 2023-2025, MKD version available online at https://mvr.gov.mk/Upload/Editor_Upload/230227%20SP%20na%20MVR%202023-2025.pdf.
[44] Ibid.
[45] MoI's Strategic Plan 2024-2026, MKD version available online at https://mvr.gov.mk/Upload/Editor_Upload/strategii/240219%20%D0%A1%D0%9F%20%D0%BD%D0%B0%20%D0%9C%D0%92%D0%A0%20%202024-2026f.pdf.

However, the plan lacks specific information regarding the number or positions of MoI staff that are intended to be trained or mentored each year. Nevertheless, the research shows that the curriculum of the MoI's Training Center is currently developing a program that includes basic training on gender-based violence for future cadets.[46] In the generation 2025-2026 around 600 cadets are planned to attend the training on GBV.[47]

Furthermore, as part of the implementation of the Principle of Equal Opportunities for Women and Men within the Ministry of Interior, the expected impact over the period 2024-2026 includes several key actions: the enhancement of legislation aimed at the development of gender equality, alongside the creation of strategies for the prevention and protection of women from all forms of gender-based violence, including domestic violence. Additionally, there will be efforts to strengthen mechanisms by integrating a gender perspective through the creation of programs, policies, and corresponding budgets. The MoI will also focus on organizing advanced training programs, aimed at identifying potential GBV victims and victims of human trafficking, with a special emphasis on ensuring access and support for women and girls who are victims. These actions are intended to reinforce gender equality principles and improve the Ministry's response to gender-based violence and trafficking.[48]

Summary: Trainings mapped for law enforcement officers on GBV, VAW, and DV (2021–2024)

Between 2021 and 2024, significant progress was made in strengthening the capacities of police officers in North Macedonia to address GBV, VAW and DV. Over eleven major training programs were mapped, targeting a broad range of law enforcement personnel including uniformed officers, inspectors, domestic violence unit members, and police cadets. These trainings were organized by a mix of international organizations (OSCE, UNFPA), civil society (Association for Emancipation, Solidarity and Equality of Women (ESE), Helsinki Committee), and national institutions (MoI), with a focus on building a victim/survivor-centered, gender-sensitive, and multi-sectoral response. A comprehensive overview is provided in Annex II.

Key topics covered:

- **Legal frameworks:** Strong emphasis on the Istanbul Convention, the LPPVAWDV, and national legislation governing police action.
- **Risk assessment and protection measures:** Officers were trained to conduct risk assessments**,** implement emergency and temporary protective measures, and remove perpetrators when necessary.
- **Victim-centered interviewing:** Several sessions focused on trauma-informed interviewing techniques**,** especially to prevent secondary victimization.
- **Gender equality and gender-responsive policing:** Topics like gender-sensitive communication**,** intersectionality, and mixed-gender police teams for DV response were covered.
- **Multi-sectoral cooperation:** Integrated approaches involving CSOs, healthcare, and social workers to strengthen victim referrals and follow-up.
- **Hate crimes and LGBTQI+ protection:** This training addressed hate crimes motivated by homophobia and transphobia and fostered police empathy and non-discriminatory practices.
- **Innovative approaches:** A theatrical performance based on real-life DV cases was used as an educational tool in police cadet training.
- **Training of trainers (ToT):** A cascade model was implemented to institutionalize knowledge sharing and establish internal police trainers on GBV and DV.

[46] Interview_13-25_2025-03-05.
[47] Ibid.
[48] MoI's Strategic Plan 2024-2026.

Gaps and limitations identified:

- **Inconsistent coverage:** Training participation varies significantly across regions and ranks, with no national standard ensuring mandatory GBV training for all officers.
- **Limited focus on intersectionality:** While the concept was introduced, there is insufficient depth in addressing violence against marginalized groups (e.g., Roma women, migrants, people with disabilities).
- **Follow-up and evaluation:** There is limited data on impact assessments and post-training application in practice, highlighting a gap in monitoring and feedback mechanisms.
- **Burnout and officer well-being:** Stress management and mental health support for police officers handling GBV cases are topics largely missing from training content. The provision of such measures also need to be supported by organizational structures.
- **Advanced investigation skills:** While interviewing techniques were included, investigative methodologies for complex GBV cases, especially digital violence, need further expansion.

The trainings mapped represent a commendable advancement in equipping law enforcement with tools to handle GBV, VAW, and DV more effectively. However, further institutionalization, deeper coverage of intersectional and digital forms of violence, and structured post-training evaluation are needed to ensure long-term, victim/survivor-centered police responses aligned with international standards.

Judges and public prosecutors

Judges play an essential role in the prevention of gender-based violence (GBV) by ensuring that legal proceedings uphold the principles of justice, protection, and non-discrimination. As key decision-makers in the judicial process, judges are responsible for issuing protection measures, restraining orders, and other urgent decisions that safeguard victims from further harm. Their ability to interpret and apply laws through a gender-sensitive lens directly impacts the outcome of GBV cases and the protection of survivors' rights. By delivering timely and victim/survivor-centered rulings, judges contribute to deterring perpetrators and reinforcing the legal consequences of GBV. Moreover, judges have a preventive role by setting legal precedents and promoting accountability, which strengthens public trust in the justice system and encourages more survivors to seek help. For this reason, it is crucial that judges receive continuous training on international standards, such as the Istanbul Convention, and on trauma-informed judicial practices, enabling them to respond to GBV with the necessary sensitivity, expertise, and urgency.

As first responders to GBV cases, public prosecutors as well play a vital role in ensuring immediate legal protection for victims and initiating criminal proceedings against perpetrators. They are responsible for promptly assessing reports of GBV, determining the necessary protective measures, and coordinating with law enforcement and social services to safeguard victims. By ensuring a victim/survivor-centered approach, public prosecutors help prevent secondary victimization and ensure that survivors receive timely access to justice and support services. Their early intervention is crucial in holding perpetrators accountable and preventing further harm to victims. Any individual who is aware of the existence of gender-based violence against women or domestic violence is obligated to report it to a police station, CSW, public prosecutor's office, CSO, or SOS hotline.[49]

The public prosecutors play a crucial role in protecting victims from victimization and re-victimization during legal proceedings. They are responsible for ensuring that victims' identities

[49] Art. 40, LPPVAWDV.

and personal data remain confidential during the proceedings as well as in the media reports on the respective case, minimizing their exposure to additional trauma. Public prosecutors can claim protective measures from the court to take statements in a secure environment, using video and audio recordings as evidence with the victim's consent, reducing the need for repeated testimonies in the following stages of the proceedings. Additionally, the protective measures help restrict direct confrontation between the victim and the accused person and limit the number of statements a victim must give to no more than two throughout the proceedings. By implementing these protective measures, public prosecutors uphold the victim's dignity and integrity, ensuring a justice process that is sensitive to their needs and rights.

Public prosecutor's offices establish and maintain a specialized record of cases related to gender-based violence against women and domestic violence victims. These records include data based on sex, gender, age, ethnicity, disability status, place of residence, and other relevant factors, as well as information necessary for monitoring the situation of gender-based and domestic violence in accordance with the law. To ensure the effective handling of these cases, it is essential that public prosecutors and the staff supporting their work, receive specialized training on gender-sensitive approaches, trauma-informed interviewing techniques, and legal frameworks for victim protection. Continuous capacity-building efforts will help prosecutors improve their response to GBV, prevent secondary victimization, and ensure that survivors receive timely access to justice and support.

In North Macedonia, the Academy of Judges and Public Prosecutors (AJPP) plays a crucial role in the education and training of candidates, judges, and public prosecutors regarding the protection of women victims of gender-based violence and victims of domestic violence. According to Article 23 of the LPPVAWDV, the AJPP is responsible for preparing and submitting a program for both initial and ongoing education on these issues to the MSPDY for review. Furthermore, the AJPP should implement initial and continuous education programs for judicial candidates and professionals, delivered by trainers registered with the MSPDY. Currently, the trainers implementing capacity building on GBV are only registered with the AJPP. Engaging trainers registered with the MSPDY would ensure that legal professionals are equipped with the necessary knowledge and skills to effectively address gender-based violence and domestic violence cases.

Nevertheless, training for judges and public prosecutors is generally organized through the Academy of Judges and Public Prosecutors, which offers a set number of training hours each year as part of their continuous professional development. However, participation in specific training topics is not mandatory and is left to the individual preferences of the professionals. As a result, training in crucial areas such as GBV, gender-based discrimination (GBD), and broader human rights issues are not consistently prioritized or attended, leading to significant gaps in knowledge and practice across the judiciary.

Summary: Trainings mapped for judges, prosecutors, and legal practitioners (2021–2024)

From 2021 to 2024, a range of targeted training sessions were implemented to strengthen the capacity of judges, public prosecutors, and legal practitioners in North Macedonia to address GBV, VAW and DV, including femicide, and hate-motivated crimes. Trainings were primarily delivered by the AJPP, OSCE, AIRE Centre, ESE, and Helsinki Committee, with an emphasis on international standards, victim-centered justice, and inter-sectoral collaboration. A comprehensive overview is provided in Annex III.

Key topics covered:

- **Istanbul Convention and legal frameworks:** Multiple trainings focused on the implementation of the Istanbul Convention, alignment of national laws, and judicial practice related to GBV and femicide.
- **Femicide and criminal justice response:** A strong focus in 2023–2024 was placed on handling femicide cases, including trainings of trainers and in-depth legal analysis.
- **Victim-Centered approaches:** Trainings addressed trauma-informed practices, secondary victimization, and needs of groups in vulnerable situations, including LGBTIQ+ individuals.
- **Hate crimes and diversity:** Legal professionals were trained to address hate speech and hate crimes, especially those targeting LGBTIQ+ persons.
- **Legal aid and practical skills:** Legal practitioners, especially young lawyers and law students, received practical training on court procedures, legal advice, and written submissions for DV-related cases.
- **Support access to free legal aid system strengthening:** Trainings targeted regional offices of the Ministry of Justice to improve the delivery of free legal aid and enhance the collaboration with institutions of the social protection systems.

Gaps and limitations identified:

- **Low and uneven participation:** Despite numerous training sessions, most had a very low number of participants (often fewer than 10 judges or prosecutors), limiting reach and systemic impact. Judges participated more regularly in trainings than public prosecutors, despite prosecutors' key role in GBV case prosecution.
- **Lack of institutionalization:** Trainings were project-based and not systematically embedded into mandatory judicial/prosecutorial curricula.
- **Underrepresented topics:** There was a limited focus on digital violence, custody and visitation in DV cases, restorative justice, procedural rights, intersectionality, and economic empowerment of survivors.
- **Practical training gaps**: Most trainings remain theoretical, with limited use of court simulations, role-play, or scenario-based learning for victim handling and adjudication.

Summary of questionnaire analysis: Judges, public prosecutors, and legal practitioners (2021–2024)

Profile of respondents

A total of 41 respondents (29 women, 11 men, 1 unspecified), including judges, public prosecutors, legal associates, and trainees from the AJPP, participated in the survey. Most had one to three years of experience, while 14 had over a decade. The majority held a Bachelor's degree, followed by Master's degree holders. Respondents were based across 15 municipalities. A comprehensive overview is provided in Annex III.

I Roles, responsibilities, and gaps in practice

Respondents confirmed the following key roles in the area of GBV:

- Interviewing victims and perpetrators.
- Issuing and enforcing protection measures.
- Leading judicial proceedings and sanctioning perpetrators.
- Collaborating with institutions (CSW, police, health institutions).

However, gaps were noted:

- Limited engagement in reintegration of victims (4) and perpetrators (6).

- Under-recognition of child protection (16).
- Incomplete understanding of domestic violence in civil and administrative proceedings.

II Attitudes towards victims and professional conduct

- Almost all respondents (35 out of 39) support victim-sensitive approaches.
- A minority of respondents believe GBV cases should not be prioritized.
- Almost eight in respondents (32) agree that trust in institutions influences victims' decisions to report.
- Three in four respondents (31) recognize professional conduct as critical to victims pursuing legal action.

III Training participation and gaps

- Four respondents felt fully prepared by initial training.
- Two in three respondents (25) attended GBV-related training, while one in three (16) did not.
- One in three respondents (14) attended multi-sectoral trainings.

Focus of training content

- Three in four respondents attended training on intimate partner violence (17), and training on national legislation (17), the Istanbul Convention (15), and victim needs (14).
- Secondary victimization (10) intersectionality (6), and gender equality (5). Were topics not well covered.
- Largely not covered were topics such as legal aid standards, custody, perpetrator treatment, and burnout prevention.

Satisfaction and effectiveness

- Most respondents rated trainings positively for growth of knowledge and attitude change.
- None of the respondents felt fully prepared to manage GBV cases after attending a training.

Familiarity with the legal framework

- Almost two in three respondents (26) are fully familiar with the LPPVAWDV, one in two professionals (21) with the Istanbul Convention
- A third to nearly half respondents lack full understanding of legal obligations.

IV Perceptions and gender attitudes

- Broad support for gender equality in principle
- Some ambivalence on traditional gender roles in households and economic contributions
- Most reject harmful GBV stereotypes (e.g., DV as private, women provoke violence), but uncertainty about key issues (e.g., credibility of victims, perpetrators in their social circles) remains

V Training needs

- Nearly nine in ten professionals (36) called for continuous, not one-time training.
- Priorities: institutional roles, new legislation such as the Criminal Code and the LPPVAWDV, cross-sectoral collaboration.

- Emphasis on overcoming bias, trauma-informed approaches, legal procedures, protection measures.
- Need for inter-institutional coordination and structured protocols.

Respondents display a solid commitment to gender equality and victim-centered justice, yet training remains insufficiently institutionalized and fragmented. Persistent gaps include attitudes toward perpetrators, child protection, and procedural clarity.

VI Recommendations

- Institutionalize GBV training as mandatory and ongoing.
- Address professional biases and deepen understanding of intersectionality.
- Expand practical components: risk assessment, protective measures, case management.
- Ensure familiarity with legal frameworks (Istanbul Convention, CEDAW, national laws).
- Strengthen multi-agency collaboration and develop unified protocols.
- Promote trust-building practices to prevent report withdrawal and re-victimization.

Overall, training justice professionals is essential not only for procedural efficiency but also for effective prevention, protection, and prosecution of GBV cases in line with international standards.

Healthcare professionals

Health workers serve as first responders to GBV often being the first point of contact for victims seeking help. Their role is critical in identifying signs of abuse, providing immediate medical care, and offering a safe space for victims to disclose their experiences. Specialized training on GBV is essential to ensure healthcare professionals are equipped with the necessary skills to recognize signs of abuse, provide appropriate care, and safeguard victims' confidentiality. This training also helps them understand their legal obligations to report incidents and respond in a victim-centered, trauma-informed manner. By receiving continuous education, health workers can handle sensitive cases with compassion and professionalism, ultimately contributing to the prevention and protection of victims.

Health workers in North Macedonia are obligated by the LPPVAWDV to report any knowledge of gender-based violence against women and domestic violence to a police station or CSW. Additionally, they are obligated to act urgently and with due diligence for the interests and needs of the victim in cases of gender-based violence against women and domestic violence. Health workers have a critical role in protecting victims of GBV, including VAW and DV. They are responsible for promptly assessing and treating injuries, documenting the injuries, and gathering evidence of physical and psychological harm. Additionally, they must provide medical documentation detailing the type and extent of the injuries, inform victims about their rights and available support services, and take further protective actions based on the victim's needs. Health institutions are obligated to ensure these services are provided free of charge, in line with an annual program approved by the Minister of Health.

Specialized services for victims of sexual violence were established under the responsibility of the Ministry of Health for their first three years of existence[50]. The service for the protection and support of women victims of sexual violence and rape is provided within the Sexual Violence Victim Referral Center. The three centers were established in Skopje, Tetovo and Kumanovo. In this health institution, services included identification, assessment, medical examination, psychological crisis support, and referral of women victims of sexual violence and rape. These

[50] Art. 94, LPPVAWDV.

services are provided in accordance with the Standard Operating Procedure established by the Minister of Health. However, these centers, initially established with the support of UN agencies, are currently not formally integrated into the institutional structure of hospitals and are not covered by official workplace systematization. As a result, their continued operation relies entirely on the personal commitment and voluntary engagement of the professionals involved.

Namely, "the Sexual Violence Victim Centers, with all its shortcomings, have lost their legal status and there are no appointed coordinators. Legally, no coordinator has been designated, and the center no longer exists in an official capacity. The same situation applies to the centers in Skopje, Tetovo and Kumanovo. The centers were under the Ministry's program for two years, with a request from the Ministry to the hospitals hosting the centers for appointing coordinators. However, this has not happened, and practically, the centers are now left to the discretion of the professional efforts and commitments of each individual who encounters such cases. They are no longer under the Ministry, are not incorporated as units within the healthcare system's organizational structure, and there are no appointed coordinators or assigned staff working there. Regardless of the centers' current status, there must still be a formal response to sexual violence in any healthcare institution."[51]

The lack of a formalized structure and appointed coordinators for the Sexual Violence Victim Centers means that the responsibility for addressing sexual violence cases is now placed on the individual efforts of healthcare professionals rather than a centralized, coordinated system. This creates challenges for training initiatives, as there is no designated staff to ensure that training is consistently implemented across all centers. Without clearly defined roles and support structures, the effectiveness of training programs for handling sexual violence cases could be compromised, leading to a fragmented and inconsistent response across healthcare institutions. It highlights the urgent need for a formalized system that includes designated coordinators to support and guide training efforts, ensuring a more unified and effective approach.

Summary: Trainings mapped for healthcare professionals (2021-2024)

Between 2021 and 2024, a series of targeted trainings were conducted to strengthen the capacity of healthcare professionals in North Macedonia to respond to gender-based violence (GBV) and sexual violence. These trainings were designed to improve early identification, intervention, and cross-sector collaboration. Key topics covered included the legal framework, trauma-informed care, gender sensitivity, intersectionality, and the specific needs of groups in vulnerable situations. A comprehensive overview is provided in Annex IV.

Key topics covered:

- **Fundamentals of GBV and sexual violence:** definitions, manifestations, consequences.
- **Legal and institutional frameworks**, including the Istanbul Convention.
- **Victim-centered approaches** and **trauma-informed responses**.
- **Gender equality** and addressing **personal/professional biases**.
- **Multi-disciplinary coordination** between healthcare, police, and social services.
- Recognition and response to GBV among **persons with disabilities**.
- Addressing the needs of **transgender and gender-diverse individuals**.
- Clinical management of **rape victims**, with a focus on consent and psychosocial support.

[51] Interview_07-25_2025-02-25.

Trainings were implemented by various actors including the Ministry of Health, UNFPA, Coalition Margins, Macedonian Association of Gynaecologist and Obstetricians (MAGO), HERA – Health Education and Research Association, and other CSOs, and involved psychologists, general practitioners, nurses, gynaecologists, and social workers. More than 200 healthcare workers were reached through these efforts.

Gaps and limitations identified:

Despite important progress, several key challenges persist:

- **Trainings** remain **scattered** and lack institutional continuity or standardization.
- There is **insufficient follow-up** or **practical application** of learned concepts in everyday clinical settings.
- **No** formalized, nationwide training curriculum or **mandatory modules exist**.
- The **dissolution** of the **Centers for Referral of Victims of Sexual Violence** highlights institutional regression. These centers currently lack legal status, designated staff, and structural support, placing the burden of response on individual professionals.
- **Coordination** between **sectors** (healthcare, justice, social services) is **inconsistent** and depends heavily on ad hoc initiatives.

Overall, while the training efforts from 2021 to 2024 represent meaningful investment in capacity-building, systemic and sustainable mechanisms—such as re-establishing and formalizing the role of sexual violence centers—are urgently needed to ensure a coherent and accountable healthcare response to GBV and sexual violence.

Summary of questionnaire analysis – healthcare professionals as first responders

Profile of respondents

The analysis captures findings from 14 healthcare professionals (12 female, 2 male) across nine municipalities in North Macedonia, reflecting a diversity of roles, including general practitioners, gynaecologists, nurses, a social worker, and a department head. Participation was voluntary, and limited engagement highlights an overall low interest in GBV issues within the health sector, reinforcing the finding of weak institutional collaboration in cases of GBV.

I Perceived responsibilities and practical experience

While most respondents identify reporting suspected cases (12), medical assistance (8), and support measures (6) as their key responsibilities, only a few have direct experience with victims or perpetrators. One professional reported applying detailed procedures in cases of sexual violence, while others stated minimal or no involvement. Alarmingly, some did not identify medical assistance to victims as a core responsibility—despite legal obligations—highlighting a serious awareness and accountability gap.

II Training participation and gaps

Only four out of 14 respondents had attended a GBV-related training between 2021 and 2024. Topics included victim care, intimate partner and sexual violence, prevention of re-victimization, and legal procedures. However, essential areas such as intersectionality, trauma-informed care, and bias reduction were missing. Trainings were organized by a mix of civil society actors, international bodies, and government institutions, but opportunities appear sparse and poorly disseminated. Legal knowledge was also limited—only one respondent was fully familiar with the LPPVAWDV, and two with the Istanbul Convention.

III Protocols and institutional readiness

Most professionals were unaware of clear institutional protocols for responding to GBV; only two confirmed their existence. One noted that while a protocol existed, it was not officially adopted by their institution. This lack of structured guidance contributes to fragmented, inconsistent, and potentially harmful responses, undermining institutional obligations under LPPVAWDV.

IV Attitudes and awareness

Respondents overwhelmingly supported gender equality and rejected myths such as verbal abuse being less serious than physical or domestic violence being a private matter. However, some attitudes—like ambivalence about men's inability to control anger or scepticism toward victim disclosures—indicate lingering harmful beliefs. Nearly all agreed that economic independence is essential for victim reintegration and that sensitive treatment is needed to prevent re-victimization. Views on perpetrators revealed a mixed understanding, with some associating violence with mental illness or substance abuse, and many sceptical about rehabilitation.

V Professional influence and trust

Most healthcare professionals acknowledged that institutional trust and their conduct directly influence victims' willingness to report violence or seek further legal recourse. However, a few downplayed their own influence, emphasizing the need for clearer institutional mandates and capacity building to foster a stronger sense of responsibility.

VI Training needs

All respondents agreed on the need for further training. Priorities included:

- Basic knowledge on GBV and legal obligations.
- Trauma-informed care and effective communication.
- Practical institutional procedures and coordination.
- Multi-sectoral cooperation and victim referral pathways.

Open-ended responses emphasized the lack of initial education, need for role-specific training, and real-life examples for improving practice. Professionals also highlighted the value of internal protocols and their potential to standardize and simplify response procedures.

The findings underscore a troubling lack of preparedness to work with survivors of GBV and/or identify survivors of GBV, legal literacy, and institutional coordination among healthcare professionals when it comes to addressing GBV. While most professionals demonstrate progressive attitudes toward gender equality and victim care, their limited training, poor familiarity with obligations and the absence of clear protocols significantly hinder healthcare's role in prevention and response. There is an urgent need for systematic, mandatory, and role-specific training, alongside institutional reforms to develop and implement internal protocols that ensure accountability, clarity, and a trauma-informed, human rights-based response to GBV cases.

Educational professionals

Educational workers, including teachers, psychologists, pedagogues, and social workers, play a crucial role as first responders to GBV in schools. They are often the first point of contact for children and adolescents who may be experiencing or witnessing violence at home or within their community. Their responsibilities include recognizing signs of abuse, providing immediate support and comfort to victims, and ensuring that the child feels safe and heard. Educational

workers are also key in reporting suspected GBV, VAW and DV to the appropriate authorities, such as social services or law enforcement, in accordance with the legal requirements. In North Macedonia, the responsible and managerial staff in institutions performing activities in the fields of education are obliged to report any knowledge of gender-based violence against women and domestic violence to a police station or CSW. Regular training and awareness programs for educational staff are crucial in enabling them to respond effectively and sensitively to cases of GBV.[52]

Furthermore, educational workers should provide initial counselling and referral services, helping the victim access necessary resources such as medical care or legal support. Their ability to act swiftly and empathetically is essential in mitigating the immediate effects of GBV and ensuring the protection and well-being of the child as well as his/her mother. Therefore, these professionals should be trained to detect signs of distress, so they can offer a critical intervention in cases where children may be too afraid or unable to seek help themselves. By creating a nurturing environment within the school, educational workers help children feel valued and protected, providing a crucial counterbalance to the violence and instability they may experience at home. This approach prioritizes the child's need for a safe, nurturing space, free from violence that may otherwise define their daily life.

According to Article 54 of the LPPVAWDV, educational institutions are required to ensure the immediate enrolment of children of victims of GBV, VAW or DV in schools or kindergartens in their area without requiring consent from both parents. This is crucial for the child's safety and well-being. Many times, children in such situations may not have the protection or support they need at home, especially when one parent is the perpetrator of violence. By ensuring immediate enrolment, these children are provided with a stable and supportive environment where they can find safety, receive emotional support, and begin the healing process.

Summary: Trainings mapped for educational professionals (2021-2024)

Between 2021 and 2024, numerous training programs with a focus on gender-based violence (GBV), gender equality, peer violence, and child protection for educational professionals—teachers, psychologists, pedagogues, and other school staff—were mapped. These trainings were both accredited and non-accredited, with a diverse range of topics covered and institutions involved, including the Bureau for Education Development (BED), CSOs, and international organizations. A comprehensive overview is provided in Annex V.

Key topics covered:

- **Gender equality and gender sensitivity:** BED-accredited training reached 46 teachers, providing foundational understanding of gender roles, stereotypes, and inclusive curriculum design.
- **Peer and cyber violence prevention:** 2,657 teachers were trained in managing peer and cyber violence with a focus on intervention and prevention.
- **Conflict resolution and socio-emotional skills:** Over 4,000 educators were trained on conflict resolution, building student confidence, and fostering emotional resilience.
- **Violence prevention and safe school environments:** Several accredited programs (e.g., one for 2,925 secondary school teachers) focused on violence prevention and early intervention.
- **Family-school cooperation in preventing violence:** Training for 605 professional staff emphasized building parent-school collaboration as a means of tackling peer violence.

[52] Davies, S., & Berger, E. (2019). Teachers' Experiences in Responding to Students' Exposure to Domestic Violence. Australian Journal of Teacher Education, available online at https://ro.ecu.edu.au/cgi/viewcontent.cgi?article=4464&context=ajte.

- **Prevention of trafficking in huma beings:** Non-accredited training for 50 professionals (supported by the Council of Europe and EU) focused on identifying and assisting children at risk.
- **GBV-specific training:** Coalition Margins and BED provided structured GBV education for around 83 school staff, incorporating the 2020 Regulation on handling violence cases in schools. Trainings addressed sex, gender, GBV, gender identity, referral procedures, and sensitization.
- **Child-focused DV recognition:** Training for 30 professionals helped kindergartens and schools detect signs of domestic violence in children's families and navigate the child protection system.

Gaps and limitations identified:

- **Limited reach of gender equality trainings:** While thousands were trained in general violence prevention, only a small number of teachers (46) received specific training on gender equality and sensitivity.
- **Insufficient GBV-specific training:** Despite notable efforts by CSOs, GBV-specific education remains limited in scale and mostly targets primary schools.
- **Inconsistent integration of human rights-based approaches and intersectionality:** Many trainings did not sufficiently address key principles such as trauma-informed care, intersectionality, and professional bias.
- **Lack of training for educators on teaching GBV prevention to students:** There is a notable absence of capacity-building efforts aimed at preparing educational professionals to educate students on preventing GBV.
- **Lack of institutional curricula for GBV prevention and protection:** There is no comprehensive curriculum integrated into educational institutions to guide professionals on prevention and protection from GBV.

While educational professionals in North Macedonia have benefitted from a wide range of training programs aimed at addressing violence and supporting inclusive environments, key gaps remain in the depth, consistency, and institutionalization of GBV-specific content. There is an urgent need to expand GBV-focused training, particularly for secondary schools, and to systematically integrate human rights principles, intersectional awareness, and gender-sensitive practices across all professional development initiatives in the education sector.

Summary of questionnaire analysis – psychological and pedagogical support staff (first responders)

A total of 106 psychological and pedagogical support staff from primary and secondary schools across 46 municipalities in North Macedonia participated in the survey. This group, largely composed of pedagogues and psychologists, represents a diverse and experienced cohort of school professionals, most of whom hold a Bachelor's or Master's degree and have more than ten years of service. Despite their qualifications, the analysis reveals a widespread lack of preparedness to handle gender-based violence (GBV), domestic violence (DV), and violence against women (VAW) in school settings. A comprehensive overview is provided in Annex V.

I Limited role clarity and low case engagement

- Few respondents (14 out of 106) described responsibilities related to GBV or DV, suggesting a lack of direct experience and uncertainty about institutional roles.
- The vast majority of respondents reported no work with perpetrators or victims, often citing a lack of reported cases or role ambiguity.

II Gaps in responsibility perception

- While many acknowledged responsibilities in prevention (57), reporting suspicions (56), and child protection (58), only 19 believed it was their role to respond directly to GBV/DV cases.
- Responsibilities such as victim reintegration (13), perpetrator reintegration (6), or recognizing economic aspects (3) were barely acknowledged.

III Training gaps and limited participation

- Almost nine in ten respondents reported inadequate or no training related to GBV, with only two in ten respondents participating in any GBV training between 2021 and 2024.
- Trainings mainly focused on prevention and awareness, while crucial areas like intimate partner violence, secondary victimization, intersectionality, and multi-sectoral coordination were rarely addressed.
- Most trainings were provided by CSOs, with limited engagement from public institutions or schools.

Evaluation of training:

- Respondents rated GBV training higher for improving attitudes and understanding than for practical skill development.
- Two participants felt fully prepared for working with GBV victims post-training; nearly half still felt unprepared.

Awareness of the legal framework:

- While one in three respondents were familiar with the Istanbul Convention, only 16 reported full knowledge of the national LPPVAWDV.
- Two in three respondents stated that they had received insufficient or no training on their legal duties.

Lack of (awareness of) protocols and guidelines:

- One in ten respondents (11 out of 106) said that their school has a clear internal protocol for handling GBV cases.
- Most respondents demanded the development or improvement of school-level procedures, unaware of the existing national guideline.

IV Attitudes and perceptions on gender equality and GBV

- Respondents widely rejected harmful stereotypes and myths about violence, with strong support for gender equality and victim sensitivity.
- However, a minority still held problematic beliefs—some showed tolerance for traditional gender roles, victim blaming, or misunderstandings about perpetrators.
- One in five respondents did not fully recognize their mandatory reporting obligations under the law.

V Institutional trust and professional conduct

- Almost three in four respondents (68 out of 94) agreed that trust in the institution influences victims' decision to report violence.
- Seven in ten respondents (66 out of 94) affirmed that their own conduct as professionals affects whether victims pursue legal action.

VI Training needs

- Professionals requested practical, context-specific training on early identification, trauma-informed care, legal procedures, and inter-institutional coordination.
- Respondents emphasized the need for continuous and multi-sectoral training aligned with their institutional duties and the evolving legal framework.

Despite their critical role in early detection and response to GBV and DV, school-based psychological and pedagogical support staff lack consistent training, institutional clarity, and sufficient legal knowledge to act effectively. Most are willing to improve and show supportive attitudes toward victims, but the systemic absence of protocols, specialized training, and recognition of their role hinders effective school-based intervention. Targeted, recurring, and role-specific training programs, coupled with better institutional support and protocol dissemination, are urgently needed to bridge these gaps and strengthen school engagement in GBV prevention and protection.

Employment Centers

Reintegration and economic empowerment are crucial for survivors of GBV and DV as they help break the cycle of abuse and foster long-term independence. Without financial stability and access to education, employment, and social support, victims may struggle to leave abusive situations or are at risk of returning to them due to economic dependence.[53] Providing tailored reintegration programs, including temporary housing, psychological counselling, skills training, and employment opportunities, ensures that survivors can rebuild their lives with dignity and in safety. Economic empowerment not only enhances their self-sufficiency but also contributes to broader social and economic development by reducing vulnerability and promoting gender equality.

The Employment Agency of the Republic of North Macedonia[54] is a public institution that implements employment measures and carries out professional, organizational, administrative, and other tasks related to employment and unemployment insurance. It provides support, assistance, and services to labour market participants including groups of people in vulnerable situations. There is a total of 30 Employment Centers[55] located across the larger municipalities, which means that citizens from 51 municipalities have to travel to another municipality to access the service. For victims of gender-based violence, this represents a significant challenge, as they face limited access to the necessary support and services. Traveling to a different municipality can be especially difficult for survivors, as they may experience further trauma or fear of retribution. This distance also creates barriers to timely and consistent access to essential resources, which can further impede their ability to seek help or protection.

As a first responder, the Employment Agency of North Macedonia plays a crucial role in the economic empowerment of gender-based violence survivors by facilitating their integration into the labour market. As stated in the Protocol for Inter-institutional cooperation[56], when protection

[53] Murthi M. (2024), Going to the root of inequality to end gender-based violence, World Bank, available online at https://blogs.worldbank.org/en/voices/going-to-the-root-of-inequality-to-end-gender-based-violence.
[54] Employment Agency of Republic of North Macedonia, https://av.gov.mk/.
[55] List of Employment Centers, available online at https://av.gov.mk/centri-za-vrabotuvanje.nspx.
[56] Protocol for Inter-institutional cooperation among competent entities for the implementation of measures for prevention, suppression, and protection from violence against women and domestic violence, (2023), Government of the Republic of North Macedonia, MKD version available online at https://www.mtsp.gov.mk/content/pdf/2023/protokoli/%D0%9F%D0%A0%D0%9E%D0%A2%D0%9E%D0%9A

measures are implemented, professionals from Center for Social Work notify the Employment Agency's relevant Employment Center to coordinate the survivor's inclusion in active employment measures. This includes participation in training and retraining programs tailored to their needs and opportunities, ultimately supporting their long-term economic independence and reducing the risk of returning to abusive situations. However, recent research[57] has shown that in many cases the CSW did not receive a formal answer by the local Employment Center on whether they have assisted the victim and supported her in finding a job or receiving training.

Therefore, training for career advisors and employees of the Employment Agency is essential to ensure they can effectively support victims of GBV and DV. These professionals play a crucial role in victims' reintegration by providing career guidance, facilitating access to employment opportunities, and connecting them with financial assistance programs. Specialized training will equip them with the knowledge to recognize signs of abuse, adopt a trauma-informed approach, and offer tailored support that meets the specific needs of survivors. By enhancing their skills, the agency can contribute to victims' long-term economic empowerment and independence, reducing their risk of returning to abusive situations.

The Agency of Employment of the Republic of North Macedonia was implementing the project titled "Activation of Vulnerable Groups in the Labour Market" funded by the European Union.[58] The project was implemented in the period September 2019 to March 2024. The total project budget amounts to €4,191,401, of which €3,000,000 was funded by the Delegation of the European Union/IPA, €349,768 came from national co-financing, and €841,633 was allocated from the budget of the Employment Agency of the Republic of North Macedonia. Among the groups in vulnerable situations, women victims of GBV, VAW or DV were included. As per Article 46 of the LPPVAWDV, the CSW are informing the Employment Centers about the need of economic empowerment and employment of a victim of GBV. However, there is no information if this project will continue.

Additionally, in 2024 the MSPDY developed the Program for the Reintegration of Victims of Violence – Employment Measures[59], which among other things focuses on the economic empowerment of women who have survived violence as a key element of their successful reintegration. The program emphasizes the creation of employment opportunities tailored to the individual needs of this group in vulnerable situations. According to the Annual Operational Plan

%D0%9E%D0%9B%20%D0%97%D0%90%20%D0%9C%D0%95%D0%83%D0%A3%D0%A1%D0%95%D0%91%D0%9D%D0%90%20%D0%A1%D0%9E%D0%A0%D0%90%D0%91%D0%9E%D0%A2%D0%9A%D0%90-%D0%9D%D0%90%D0%A1%D0%98%D0%9B%D0%A1%D0%A2%D0%92%D0%9E%20%D0%92%D0%A0%D0%97%20%D0%96%D0%95%D0%9D%D0%98%20%D0%98%20%D0%A1%D0%95%D0%9C%D0%95%D0%88%D0%9D%D0%9E%20%D0%9D%D0%90%D0%A1%D0%98%D0%9B%D0%A1%D0%A2%D0%92%D0%9E.pdf.

[57] Risteska M. & Trajanovska Lj. (2025), Mapping of services for victims of GBV and DV, UNFPA, [Manuscript submitted for publication].

[58] Employment Agency of Republic of North Macedonia (2024), Annual Program of the Employment Agency of the Republic of North Macedonia, MKD/ALB versions available online at https://av.gov.mk/content/Dokumenti/%D0%9F%D1%80%D0%BE%D0%B3%D1%80%D0%B0%D0%BC%D0%B0%20%D0%BD%D0%B0%20%D0%90%D0%92%D0%A0%D0%A1%D0%9C%202024%20%D1%81%D0%BE%20%D0%BF%D1%80%D0%B5%D0%B2%D0%BE%D0%B4.doc.

[59] The Program for the Reintegration of Victims of Violence – Employment Measures, MSPDY (2024), available online at https://www.mtsp.gov.mk/content/pdf/ednakvi%20moznosti/2023_2024/%D0%9F%D1%80%D0%BE%D0%B3%D1%80%D0%B0%D0%BC%D0%B0%20%D0%B7%D0%B0%20%D1%80%D0%B5%D0%B8%D0%BD%D1%82%D0%B5%D0%B3%D1%80%D0%B0%D1%86%D0%B8%D1%98%D0%B0%20%D0%BD%D0%B0%20%D0%B6%D1%80%D1%82%D0%B2%D0%B8%20%D0%BD%D0%B0%20%D0%BD%D0%B0%D1%81%D0%B8%D0%BB%D1%81%D1%82%D0%B2%D0%BE%20%D0%BD%D0%B0%20%D0%9C%D0%90%D0%9A.%D0%88%D0%90%D0%97..pdf.

for Active Employment Measures and Programs, unemployed women survivors of gender-based and domestic violence are eligible for support through self-employment programs (entrepreneurship), wage subsidies, and on-the-job training with subsidized employment. They may also participate in additional trainings, such as workplace training with a known employer, vocational qualification courses, skills acquisition programs, and training for high-demand occupations and trades. As women who face particular employment barriers, they are also eligible for public work engagement measures. Employment Center professionals should work closely with victims/survivors and CSW to monitor their progress, assist with applications, and support them in accessing their rights within these programs. However, the implementation of this program is pending.

Summary of questionnaire analysis: Employment Center employees as first responders to GBV (2021–2024)

Profile of respondents

A total of 47 employees from 25 Employment Centers participated in the survey. The majority were women (39), with a smaller number of men (7), and one respondent not disclosing their sex. Most held a Bachelor's degree (37), while others held a Master's (5), post-secondary vocational (3), or secondary education (1). Roles varied from senior and associate professionals in employment services to psychologists, counsellors, and heads of centers, with 35 respondents having more than six years of professional experience. This reflects a highly experienced workforce engaged in diverse employment support functions. A comprehensive overview is provided in Annex VI.

I Work with victims and perpetrators of GBV

Approximately one in three respondents (18) reported working directly with GBV, VAW, or DV victims—usually through referrals from CSW—offering career counselling, profiling, and inclusion in active employment measures. Two in three respondents (30) indicated no direct engagement with victims, reflecting gaps in institutional procedures or role clarity. Few respondents had experience with perpetrators, and even then, engagement was incidental through general services, not targeted interventions. This highlights a critical gap in structured mandates for perpetrator rehabilitation.

II Legal awareness and reporting obligations

Most respondents recognized their role in reintegration of GBV victims, as mandated by Article 99 of the LPPVAWDV. However, many did not identify reporting GBV as part of their duties, indicating insufficient understanding of legal obligations. Alarmingly, only two out of 45 respondents were fully familiar with the LPPVAWDV, and just as few were familiar with the Istanbul Convention. This significant legal literacy gap reinforces the need for focused training.

III Training gaps and participation

A major finding is that more than eight in ten respondents (42) reported either no or insufficient training on GBV. Only five professionals attended training between 2021 and 2024, often limited to general topics. Critical content such as reintegration, employer sensitization, trauma-informed approaches, and victim empowerment were rarely covered. Yet, participants who did receive training reported high satisfaction.

IV Institutional protocols and professional conduct

Two out of 13 respondents confirmed the existence of clear institutional protocols for handling GBV cases. Others either reported none, were unsure, or described informal practices. This indicates a pressing need for standardized, legally compliant internal procedures. While most professionals acknowledged the importance of treating victims with sensitivity, some held conflicting views about whether all clients should be treated equally to avoid stigma. This underscores the need for clearer ethical guidance and trauma-informed approaches.

V Perceptions, attitudes, and stereotypes

While most respondents supported gender equality and rejected violence-justifying beliefs, troubling attitudes persist. One-third agreed or were unsure about the belief that victims provoke violence. Misconceptions also remained around marital rape, psychological violence, and victim credibility. Many respondents held views suggesting that perpetrators are primarily mentally ill or substance abusers, or doubted their capacity for change. These findings point to the need for gender-transformative training to address underlying biases.

VI Impact of professional conduct and trust

Roughly, half of respondents acknowledged that institutional trust and professional behavior significantly affect a victim's decision to report or pursue legal action. However, many did not fully appreciate this influence, revealing a disconnect that can hinder effective engagement and survivor support.

VII Training needs and institutional recommendations

Most professionals called for comprehensive, role-specific, and in-person training—especially on legal frameworks, trauma-informed communication, referral procedures, and economic reintegration strategies. Respondents also stressed the need for clear internal protocols, employer sensitization, and addressing burnout risks among staff. There was strong support for continuous, multi-sectoral training aligned with the Employment Centers' legal and ethical responsibilities.

Employment Centers hold a critical role in the economic empowerment of GBV survivors, but lack of training, legal literacy, institutional guidance, and lingering harmful stereotypes undermine their effectiveness. Urgent investment in gender-transformative, legally grounded, and practice-based capacity building is essential to ensure that these institutions fulfil their mandate in supporting survivors' recovery, safety, and reintegration.

Chapter 2: Training for professionals as preventive measures: between international obligations and national practices

Training for professionals is a key preventive measure and important aspect of due diligence, ensuring a proactive approach in the response to the GBV, VAW and DV as emphasized in Article 15 of the Istanbul Convention. Effective training ensures that police officers, judiciary representatives, social workers, healthcare providers, educational workers and employment counsellors have the necessary knowledge and skills to identify, prevent, and respond to cases of violence in a gender-sensitive, trauma-informed manner while applying a victim/survivor-centered approach. While North Macedonia has made progress in aligning its policies with international obligations, gaps remain in the implementation of training programs. This chapter examines whether existing training initiatives meet the prevention and protection standards outlined in the Istanbul Convention and explores the nature and scope of any discrepancies between legal obligations and practical implementation. Identifying these gaps is essential to strengthening institutional capacities, ensuring accountability, and enhancing the overall effectiveness of the multi-sectoral response to GBV through targeted, sustainable, and legally grounded training initiatives.

Legal framework

This section explores the legal frameworks and international conventions that guide efforts to prevent and combat GBV, including VAW and DV, both in North Macedonia and internationally. Key instruments, such as the Istanbul Convention, CEDAW, and the EU Directive 2024/1385, along with national legislation and strategies, provide the foundation for the country's efforts to address and respond to GBV.

International legislation

The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence – Istanbul Convention

The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention)[60] is the most comprehensive European document on violence against women, providing a broad framework for action in prevention, protection, victim support, and perpetrator accountability. The Istanbul Convention was signed by the Republic of North Macedonia in 2011, however, the Government of the Republic of North Macedonia ratified it in 2017, and it came into force in 2018, marking the beginning of its implementation process.

The Istanbul Convention mandates comprehensive and continuous training for first responders, ensuring they:

- Identify and assess risk effectively;
- Respond to victims sensitively and without bias;
- Cooperate across sectors for victim-centered interventions;
- Avoid secondary victimization and
- Reinforce victim-centered approaches.

Article 7 of the Istanbul Convention emphasizes the need for comprehensive and coordinated policies to address violence against women. It requires governments to implement policies that

[60] Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence – Istanbul Convention (2011), available online at https://rm.coe.int/168008482e.

involve multiple stakeholders, ensuring a holistic response. A key obligation is to establish effective multi-agency cooperation, meaning that the first responders to GBV must work together. Successful collaboration, such as conducting risk assessments or creating safety plans, is more effective when structured by clear guidelines and protocols. To achieve this, professionals must receive adequate training on these procedures, ensuring they understand both their implementation and benefits.

Chapter III of the Istanbul Convention outlines both general and specific obligations for prevention, including the need for comprehensive training of professionals to equip them with the skills to recognize, respond to, and prevent violence against women. It emphasizes the importance of education, awareness-raising, and specialized programs to ensure that professionals across sectors can effectively contribute to prevention efforts. The training for professionals is regulated by Article 15 of the Convention, which establishes the requirement for systematic and continuous education for all relevant professionals who work with victims or perpetrators of violence. This includes both initial and in-service training to ensure that professionals are equipped with the necessary knowledge and skills to effectively prevent, identify, and respond to cases of violence.

The training must cover several key areas including:

- The prevention and early detection of violence,
- The principles of gender equality, and
- The rights and needs of victims.

Additionally, the trainings must emphasize the importance of preventing secondary victimization, ensuring that victims receive appropriate and sensitive support without experiencing further harm or trauma during legal, medical, or social interventions. Therefore, training not only should increase professionals' awareness of GBV, VAW and DV but it should also help shift their perspectives and behavior toward victims.[61] Additionally, it enhances the quality and effectiveness of the support services offered to those affected.

The implementing countries are encouraged to integrate training on coordinated multi-agency cooperation as part of the professional education. This training should equip professionals with the skills and knowledge needed to facilitate collaboration among relevant institutions, ensuring a holistic and effective approach to handling cases of violence covered by the Istanbul Convention. By fostering inter-agency coordination, the training aims to improve the referral process, enhance victim support services, and strengthen institutional responses to gender-based violence. By mandating this training, Article 15 of the Istanbul Convention aims to improve the quality of professional responses to violence, strengthen institutional support systems, and contribute to a more effective and victim-centered approach in addressing gender-based violence.

Furthermore, Article 16, paragraph 104 of the Explanatory Report emphasizes the need for specialized training for professionals working with perpetrators of GBV to prevent reoffending and promote behavioral change. This includes law enforcement officers, social workers, psychologists, and other relevant professionals who engage with offenders through intervention and treatment programs. The training aims to equip these professionals with the skills to implement effective rehabilitative measures that address the root causes of violent behavior, challenge harmful gender norms, and foster non-violent relationships. Additionally, the article

[61] Explanatory Report to the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (2011), para. 98, available online at https://rm.coe.int/1680a48903.

highlights the importance of ensuring that such programs prioritize victim safety and are integrated into broader multi-agency efforts to combat gender-based violence.

Article 14 highlights the critical role of educational professionals in promoting gender equality, mutual respect, and non-violence from an early age. It mandates the creation of teaching materials across all education levels (primary, secondary, and tertiary) to promote these values and raise awareness about different forms of violence.[62] Educational professionals are expected to utilize these materials, which should be adapted to the appropriate learning capacity of students at each stage, while allowing for flexibility in implementation based on the specific educational context and needs of learners. To effectively carry out these responsibilities, it is essential that educational professionals undergo training to understand gender equality, non-violent conflict resolution, and the impact of GBV. Such training would equip teachers to recognize harmful gender stereotypes, address instances of violence appropriately, and create an environment conducive to fostering mutual respect and equality.

Article 20 of the Istanbul Convention emphasizes the critical role of health and social services as the first point of contact for victims of gender-based and domestic violence. It mandates that these services are adequately resourced to address the long-term needs of victims, and underscores the importance of training health and social service staff on recognizing various forms of violence, understanding the specific needs of victims, and providing a supportive response. This ensures that professionals in these fields are equipped to offer effective and empathetic assistance to victims. Furthermore, Article 20 obliges public welfare services, including employment services, to address the specific needs of victims of gender-based and domestic violence. This includes ensuring that such services are accessible to victims, provide appropriate support, and are sensitive to the particular challenges and trauma faced by them. Employment agency personnel, along with other public service providers, are required to be trained to recognize and address the unique needs of GBV victims in a supportive and effective manner.

Article 50 of the Istanbul Convention emphasizes the need for law enforcement agencies to respond promptly and appropriately to victims of violence, ensuring immediate protection and engagement in prevention efforts. It highlights the importance of law enforcement personnel being trained to treat victims with sensitivity, including having specially trained staff, ideally female, to establish a relationship of trust between the victim and law enforcement personnel and provide appropriate support.

Moreover, Article 4 of the Istanbul Convention highlights the importance of addressing discrimination on various grounds, i.e., ethnic minorities, race, religion, marital status including gender, sexual orientation, gender identity and disability, particularly in the context of violence against women and domestic violence. It acknowledges that victims may still face discrimination from law enforcement or the judiciary when seeking help. In this regard, it is crucial that judges and public prosecutors receive specialized training to ensure they are equipped to handle cases of gender-based violence in a non-discriminatory, sensitive, and informed manner, addressing both the legal complexities and the unique needs of victims. This training would help to raise awareness around biases, improve the legal response, and ensure that victims are treated fairly and with respect throughout the judicial process. The Explanatory Report also highlights in paragraph 100: “When offering training for judicial professionals, such as judges, prosecutors, and lawyers, it is important to respect the independence and autonomy of the judiciary in organizing their own training programs.” This provision aims to emphasize that while training is

[62] Ibid. para. 100.

necessary, it should not interfere with the established rules governing the autonomy of legal professions.

GREVIO's Baseline Evaluation Report on legislative and other measures giving effect to the provisions of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) North Macedonia

The Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO)[63] Report is an evaluation mechanism that monitors the implementation of the Istanbul Convention by signatory countries. It assesses how effectively each country has adopted and applied the Convention's provisions, focusing on measures taken to combat violence against women and domestic violence. On 5 April 2022, North Macedonia submitted its first Baseline Report[64] in accordance with Article 68 of the Istanbul Convention.

GREVIO's Baseline Evaluation Report for North Macedonia[65] was published on 7 September 2023 and it provided an assessment of the national practices regarding professionals' training, among other aspects. While GREVIO recognized the efforts that have been taken by the country toward fulfilling the obligations of Article 15 of the Istanbul Convention, it also identified existing gaps. The Evaluation Report in paragraph 104 highlights the need for more extensive and systematic training for various professional groups to deepen their understanding of different forms of violence against women (beyond domestic violence), including its gendered nature, dynamics, and its connection to women's inequality with men. Ensuring both initial and ongoing training for all professionals in direct contact with women victims of domestic and gender-based violence is assessed as especially important.

In paragraph 105 GREVIO acknowledged the training of police officers and the development of gender-sensitive resources but urges further comprehensive training for all relevant professionals. Capacity building should address diverse forms of violence, the dynamics of abuse, and the prevention of secondary victimization, ensuring professionals can respond appropriately without reinforcing harmful stereotypes. Additionally, the Evaluation Report in paragraph 106, while emphasizing ongoing training for judges and public prosecutors, also highlights the need to expand the topics to cover the full spectrum of violence against women and the impact of post-separation violence. Following amendments to the Criminal Code in 2023 (read more in the section on National legislation), police officers, judges, public prosecutors, and other legal professionals should receive detailed training on the new legal provisions to ensure their proper and consistent application. Educational staff are already required to undergo training on gender equality, non-violent conflict resolution, and gender-based violence, with nearly 90% of primary school teachers having completed such training[66]. However, according to paragraph 110 of the Evaluation Report healthcare professionals, who often encounter victims first, need more

[63] Read more at https://www.coe.int/en/web/istanbul-convention/grevio.

[64] Report submitted by North Macedonia pursuant to Art. 68, para. 1 of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence – Baseline Report (2023), available online at https://www.ecoi.net/en/file/local/2071304/GREVIO-Inf-2022-5_State+Report+-+North+Macedonia.pdf.

[65] GREVIO Baseline Evaluation Report North Macedonia (2023), available online at https://rm.coe.int/baseline-evaluation-report-on-north-macedonia/1680ac76ab.

[66] Report submitted by North Macedonia pursuant to Art. 68, para. 1 of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence – Baseline Report (2023), available online at https://www.ecoi.net/en/file/local/2071304/GREVIO-Inf-2022-5_State+Report+-+North+Macedonia.pdf.

systematic initial and in-service training that covers all forms of violence against women, not just domestic violence. Social workers, though receiving continuous training through the Institute for Social Affairs, also require further training to cover all forms of violence against women as outlined in the Istanbul Convention.

The main challenges for North Macedonia in addressing violence against women, as identified by GREVIO, include:

Gaps in the implementation of legal provisions: Although the LPPVAWDV mandates training for professionals, there are challenges in fully implementing these provisions. The process of in-service training, particularly for police officers, was delayed due to Covid-19 restrictions and had not been fully restored by the end of the reporting period.

Insufficient coverage of training: Despite some efforts, not all relevant professionals, such as judges, public prosecutors, and probation officers, have received adequate training on all forms of violence against women. Training programs need to be expanded to include topics like the root causes of violence, the dynamics of abuse, and prevention of secondary victimization.

Lack of awareness among legal professionals: GREVIO noted a lack of awareness among judges and public prosecutors, who may not view violence against women as a serious crime, often attempting to mediate or reconcile victims and perpetrators. This leads to inappropriate responses, including advising victims to return to perpetrators.

Inadequate training for expert witnesses and the probation service: Professionals involved in judicial decision-making, such as the probation service or expert witnesses in child custody cases, lack appropriate training on gender-based violence, which can impact their ability to make informed decisions.

Inconsistent and voluntary training for judges and prosecutors: Despite mandatory training for judges and public prosecutors, the choice of the topic for training is often left to their discretion. This has led to inconsistent training and insufficient coverage of critical areas, such as the dynamics of domestic violence and post-separation violence.

Need for in-depth training on new legal provisions: In light of recent amendments to the Criminal Code, police officers, judges, public prosecutors, and all relevant legal professionals require in-depth training to ensure consistent and systematic application of the new legal provisions in practice.

Training gaps for educational and healthcare professionals: Although the Ministry of Education and Science mandates continuous education on gender equality and non-violent conflict resolution for educational staff, healthcare professionals and social workers, more systematic and comprehensive training on all forms of violence against women, including sexual violence, and their causes and consequences is needed. Training for healthcare professionals, in particular, is often limited to domestic violence and does not fully address other forms of violence covered by the Istanbul Convention.

Need for up-to-date training for social workers: While social workers receive some training on domestic violence, the training programs should be expanded to include all forms of violence against women as outlined in the Istanbul Convention, which remains a gap in ensuring adequate support for victims.

Limited multi-agency cooperation: There is a need for enhancing coordinated multi-agency cooperation in addressing gender-based violence, which is essential for a more comprehensive response across various sectors, including law enforcement, judiciary, and social services.

In conclusion, North Macedonia lacks a systematic and mandatory training program for all relevant professionals on gender-based violence, with the current focus predominantly on domestic violence, leaving other forms of violence underrepresented. To address this, there is a need for comprehensive training on all forms of violence covered by the Istanbul Convention, with a focus on the gendered dynamics of violence. Legal requirements for maintaining a register of trained professionals have not been fully implemented. Clear protocols and guidelines should be developed, in line with the Istanbul Convention, to ensure an effective response to violence. Additionally, CSOs should be involved in creating and updating training materials, and regular evaluations of training outcomes should be institutionalized. GREVIO encourages the authorities to ensure all professionals receive consistent and mandatory training, covering topics such as digital violence, post-separation violence, and the impact of witnessing violence on children. Training should prioritize victims' rights, safety, and empowerment, and be developed in close cooperation with women's CSOs.

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)[67] is a landmark international treaty adopted by the United Nations General Assembly in 1979. It serves as a comprehensive framework for advancing women's rights and achieving gender equality by addressing discrimination in political, economic, social, and cultural spheres. North Macedonia ratified CEDAW on 18 January 1994, and the Convention entered into force on 17 February 1994. Since then, North Macedonia has been obligated to align its national laws, policies, and practices with the principles of the Convention, ensuring the elimination of discrimination and protection of women's rights in all areas of life.

CEDAW addresses GBV through its general provisions on discrimination and the protection of women's rights. While the original text of CEDAW (adopted in 1979) does not explicitly mention GBV, the CEDAW Committee has clarified state obligations regarding GBV through General Recommendations (GRs), particularly:

- General Recommendation No. 19 (GR 19) (1992), paragraph 24[68]: Recognizes GBV as a form of discrimination against women and urged states to take legal, policy, and practical measures to prevent and respond to violence against women. Moreover, it emphasizes the need for gender-sensitive training of judicial, law enforcement, and other public officials to ensure the effective implementation of measures addressing GBV. It also calls for the provision of protective and support services for victims, reinforcing the importance of a coordinated and trained response in preventing and addressing violence.

- General Recommendation No. 35 (GR 35) (2017)[69] strengthened GR 19 by explicitly stating in paragraph 1 that GBV is a violation of women's human rights and an impediment to gender equality. Furthermore, within paragraph 31 it obligates states to ensure comprehensive protection, access to justice, and support services for victims. According to GR 35 paragraph 23, states are responsible for preventing GBV by their organs and agents through training, enforcement of laws, and monitoring mechanisms. This includes ensuring that officials in

[67] The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), available online at https://www.ohchr.org/sites/default/files/cedaw.pdf.
[68] CEDAW General Recommendation No. 19, para. 24 (1992), available online at https://www.refworld.org/legal/resolution/cedaw/1992/en/96542.
[69] CEDAW General Recommendation No. 35 (2017), available online at https://digitallibrary.un.org/record/1305057/files/CEDAW_C_GC_35-EN.pdf?ln=en.

executive, legislative, and judicial branches receive adequate training on GBV prevention, legal frameworks, and non-discrimination obligations.

Moreover, GR 35 paragraph 30, emphasizes the need for mandatory, recurrent, and effective training for professionals involved in preventing and addressing GBV against women. This includes the judiciary, law enforcement, healthcare professionals, social workers, and educators, among others. The training should focus on gender stereotypes and biases, the impact of trauma and power dynamics in intimate partner violence, and legal provisions and victim rights. Additionally, it highlights the importance of proper documentation, coordination among institutions, and ensuring victim privacy and informed consent to improve institutional responses and prevent re-victimization.[70]

CEDAW requires states to take all appropriate measures to eliminate discrimination, including GBV, by ensuring:

- Legal frameworks criminalizing GBV and providing remedies for victims.
- Prevention strategies such as education and awareness campaigns.
- Protection measures like shelters, counselling, and access to justice.
- Support services including medical, psychological, and financial aid.

Through these obligations, CEDAW serves as a foundational international framework for combating GBV and ensuring protection and justice for victims.

The Convention on the Rights of the Child (CRC)

The Convention on the Rights of the Child (CRC)[71], adopted by the United Nations in 1989, is a foundational human rights instrument that obliges States parties to protect children from all forms of violence. It establishes the child's right to protection, participation, survival and development, and underscores the importance of safeguarding children in all settings—family, school, community, and institutions. In the context of GBV, the CRC, Article 19. paragraph 1, requires States parties to take "[…] all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse [...]".

Committee on the Rights of the Child and prevention of gender-based violence against children

In its 2011 *General comment No. 13 (2011) The right of the child to freedom from all forms of violence* (CRC GC 13), the UN Committee on the Rights of the Child (CRC) acknowledged the "gender dimensions of violence against children" and called on States parties to ensure "that policies and measures take into account the different risks facing girls and boys in respect of various forms of violence in various settings." It further demanded that states should "address all forms of gender discrimination as part of a comprehensive violence-prevention strategy" and pointed out that this included the addressing of gender-based stereotypes, power imbalances, inequalities and discrimination which support and perpetuate the use of violence and coercion in the home, in school and educational settings, in communities, in the workplace, in institutions and in society more broadly."[72] The document also obliges states that during judicial proceedings,

[70] Ibid. para. 30.
[71] Convention on the Rights of the Child (1989), General Assembly resolution 44/25, available online at https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child.
[72] Committee on the Rights of the Child (2011) General comment No. 13 (2011) The right of the child to freedom from all forms of violence, CRC/C/GC/13, para. 72(b).

"[child victims of violence should be treated in a child-friendly and sensitive manner throughout the justice process, taking into account their personal situation, needs, age, gender, disability and level of maturity and fully respecting their physical, mental and moral integrity".[73]

CRC GC 13 also emphasizes the importance of proactively preventing all forms of violence against children as well as of providing training to relevant stakeholders. For governmental and civil society professionals and institutions, the document emphasizes the necessity of "[providing initial and in-service general and role-specific training (including inter-sectoral where necessary) on a child rights approach to article 19" of the CRC which obliges states to protect children from abuse and neglect including any form of violence against children. Furthermore, it requires the application of such an approach in practice, for all professionals and non-professionals working with, and for, children. The provision also contains potential target groups for trainings, such as "teachers at all levels of the educational system, social workers, medical doctors, nurses and other healthcare professionals, psychologists, lawyers, judges, police, probation and prison officers, journalists, community workers, residential caregivers, civil servants and public officials, asylum officers and traditional and religious leaders)".[74] CRC GC 13 also calls for the development of "officially recognized certification schemes in association with educational and training institutions and professional societies in order to regulate and acknowledge such training."[75]

The Convention on the Rights of Persons with Disabilities (CRPD)

The Convention on the Rights of Persons with Disabilities (CRPD)[76] explicitly recognizes that persons with disabilities, particularly women and girls, are at heightened risk of gender-based violence, exploitation, and abuse (Articles 6 and 16). The CPRD obliges States parties to take all appropriate measures to prevent and respond to such violence, ensuring accessible services, protection mechanisms, and support that respect the dignity, autonomy, and rights of persons with disabilities.

Committee on the Rights of Persons with Disabilities and GBV against women and girls with disabilities

In 2016, the Committee on the Rights of Persons with Disabilities (CRPD) published General comment No. 3 (2016) on women and girls with disabilities (CRPD GC 3), which acknowledged violence against women and girls with disabilities as one major field of concern with respect to protecting their rights. CRPD GC 3 elaborates on many different forms of violence against women and girls with disabilities and indicates state omission to address these human rights violations appropriately. Amongst others, the document points out the "lack of awareness, training and policies to prevent harmful stereotyping of women with disabilities by public officials, be they teachers, health service providers, police officers, prosecutors or judges, and by the public at large can often lead to the violation of rights."[77] Accordingly, CRPD GC 3 underlines the duty of States parties "to exercise due diligence by preventing violence or violations of human rights, protecting victims and witnesses from violations, investigating, prosecuting and punishing those responsible, including private actors, and providing access to redress and reparations where

[73] Ibid., para. 54 (b).
[74] Ibid., para. 44 (d(i)).
[75] Ibid., para. 44 (d(ii)).
[76] Convention on the Rights of Persons with Disabilities (CRPD) (2006), available online at https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities.
[77] Committee on the Rights of Persons with Disabilities (2016) General comment No. 3 (2016) on women and girls with disabilities, CRPD/C/GC/3, para. 17.

human rights violations occur. For example, States parties could promote the training of professionals in the justice sector to make sure that there are effective remedies for women with disabilities who have been subjected to violence."[78]

The International Covenant on Economic, Social and Cultural Rights (ICESCR)

The International Covenant on Economic, Social and Cultural Rights (ICESCR)[79] plays a crucial role in addressing gender-based violence (GBV) through its recognition of the right to the highest attainable standard of health, including sexual and reproductive health as articulated in Article 12. General Comment No. 22 (2016) of the Committee on Economic, Social and Cultural Rights elaborates on this right, explicitly linking GBV to violations of sexual and reproductive health rights. It recognizes that GBV, including sexual violence, harmful practices such as child and forced marriage, and denial of reproductive autonomy, are significant barriers to the realization of these rights (paragraphs 5, 7, 33). The General Comment calls on States to adopt comprehensive strategies to eliminate such violence, ensure access to health services, and address the underlying social and cultural norms that perpetuate discrimination and abuse (paragraphs 59–60). As such, the ICESCR and its interpretative guidance provide a strong normative foundation for integrating GBV prevention, survivor support, and legal protections within broader efforts to fulfil sexual and reproductive health rights.

EU Directive 2024/1385 of the European Parliament and of the Council on combating violence against women and domestic violence (the Directive)

On 7 May 2024, the European Parliament and the Council of the European Union approved the EU Directive on combating violence against women and domestic violence[80]. Member States are required to incorporate the Directive into their national laws and policies by 14 June 2027. The purpose of this Directive is to establish a comprehensive framework to prevent and address violence against women and domestic violence across the EU by strengthening measures in areas such as criminal offence definitions, victim protection, justice access, support, data collection, prevention, and coordination. As an aspiring EU candidate member, North Macedonia should also adhere to and fulfil the requirements outlined in this Directive.

In regard to training as a preventive measure, in Recital 6 the Directive highlights the need of Member States to consider the heightened risk of GBV faced by victims of intersectional discrimination and ensure that training for professionals, victim support, and protection measures are tailored to address their specific needs. Hence, the Directive requires Member States to ensure that relevant officials likely to encounter victims of GBV receive appropriate training and information. Article 37 includes training for court staff, lawyers, prosecutors, judges, victim support practitioners, and those handling restorative justice services, tailored to their specific roles. Training should cover victim support services, psychological support, preventing intimidation and repeat victimization, as well as sexual harassment at work, and addressing third-party violence (Article 37). Moreover, to combat underreporting, according to Article 36 of the Directive, training should also address harmful gender stereotypes and prevention strategies, particularly for law enforcement authorities interacting with at-risk groups and victims.

[78] Ibid., para. 26.
[79] International Covenant on Economic, Social and Cultural Rights (1966), available online at https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights.
[80] Directive 2024/1385 on combating violence against women and domestic violence (2024), available online at https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:L_202401385.

Article 36 of the Directive outlines the training and information requirements for professionals including first responders to GBV, VAW and DV. Member States are required to ensure that police officers, court staff, healthcare professionals, social service workers, and educational staff receive both general and specialist training on identifying, preventing, and addressing GBV, while being sensitive to trauma, gender, and child-specific needs. Judges and prosecutors involved in criminal proceedings must also receive relevant human-rights based training, victim centered and gender, disability and child sensitive (Article 36, paragraph 3). Additionally, healthcare professionals including paediatricians, gynaecologists, obstetricians, midwives and healthcare staff must be trained to report cases of VAW or DV when they have reasonable grounds to believe someone is at imminent risk of serious physical harm (Article14, paragraph 4); to provide "individual assessment to identify victims' protection needs" (Article 16); as well as to address the consequences of female genital mutilation (Article 27). Moreover, authorities receiving reports of offences must be trained to assist victims and avoid secondary victimization (Recital 49). Finally, training should include follow-up on cybercrimes (Articles 5 to 8) and address the needs of victims facing intersectional discrimination (Article 36, paragraph 10).

National legislation

Law on Prevention and Protection from Violence against Women and Domestic Violence

On 27 January 2021, the Parliament of the Republic of North Macedonia adopted the Law on Prevention and Protection from Violence Against Women and Domestic Violence[81] (LPPVAWDV). This legislation established a comprehensive framework for institutional responses to gender-based and domestic violence, ensuring due diligence in prevention measures, victim protection, inter-institutional coordination, and data collection. The primary objective of the law is to prevent and combat gender-based violence against women and domestic violence while guaranteeing effective support and protection for victims. It aligns with the fundamental human rights and freedoms enshrined in the Constitution of North Macedonia and international treaties ratified by the country, in particular the Istanbul Convention. Additionally, the law is grounded in principles of equality and the elimination of gender-based stereotypes, reinforcing a commitment to creating a society free from violence and discrimination.

According to Article 11 of the LPPVAWDV, all state authorities, courts, public prosecutors, local self-government units, and legal entities with public powers are responsible for implementing this law. These entities are required to ensure that the tasks within their scope of responsibility are carried out by trained professionals who are qualified to effectively enforce the provisions of this law.

Role of the Ministry of Social Policy, Demography and Youth (MSPDY)

The Ministry of Social Policy, Demography and Youth (MSPDY) plays a key role in the prevention and protection of women from gender-based violence and victims of domestic violence, as outlined in Article 17[82] of the LPPVAWDV. Its responsibilities include developing policies aimed at preventing and addressing such violence, ensuring comprehensive support for victims. Additionally, the Ministry is responsible for designing and implementing initial and continuous training programs for professionals providing specialized services to women survivors and victims of domestic violence. These training programs, conducted through the Institute for Social

[81] Law on Prevention and Protection from Violence Against Women and Domestic Violence (2021), MKD version available online at https://www.mtsp.gov.mk/content/pdf/2021/1a28a922f364401e94935d4d694b9d75.pdf.
[82] Ibid.

Affairs, equip professionals in Centers for Social Work (CSW) with the necessary skills to effectively carry out their responsibilities in responding to gender-based and domestic violence cases. Through these measures, the Ministry strengthens institutional capacities and enhances the overall protection system for survivors.

Additionally, the MSPDY plays a crucial role in overseeing and ensuring the quality of training programs related to gender-based violence against women and domestic violence. As part of its responsibilities, the MSPDY grants approval for initial and continuous education programs conducted by the Ministry of Interior, the Ministry of Health, and the Ministry of Justice. Additionally, it provides expert opinions on the training programs implemented by the Academy of Judges and Public Prosecutors. To further strengthen institutional capacities on a national level, the Ministry is also obliged to maintain a registry of trained professionals qualified to deliver these educational programs. In 2025, the MSPDY has developed and adopted a Rulebook on the format, content, and manner of maintaining the Register of trained persons for the implementation of initial and continuous education on GBV against women and DV[83]. Its implementation is still pending, leaving the register of trained professionals non-operational. By fulfilling these responsibilities, the MSPDY should contribute to the standardization and effectiveness of training efforts aimed at preventing and addressing GBV, including VAW and DV.

Role of the Ministry of Interior (MoI)

The police officers, in most of the cases, are the first responders when a victim reports GBV, VAW or DV in North Macedonia. According to Article 18[84] of the LPPVAWDV, the Ministry of Interior (MoI) plays a crucial role in addressing gender-based violence, including VAW and DV. Its responsibilities include developing policies aimed at preventing and protecting women from such violence, as well as ensuring support for victims. Additionally, the MoI is tasked with designing and implementing initial and continuous training programs for police officers involved in preventing and responding to cases of gender-based and domestic violence. These training programs, which require approval from the Ministry of Social Policy, Demography and Youth, are essential for equipping law enforcement officers with the necessary knowledge and skills to effectively handle cases and provide appropriate support to survivors.

Role of the Ministry of Justice

The Ministry of Justice has a principal part in strengthening the legal response to gender-based violence against women and domestic violence according to Article 20[85] of the LPPVAWDV. It is responsible for developing an initial and continuous education program for authorized officials within the Ministry, accredited associations, legal clinics, and lawyers who provide legal protection to victims. This program is submitted to the MSPDY for approval. Additionally, the Ministry of Justice conducts specialized training for authorized free legal aid providers to ensure they are equipped to offer effective support and assistance to survivors. Certified trainers registered with the MSPDY should deliver these training sessions, ensuring a standardized and high-quality approach to legal aid for victims of gender-based and domestic violence.

[83] Rulebook on the Format, Content, and Manner of Maintaining the Register of Trained Persons for the Implementation of Initial and Continuous Education on Gender-Based Violence Against Women and Domestic Violence, MSPDY (2025), available online at https://www.mtsp.gov.mk/content/pdf/pravilnici_ednakvi_moznosti/pravilnik_67_25_mkd.pdf.

[84] Law on Prevention and Protection from Violence Against Women and Domestic Violence (2021), MKD version available online at https://www.mtsp.gov.mk/content/pdf/2021/1a28a922f364401e94935d4d694b9d75.pdf.

[85] Ibid.

Role of the Academy of Judges and Public Prosecutors (AJPP)

The Academy of Judges and Public Prosecutors (AJPP) is responsible for strengthening the judicial response to gender-based and domestic violence. It develops and implements initial and continuous training programs for judicial candidates, judges, and public prosecutors on the protection of women survivors of gender-based violence and domestic violence. These programs are submitted to the MSPDY for review. Additionally, the AJPP conducts training sessions for these professionals through certified trainers registered with the MSPDY, ensuring a specialized and informed judicial approach to handling such cases.

Role of the Ministry of Health

According to Article 19[86] of the LPPVAWDV, the Ministry of Health is responsible for developing and implementing training programs aimed at enhancing the capacity of healthcare professionals in responding to gender-based violence against women and domestic violence. As part of its mandate, the Ministry prepares an initial and continuous education program for healthcare workers involved in the protection and support of victims. This program is submitted to the MSPDY for approval. Additionally, the Ministry of Health conducts specialized training to ensure that healthcare professionals can effectively identify, care for, and assist women who have experienced gender-based and domestic violence.

Role of the Ministry of Education and Science (MES)

The role of the Ministry of Education and Science (MES) in preventing GBV and DV is regulated under Chapter V of the LPPVAWDV. According to Article 35[87], the Ministry is responsible for implementing both general and specific preventive measures. The MES should conduct initial and continuous training for educational staff on gender equality, non-violent conflict resolution, and respect for diversity, as well as information on all forms of GBV, VAW and DV, and comprehensive sexuality education through the Bureau for Development of Education. Additionally, gender-sensitive education at all levels is essential for preventing GBV and preparing future professionals to respond effectively. By challenging harmful gender norms early, creating inclusive and respectful learning environments, and fostering critical thinking about power and inequality, such education lays the foundation for a culture of non-violence and gender equality. Integrating GBV awareness into curricula across disciplines such as education, law, health, security, and social work ensures that future professionals are equipped to recognize, prevent, and respond to GBV with empathy, competence, and a victim/survivor-centered approach.

Role of the Employment Agency

Article 99[88] of the LPPVAWDV regulates the reintegration of victims of GBV and DV. The reintegration program includes temporary housing, psychological counselling with mentorship, various forms of financial assistance specifically for women victims of violence, access to education and training in different fields, as well as legally established employment measures tailored to the specific needs of victims. The Employment Agency is in charge of implementing the employment measures for vulnerable groups of people, including victims of GBV, VAW and DV.

Reporting of GBV by officials

Responsible and managerial personnel within institutions operating in the fields of social and child protection, employment, internal affairs, healthcare, and education are obligated to report

[86] Ibid.
[87] Ibid.
[88] Ibid.

any knowledge or suspicion of gender-based violence against women and domestic violence. Such reports must be submitted to a police station or a CSW to ensure appropriate intervention and support for victims (Articles 40 and 41). In order to effectively fulfil this responsibility, it is essential that all public officials working in these sectors receive specialized training on recognizing the signs of GBV, VAW, and DV. This training should equip them with the necessary skills to identify indicators of abuse, understand the dynamics of violence, and respond appropriately in line with legal and institutional protocols.

Role of CSOs

Civil society organizations (CSOs) play a crucial role in the implementation of the LPPVAWDV by providing initial and continuous training for professionals involved in prevention and protection efforts. They should ensure that those working with survivors receive specialized, high-quality education delivered by trainers registered with the MSPDY. Through their expertise, CSOs contribute to capacity building, awareness raising, and advocacy, strengthening the overall response to gender-based and domestic violence in North Macedonia.

Role of the Multi-Sector Expert Team

The Multi-Sector Expert Team according to Article 55 of the LPPVAWDV, plays a crucial role in situations where the life and health of women victims of GBV, including VAW and DV, as well as family members, are at risk. The team is responsible for creating a safety plan to assist the victim. This team is formed by the relevant CSW and includes representatives from the local police station, and health institution, ensuring coordinated actions to provide appropriate help based on the victim's needs. Additionally, representatives from CSOs can participate in the team, offering recommendations and implementing measures outlined in the safety plan as well as educational professionals. In cases where a child's life and health are at risk, the team also includes specific measures to protect the child within the plan.

Criminal Code

In 2023, amendments to the Criminal Code were adopted to align it with the Istanbul Convention. These changes introduced new criminal offenses and revised existing ones. Notably, sexual harassment, female genital mutilation and stalking were established as new crimes, with sexual harassment explicitly including harassment via electronic communication. The amendment of the crime of murder is particularly significant, as it now includes the killing of a woman or girl under 18 during gender-based violence as an aggravated form of the offense, contributing to the legal recognition of femicide. The definition of domestic violence was expanded to include psychological and economic abuse. Additionally, the crime of rape was comprehensively redefined as sexual assault and rape, emphasizing the absence of clear consent in the context of the case's circumstances as the key element, while the use of force or threat is considered an aggravating factor, in line with international standards. The amendments included the recognition of marital or intimate partner rape as an aggravated form of the basic offense.

Gender Equality Strategy 2022-2027

The Gender Equality Strategy of North Macedonia 2022-2027[89] highlights the connection between sexism and gender-based violence, stressing the need to address gender stereotypes in

[89] Gender Equality Strategy 2022-2027, MKD version available online at https://www.mtsp.gov.mk/content/pdf/2022/strategija_/%D0%A1%D1%82%D1%80%D0%B0%D1%82%D0%B5%D0%B3%D0%B8%D1%98%D0%B0_%D0%B7%D0%B0_%D1%80%D0%BE%D0%B4%D0%BE%D0%B2%D0%B0_%D0%B5%D0%B4%D0%BD%D0%B0%D0%BA%D0%B2%D0%BE%D1%81%D1%82_2022_2027.pdf.

media, education, and culture. It calls for promoting equality, sanctioning sexist hate speech, and building capacities to recognize these issues. The strategy emphasizes the alignment of standards on legal frameworks, support services, and prevention measures for GBV with the Istanbul Convention. It also calls for gender-disaggregated data collection and strengthening the capacity of police and social workers to identify and support victims of human trafficking.

The strategy emphasizes the need for training for first responders, particularly those working with victims of GBV. Key capacity-building challenges include insufficient training of staff in institutions such as the police and judiciary, which limits their ability to properly recognize and respond to GBV cases. The indicator for success is the establishment of a regular training system for employees, including the number of trained staff per institution and cases of sexual harassment and online stalking handled by the MoI and the public prosecution, ensuring they are equipped to address various forms of GBV effectively.

National Action Plan for Gender Equality 2022-2024

The National Action Plan for Gender Equality 2022-2024[90] emphasizes the importance of combating GBV through strengthened institutional responses, particularly by law enforcement and the judiciary. A key priority is the establishment of a system for regular training of institutional staff to ensure proper identification and handling of various forms of GBV. This includes integrating specialized training modules on gender equality and domestic violence into the MoI's education programs. Police officers at both central and regional levels receive continuous basic and advanced training on proactive identification methods and indicators for detecting potential and actual victims, with a focus on women and girls. These efforts aim to enhance first responders' capacity to provide early intervention and victim-centered support, ensuring compliance with international standards such as the Istanbul Convention.

Protocol for Inter-institutional cooperation among competent entities for the implementation of measures for prevention, suppression, and protection from violence against women and domestic violence[91]

The primary objective of the Protocol is to ensure effective collaboration and coordination among relevant institutions, serving as a fundamental prerequisite for the prompt and efficient protection, assistance, and support of women survivors of violence and domestic abuse. Additionally, it aims to prevent future violence and hold perpetrators accountable. The multi-sectoral response to violence against women and domestic violence, as stated in the Protocol, is based on victim-centered principles, emphasizing strong collaboration, integrated services, and preventive measures. Institutions and professionals are expected to uphold accountability while ensuring sustainability, regardless of external changes. The responsible entities collaborate

[90] National Action Plan for Gender Equality 2022-2024, MKD version available online at https://www.mtsp.gov.mk/content/word/2023/%D0%9D%D0%90%D0%9F%D0%A0%D0%95%202022-2024.docx.

[91] Protocol for Inter-institutional cooperation among competent entities for the implementation of measures for prevention, suppression, and protection from violence against women and domestic violence, (2023), Government of the Republic of North Macedonia, MKD version available online at https://www.mtsp.gov.mk/content/pdf/2023/protokoli/%D0%9F%D0%A0%D0%9E%D0%A2%D0%9E%D0%9A%D0%9E%D0%9B%20%D0%97%D0%90%20%D0%9C%D0%95%D0%83%D0%A3%D0%A1%D0%95%D0%91%D0%9D%D0%90%20%D0%A1%D0%9E%D0%A0%D0%90%D0%91%D0%9E%D0%A2%D0%9A%D0%90-%D0%9D%D0%90%D0%A1%D0%98%D0%9B%D0%A1%D0%A2%D0%92%D0%9E%20%D0%92%D0%A0%D0%97%20%D0%96%D0%95%D0%9D%D0%98%20%D0%98%20%D0%A1%D0%95%D0%9C%D0%95%D0%88%D0%9D%D0%9E%20%D0%9D%D0%90%D0%A1%D0%98%D0%9B%D0%A1%D0%A2%D0%92%D0%9E.pdf.

based on clearly defined principles to ensure maximum support and protection for women victims of violence and domestic violence. These principles include prioritizing victims' safety, rights, and needs while ensuring immediate and effective protection. Institutions and professionals are obligated to act swiftly and responsibly to prevent re-victimization, which can occur due to repeated exposure to perpetrators, insensitive questioning, or institutional negligence.

Confidentiality is crucial, as victims must trust that their cases are handled with discretion. Professionals share only essential information for victim protection, ensuring secure data storage. Victims must provide informed consent for services offered, receiving information in an understandable manner. Services should be tailored to victims' needs, considering their vulnerabilities and possible risks of experiencing repeat violence. Perpetrators are held accountable, and victims have access to justice without bearing the burden of proof. Protection measures are applied without discrimination, ensuring equal access regardless of ethnicity, gender, sexual orientation, or other identity categories. However, mutual trainings on GBV among the implementing institutions are not regulated with this Protocol. Authorities are only tasked with promoting gender equality and eliminating harmful stereotypes through ongoing training programs that address cultural, religious, and traditional biases. This gap in mandatory and structured training presents a significant challenge to ensuring that first responders, including law enforcement, social workers, healthcare providers, and legal professionals, are adequately equipped to fulfil their obligations under the Protocol.

Comprehensive and continuous training is crucial for first responders to develop the necessary skills to recognize, assess, and respond effectively to gender-based violence cases. Without proper training, there is a risk of inconsistent or inadequate responses, which may lead to further harm, secondary victimization, or even the dismissal of cases due to procedural errors. First responders must be trained not only on the legal framework and available services but also on trauma-informed approaches, victim-centered communication, and risk assessment techniques. Additionally, addressing cultural, religious, and traditional biases in training is essential to dismantling harmful stereotypes that may influence decision-making and interactions with victims. Implicit biases can lead to victim-blaming attitudes or reluctance to take cases seriously, which discourages survivors from seeking help and accessing justice. Regular and mandatory inter-agency training would foster collaboration among institutions, ensuring a coordinated and efficient response that prioritizes the safety and well-being of victims. Investing in the continuous education of first responders ultimately strengthens the overall response system, enhances trust in institutions, and contributes to a victim-centered approach that aligns with international human rights standards.

National Employment Strategy 2021-2027

The National Employment Strategy 2021-2027[92] emphasizes the importance of establishing an effective system of employment services and social inclusion to support vulnerable groups, including victims of GBV. It highlights the need to enforce employment protection laws and develop, monitor, and evaluate policies aimed at integrating marginalized groups into the labour market. Goal 5 underscores the role of targeted employment services and programs in enhancing social inclusion, specifically for youth, women, long-term unemployed individuals, and other at-

[92] National Employment Strategy 2021-2027, MKD version available online at https://www.mtsp.gov.mk/content/pdf/2021/trud/NSV%202021-2027%20i%20NPV2021-2023.pdf.

risk groups. The Outcome 3.4 of the Employment Action Plan 2021-2023[93] reinforces this commitment by ensuring that the Employment Agency of North Macedonia can implement tailored employment services and programs designed to facilitate the labour market integration of vulnerable populations, including GBV victims. However, the strategy does not explicitly mention victims of violence, aiming to protect them from potential discrimination by employers[94] and therefore includes them in the group of vulnerable people. At the same time, neither the Strategy nor the Employment Action Plan for the period 2021-2023 provide for training of the staff of Employment Centers on how to work with and support these vulnerable groups, which could limit the effectiveness of employment programs for GBV survivors.

[93] Ibid.

[94] Interview_02-25_2025-02-17.

Chapter 3: Advancing GBV training for professionals as preventive measures

Advancing gender-based violence prevention in North Macedonia requires a multi-stakeholder approach that strengthens the capacities of key actors involved in prevention efforts. This chapter explores concrete actions that can enhance the effectiveness of preventive measures by focusing on the roles of the government and the relevant ministries, civil society organizations and intergovernmental organizations. It examines how the government and competent ministries can improve professional training by specifying topics, developing essential skills, promoting effective behaviors and approaches as well as allocating resources. Furthermore, it outlines the ways in which CSOs can contribute to prevention through direct engagement, advocacy, and monitoring, while IGOs can provide crucial support by monitoring policy implementation and fostering collaboration. By identifying specific opportunities for action, this chapter aims to bridge gaps in the current prevention framework and strengthen North Macedonia's response to GBV.

Training needs of Inter-municipal Centers for Social Work professionals

Centers for Social Work (CSW) represent a cornerstone in North Macedonia's institutional response to gender-based violence (GBV), serving as both the first point of contact and a sustained support mechanism for survivors. In line with Article 20 of the Istanbul Convention and Article 17 of the LPPVAWDV, CSW professionals are legally mandated to ensure survivor safety, provide psychosocial support, and implement protective measures. However, despite their critical role, the research findings reveal that current training provision remains fragmented, inconsistent, and inadequately aligned with the evolving needs of both survivors and professionals.

Between 2021 and 2024, CSW professionals participated in various training programs organized by state institutions, CSOs, and international partners. Topics covered include legal frameworks, victim support, case management, and intersectionality. Despite this, only six of the 79 surveyed professionals reported receiving fully adequate training upon entering their role, while almost two in three respondents (48) felt their training was either insufficient or entirely lacking. Additionally, almost half respondents (34) had not attended any GBV-related training since the adoption of the LPPVAWDV. This reveals a significant capacity gap in ensuring rights-based, trauma-informed, and coordinated responses to GBV, particularly in complex or intersectional cases.

Advancing GBV training for professionals, particularly first responders, is a crucial preventive measure that can significantly improve how these cases are handled within institutions such as Centers for Social Work. According to the research findings, while there has been an emphasis on foundational training in GBV, including prevention and detection, national legal frameworks, and the immediate needs and rights of victims, there is a growing recognition of the need for specialized training that addresses the complexities of handling cases of GBV, especially in diverse and marginalized groups. Despite foundational knowledge being established, there is a lack of focus on intersectional approaches to domestic and gender-based violence, which is particularly important for understanding and addressing the unique situations of women from marginalized communities such as migrants, Roma women, women with disabilities, and LGBTIQ+.

Equally concerning is the insufficient attention given to preventing secondary victimization during interactions with institutions. The research reveals that secondary victimization—where victims are re-traumatized by how institutions respond to their case—remains a critical gap in

training. Moreover, there is a lack of focus on tools for early identification of cases and efficient case management, which limits the system's ability to provide timely and appropriate support. The coordinated multi-institutional cooperation also requires strengthening, as it is essential for ensuring an integrated, victim/survivor-centered response across sectors. A rights-based and gender-equal approach should guide responses to GBV, ensuring that all victims receive appropriate, respectful, and tailored support. Expanding training in these areas is necessary for improving the quality of services and interventions for GBV survivors.

Survey responses also underscore the need to strengthen institutional clarity and accountability. While a majority of CSW professionals affirmed familiarity with the LPPVAWDV, fewer demonstrated full awareness of the Istanbul Convention. Gaps in the application of protective measures, medical attendance, and cross-sector cooperation highlight the importance of aligning institutional procedures with legal mandates. Additionally, internal protocols are reportedly in place, but many professionals still call for clearer and standardized guidelines, reinforcing the need for harmonization.

Furthermore, while enhancing technical knowledge and institutional coordination is important, the research underscores the need for training that focuses on the personal skills, perspectives, and values of first responders. Professionals in Centers for Social Work often serve as the first point of contact for women victims of violence, and their attitudes and behaviors can significantly impact the quality of support victims receive. Yet, there is limited training aimed at addressing personal biases and assumptions that may affect professional practice. Building empathy, respect, and cultural competence in professionals is essential for ensuring that their response is both effective and non-discriminatory. Additionally, reinforcing gender equality between women and men in these trainings is critical for promoting a human rights-based approach that minimizes discriminatory practices and ensures that all victims receive equal and fair treatment.

In conclusion, advancing GBV training for professionals, particularly those working as first responders to CSW cases, requires a multi-faceted approach. It should focus not only on deepening technical knowledge but also on enhancing personal competencies such as empathy, cultural sensitivity, and gender equality awareness. Additionally, institutional coordination and specialized tools for early identification and case management should be prioritized to ensure a timely, victim-centered response. Addressing the personal biases and gender stereotypes among first responders will empower them to provide more effective, respectful, and equitable support, ultimately contributing to a more robust system for preventing and responding to GBV.

Training needs of law enforcement officers

Law enforcement officers in North Macedonia, particularly those within the Ministry of Interior (MoI), are key actors in the country's institutional response to GBV, VAW and DV. Their role as first responders makes them pivotal in shaping victims' early experiences with the justice system and influencing whether survivors continue to seek protection and redress. Article 18 of the LPPVAWDV explicitly mandates the MoI to design and implement initial and ongoing training programs for police officers on GBV-related issues. Despite this legal obligation, available evidence, including GREVIO's findings, reveals that training is not yet systematized, consistent, or mandatory across all law enforcement levels, leading to considerable variation in police responses and quality of victim protection.

While notable progress has been made—such as the development of reminder protocols and the inclusion of GBV in the basic police training curriculum—the scale and scope of these efforts remain insufficient. Most trainings, although beneficial, are ad hoc, donor-driven, and often limited in duration or reach. Many frontline officers still lack in-depth understanding of the

gendered dynamics of violence, intersectionality, and trauma-informed approaches, while others report uncertainty in applying new provisions of the Criminal Code, such as those related to digital violence, stalking, and rape. Moreover, the internal MoI mechanisms for disseminating tools—like the protocol for handling GBV cases—remain unclear, with no evidence of widespread training or institutional uptake.

The challenge is compounded by persistent harmful gender stereotypes, limited awareness of victim rights, and an inconsistent application of risk assessment and protective measures. Although over ten large-scale training initiatives have taken place from 2021 to 2024, covering hundreds of officers, they often target selected participants and lack the capacity to ensure a unified, institutionalized response. Programs supported by OSCE, ESE, UNFPA, and the Helsinki Committee have helped build foundational knowledge, especially in understanding GBV legislation, risk assessment, and interviewing techniques. However, most officers still operate without clear internal protocols or a systematic structure for ongoing training and supervision. The absence of reliable data on how many officers have been trained—and how knowledge is retained and applied in the field—limits accountability and quality assurance.

Importantly, the MoI's Strategic Plan 2024–2026 offers an opportunity for reform, as it identifies gender-sensitive policing and prevention of GBV as strategic priorities. Yet, the plan lacks concrete indicators regarding the number of officers to be trained annually, their ranks, roles, or geographical distribution. Even the mentoring programs and gender equality workshops have limited reach and unclear impact. To ensure real change, training must be institutionalized through the MoI Training Center and supported by a dedicated budget, a national GBV training curriculum, and rigorous monitoring and evaluation mechanisms.

In conclusion, while steps have been taken to improve the capacity of police officers to respond to GBV, the current approach remains fragmented and heavily dependent on external actors. Systematic, mandatory, and tiered GBV training must be embedded into police education at all levels—cadets, patrol officers, inspectors, commanders—and reinforced through supervision, internal audits, and continuous professional development. The training must also be cross-sectoral, involving cooperation with social services, healthcare professionals, the judiciary, and civil society organizations. Moreover, training content should reflect the full scope of the Istanbul Convention, including digital violence, post-separation violence, and the impact on children, and must prioritize victim safety, dignity, and empowerment. Only through such a coordinated and sustained effort can the police fulfil their legal and ethical obligations to protect and support survivors of violence.

Training needs of judges and public prosecutors

Judges and public prosecutors in North Macedonia are among the most critical institutional actors in ensuring justice for victims/survivors of GBV, VAW and DV. Their responsibilities go beyond legal adjudication; they shape how survivors experience the justice system—from the first complaint to the final verdict. Despite the legal and institutional mandates outlined in the LPPVAWDV, and the obligations under the Istanbul Convention (Articles 15 and 25), significant gaps persist in their training, knowledge, and readiness to respond to the full spectrum of GBV in a trauma-informed and victim-centered manner.

While some progress has been made through the AJPP, including a range of training sessions between 2021 and 2024, participation remains limited and fragmented. The majority of first responders from the judiciary have received only partial or insufficient training. Only 10% of surveyed judges and prosecutors stated they received fully adequate training upon entering roles involving GBV casework. Moreover, critical topics such as intersectionality, economic

empowerment of victims, secondary victimization, and child custody standards in the context of domestic violence are either rarely covered or completely absent from the curriculum. The lack of training on these aspects severely limits the judiciary's ability to implement a comprehensive, rights-based, and gender-sensitive approach—contradicting the Istanbul Convention's requirement to uphold the safety, dignity, and empowerment of victims.

Notably, many judges and prosecutors interviewed acknowledged their core responsibilities in victim protection and criminal prosecution. However, preventive, rehabilitative, and reintegrative roles remain under-recognized. For example, only a few respondents identified victim or perpetrator reintegration as part of their professional duty, and child protection measures were inconsistently addressed. This indicates a narrow understanding of GBV as primarily a punitive issue, rather than a broader social and structural concern requiring multi-sectoral and restorative responses.

Although some trainings have tackled key legal frameworks and improved awareness of the Istanbul Convention, their reach remains insufficient. Nearly half of the overall 41 respondents reported unfamiliarity or partial familiarity with the Convention, and over a third lacked full knowledge of the national legal framework on GBV. This is particularly problematic given that judges and prosecutors are tasked with interpreting and applying these laws, and any legal misapplication can have lasting consequences on victims' lives and access to justice.

In terms of format and depth, many trainings focus on theoretical aspects, with limited attention given to hands-on skills, case analysis, and cross-sectoral coordination. Few respondents reported experience with multi-institutional training, and most were not trained on inter-agency referral mechanisms—despite the Istanbul Convention's call for coordinated, integrated responses. There is also a need to shift training towards experiential methods that foster empathy, trauma sensitivity, and real-world decision-making in courtroom settings.

Despite these challenges, there is momentum and institutional recognition of the importance of GBV-related training. Judges and prosecutors reported high levels of satisfaction with the training content they received, especially in terms of knowledge gained and attitude change. However, practical skills training—particularly in victim and perpetrator engagement—was rated slightly lower, underlining the need for applied learning models. Additionally, the AJPP and Ministry of Justice must better define and monitor participation rates, prioritize underrepresented topics, and institutionalize capacity building through mandatory curricula.

To comply with Article 15 of the Istanbul Convention, which obligates states to ensure that all relevant professionals receive adequate and regular training on prevention and detection of GBV, national institutions must strengthen the scope, content, and delivery of judicial education. This includes: adopting a compulsory, tiered training curriculum; mainstreaming intersectionality and trauma-informed practice; and developing clear protocols aligned with the Convention's minimum standards. CSOs, especially women-led organizations with field expertise, should be engaged in curriculum design and delivery, as emphasized in Article 27 of the Convention.

In conclusion, strengthening the capacity of judges and public prosecutors through sustained, systemic, and multi-disciplinary training is not only a legal obligation but a foundational requirement for building survivor trust, improving case outcomes, and ensuring accountability. Without a judiciary that fully understands and applies the gendered dimensions of violence, justice for women and girls remains incomplete.

Judges and prosecutors need obligatory and continuous gender-sensitive training, institutional backing, and tools to tackle GBV comprehensively. Current gaps include insufficient mandatory training on detecting and understanding all forms of gender-based violence—many judicial

training programs omit key topics like abuse dynamics, root causes, and preventing secondary victimization. Continuous education is often left to individual discretion despite legal requirements, leading to a lack of awareness among some judges and prosecutors who fail to treat violence against women as a serious crime.

Institutional support mechanisms are weak: for example, courts and prosecutors' offices often lack specialized units or data systems (many do not even keep separate records of GBV cases)[95]. Legal tools such as protection orders and risk assessments exist on paper but are under-utilized or not rigorously enforced—these legal instruments should be fully utilized and effectively implemented and victims/survivors should have easy access to such measures.

There is also a need for formal inter-agency cooperation protocols (multi-sector coordination) so that police, judicial authorities, and social services work together in a "one-stop" victim-centered approach. International frameworks underscore these needs: the Council of Europe's Istanbul Convention mandates training for all relevant professionals and coordinated referrals (Article 15), and CEDAW General Recommendations 33 and 35 urge states to build capacity and eliminate gender bias in justice systems.

Additionally, in its views on the case S.B. and M.B. v. North Macedonia, CEDAW found that Roma women faced intersectional discrimination in accessing health services.[96] Among its recommendations, the Committee urged the State to raise judges' awareness of non-discrimination standards, including the procedural shift of the burden of proof, and to ensure women's access to effective, affordable, and timely judicial remedies in line with General Recommendation No. 33 on access to justice. The AJPP has introduced modules on gender equality and GBV, but experts (including GREVIO) recommend expanding such programs and fully implementing the required standards to ensure a holistic and effective judicial response to GBV.

Training needs of healthcare professionals

Advancing GBV training for healthcare professionals is essential to ensure that medical staff can recognize, respond to, and appropriately refer cases of gender-based and domestic violence. As frontline responders with direct access to victims—often during critical moments—healthcare professionals play a pivotal role in early intervention, protection, and prevention, making their training a key component of an effective and coordinated GBV response system. The findings underscore the importance of reinforcing trauma-informed, victim-centered, and legally grounded approaches in health care settings. Targeted training should focus on dismantling residual stereotypes, clarifying legal reporting duties, strengthening awareness of non-physical abuse, and addressing the root causes of GBV beyond individual pathology. As healthcare professionals are often among the first to interact with survivors, investing in their ongoing capacity building is essential for ensuring safety, accountability, and a coordinated institutional response.

[95] Access to Justice for Victims of Domestic Violence (MK0163), 2021, available online at https://www.opengovpartnership.org/members/north-macedonia/commitments/mk0163/#:~:text=%28MK0163%29%20www,against%20women%20and%20domestic.

[96] Views adopted by the Committee under article 7 (3) of the Optional Protocol, concerning communication No. 143/2019 available online at: https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6bDvIgXU0hZBTWG7NnpkLj%2BfL92uqaQVsigxn6glbJ1vVynC3SYkWC90hE3xrzxT5wR8kPAH%2BLYIw%2BwCW6u6RsTR0OvU4O3Vyo2rPtEHaxc%3D.

According to Article 19 of the LPPVAWDV and Article 20 of the Istanbul Convention, the Ministry of Health bears the responsibility to develop and implement both initial and continuous training for healthcare professionals to ensure they can identify, support, and refer victims of gender-based and domestic violence. The 2024 EU Directive further reinforces this obligation, mandating Member States to ensure that healthcare professionals receive trauma-informed, victim-centered, and gender-sensitive training tailored to their specific roles, with particular emphasis on cases involving intersectional discrimination and sexual violence. Despite this legal framework, research reveals a significant lack of preparedness to work with survivors of GBV and to identify survivors of GBV among healthcare professionals in North Macedonia. Only four out of 14 surveyed healthcare professionals reported receiving any form of training on GBV, domestic violence, or violence against women between 2021 and 2024. The majority indicated that they either had no training or that the training was inadequate. Even more concerning, many respondents expressed uncertainty or disagreement about their own legal obligations to report suspected or confirmed cases of violence, suggesting critical gaps in legal awareness and institutional communication. This is especially troubling given that under national law, healthcare professionals are legally obligated to report all forms of GBV and DV.

The overview of trainings mapped reveals that while a number of high quality and multi-sectoral training initiatives have been implemented—covering sexual violence, intersectionality, victim sensitivity, and inter-agency coordination—these efforts remain isolated, poorly institutionalized, and largely dependent on external donor support. Trainings organized by the Ministry of Health in collaboration with UNFPA and civil society partners have reached only a small number of practitioners, and most healthcare workers continue to operate in environments without internal protocols, designated coordinators, or institutional guidance on GBV response. The de-formalization of Centers for Referral of Victims of Sexual Violence further weakens systemic readiness and reflects the absence of structural accountability within the health system.

The findings also highlight that while healthcare professionals support gender equality and support trauma-informed approaches, many remain unclear about their institutional role, particularly in cases of sexual and psychological violence, or when working with perpetrators. Only two respondents confirmed the existence of clear internal protocols in their institutions. Without standardized guidance and role-specific training, healthcare providers risk underreporting, mishandling, or re-traumatizing victims, thereby undermining the overall GBV protection system.

There is a pressing need to institutionalize mandatory, role-specific training for all healthcare personnel—particularly for gynaecologists, general practitioners, patronage nurses, psychologists, and emergency medical staff—on recognizing and responding to all forms of GBV, including sexual, psychological, economic, and technologically facilitated violence. Trainings must also cover early identification, trauma-informed care, forensic procedures, and legal responsibilities, with a particular focus on intersectionality and the specific needs of marginalized groups, such as women with disabilities, LGBTIQ+ individuals, and migrants. Additionally, inter-agency coordination protocols and procedures must be integrated into training modules, supported by strong institutional ownership and accountability mechanisms within the Ministry of Health.

Ultimately, strengthening the healthcare system's role in the prevention and response to GBV requires not only continuous professional development but also systemic reforms—such as the reestablishment and institutionalization of Centers for Referral of Victims of Sexual Violence, assignment of coordinators, and development of clear internal protocols. By addressing these structural and capacity gaps, North Macedonia can fulfil its legal obligations under the Istanbul

Convention and the EU Directive, and most importantly, ensure that every survivor of violence is met with competent, compassionate, and coordinated care within the healthcare system.

Training needs of educational professionals

Advancing GBV training for school psychologists and pedagogues is essential not only for improving institutional responses but also as a key preventive measure within the education system. As trusted professionals who work closely with children and families, school staff are often among the first to notice signs of distress, behavioral changes, or disclosures related to violence at home or in relationships. However, without adequate training, these opportunities for early intervention can be missed, and victims may remain unsupported. Building the capacity of school professionals to recognize, respond to, and refer cases of GBV and domestic violence is therefore not only a matter of compliance with protection systems—it is a critical investment in prevention, safety, and child well-being. Training also equips educators to promote a school culture that challenges harmful gender norms and supports equality, which is fundamental to long-term GBV prevention.

Despite a range of accredited and non-accredited trainings implemented between 2021 and 2024, the research shows that training efforts remain insufficiently institutionalized and unevenly distributed across regions and roles. While over 2,500 teachers attended general trainings on conflict resolution, peer violence, and cyberbullying, only a small portion of psychological and pedagogical support staff (22%) reported participating in any GBV-related training during this period. Even among those who did receive training, only a few were trained on key topics such as intimate partner violence, stalking, or sexual violence. Moreover, intersectionality, prevention of secondary victimization, and multi-sectoral coordination were largely overlooked. This fragmentation not only limits the effectiveness of the response but also highlights the need to harmonize training initiatives with the legal obligations set forth by the Law on Prevention and Protection against Violence against Women and Domestic Violence (LPPVAWDV) and Article 14 of the Istanbul Convention.

According to Article 35 of the LPPVAWDV, the Ministry of Education and Science (MES), through the Bureau for Education Development, is tasked with organizing both initial and continuous training on gender equality, non-violent conflict resolution, and information on GBV and DV. However, the findings show that most school psychologists and pedagogues do not feel adequately trained or prepared to act when violence is disclosed or suspected. Only three respondents out of 94 felt fully prepared to work with victims, and the majority expressed a lack of confidence in their ability to respond effectively. Furthermore, legal literacy among educational professionals is alarmingly low: only 16 respondents were fully familiar with the LPPVAWDV, while a significant number had either insufficient or no training related to the law and its institutional implications. Familiarity with the Istanbul Convention was slightly higher, yet still inconsistent, indicating the need for more robust and systematic legal education for school-based professionals.

In addition to legal and technical gaps, the research highlights critical shortcomings in institutional clarity and guidance. A majority of respondents stated that their schools lacked clear internal protocols for responding to cases of GBV, DV, and VAW. While national guidelines do exist—specifically the 2020 “Guidelines for the Procedure for Reporting and Protecting a Student Victim of Any Form of Violence, Abuse, and Neglect”—most respondents were unaware of them. This institutional disconnect undermines the consistency and effectiveness of school-based responses and increases the risk of secondary victimization or inaction. The development,

dissemination, and consistent application of such protocols are necessary steps to strengthen the protective role of schools within the national referral system.

Moreover, while attitudes among school psychologists and pedagogues are generally aligned with gender equality principles, a minority of respondents still hold traditional beliefs and victim-blaming attitudes. Some expressed scepticism about victim disclosures or attributed violence to mental illness or substance abuse. These findings underscore the importance of not only technical training but also gender-transformative and trauma-informed education aimed at challenging internalized biases and promoting survivor-centered responses.

To advance institutional readiness, the Ministry of Education and Science must prioritize the rollout of structured, mandatory, and role-specific training for all school psychologists, pedagogues, and professional associates. These trainings should cover the full spectrum of GBV and domestic violence, including legal obligations, early identification, trauma-informed care, reporting procedures, and inter-institutional collaboration. Furthermore, refresher trainings on the existing guidelines and protocols should be institutionalized and accompanied by clear supervision mechanisms. Investment in these areas will ensure that school professionals can fulfil their role as first responders, contributing to a school environment that not only protects but also empowers students affected by violence.

Training needs of staff at Employment Centers

Employment Centers in North Macedonia hold significant yet underutilized potentials in the national response to GBV. As key actors in promoting economic empowerment and reintegration, their role is crucial in breaking cycles of dependency and preventing re-victimization. However, limited awareness and inadequate training on GBV—including its root causes, diverse manifestations, and intersectional impact—hinder their ability to effectively support survivors. Strengthening the capacities of employment professionals through targeted, survivor-centered training is not only a preventive measure but also a critical investment in long-term recovery and social inclusion. This report highlights current gaps and provides evidence-based recommendations to enhance the role of Employment Centers in addressing GBV through integrated, multi-sectoral approaches.

The Employment Agency of North Macedonia, as mandated by Article 99 of the Law on Prevention and Protection against Violence against Women and Domestic Violence (LPPVAWDV), is responsible for implementing employment measures to support the reintegration of GBV survivors. These measures include access to education and skills training, individualized employment plans, temporary housing, and financial assistance. Despite this legal obligation, data from the field reveals substantial institutional and procedural gaps. While some Centers demonstrate alignment with the law by coordinating with Centers for Social Work (CSW) upon referral of victims, others report no formal engagement or clear guidance on how to support survivors.

Findings from the survey of 47 professionals across 25 Employment Centers show that almost nine in ten respondents (41) have not received adequate training to work with GBV survivors. Only five respondents reported participating in any GBV-related training between 2021 and 2024, and none indicated receiving role-specific education tailored to victim reintegration or employer engagement. Those few who attended training emphasized general awareness-raising, while critical topics—such as trauma-informed communication, economic empowerment strategies, employer sensitization, and institutional referral protocols—remain largely unaddressed. Moreover, only two respondents reported full familiarity with the LPPVAWDV, and just two with the Istanbul Convention, highlighting a serious legal literacy gap within the

institution responsible for survivor reintegration. Additionally, few Centers have established internal protocols or clear procedures for responding to GBV cases. In practice, most engagement with victims appears to be ad hoc, reactive, and unevenly distributed across municipalities. This inconsistency is compounded by geographic inaccessibility—only 30 Employment Centers operate nationwide, leaving survivors in 51 municipalities with limited or no direct access to employment support services.

The attitudes and perceptions of Employment Center professionals also underscore the need for transformative training. While many respondents strongly support gender equality and economic independence for survivors, a significant portion still hold or tolerate harmful stereotypes—such as the belief that victims provoke violence or that perpetrators are simply mentally ill. Some also expressed doubts about the credibility of victims, particularly in cases involving psychological abuse or withdrawal of reports. These misconceptions undermine a rights-based approach and can obstruct victims' access to dignified, effective reintegration. Importantly, only a minority of professionals acknowledged that their institutional credibility and personal conduct significantly influence victims' decisions to report violence or pursue legal action. This points to an underestimation of their role as trust-builders and critical enablers in the recovery process. While nearly all respondents recognized the importance of economic independence for survivors, many did not view reporting suspicions of GBV as part of their professional responsibility—despite the legal mandate for all public servants to report known or suspected cases.

Finally, the majority of respondents identified a strong need for continuous, role-specific, and multi-sectoral training. They called for guidance on working with victims without formal confirmation of their victim-status, building partnerships with employers, and establishing referral protocols with CSW. They also emphasized the emotional burden of working with survivors, expressing a need for training on burnout prevention and self-protection.

In conclusion, Employment Centers have a legally and strategically vital role to play in survivor reintegration—but without institutional clarity, structured protocols, and comprehensive training, their potentials remain largely unrealized. Advancing GBV training within the Employment Agency is essential to bridge the gap between legal mandates and everyday practice, ensuring that survivors are not only protected, but also empowered to rebuild their lives with dignity, autonomy, and in safety.

Recommendations for strengthening measures and training

Strengthening institutional measures and targeted training is essential to improving the response of first responders to GBV, VAW and DV. Findings across sectors—including CSW, law enforcement, education, healthcare, judicial institutions and employment agencies—demonstrate clear gaps in preparedness to work with survivors of GBV, uneven implementation of protocols, and limited participation in specialized GBV training. Many professionals still lack practical guidance on how to recognize and respond to violence, are unfamiliar with their legal obligations, or are not equipped to handle cases in a trauma-informed, victim-centered manner. At the same time, there is strong recognition of the need for continuous, role-specific, and intersectoral training that promotes coordinated responses and upholds the rights and dignity of victims. This chapter will provide recommendations and layout of a clear proposal for future actions, based on the discussion in Chapter 3. The following recommendations aim to address these gaps through comprehensive and actionable reforms across all key institutions. It will focus on proposals for future action by the EU Support for Rule of Law project itself, as well as, by relevant institutions, CSOs and IGOs.

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.
- Integrate psychological support, stress management, and burnout prevention to improve professionals' resilience into capacity building.

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.
- Develop exercises to help professionals recognize and challenge their own biases, fostering more inclusive and fair responses to GBV and DV.
- Provide targeted training on working with perpetrators of GBV, VAW and DV, focusing on risk assessment, behavioral 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.

Recommendations for first responders to GBV among law enforcement professionals

Institutionalization and standardization of GBV response protocols

- Adopt and operationalize the protocol/reminder on GBV procedures developed by the Ministry of Interior by making it publicly available, ensuring it is officially disseminated to all police stations and accompanied by training, and embed the protocol/reminder into internal operating procedures.
- Ensure nationwide application of a unified standard for GBV response across all MoI first responders to GBV, VAW and DV, with clear mandates on how to act upon first contact, including detailed guidance on victim protection, referral, evidence collection, and risk assessment.
- Introduce mandatory internal audits or supervisory mechanisms to verify whether police officers follow GBV protocols during investigations and interventions.

Address the institutional culture, gender bias, and secondary victimization

- Implement mandatory gender-sensitive training to tackle harmful stereotypes and attitudes and reduce harmful responses (e.g., victim blaming, biases, etc.).
- Train all officers in trauma-sensitive interviewing techniques to prevent secondary victimization and promote trust among survivors.

- Encourage the establishment of mixed-gender patrols and investigation teams, especially in DV and sexual violence cases, to foster a more sensitive and balanced approach to victims.

Comprehensive and tailored training system for police officers

- Develop a national training curriculum on GBV, VAW, and DV that integrates international standards (Istanbul Convention, CEDAW, CRC), trauma-informed care, intersectionality, risk assessment, and victim-centered and rights-based approaches.
- Ensure all police officers, inspectors, cadets, and trainers complete tiered, role-specific training—ranging from basic GBV awareness for patrol officers to advanced interviewing and case management skills for inspectors.
- Guarantee periodic refresher training every two to three years to ensure that practices evolve with legal reforms and emerging challenges (e.g., digital GBV, stalking, human trafficking).

Strengthen multi-sectoral collaboration and victim referral systems

- Institutionalize multi-sectoral cooperation in GBV cases by formalizing joint response mechanisms with CSW, healthcare, judiciary, education, and CSOs.
- Ensure each police station designates a GBV focal point officer and a deputy, trained to coordinate with shelters, psychological services, and legal aid providers to ensure the victim's needs are met beyond immediate safety.
- Expand cross-sector training programs to promote a shared understanding of mandates, limitations, and effective cooperation, especially in high-risk and repeat violence cases.

Develop and implement monitoring, evaluation, and data-driven training planning

- Strengthen the MoI Training Center's coordination role by requiring annual GBV training needs assessments.
- Track training participation and implementation outcomes, including the number of officers trained, the quality of their GBV responses, and the impact on case outcomes (e.g., reporting rates, protection order issuance).
- Invest in capacity building for trainers and curriculum developers, ensuring cascade training remains aligned with legal standards and evidence-based practice.

Recommendations for first responders to GBV among judges and prosecutors

Strengthen legal and procedural competence

- Ensure all judges and public prosecutors receive in-depth, mandatory training on the implementation of the Law on Prevention and Protection from Violence against Women and Domestic Violence, the Criminal Code and the Istanbul Convention.
- Provide regular updates on relevant legislative changes, case law, and institutional obligations to guarantee legal consistency and compliance.
- Develop clear, role-specific guidance on the use of protection measures, prosecutorial discretion, and coordination with social services in high-risk GBV cases.

Challenge gender bias and stereotypes in judicial reasoning

- Implement gender-transformative modules that help judges and prosecutors recognize and critically examine their own implicit biases and gender role assumptions.

- Address harmful stereotypes—such as disbelief in marital rape, minimization of psychological violence, or assumptions about false reporting—through evidence-based training.
- Create safe spaces for self-reflection and structured dialogue on how traditional beliefs may unconsciously affect collection of evidence, interpretation, sentencing, or prosecutorial strategies.

Enhance judicial sensitivity and victim-centered and rights-based practice

- Introduce specialized training on secondary victimization prevention, emphasizing courtroom conduct, trauma-informed questioning, and minimizing re-traumatization during hearings.
- Strengthen skills in trust building and communication with victims, particularly in cases involving witnesses in vulnerable situations, conflicting testimonies, or delays in reporting.
- Encourage the use of procedural protections (e.g., closed sessions, remote testimony) to reduce the psychological burden on victims participating in proceedings.

Promote multi-institutional alignment and coordination

- Facilitate joint training sessions with representatives from police, Centers for Social Work, health institutions, and civil society organizations to harmonize response protocols.
- Develop or reinforce inter-institutional referral pathways, with clear roles and timelines for action, to reduce delays and fragmentation in victim protection.
- Incorporate practical exercises on cross-sector case handling and early risk detection involving multi-agency cooperation into capacity building.

Apply case-based and experiential learning methods

- Move beyond lecture-style training and adopt scenario-based workshops, mock hearings, and case simulations tailored to GBV proceedings.
- Use real anonymized case studies to discuss ethical dilemmas, prosecutorial decisions, and judicial interpretation challenges.
- Encourage peer exchange and case review sessions among prosecutors and judges to foster collective learning and improve consistency.

Improve standardization and accountability

- Support the development and consistent implementation of internal protocols and institutional guidelines for GBV case handling.
- Ensure that all judges and prosecutors have access to and understand these procedures, and that gaps in adherence are identified and addressed through supervision and training.
- Promote regular internal meetings to review the application of protocols and align practices across prosecutors and judges.

Recommendations for first responders to GBV among healthcare professionals

Enhance legal literacy and institutional accountability

- Develop mandatory training on the Law on Prevention and Protection from Violence against Women and Domestic Violence and obligations under the Istanbul Convention,

tailored to the healthcare context as well as obligations under international human rights law (e.g., CEDAW, CRC, CRPD).
- Clarify the legal duty of healthcare professionals to report both confirmed and suspected cases of GBV, VAW, and DV.
- Ensure clear institutional accountability mechanisms so that professionals understand when, how, and to whom to report suspected violence.

Develop and implement internal protocols

- Establish and disseminate internal protocols for responding to victims of GBV, ensuring alignment with national guidelines.
- Integrate victim-centered and trauma-informed approaches into all health protocols, including emergency, gynaecological, and general care procedures.
- Create visual flowcharts and checklists in workspaces to guide healthcare staff in identifying and managing cases of violence.

Develop and implement comprehensive and continuous training programs

- Introduce ongoing, role-specific GBV training programs covering early identification, psychosocial support, confidentiality, and referral mechanisms.
- Promote peer learning through regular case discussions, debriefings, and knowledge-sharing platforms across institutions.
- Include advanced modules on working with women, children, persons with disabilities, LGBTIQ+ individuals, and other groups in vulnerable situations.
- Address common misconceptions about perpetrators and victims through modules that challenge biases and improve sensitivity.
- Strengthen training for healthcare professionals on documenting injuries accurately to ensure medical records can be effectively used as legal evidence in court.

Develop and implement specialized training on the identification and management of GBV perpetrators

- Provide specialized training on identifying, managing, and referring perpetrators of GBV—especially in cases involving repeated injuries, coercive control, or mental health conditions.
- Introduce specialized modules on different categories of perpetrators, including perpetrators:

    - with a mental illness or psychiatric disorders,
    - with a history of alcohol or drug abuse,
    - with unresolved psychological trauma or history of violence exposure,
    - who are coercive and controlling and may present manipulation or deny accountability.

- Ensure that healthcare staff are trained in handling perpetrator disclosures, potential risks, and ethical considerations without compromising victim safety.

Promote multi-sectoral coordination and case management

- Facilitate joint trainings with professionals from social services, police, and education to build inter-sectoral cooperation and referral pathways.
- Assign focal points in health institutions responsible for liaising with other sectors and managing GBV cases.
- Strengthen coordination with forensic services to streamline responses in cases of sexual violence.
- Support collaboration with specialized perpetrator intervention programs to enable healthcare institutions to contribute to broader prevention and accountability mechanisms.

Recommendations for first responders to GBV among school psychologists and pedagogues

Develop and implement foundational and role-specific GBV training

- Introduce structured basic training for all newly appointed school psychologists and pedagogues that covers core concepts of GBV, VAW and DV.
- Ensure that capacity building includes school-specific guidance on how to recognize signs that students may be affected by GBV, VAW and DV and how to respond appropriately.
- Cover the role of school professionals within the national protection system, especially as first responders and referral points, ensuring professionals know their roles and obligations.

Build capacities on the legal frameworks and raise awareness for existing protocols

- Provide mandatory training on the Law on Prevention and Protection against Violence against Women and Domestic Violence, the Istanbul Convention and other international human rights standards, in particular the Convention on the Rights of the Child as well as relevant national guidelines, including "Guidelines for the Procedure for Reporting and Protecting a Student Victim of Any Form of Violence, Abuse, and Neglect."
- Ensure professionals understand their institutional obligations, reporting duties, and legal protection mechanisms available for students and families.
- Offer follow-up sessions to promote compliance with existing protocols, especially given the low awareness of established national procedures.

Develop and implement skills-based and trauma-informed training

- Deliver training focused on practical skills, including communication with victims, handling disclosures, providing psychological first aid, and addressing trauma.
- Build capacity in behavioral observation and psychosocial support, particularly when working with children whose parents are victims or perpetrators of violence.
- Strengthen emotional resilience and self-care strategies to support the mental health of professionals dealing with sensitive cases. The provision of such measures also need to be supported by organizational structures.

Enhance multi-sectoral and inter-institutional collaboration

- Develop joint trainings with professionals from Centers for Social Work, the police, and healthcare services to encourage coordinated action and mutual understanding.

- Clarify information-sharing procedures, the school's role in multi-sectoral teams, and strategies for maintaining continuity and safety in case management.
- Promote cross-sector learning through real-life case simulations and reflection sessions with professionals from other sectors.

Enhance prevention, awareness, and protocol implementation

- Train school staff on how to implement preventive activities on GBV in schools, including awareness raising among students, parents, and the wider school community.
- Capacity building efforts should explicitly include awareness raising among boys and male students, addressing their specific role in challenging GBV and promoting respectful relationships.
- Encourage capacity building in gender equality education, challenging harmful gender norms and stereotypes in the school environment.

Ensure early identification and referral of perpetrators

- Introduce specialized training for school psychologists and pedagogues on recognizing early signs of perpetrator behavior among students (e.g., aggression, control, entitlement, exposure to violence at home).
- Equip professionals with tools for early intervention and structured communication with at-risk students, using non-confrontational, trauma-informed approaches.
- Establish clear referral pathways to external services (CSW, CSOs) such as counselling, and behavioral programs for students who display early signs of perpetration.
- Promote preventive education targeting boys and male students, focused on healthy masculinity, emotional regulation, and respectful relationships.
- Encourage collaboration with CSOs, social services, and healthcare professionals to support a whole-school approach to early intervention.

Recommendations for first responders to GBV among staff of Employment Centers

Enhance capacities on legal and institutional frameworks

- Training on the Law on Prevention and Protection against Violence against Women and Domestic Violence and the Istanbul Convention.
- Clarification of the role of Employment Centers in the GBV protection system.
- Development and implementation of internal protocols and procedures for GBV cases.

Strengthen capacities in the areas of economic empowerment and reintegration

- Offer training on designing personalized employment support plans for survivors.
- Equip staff with methods to identify barriers to employment (e.g., lack of childcare, trauma, legal status) and refer survivors to appropriate services.
- Train professionals on engaging employers, reducing stigma, and promoting inclusive hiring practices for survivors.
- Share good practices on linking economic support to survivor safety and empowerment, including access to state programs, skills development, and entrepreneurship.

Support development and implementation of victim-centered and trauma-informed approaches

- Train professionals in victim-sensitive communication, trust building, and confidentiality.

- Improve understanding of the psychological, emotional, and economic aspects of violence, including recognition of non-physical abuse.
- Provide tools to address intersectionality and specific needs of survivors based on age, socio-economic status, parenthood, or other factors.

Promote multi-sectoral cooperation

- Strengthen cooperation with other institutions (e.g., CSW, educational sector, local government, CSOs, service providers) through joint training modules and shared case-handling procedures.
- Provide practical simulations and case studies to reinforce learning and teamwork in cross-sectoral responses.

Strengthening the response to GBV requires a comprehensive, coordinated, rights-based and victim-centered approach that spans across all institutions whose staff members are first responders. As demonstrated throughout this report, professionals in Centers for Social Work, law enforcement, judiciary, education, healthcare, and the Employment Centers face significant challenges due to inconsistent training, lack of internal protocols, and limited cross-sectoral coordination. To ensure effective protection and support for victims of GBV, VAW and DV, it is essential to invest in joint, role-specific capacity building and to institutionalize clear referral pathways and cooperation mechanisms between all first responders. Measures have to go beyond capacity building of individuals and have to include the development and implementation of strategies and policies at the level of institutions (e.g., develop internal protocols, change the institutional culture, establish structures of protection for both survivors of GBV and staff, ensure the well-being of staff working with survivors and perpetrators of GBV). Relevant stakeholders are the Ministry of Social Policy, Demography and Youth, Ministry of Interior, Ministry of Education and Science, Ministry of Health, the judiciary, Employment Centers, local self-governments, and civil society organizations that provide frontline services.

International donors and intergovernmental organizations, including the European Union, UN Women, UNFPA, UNDP, OSCE, and the Council of Europe, play a critical role in supporting CSOs and national institutions through sustainable funding, technical expertise, and strategic coordination. However, the primary responsibility lies with the state and its institutions to ensure a functioning, accountable, and well-equipped protection system that upholds the rights and safety of all survivors. Investing in intersectional, gender-transformative, and trauma-informed continuous training programs not only strengthens institutional capacity but also reinforces national commitments to human rights, gender equality, and the Istanbul Convention. Only through a multi-sectoral, inclusive, and well-resourced approach can we ensure that every survivor's human dignity is respected and protected and they receive the protection and support they are entitled to.

Annexes

Annex I: CSW – detailed mapping and analysis of survey generated data

Overview of trainings mapped for representatives of the Centers for Social Work (January 2021-December 2024)

This section presents an overview of the trainings conducted for representatives of the Centers for Social Work in the period from January 2021 to December 2024. The mapping includes trainings organized by governmental institutions, international organizations, and civil society actors, focusing on key thematic areas such as gender-based violence (GBV), domestic violence, risk assessment and safety planning, child protection, multi-sectoral coordination, and trauma-informed approaches. The aim is to provide insight into the frequency, content, format, and institutional outreach of these capacity-building efforts, as well as to highlight trends, achievements, and persisting gaps in the professional development of social service providers in the field of GBV.

In the research period, a diverse range of GBV trainings were delivered to professionals from the Centers for Social Work in North Macedonia. These trainings covered basic and advanced GBV concepts, work with survivors and perpetrators, inter-sectoral collaboration, and specialized topics such as LGBTI inclusion and technology-facilitated violence. Despite covering a broad range of topics and reaching hundreds of professionals, the trainings varied in depth, consistency, and geographical coverage, highlighting the need for more institutionalized and systematic capacity-building efforts across the country.

1. **Gender-Based Violence – 2021**[97]

Organizer: UNFPA and Ministry of Social Policy Demography and Youth (MSPDY)

Format: Online

Number of participants: Not specified

In 2021, the United Nations Population Fund (UNFPA), in collaboration with the MSPDY, organized a series of online trainings focused on gender-based violence (GBV). These included:

- Basic training for recognizing gender-based violence,
- Specialized training for professionals providing specialized services to survivors, and
- Training for professionals working with perpetrators of violence.

The trainings targeting professionals working with perpetrators included participants from the Centers for Social Work and CSOs. It is important to note that the CSW professionals trained to work with survivors were not the same individuals as those trained to work with perpetrators, ensuring a clear division of roles and responsibilities.

2. **Reintegration and Rehabilitation of Women Victims of Gender-Based and Domestic Violence – 2021**[98]

Organizer: National Network to End Violence against Women and Domestic Violence

Format: In-person, regional trainings

Number of participants:

[97] Interview_02-25_2025-02-17.
[98] Interview_09-25_2025-02-28.

- 78 professionals (68 women and 10 men) from 18 Centers for Social Work
- 10 representatives from the Institute for Social Affairs

CSW represented – Skopje, Tetovo, Gostivar, Sveti Nikole, Kochani, Krushevo, Makedonski Brod, Struga, Strumica, Shtip, Negotino, Radovish, Delchevo, Gevgelija, Prilep, Bitola, Kavadarci, and Veles.

In 2021, the National Network to End Violence against Women and Domestic Violence organized six regional trainings for professionals from the Centers for Social Work across North Macedonia. The focus of the trainings was the reintegration and rehabilitation of women victims of gender-based and domestic violence.

Participants strengthened their understanding of the different forms of violence against women, legal frameworks, and the roles and responsibilities of CSW professionals in reintegration processes. They also engaged in practical exercises that addressed real-life cases to apply the learned methods in a contextualized manner.

3. Strengthening the Capacities of Centers for Social Work to Work with GBV Survivors – 2021–2022[99]

Organizer: HERA and UN Women (End Violence against Women project, funded by the European Union)

Format: In person

Participants: A total of 27 participants were trained — 21 from Centers for Social Work (Kumanovo and Sveti Nikole) and six from civil society organizations.

- Phase 1: Eighteen participants (9 from CSOs and 9 from Centers for Social Work)
- Phase 2: Nine participants (6 from CSOs and 3 from Centers for Social Work)

This training aimed to enhance the knowledge of professionals working with survivors of gender-based violence (GBV), specifically intimate partner violence, stalking, and sexual violence. Topics included:

- Causes, manifestations, and consequences of all forms of violence
- Prevention and identification of violence against women, domestic violence, and GBV
- Needs and rights of survivors
- Survivors' right to legal remedies and compensation
- Prevention of secondary victimization
- Tools for early-stage identification and case management

4. Representatives of Centers for Social Work: Responding to Women Who Use Drugs and Are Survivors of Gender-Based Violence – 2021–2022[100]

Organizer: HOPS (Healthy Options Project Skopje)

Number of Participants: Not specified

This training focused on strengthening the capacity of social service professionals to work effectively and sensitively with women who use drugs and have experienced gender-based violence (GBV). The content covered:

[99] Interview_03-25_2025-02-18.
[100] Interview_18-25_2025-03-16.

- Causes, manifestations, and consequences of all forms of violence
- National legislation related to violence against women, domestic violence, and GBV
- Needs and rights of survivors
- Prevention of secondary victimization
- Sensitivity and workplace skills necessary for appropriate and effective response
- Domestic and gender-based violence through an intersectional lens
- Challenging personal biases and assumptions that hinder effective support and protection for women survivors

5. Social Workers: Responding to Victims of Gender-Based Violence – 2021-2022[101]

Organizer: Coalition Margins – USAID

Number of Participants: Approximately 100

This training aimed to enhance the capacity of social workers in responding to gender-based violence. The training program for social workers focused on equipping them with the knowledge and skills necessary to respond effectively to GBV. Topics covered included intimate partner violence, stalking, sexual violence, and the causes, manifestations, and consequences of all forms of violence. The training emphasized prevention and identification of GBV, as well as the importance of gender equality and the needs and rights of survivors. Additionally, it addressed the prevention of secondary victimization, early-stage identification and management of violence cases, and the sensitivity and skills required for an appropriate workplace response. The program also highlighted the importance of coordinated multi-institutional cooperation and skills for working with professionals across different fields. An intersectional perspective on GBV, the harmful effects of violence on children, and challenging personal biases were also central to the training, ensuring that social workers can provide effective support and protection to survivors.

6. Gender-Based Violence (training of trainers) – 2022[102]

Organizer: UNFPA and Ministry of Labour and Social Policy (MLSP)

Year: 2022

Format: In-person, training of trainers (ToT)

Number of trained trainers: 33 trainers

Institutions represented: MSPDY, Centers for Social Work (CSW), Institute for Social Affairs (ISA), Ministry of Health, Public Prosecutor's Office, Courts, Civil Society Organizations, Ministry of Justice, Ministry of Interior, Ministry of Education and Science

In 2022, recognizing the limited impact of the previous year's online trainings, the United Nations Population Fund (UNFPA) and the Ministry of Labour and Social Policy (MLSP) organized an in-person training of trainers' program. This multi-sectoral training brought together representatives from various ministries and civil society organizations.

The training was structured in two modules:

- The first module offered foundational knowledge on recognizing gender-based violence against women and domestic violence.

[101] Interview_01-2022.
[102] Interview_02-25_2025-02-17 and Interview_19-25_2025-03-20.

- The second module focused on multi-sectoral cooperation and coordinated responses to GBV cases.

The aim was to create a unified group of trained professionals who could later disseminate knowledge and implement follow-up trainings within their respective institutions.

7. Training for Social Workers – Centers for Social Work – 2023-2024[103]

Organizer: Coalition Margins – USAID

Participants: Around 100 social workers from Centers for Social Work in Skopje, Resen, Strumica, Kumanovo, Tetovo, Kochani, and Shtip. The training, conducted in collaboration with and accredited by the Institute for Social Affairs (ISA), focused on sensitizing social workers to work with LGBTI individuals. The training covered:

- Basic concepts: gender, sex, and sexual orientation
- Issues faced by LGBT individuals
- Legal and legislative framework regarding LGBT rights and human rights
- Social protection system and the legal framework for LGBT individuals
- Practical sessions with exercises and case studies on how to work with LGBT clients, including appropriate communication and referrals

The training aimed to improve social workers' attitudes and capabilities in working with LGBT clients. It has been an ongoing initiative since 2016, with over 500 social workers trained across the country. The training has led to significant improvements in attitudes, and the collaboration with ISA has been crucial in promoting and supporting these educational efforts.

8. Psycho-Social Treatment for Perpetrators of Domestic Violence – 2023[104]

Organizer: UNFPA in collaboration with the MSPDY

Participants: 14 participants from Centers for Social Work (Shtip, Prilep, Bitola, Ohrid, Kumanovo, Gostivar, Skopje) and two service providers from civil society organizations

This training focused on psychosocial treatment for perpetrators of domestic violence and consisted of four modules designed for professionals who will work in counselling centers for perpetrators. The training aimed to equip social workers and civil sector professionals with the necessary knowledge and skills to work with perpetrators of domestic violence in a supportive and structured environment. The activity included 16 participants in total, establishing a base of professionals who will work in counselling centers for psychosocial treatment of perpetrators.

9. Recognizing Forms of Gender-Based Violence and Domestic Violence (basic training) – 2024[105]

Organizer: UNFPA in collaboration with the MSPDY

Participants: 24 professionals from Centers for Social Work

In 2024, trained representatives from the Ministry of Labour and Social Policy conducted a basic training for 24 professionals from Centers for Social Work. The training focused on recognizing

[103] Interview_14-25_2025-03-06.
[104] Interview_02-25_2025-02-17.
[105] Interview_02-25_2025-02-17.

various forms of GBV and DV. The aim was to strengthen the capacity of professionals to identify and respond to these issues effectively, ensuring better protection and support for survivors.

Overview of inter-sectoral trainings mapped for representatives of the Centers for Social Work (January 2021-December 2024)

10. Inter-Sectoral Cooperation – 2022[106]

Organizer: National Network to End VAW and DV

Participants: 26 representatives from the Northeast Planning Region, including:

- Centers for Social Work from Kumanovo, Kratovo, and Kriva Palanka (12 participants)
- Police department from Kumanovo and Kriva Palanka (2 participants)
- General Hospital in Kumanovo, Sexual Violence Center (2 participants)

The training aimed to strengthen inter-sectoral cooperation among CSW, law enforcement, and healthcare professionals when addressing cases of women victims of gender-based and domestic violence. The focus was on enhancing the collaboration and communication between sectors to provide better support and responses to survivors.

11. Multi-Sectoral Response – 2024[107]

Organizer: HERA, with collaboration by the MSPDY

Participants: Police, healthcare professionals, and Centers for Social Work from the Skopje Planning Region

A two-day training focused on multi-sectoral response to gender-based violence, involving participants from law enforcement, healthcare, and social services. The training aimed to enhance coordination among sectors in responding to cases of GBV and improve their collaborative efforts for more effective interventions.

12. Technologically Facilitated Gender-Based Violence (TFGBV) – 2024[108]

Organizer: UNDP, Korean National Police Agency, Ministry of Foreign Affairs of the Republic of Korea

Participants:

- Police officers from Bitola, Tetovo, Veles, Kumanovo, Skopje, Strumica, Ohrid, Shtip and MoI representatives (14 participants)
- Public prosecutors from Bitola, Prilep, Skopje, Kochani, Gostivar, Shtip (10 participants)
- Representatives from Centers for Social Work in Skopje and Bitola (3 participants)
- Service providers from CSOs such as National Council for Gender Equality, National Network, HERA (3 participants)

The training aimed to build capacity on recognizing and responding to Technologically Facilitated Gender-Based Violence (TFGBV). The modules covered the following topics:

- Basics of GBV and TFGBV, focusing on online sexual violence
- National and international legal frameworks for GBV, including CEDAW and the Istanbul Convention

[106] Interview_09-25_2025-02-28.
[107] Interview_02-25_2025-02-17.
[108] Interview_04-25_2025-02-21 and Interview_11-25-2025-03-03.

- Dynamics and impact of GBV and victimization, and why victims may stay with abusers
- Victim rights-based approach and trauma-informed practices in interviews
- Gathering, documenting, and preserving computer-based evidence
- Inter-sectoral cooperation between police, CSWs, public prosecutors, and civil organizations
- Case studies and practical exercises, with examples of real-life scenarios

The training also involved sharing experiences and best practices, including a study visit to Korea. The second cycle of the training (ToT) included a module for police officers specifically on TFGBV and online sexual violence.

13. Children At-Risk

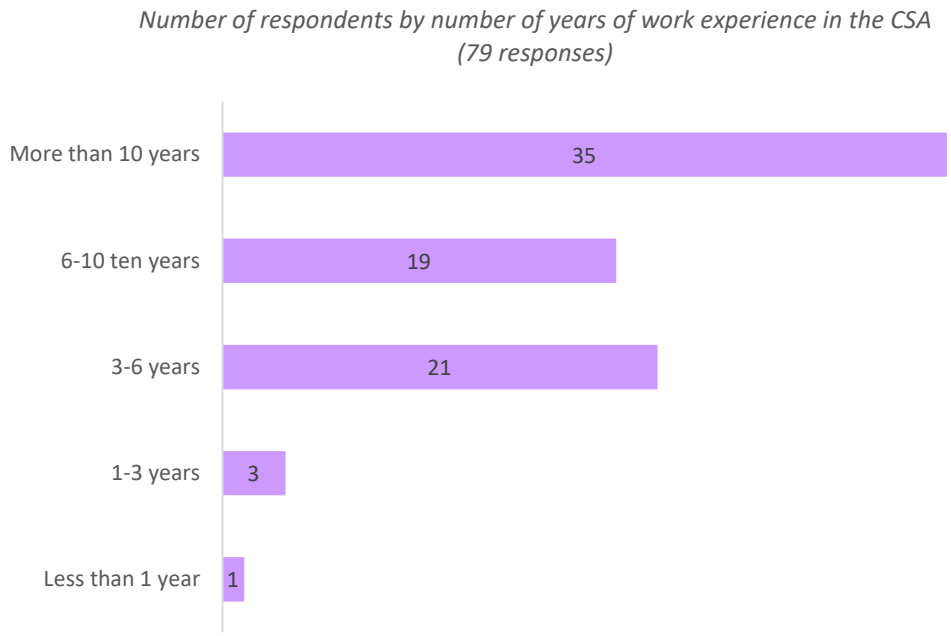
Organizer: National Network to End VAW and DV, UNICEF

Participants: 48 individuals, including employees in small group homes, caregivers and representatives of the education sector

The training consisted of three 3-day sessions focused on the mental development phases of children at-risk and their mental health. It aimed to equip participants with knowledge on supporting the mental health and development of children in risk situations, addressing the challenges faced by children in care institutions, and providing caregivers and professionals with the necessary skills and tools to support these children effectively.

Questionnaire analysis – CSW as first responders

The questionnaire was completed by a total of 79 representatives, 69 women and ten men, from 30 different Centers for Social Work.



Graph no.1: Number of respondents by number of years of work experience in the CSA (79 responses)

Their positions include social workers, psychologists, pedagogues, legal professionals and triage workers, while 34 of them said they are case managers[109] as well. Almost half of the respondents (35) have worked in the CSW for more than ten years. A total of 21 respondents have worked in the CSW for three to six years, while 19 respondents have worked for six to ten years. Only four of the employees have worked for less than three years, i.e., have not been working in the CSW during the whole research period.

Perceptions of the respondents' obligations as first responders to GBV

The respondents from the Centers for Social Work were asked to describe their duties/responsibilities when working with victims of GBV and DV. They described their work with victims of GBV as comprehensive and multi-phased. Their roles typically begin with the initial contact and intake of the victim, which includes conducting interviews, informing the victim about their rights and the available protective measures under relevant legislation, and providing immediate psychological and psychosocial support. They carry out risk assessments using standardized questionnaires to evaluate the threat to the victim's physical and psychological integrity. In cases of imminent danger, victims are urgently relocated to safe spaces, and temporary protective measures are submitted to the court. Victims are also assisted in accessing necessary health and social services, including legal aid and representation.

Further responsibilities of CSW professionals include ongoing case management and follow-up support. This involves drafting and submitting official documentation and proposals for protective measures to the competent court, as well as home visits, assessments, and expert findings. Their work also includes prevention, capacity strengthening, and victim empowerment. In many cases, CSW teams operate within a structured framework that includes discovery, initial assessment, and planning, treatment, and protection phases. The overarching goal is to ensure the safety of victims, reinforce their legal rights, and provide long-term support through counselling, psychosocial treatment, and institutional referrals.

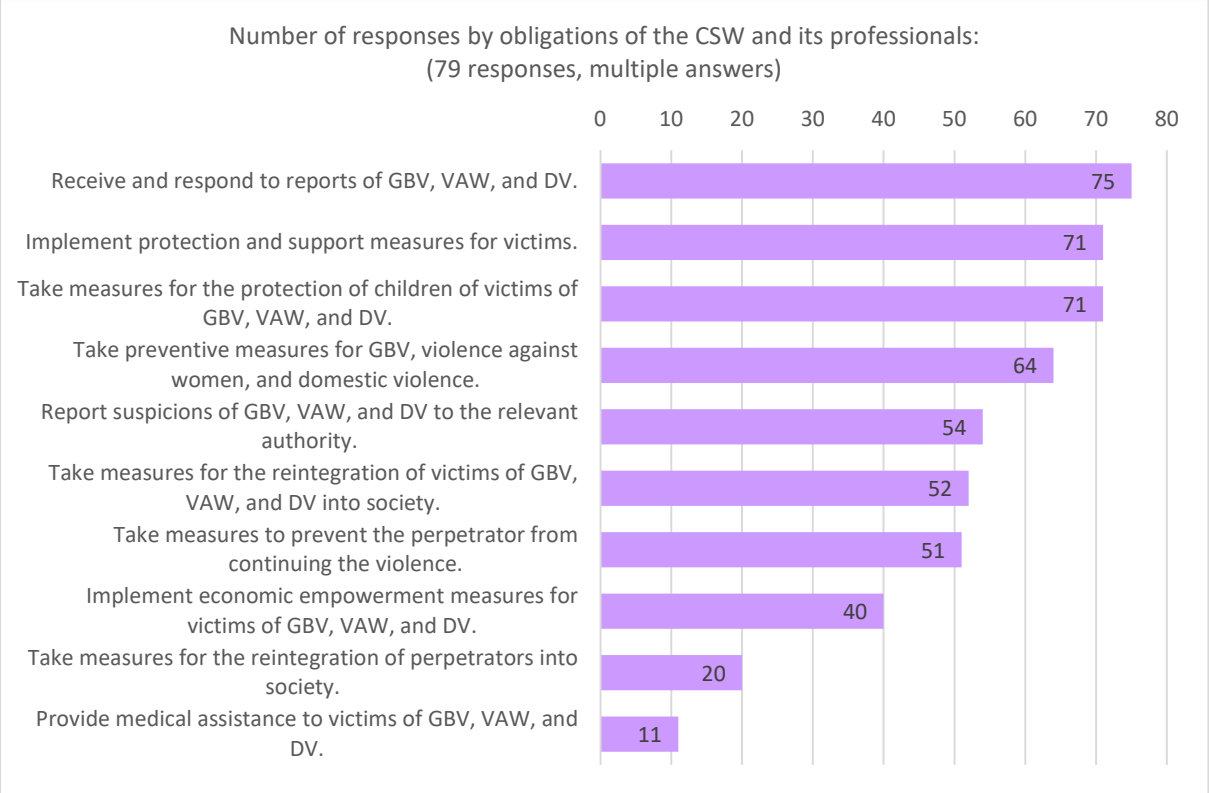
Out of the collected responses, more than half of the professionals stated that they do not work directly with perpetrators of GBV, VAW or DV, often noting that their focus is on victim protection or that work with perpetrators only occurs if the individual is cooperative or when the victim insists. Among those who do engage with perpetrators, their responsibilities include counselling sessions, informing the perpetrator about legal consequences and applicable laws, conducting interviews, monitoring court-imposed protection measures, and referring perpetrators to specialized counselling services or mandatory treatment. The approach is mostly advisory and psychosocial, aimed at promoting accountability, behavior change, and prevention of reoffending, while prioritizing victim safety and maintaining multi-sector cooperation when necessary.

The survey provided the staff of CSW provided with a list of legal obligations and asked to select the ones they believed to be obligations of the CSW and themselves as professionals when dealing with cases of GBV, VAW and DV. A significant majority of the total of 79 respondents acknowledge the importance of responding to reports of violence (75 respondents), protecting children of victims (71), and implementing protection and support for victims (71), indicating a clear focus on victim safety and immediate response. While preventive measures (64), reporting suspicions (54), and preventing further violence (51) were identified as important, the data suggests there is still room to strengthen the prioritization of these key responsibilities among CSW first

[109] "Case Manager" is a professional responsible for a specific case who, in cooperation with the beneficiary, identifies their potentials and needs and utilizes professional and other resources from the Centre for Social Work as well as from other institutions and organizations within the area of the local self-government unit, which are necessary for meeting the needs and overcoming the problems, that is, for providing appropriate services for the beneficiary.

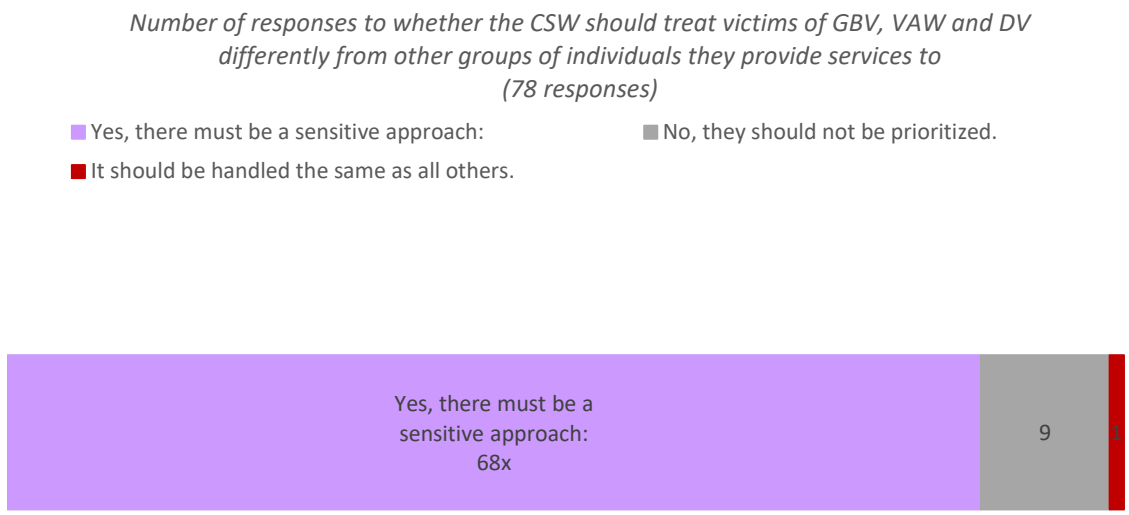
responders. Economic empowerment for victims (40) also received moderate attention, pointing to a need for greater support in addressing the financial impacts of GBV, VAW, and DV and the need for greater collaboration with the Employment Agency.

Although first responders from the Centers for Social Work are legally responsible for accompanying victims when medical assistance is needed or calling an ambulance, if necessary, only eleven respondents identified this as part of their role. This indicates a possible gap in awareness or implementation of legal obligations related to immediate medical support. Similarly, despite their formal role in the reintegration of perpetrators, only twenty respondents selected this responsibility. This suggests that the aspect of perpetrator rehabilitation is not sufficiently addressed in practice or training, highlighting the need for a greater focus on the full scope of mandated responsibilities.



Graph no. 2: Number of responses by obligations of the CSW and its professionals (79 responses, multiple answers possible)

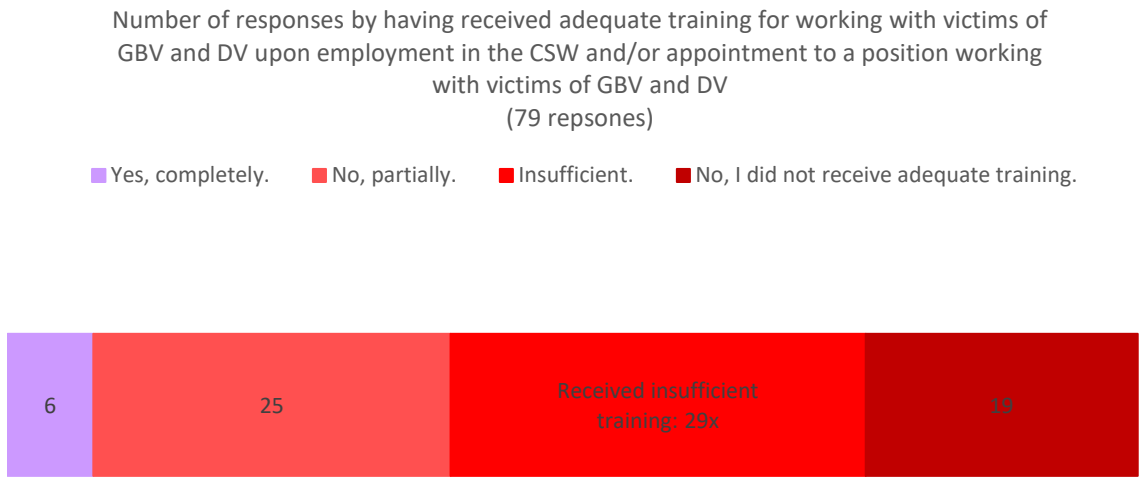
The professionals were asked whether victims of GBV, VAW and DV should be treated differently from other groups of individuals to whom the CSW provides services. The majority of respondents (68) believe that victims of GBV, VAW, and DV should be treated with a sensitive approach, acknowledging the unique challenges and trauma they face. Only one respondent argues that these victims should not be prioritized, while nine respondents feel that these cases should be handled in the same way as all other cases. This indicates a strong consensus on the need for special consideration and care when dealing with victims of GBV, VAW, and DV; however, it also shows that one in ten first responders is gender insensitive.



Graph no. 3: Number of responses to whether the CSW should treat victims of GBV, VAW and DV differently from other groups of individuals they provide services to (78 responses)

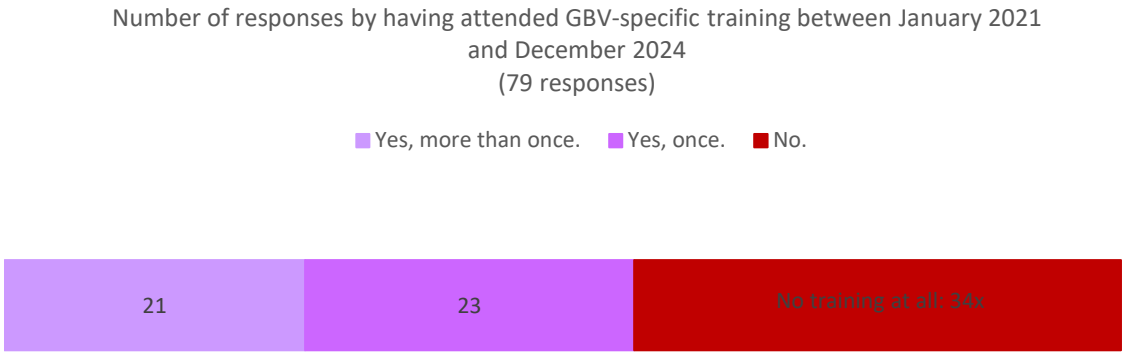
Participation in GBV trainings

The respondents' answers to the whether they had received adequate training for working with victims of GBV and DV upon their employment in the CSW and/or appointment to a position where they directly work with victims of GBV and DV reveal significant gaps in professional development. Only six respondents felt they had received complete training, while 25 reported partial training. A concerning 19 respondents stated that they did not receive adequate training at all, and a substantial number of 29 professionals felt their training was insufficient. These findings highlight the need for more comprehensive and targeted training programs to ensure professionals are fully equipped to support victims effectively.



Graph no.4: Number of responses by having received adequate training for working with victims of GBV and DV upon employment in the CSW and/or appointment to a position working with victims of GBV and DV (79 responses)

Respondents were asked whether they had participated in trainings on the identification, prevention, and/or response to gender-based violence, violence against women, and/or domestic violence between January 2021 and December 2024. The survey showed that out of 79 respondents from the Centers for Social Work, 24 have participated in a GBV training once while 21 have participated in a few trainings. However, 34 of the respondents have not attended any training on GBV, violence against women or domestic violence in the researched period, i.e., after the adoption of the Law on Prevention and Protection from Violence against Women and Domestic Violence.



Graph no. 5: Number of responses by having attended GBV-specific training between January 2021 and December 2024 (79 responses)

Out of those that said they have had trainings on GBV, VAW or DV, 24 have been trained to work with victims only, while 20 of them have been trained to work with victims and perpetrators both. One respondent has been trained to work only with perpetrators.

Did these trainings focus on the victims, the perpetrators, or both groups?	
Yes, once	**24**
Both victims and perpetrators	9
Victims	14
Perpetrators	1
Yes, more than once	**21**
Both victims and perpetrators	11
Victims	10
Grand Total	**45**

Table no. 1: Did these trainings focus on the victims, the perpetrators, or both groups? (46 responses)

All respondents selected more than one training organizer, suggesting that most trainings were implemented through collaborative efforts among institutions and organizations. The majority, 28 respondents, have attended trainings co-organized by the Institute for Social Affairs while for 26 respondents the trainings were co-organized by CSOs as well. A total of 18 respondents selected the MSPDY as one of the organizers of the trainings, while only five respondents said that the trainings were co-organized by IGOs. Additionally, 43 out of 45 respondents who have undergone training on GBV stated that they participated in a multi-sectoral training, indicating strong exposure to collaborative learning environments. These trainings brought together

representatives from multiple relevant institutions involved in the protection system for GBV victims.

In order to assess what topics have been covered by the trainings on GBV, VAW and DV the respondents have attended, they were given 30 options to choose from, as well as, space to add other topics that have been covered. The summary of respondents' feedback reveals that the majority of trainings they attended primarily focused on domestic violence, with only a limited number explicitly addressing the broader scope of GBV. The primary objectives of these trainings included improving the professionals' ability to recognize victims of domestic violence, encouraging reporting, and providing appropriate protection and support. Key areas covered included legal frameworks, risk assessment, case management, and institutional cooperation. Some respondents also noted training on prevention and psychosocial support.

However, references to GBV were minimal, indicating a gap in understanding and addressing violence beyond the domestic sphere, such as violence against women in public spaces, digital violence, or violence against marginalized groups. The need for continuous training, improved coordination, and enhanced skills development—especially in multi-sectoral responses and human rights-based approaches—was also emphasized, along with concerns that some institutional mechanisms established for coordination are not functioning effectively. This highlights the necessity to broaden and deepen future training efforts to cover all forms of GBV in line with international standards.

An assessment of the topics covered in previous trainings on GBV highlights both strengths and gaps in the current capacity-building landscape. The most frequently covered topics include "Prevention and detection of violence against women, domestic violence, and gender-based violence" (32 instances), "Causes, manifestations, and consequences of all forms of violence" (31), "Needs and rights of victims" (27), and "Domestic legislation on violence against women, domestic violence, and gender-based violence" (23). This indicates that trainings so far implemented have strongly emphasized core concepts, practical interventions, and legal frameworks, which are essential for frontline responders.

However, the analysis also reveals a significant lack of training on several critical and more specialized areas. Topics such as "Obligations under CEDAW", "Treatment of convicted sex offenders", and "Training for employers on economic empowerment and employment opportunities for women victims of violence" have only been addressed once each. Similarly, "Custody and visitation standards", "Reintegration of perpetrators into society", and "Standards for providing legal aid" have each been covered only twice. These underrepresented areas are essential for a holistic, rights-based, and intersectional approach to GBV prevention and response. The findings point to the need for future trainings to focus on these less-addressed topics, particularly those related to long-term recovery, systemic accountability, reintegration, and obligations under international frameworks, to ensure comprehensive and sustainable support for both victims and professionals working in the field.

In addition to the most and least covered areas, several other important topics have been addressed to a moderate extent in GBV-related trainings. These include "Obligations under the Istanbul Convention" with 16 mentions, and "Reintegration of victims of GBV and domestic violence and their children" with 14 mentions, reflecting some attention to both international standards and post-violence recovery. Topics such as "Prevention of secondary victimization" (12), "Training for coordinated multi-institutional cooperation" and "Harmful effects of violence on children" (each 10), and "Gender-sensitive approaches to economic empowerment of women

victims" (10) indicate a growing recognition of the importance of cross-sector collaboration, trauma-informed responses, and the socio-economic dimensions of violence. Meanwhile, themes like "Sensitivity and skills for appropriate workplace response", "Procedural and legal protections during legal proceedings", and "Burnout prevention techniques" have been covered to a lesser degree (ranging between 3 and 6 mentions), suggesting an emerging but still limited focus on institutional capacity and staff well-being.

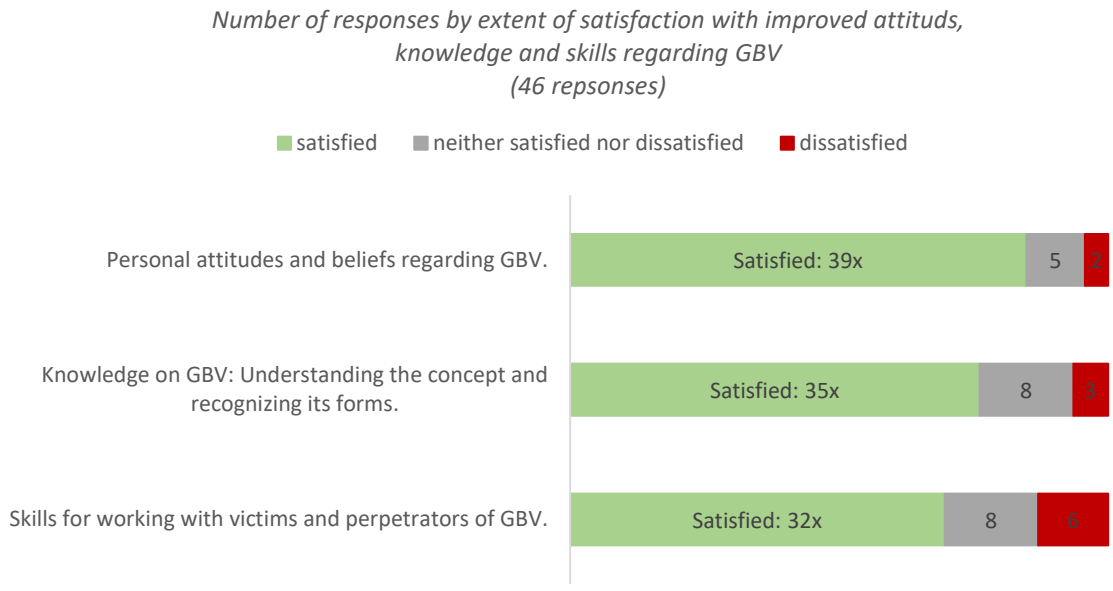
A notable gap in training provision relates to the limited focus on techniques and methods for stress management and burnout prevention among CSW professionals. Given the emotionally demanding nature of their work with victims of GBV, the absence of structured training in these areas, risks undermining staff well-being and long-term effectiveness, emphasizing the need for integrating occupational health and resilience-building modules into future capacity-building programs. These findings highlight a partial integration of broader and more systemic issues into GBV training programs, underscoring the importance of expanding and deepening coverage in these areas.

Which of the following topics were covered in the trainings? (Please select all answers that apply.)	Number of participants/ respondents
Prevention and detection of violence against women, domestic violence, and gender-based violence	32
Causes, manifestations, and consequences of all forms of violence	31
Needs and rights of victims	27
Domestic legislation on violence against women, domestic violence, and gender-based violence	23
Intimate partner violence, stalking, and sexual violence	19
Obligations under the Istanbul Convention	16
Reintegration of victims of GBV and DV and their children	14
Prevention of secondary victimization	12
Training for coordinated multi-institutional cooperation	10
Harmful effects of violence on children	10
Gender-sensitive approach in economic empowerment and employment opportunities for women victims of violence	10
Gender equality between women and men	9
Domestic and gender-based violence from an intersectional perspective (e.g., assessing violence against women from vulnerable groups such as migrant women, Roma women, women with disabilities, lesbians, trans women)	7
Tools for early identification and case management of violence	6
Techniques and methods for stress management	6
Victims' right to legal remedies and compensation from the perpetrator	5
Addressing personal biases and assumptions of professionals that hinder effective support and protection for women victims of violence	5
Skills for multi-institutional work (including collaboration with professionals from various fields)	4
Sensitivity and skills needed to respond appropriately and effectively in the workplace	3
Referral to preventive intervention and treatment programs	3
Procedural standards (e.g., in cases under the Istanbul Convention, evidence regarding the victim's sexual history and behavior without evidentiary value should not be permitted)	3

Protective measures in legal proceedings (e.g., ensuring access to protective measures for victims during legal proceedings due to the traumatic nature of domestic and gender-based violence and specific needs of victims as witnesses)	3
Following an approach based on the safety and respect for the human rights of the victim, as well as a gender equality perspective.	3
Techniques and methods for burnout prevention at the workplace	3
Custody and visitation standards (e.g., ensuring domestic and gender-based violence are considered in determining custody and visitation rights)	2
Standards for providing legal aid (e.g., avoiding excessive burden on victims and their legal advisors in determining eligibility for legal aid)	2
Reintegration of perpetrators of violence into society	2
Obligations under CEDAW	1
Treatment of convicted sex offenders	1
Training for employers on economic empowerment and employment opportunities for women victims of violence	1

Table no. 2: Topics covered with the training on GBV, VAW or DV (46 responses, multiple answers)

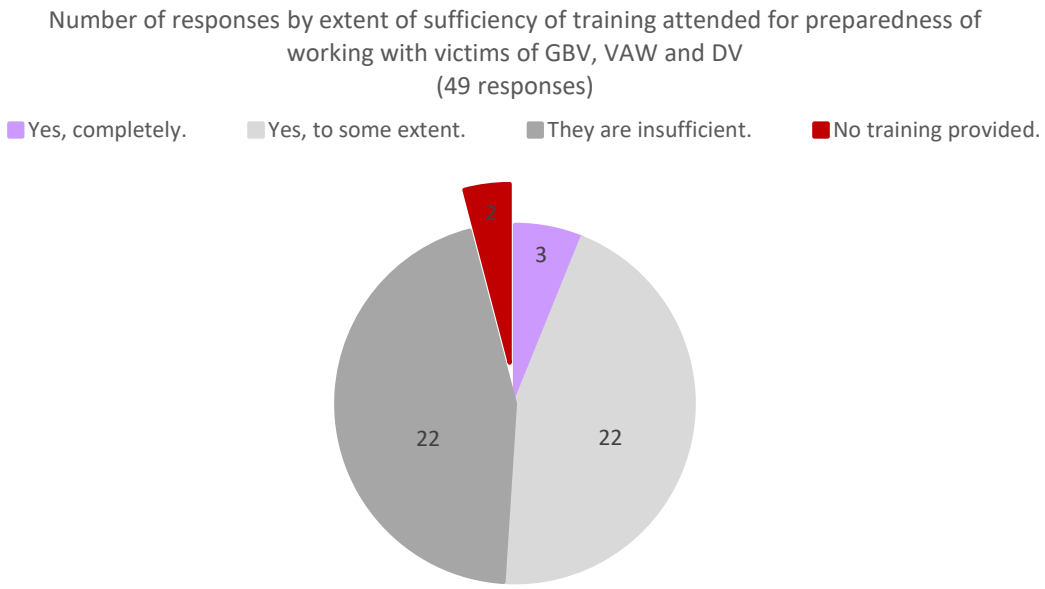
The results in regard to the assessment of the respondents' extent of satisfaction with the improvement of attitudes, knowledge, and skills gained from past trainings on GBV, VAW and DV reveal generally high levels of participant satisfaction. Participants were most satisfied with improved attitudes (39), followed by increased knowledge on the concept and forms of GBV (35) and improved skills for working with victims and perpetrators of GBV (32). These findings suggest that while the trainings have been effective in enhancing core competencies for many professionals, there is still room for improvement in content depth and delivery to ensure broader and more consistent impact.



Graph no. 6: Number of responses by extent of satisfaction with improved skills and competences regarding GBV (46 responses)

Even though the majority of respondents reported an improvement in their skills and knowledge, the majority of respondents (44) felt that the trainings had not adequately prepared them to effectively work with victims of GBV, VAW, and DV. Twenty-two respondents felt either insufficiently or only to some extent prepared for direct work with survivors of GBV. This survey

result highlights a significant gap in the depth, accessibility, and practical relevance of current training programs for CSW professionals.



Graph no. 7: Number of responses by extent of sufficiency of training attended for preparedness of working with victims of GBV, VAW and DV (49 responses)

The responses from the CSW first responders regarding their awareness of the relevant legal frameworks reveal a generally solid understanding of the laws and conventions related to GBV. A majority, 61respondents, reported being fully familiar with the LPPVAWDV and the obligations it entails for their institution, while 18 indicated partial familiarity. Regarding the Istanbul Convention, awareness levels were somewhat more varied. While 28 respondents reported full knowledge of the Convention, 31 had partial understanding, and 16 felt their knowledge was insufficient. Only three respondents stated they were completely unaware of the obligations stemming from the ratification of the Istanbul Convention. These findings suggest that while there is a strong foundation of awareness, there remains a need for ongoing training and further dissemination of information, particularly regarding international frameworks, to enhance the effectiveness of responses to GBV and DV.

When asked whether the CSW has clear protocols and guidelines for responding to victims of GBV, VAW and DV, the majority of respondents confirmed the existence of internal protocols and guidelines for handling cases of gender-based violence, violence against women, and domestic violence; however, a significant number also expressed the need for clearer and more standardized procedures. While many acknowledged that protocols are in place, others highlighted gaps in awareness or implementation, reinforcing the need for institutional clarification and harmonization to ensure consistent, coordinated, and victim-centered responses.

Overall, the research shows that the majority of trainings conducted so far have primarily focused on basic and foundational topics related to GBV, such as general prevention and detection, national legal frameworks, and the immediate needs and rights of victims. While basic trainings have helped establish a foundational understanding of gender-based violence, there is a clear need to deepen the focus on specialized areas that address the complex and diverse needs of

victims. Topics such as domestic and gender-based violence from an intersectional perspective remain significantly underexplored, despite the unique vulnerabilities faced by women from marginalized groups—including migrants, Roma women, women with disabilities, and LGBTQ+ individuals. Likewise, prevention of secondary victimization, which is crucial for ensuring that victims are not re-traumatized during their interactions with institutions, has received limited attention. The lack of focus on tools for early identification and case management further weakens the system's ability to provide timely and appropriate support. Additionally, insufficient training on coordinated multi-institutional cooperation hinders the development of an integrated, victim-centered response across sectors. Following an approach based on the safety and respect for the human rights of the victim, as well as a gender equality perspective, must be guiding principles in these efforts. Expanding training in these areas is essential for ensuring that all victims receive respectful, effective, and tailored support that aligns with a rights-based and inclusive approach.

In addition to strengthening technical knowledge and institutional coordination, it is equally important to invest in trainings that target the personal skills, perspectives, and values of first responders, particularly those working in Centers for Social Work. Professionals in these roles often serve as the first point of contact for women victims of violence, and their attitudes and behaviors can significantly influence the quality of support provided. However, limited training has been dedicated to addressing personal biases and assumptions that may hinder effective protection and assistance. There is a pressing need to build sensitivity and interpersonal skills that enable professionals to respond with empathy, respect, and cultural competence. Furthermore, reinforcing the principles of gender equality between women and men is essential to ensure that interventions are grounded in a human rights-based approach and free from discriminatory practices. By focusing on these personal dimensions, future trainings can empower first responders from the Centers for Social Work to become not only more effective service providers but also active agents of change in the fight against gender-based violence.

Perceptions and attitudes on GE and GBV

This section explores the perceptions of professionals regarding gender equality and the concept of violence and GBV as well as their attitudes towards victims and perpetrators of GBV and reporting of GBV. Understanding these viewpoints is essential for identifying gaps in awareness, potential biases, and opportunities for targeted training and institutional reform. Twenty-two (out of 29) questions exploring perceptions and attitudes toward gender equality and gender roles were answered by a total of 78 professionals from the CSW, the remaining statements were assessed by fewer respondents (76-77) .

The graphs below show the professionals' assessments in five different areas:

(1) Perceptions of gender equality, gender roles and gender stereotypes (7 statements)
(2) Perceptions of violence and GBV (8 statements)
(3) Attitudes towards victims of violence (5 statements)
(4) Attitudes towards perpetrators of violence (5 statements)
(5) Attitudes towards the rights and needs of victims of GBV (4 statements)

The graphs are grouped according to these five areas show how many professionals surveyed have supportive (green), neither supportive nor critical (grey) and critical (red) attitudes and perceptions towards promoting gender equality, advancing gender roles and combatting gender stereotypes. This classification helps clarify attitudes toward gender roles and GBV-related beliefs among the 78 respondents. Supportive responses reflect progressive views, neither supportive nor critical answers indicate uncertainty or ambivalence, and critical responses reveal endorsement of harmful stereotypes. The distribution of responses across these categories

highlights both encouraging support for gender equality and the presence of lingering biases that point to areas in which further training and awareness-raising is needed.

Perceptions of gender equality, gender roles and gender stereotypes

The analysis shows that the responses reflect a predominantly progressive attitude among professionals from the CSW, with most respondents supporting gender equality and rejecting traditional stereotypes. For example, almost all respondents agreed that men and women should have equal rights and opportunities. Similarly, a large majority rejected the idea—and thus stereotypes—that men should be the primary economic providers (64) and supported childcare (77) and employment responsibilities (77).



Graph no. 8: Number of responses by perceptions of gender equality, gender roles and gender stereotypes (78 responses)

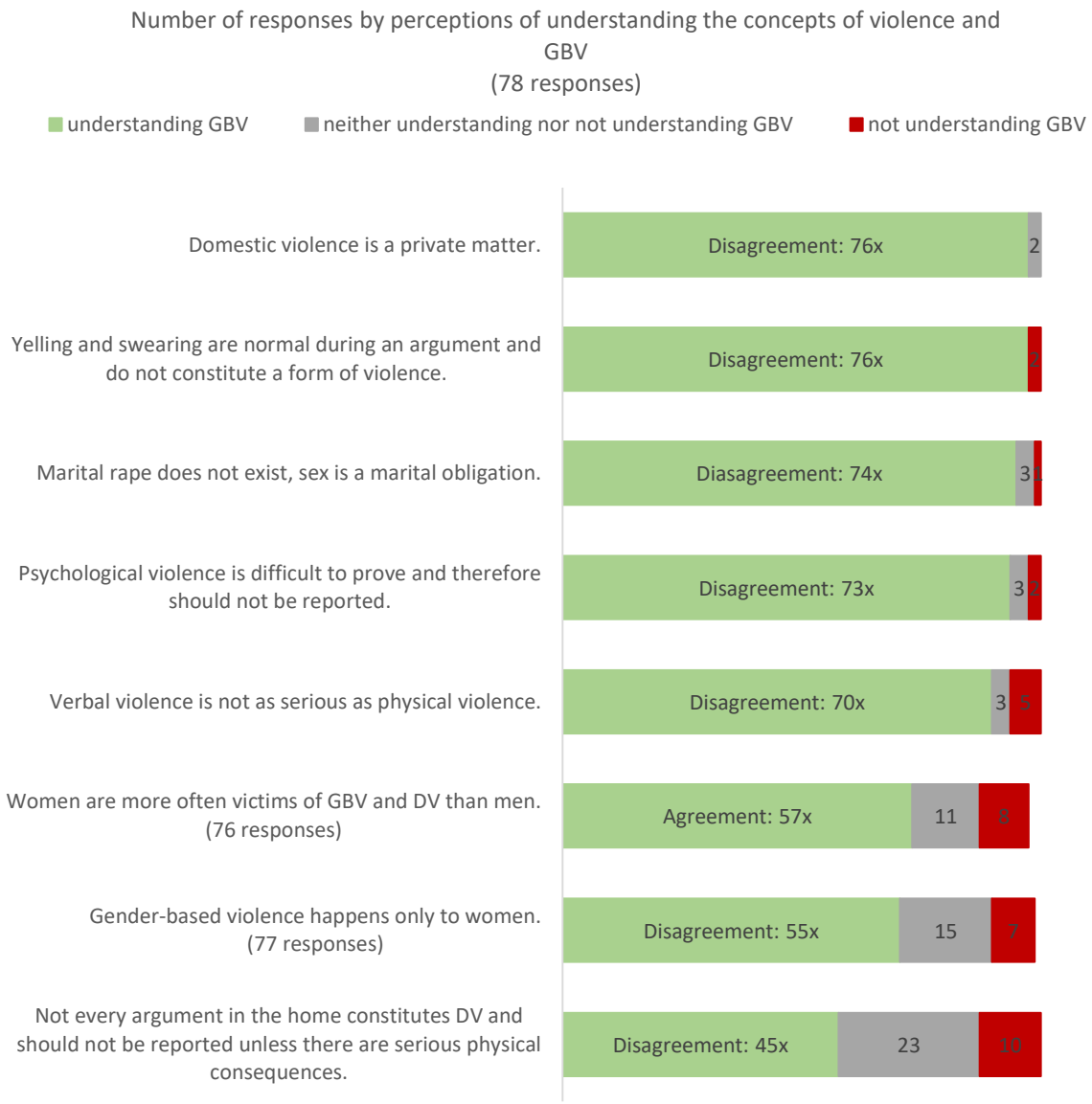
However, a minority remains ambivalent or favors stereotypes, which shows in the assessment of women being solely responsible for household duties (20 responses), of men not being able to control their emotions (19), of men being the ones contributing more economically to the household (14), and of women having to know when to be silent and know her place (9). These less progressive respectively patriarchal attitudes suggest lingering gender role biases that could negatively influence professionals' interactions with victims of GBV by perpetuating stereotypes, victim blaming, or inadequate support. Such attitudes undermine gender equality principles and

highlight the need for targeted training to foster more consistently positive, gender-equitable perspectives within the institution.

Perceptions of violence and GBV

Furthermore, the analysis illustrates that while the majority of first responders from the CSW show an understanding of the concepts of violence and GBV—supporting gender equality and rejecting harmful stereotypes—a minority of respondents do not show adequate understanding of the concepts of violence and GBV. None of the respondents agreed to the statement that domestic violence is a private matter, two respondents showed ambivalence. Similarly, 76 professionals disagreed with the statement that yelling and swearing during an argument do not constitute violence, only two respondents agreed with the statement. On the topic of marital rape, 74 respondents rejected the stereotype that it does not exist, while only four respondents were either ambivalent or embraced the stereotype, showing a near-unanimous rejection of this harmful belief. The statement psychological violence is difficult to prove and therefore should not be reported elicited disagreement among 73 respondents, showing strong support for recognizing and addressing non-physical forms of abuse. However, five respondents either agreed or were uncertain, indicating lingering misconceptions about the legitimacy of psychological violence as a reportable offense. Similarly, 70 respondents disagreed with the perception that verbal violence is not as serious as physical violence, eight professionals showed perceptions that lea towards minimizing verbal violence.

Fifty-seven respondents recognized the disproportionate impact of GBV on women by agreeing that women are more often victims. However, nineteen professionals were either ambivalent (11) or did not recognize the disproportionate impact of GBV on women (8). Fifty-five respondents disagreed with the statement that GBV only happens to women, showing awareness that GBV can affect men and people of diverse gender identities. However, 22 respondents either showed ambivalence or agreed with this latter statement. Forty-five respondents disagreed with the claim that not every argument in the home constitutes domestic violence and should not be reported unless there are serious physical consequences, they rejected minimization of DV. However, quite a high number—33 professionals—either were unsure (23) or agreed (10) with a view that risks dismissing emotional or coercive abuse. This suggests an incomplete understanding of the concept and dynamics of domestic violence.



Graph no. 9. Number of responses by perceptions of understanding the concepts of violence and GBV (78 responses)

These findings highlight the persistence of ambivalence or support for harmful beliefs among a minority of respondents. Though these assessments are not dominant, they are significant given the role of CSW professionals in providing frontline support. They underscore the need for continuous, gender-transformative training to challenge ingrained stereotypes and ensure all professionals consistently uphold a rights-based, victim/survivor-centered approach.

Attitudes towards victims of violence

The professionals of CSW are largely supportive of victims of GBV, with most respondents demonstrating informed and empathetic attitudes. Sixty-nine respondents disagreed with the statement that victims provoke perpetrators, clearly rejecting harmful narratives, while nine respondents did not fully reject this stereotype. The stereotype of women lying about being victims of GBV to take revenge or of women often withdrawing their reports because they are not truly victims was rejected by 63 respectively 62 professionals. Two in ten respondents (15 respectively 16) expressed uncertainty or agreed with the statements, showing a problematic level of victim-blaming attitudes. Awareness of victims' emotional and safety concerns are evident for respondents supporting the statements women are often economically dependent on

men and therefore do not report violence (60) and women endure violence out of fear for their own and their children's safety (59) showing understanding of the structural and emotional dynamics involved. Eighteen respectively nineteen respondents either showed ambivalence or were critical, indicating minimization or rejection of structural barriers keeping victims of GBV from seeking support.



Graph no .10: Number of responses by attitudes towards victims of GBV (78 responses)

Particularly professionals at CSW should be aware of victim credibility and blame in order not to risk perpetuating victim-blaming, undermining survivors' credibility, and weakening institutional support. The findings reinforce the need for ongoing, gender-transformative training to eliminate harmful beliefs and ensure that all survivors are treated with dignity, empathy, and professionalism.

Attitudes towards perpetrators of violence

A more mixed pattern becomes evident in the assessment of attitudes towards stereotypes of perpetrators of GBV, with both encouraging and concerning trends. Fifty-four respondents disagreed with the statement that perpetrators of violence are mentally ill people, rejecting stereotype and recognizing the broader systemic roots of violence. However, 24 professionals either were ambivalent (18) or embraced (6) the statement, which indicates views pathologizing perpetrators, which can undermine accountability and obscure the gendered nature of violence. Fewer respondents, namely 43 rejected the statement that friends and colleagues they associate with are certainly not perpetrators, 33 professionals were either ambivalent (17) or agreed (16) with this statement, suggesting biased attitudes towards members of personal networks and denial or a lack of awareness about the pervasiveness of GBV. Views on the potential for perpetrators to change were also split: Thirty-eight respondents rejected the view that perpetrators cannot change, while 40 were either ambivalent (28) or in agreement with the

statement (12). This level of ambivalence suggests a need for greater awareness of rehabilitation models and restorative approaches. Thirty-six respondents disagreed with the simplification that perpetrators are violent due to alcohol or drug abuse, but 42 were either unsure (35) or in agreement (7), showing that a large share of respondents either attribute violence to substance use or lack clarity on its structural causes.



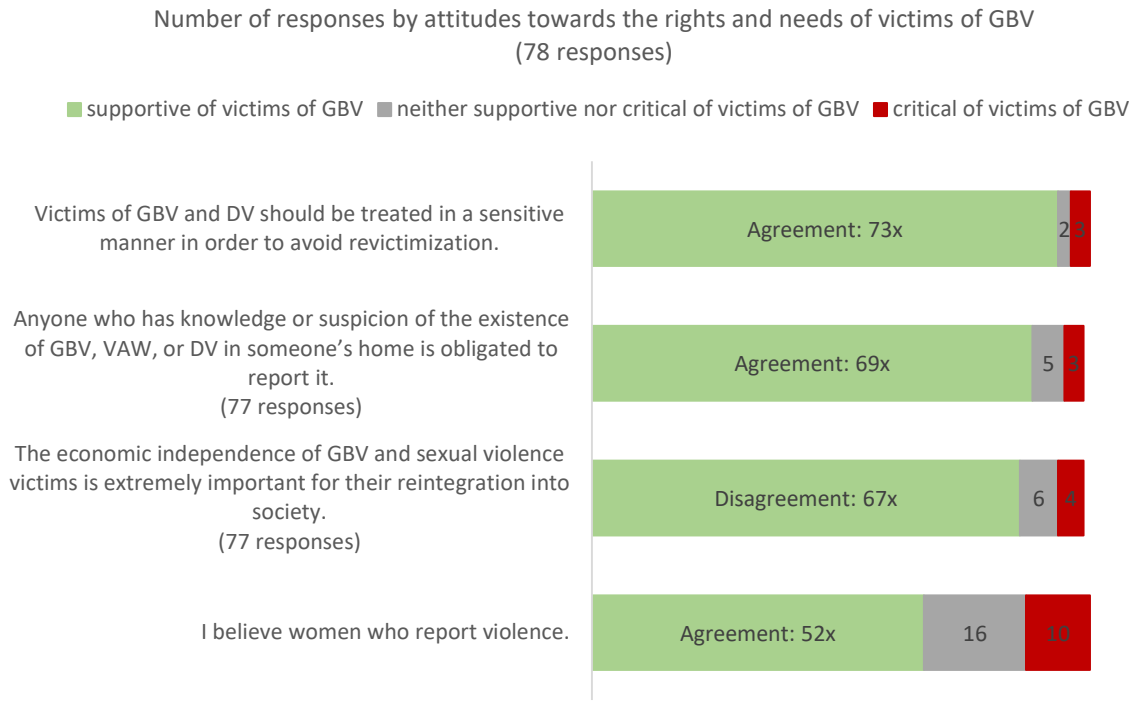
Graph no .11: Number of responses by attitudes towards perpetrators of GBV (78 responses)

Similarly, 23 respondents agreed with the idea that perpetrators often become more aggressive after being reported, while 55 respondents either were unsure (31) or disagreed with this idea (24). This means that seven in ten respondents either believe or are unsure whether perpetrators become more aggressive after being reported, which may reflect concerns or uncertainty about the escalation of violence post-disclosure. This underscores the need for training on risk assessment and safety planning, particularly in supporting victims after they engage with the justice system. Overall, while many first responders show positive attitudes by rejecting stereotypes about perpetrators, a substantial portion demonstrate ambivalent or negative positions—especially around substance abuse, personal distance from perpetrators, and beliefs about escalation and rehabilitation. These findings point to the need for ongoing training focused on the systemic nature of GBV, risk assessment, and evidence-based responses to perpetration, to strengthen professional accountability and victim support.

Attitudes towards the rights and needs of victims

The respondents showed a predominantly positive understanding of the rights and needs of GBV survivors, rejecting victim-blaming and supporting survivor-sensitive approaches. However, there are also ambivalent and negative attitudes visible that could impact effective victim support. A majority of respondents (73) affirms the statement that victims of GBV and DV should

be treated in a sensitive manner in order to avoid revictimization, five respondents displayed less supportive attitudes. Encouragingly, there was a strong positive response to the duty to report GBV: Sixty-nine respondents affirmed this obligation. However, eight respondents were either unsure (5) or did not support (3) this duty, indicating gaps in professional accountability and clarity on legal or ethical responsibilities. The importance of economic independence in victim reintegration was strongly supported by 67 respondents. A minority of professionals embraced attitudes towards victims of GBV reflecting harmful myths. When asked whether they believe women who report violence, 52 respondents expressed trust, while 26 either were unsure (16) or expressed distrust (10), which highlights a significant presence of uncertainty and negative attitudes that could compromise the quality of support and undermine victims' willingness to report violence.



Graph no. 12: Number of responses by attitudes towards the rights and needs of victims of GBV (78 responses)

Overall, these results demonstrate a predominantly positive understanding of the rights and needs of GBV survivors. However, the ambivalent and critical responses regarding victim credibility and blame, though a minority, should be addressed through continued gender-transformative and trauma-informed training, ensuring that all professionals respond with empathy, trust, and accountability.

In summary, while the majority of CSW professionals hold supportive attitudes towards reporting and victim credibility, ambivalent and critical responses—ranging from disbelief in psychological violence to minimization of abuse and victim-blaming—highlight the need for continued training. Emphasizing a deeper understanding of non-physical abuse, the full scope of GBV, and the importance of believing and supporting victims is essential to ensuring consistent, trauma-informed responses across the board.

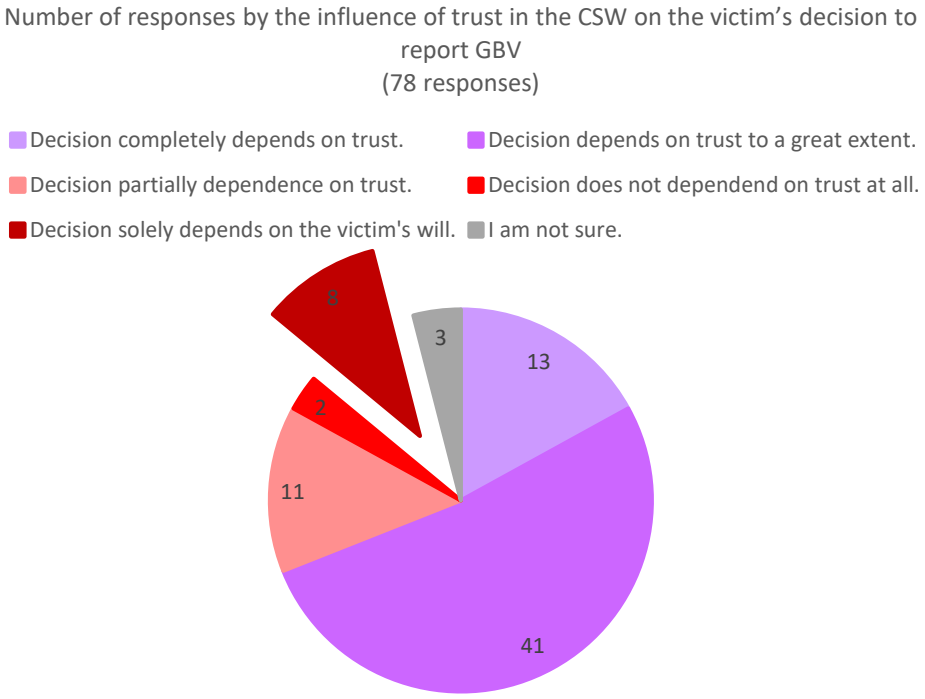
In conclusion, while the majority of first responders from the Centers for Social Work demonstrate progressive attitudes toward gender equality and reject many harmful gender stereotypes, the persistence of ambivalent and problematic views among a notable minority raises concerns. These residual biases—whether relating to traditional gender roles, the

seriousness of verbal and psychological violence, or misconceptions about perpetrators—highlight the potential for inconsistent or inadequate responses in cases of gender-based violence. Given the crucial role these professionals play in supporting survivors, even a small percentage of harmful or ambivalent attitudes can have significant consequences. To ensure effective, sensitive, and equitable support for all survivors, continued investment in comprehensive, gender-transformative education, reflective practice, and institutional reform is essential.

Institutional trust and professional conduct as determinants in GBV reporting

Understanding how first responders perceive their role in victims' decisions to report and pursue action against gender-based and sexual violence is crucial for strengthening institutional responses. The following analysis sheds light on the views of first responders at the CSW regarding the importance of institutional trust and the influence of professional conduct in shaping victim behavior.

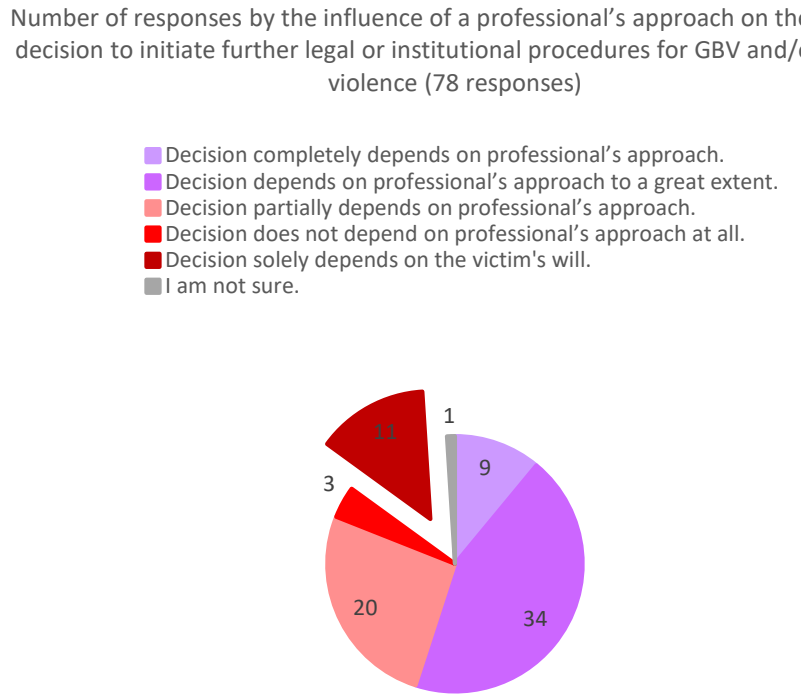
The responses by the professionals indicate that they perceive trust in their institution as a significant factor influencing a victim's decision to report gender-based and domestic violence. A substantial portion of respondents (54) believes that the victim's decision either completely or to a great extent depends on the trust they have in the CSW. This highlights the importance of creating a reliable and supportive environment where victims feel safe and confident in reporting. However, there is a smaller share of eleven respondents who feel that the decision to report is only partially influenced by institutional trust, and an even smaller group (8) believes that the decision solely depends on the victim's will. These answers suggest that while the majority of first responders recognize the significant role of institutional trust, there is some variation in understanding the full scope of factors influencing a victim's decision to report. Two respondents believe that trust in the CSW does not play any role for the victim's decision to report GBV, which may point to gender insensitivity.



Graph no. 13: Number of responses by the influence of trust in the CSW on the victim's decision to report GBV (78 responses)

The responses by first responders indicate a strong awareness of the influence of their professional conduct on a victim's decision to pursue further legal or institutional action following gender-based and/or sexual violence. A majority—42 respondents believe that a victim's decision depends either completely or to a great extent on the support and behavior of the professionals involved. Additionally, 20 professionals believe that the victim's decision partially depends on their approach, showing further recognition of their role in shaping victims' trust in the process.

At the same time, a smaller share of respondents minimizes their influence: Eleven respondents feel the decision depends solely on the victim's will, while three believe that their professional approach does not at all influence the victim's decision to initiate further legal or institutional procedures. These findings highlight that while most first responders acknowledge their critical role in encouraging victims to seek justice and support, a minority may underestimate the impact of professional conduct on victims' willingness to engage with institutions—an area that could benefit from further training and awareness-building.



Graph no. 14: Number of responses by the influence of a professional's approach on the victim's decision to initiate further legal or institutional procedures for gender-based and/or sexual violence (77 responses)

In conclusion, the findings from this survey highlight both the strengths and critical areas for development in the work of first responders from the CSW in addressing GBV, VAW and DV. Respondents demonstrate a high level of awareness and commitment to supporting victims—particularly in protection, risk assessment, and psychosocial support. However, significant gaps remain in the areas of reporting obligations, preventive interventions, and consistent implementation of legal responsibilities, which require immediate attention and structured training efforts to ensure a more robust and victim-centered institutional response. While a moderate portion of respondents recognized medical support, perpetrator reintegration, and economic empowerment of survivors, these areas still require further reinforcement. Their relative under-prioritization suggests the need for more comprehensive training and institutional alignment to ensure holistic care for survivors and accountability mechanisms for perpetrators. In particular, closer collaboration with health services and employment agencies, as well as

stronger integration of perpetrator rehabilitation programs, could enhance the impact and sustainability of interventions.

Additionally, the section on perceptions and attitudes toward gender equality and GBV reveals predominantly progressive beliefs among CSW professionals, with most rejecting traditional gender roles and affirming the importance of equal participation in domestic and economic life. However, a concerning minority of respondents either held or were ambivalent toward patriarchal, permissive, or harmful beliefs—such as minimizing verbal violence, excusing male aggression, or maintaining outdated ideas about private matters. These attitudes, even when held by a few, can significantly undermine the quality of support provided to survivors and perpetuate systemic barriers to justice and healing. Taken together, these findings point to an urgent need for comprehensive, gender-transformative training that not only builds technical knowledge and legal clarity but also challenges internalized biases and reinforces professional accountability. Institutional investment in regular capacity-building, supervision, and reflection is essential to ensure that all CSW staff are equipped to respond sensitively, effectively, and equitably to all forms of GBV.

Further training needs of CSW professionals

When asked about the need for training for professionals responding to victims of GBV and DV at the CSW the majority of respondents see a clear need for continuous training for professionals who respond to victims of GBV and DV within their institution.



Graph no. 15: Number of responses by need for training for professionals responding to victims of GBV and DV at CSW (78 responses, multiple answers)

A significant share, 66 respondents, emphasized the importance of ongoing training that would align with their professional progress. Additionally, 42 respondents highlighted the need for cross-institutional training, suggesting that collaboration between various institutions within the planning region would be beneficial. Training on the implementation of the new Law on

Prevention and Protection against Violence against Women and Domestic Violence was also considered essential, with 27 respondents indicating its importance. Furthermore, 26 respondents pointed out the need for specific training on the institution's responsibilities within the GBV victim protection system. Notably, no respondents disagreed with the need for additional training, indicating a strong consensus on the importance of capacity building in this area. These findings suggest a broad recognition of the importance of continuous professional development in the context of GBV and DV response.

The professionals responding to victims of GBV, VAW and DV were invited—by way of an open-ended question—to share their needs for further capacity building measures. They expressed a strong need for specialized training to better address the complex needs of victims. Many emphasized the importance of training that includes psychological support for victims, clear protocols and procedures for responding to GBV and DV cases, and the inclusion of a multi-sectoral team approach. Participants highlighted the necessity for detailed and continuous training that not only covers the implementation of relevant international human rights standards like the Istanbul Convention but also provides guidance on how to work effectively within a multi-disciplinary team involving health, law enforcement, and other key institutions. They also pointed out the need for training in areas such as risk assessment, how to deal with perpetrators, and strategies for effective communication with victims, emphasizing that practical experience is crucial for building a comprehensive understanding of the issues.

In addition to training on legal frameworks and multi-disciplinary collaboration, respondents underscored the importance of specific skills development, including stress reduction techniques and the prevention of burnout, which can impact professionals' effectiveness. Concerns were raised about the lack of adequate spaces and resources, such as shelter centers, as well as limited cooperation with other key institutions, like the police and social services. Several participants emphasized the need for training that addresses the specific challenges of working with children and victims of sexual violence, as well as guidance on how to handle sensitive cases where there may be conflicting testimonies or inadequate resources for victim support. The feedback highlights a demand for comprehensive, ongoing education and better integration of services to enhance victim protection and support professionals in their work.

Nevertheless, there is a clear call for more practical and hands-on training, as well as collaboration between various sectors, such as health, law enforcement, and social services. Many professionals believe that training should not only focus on theoretical knowledge but also on practical skills, such as conducting accurate assessments of victims' needs, managing difficult situations, and preventing re-traumatization. The necessity of building trust with victims, particularly in sensitive cases, was frequently mentioned, alongside a need for better coordination between institutions to ensure comprehensive support. Moreover, there is a strong demand for continuous professional development programs that can adapt to evolving practices, challenges, and legal frameworks, thus ensuring that professionals are well-equipped to provide the best possible assistance to victims of GBV and DV.

Conclusions and recommendations

The analysis of GBV training among professionals from the CSW reveals serious gaps in training coverage and content. Only five of 78 respondents received complete training upon employment, while many reported inadequate or no training. Almost one in two professionals (34) had never participated in a GBV-related training after the adoption of the national law, while fewer than one in three respondents had attended one (23) and more than one (21) training. Trainings primarily focused on domestic violence and core legal and procedural topics, with limited attention to broader GBV forms such as digital or public space violence. Key gaps include insufficient coverage

of international obligations (e.g., CEDAW), victim reintegration, perpetrator rehabilitation, and stress management for staff. Although many professionals rated past trainings positively, a significant portion found them insufficient for handling real-life challenges. While most respondents demonstrated strong awareness of national legal frameworks, familiarity with international instruments like the Istanbul Convention was weaker.

Attitudinal data shows that most CSW staff support gender equality and reject harmful gender stereotypes, but a notable minority hold problematic views, including victim-blaming, disbelief in survivors' testimonies, and acceptance of patriarchal norms. These attitudes could hinder victim support and reinforce institutional bias. Trust in institutions and the professional behavior of first responders were recognized as key to victims' willingness to report, yet some respondents underestimated their influence. The findings underscore the urgent need for comprehensive, gender-transformative, and human rights-based training that addresses both technical knowledge and personal biases. Regular capacity-building and institutional reform are necessary to ensure effective, empathetic, and consistent support for GBV survivors.

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.
- Integrate psychological support, stress management, and burnout prevention to improve professionals' resilience into capacity building.

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.
- Develop exercises to help professionals recognize and challenge their own biases, fostering more inclusive and fair responses to GBV and DV.
- Provide targeted training on working with perpetrators of GBV, VAW and DV, focusing on risk assessment, behavioral 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.

Annex II: Law enforcement – detailed mapping

Overview of trainings mapped for representatives of the law enforcement (January 2021-December 2024)

Training is crucial in ensuring that police services effectively receive and respond to victims of GBV, as the quality of this initial interaction significantly influences victims' satisfaction with how their cases are handled. Proper training helps prevent secondary victimization during police intervention, which is vital for building trust and encouraging victims to report future incidents. When victims experience negative encounters with law enforcement, they are less likely to reach out again, which contributes to underreporting and higher attrition rates in cases of domestic violence.[110]

This part provides a summary of training initiatives designed to enhance the capacity of law enforcement officers in North Macedonia in addressing various forms of violence, including gender-based violence, violence against women and domestic violence. These trainings aimed to improve the effectiveness of police officers, inspectors, and other related stakeholders in responding to cases of violence, ensuring victim-centered approaches, and promoting inter-sectoral cooperation. The trainings cover a wide range of topics, from legal frameworks and victim rights to trauma-informed approaches and technical skills for handling sensitive cases.

1. **Police Officers – Enhancing First Responder Capacities for Domestic Violence (DV) & Violence Against Women and Girls (VAWG)[111] 2016-2022**

Organizer: OSCE Mission in Skopje

Participants: Police officers

Between 2016 and 2022, continuous training sessions were held to enhance police officers' capabilities in addressing domestic violence and violence against women and girls. These trainings aimed to improve victim-centered investigative approaches and cognitive interviewing techniques for investigators. The training also focused on raising awareness regarding gender equality, internal recognition of sexual harassment, and gender-based discrimination within law enforcement. The program, organized by the OSCE Mission in Skopje and led by independent expert Neda Chalovska, contributed significantly to strengthening police response and sensitization to issues related to gender-based violence.

2. **Police Officers –Istanbul Convention and Law on Prevention and Protection from Violence Against Women and Domestic Violence – 2021-2022[112]**

Organizer: Helsinki Committee

Participants: 160 police officers (9 training sessions)

In 2021-2022, a series of training sessions were held for police officers on the fundamental concepts of the Istanbul Convention and the Law on Prevention and Protection from VAW and DV, and their practical application. The training was designed for law enforcement personnel involved in the prevention of gender-based and domestic violence. The aim was to enhance the

[110] Cherepakha K. (2023), Combating Violence Against Women And Domestic Violence A Practical Guide For Police Officers, Council of Europe, 3rd edition, March 2024, available online at https://rm.coe.int/ukr-2024-police-manual-final-eng-web/1680aee3b6.
[111] Interview_11-25-2025-03-03.
[112] Interview_03-2022.

implementation of the standards set by the Istanbul Convention and the Law, as well as to improve the knowledge and skills of professionals involved in the execution of these legal frameworks. The program, organized by the Helsinki Committee, contributed to strengthening the understanding and application of these vital regulations among police officers.

3. **Violence Against Children – 2022**[113]

Organizer: Ministry of Interior (MoI)

Participants: MoI employees, number not specified

In 2022, a training session was conducted for employees of the Ministry of Internal (MoI) on the basic principles of handling cases of violence against children, with a focus on prevention strategies. The training emphasized the importance of preventing child violence, particularly through the MoI's prevention sectors. It also covered topics related to peer violence and the appropriate response by police officers when handling cases of peer violence, aiming to improve police intervention in these sensitive situations. The goal of the training was to enhance law enforcement's capacity to recognize and address various forms of violence against children effectively.

4. **Improving Police Response to Domestic Violence Cases**[114]

Organizer: Association for Emancipation, Solidarity, and Equality of Women – ESE

Participants: 24 police inspectors and uniformed police officers from eight Internal Affairs Sectors (3 participants from each Sector for Internal Affairs)

In 2022/2023, a three-day and one-day training session was organized by the Association for Emancipation, Solidarity, and Equality of Women – ESE, for a nominated group of 24 police inspectors and uniformed police officers from eight Sectors for Internal Affairs. The training aimed to improve police handling of domestic violence cases by strengthening knowledge and skills in the following areas:

- Understanding the nature of violence against women and domestic violence, characteristics of victims and perpetrators, and the consequences of violence;
- Conducting risk assessments and taking appropriate actions based on emergency and temporary protection measures;
- Investigating and documenting criminal acts related to domestic violence. The goal was to enhance police capacities in responding effectively to cases of domestic violence.

5. **Police Officers – Gender Policing Project**[115] **– 2023**

Organizers: OSCE Mission to Skopje **–** The project was part of an extra-budgetary initiative supported by the German Federal Government and the Norwegian Kingdom.

Participants: 21 police officers (14 men and 7 women), including police officers from all eight Sectors of Internal Affairs, inspectors, officers, border police. The participants were selected through an open call in the police.

[113] Interview_13-2025_2025-03-05.
[114] Interview_17-25_2025-03-13.
[115] Interview_01-25_2025-02-10.

This project focused on building a hybrid education system in the police force, enabling training both online and in-person. The training sessions, held twice as two-day sessions, emphasized:

- Gender-responsive policing: The importance of understanding and implementing measures prescribed by the Law on gender-based violence (GBV) and domestic violence (DV).
- Inter-sectoral cooperation: The necessity of police communication with civil society organizations for legal assistance to victims and the shared responsibility in responding to such cases.
- Risk assessment: Police officers were trained to assess when it is necessary to remove the perpetrator from the home and evaluate the risks to the victim.
- Mixed gender teams: Highlighted the importance of mixed gender teams (male and female officers) when handling DV cases, ensuring sensitivity and better support for victims.

The training for police hybrid trainers focused on capacity building regarding gender and intersectionality concepts, gender-sensitive communication, and the police perspective on critical issues such as organized crime, trafficking, violent extremism, and terrorism. Practical exercises included police procedures, victim care and support, and ensuring the safety of victims in DV cases.

6. **Advanced Interviewing of Victims – 2023**[116]

Organizers: OSCE Mission to Skopje

In 2023, a five-day training on advanced interviewing of victims was organized to improve the police response to allegations of DV. This training targeted Centers for Social Work, shift leaders, and domestic violence inspectors from the Sectors for Internal Affairs in Ohrid, Tetovo, and Bitola.

The primary goal of this training was to:

- Reduce trauma and secondary victimization by equipping participants with the skills to conduct sensitive and empathetic interviews with victims of violence.
- Identify additional evidence that can help prosecute perpetrators of violence, thereby improving the legal response to domestic and gender-based violence cases.

This initiative emphasized the importance of multi-agency support for victims, ensuring that those who experience violence receive comprehensive care and attention throughout the reporting and investigation process. The training aimed to enhance collaboration among different sectors involved in victim support, ensuring that responses are coordinated and victim-centered.

7. **Police Response to Hate Crimes Focused on LGBTQI+ Individuals**[117]

Organizer: Helsinki Committee

Number of Participants: 20

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116 https://www.facebook.com/OSCE.Skopje/posts/pfbid02jXBCWd1r5N1B9ZFXwv8gookbzrXmiAdXUngunn4YAUC8XdMFTkdEDfXESduDcxqbl.

117 Interview_16-25_2025-03-13.

This training program aimed to enhance police officers' understanding and responsiveness to hate crimes, particularly those motivated by homophobia, transphobia, and discrimination against LGBTQI+ individuals. The training sought to:

- Increase awareness: Raise awareness and understanding among police officers about the LGBTQI+ community, including concepts such as homophobia, transphobia, stereotypes, discrimination, and hate speech.
- Recognize and address hate crimes: Develop skills for identifying, investigating, and preventing hate crimes, with a special focus on crimes targeting LGBTQI+ individuals.
- Promote non-discriminatory practices: Strengthen the ability of officers to create a safe and non-discriminatory environment for victims by fostering empathy and a sensitive approach.
- Improve community relations: Enhance relationships between the police and the LGBTQI+ community by building trust and effective communication.

8. MoI Training Programs – 2023-2024

Organizer: OSCE Mission to Skopje and MoI

Trainers trained: 50 trainers (including inspectors and assistant commanders)

Participants trained: 160 police officers

The MoI conducts two main training programs for its employees: the Basic Training for Police Officers and Ongoing Training for Ministry Employees. As part of the Basic Training for Police Officers, specific tasks are included to address key topics such as:

- Dealing with domestic violence: This task focuses on providing gender-sensitive support services for individuals who have experienced domestic violence. The training lasts for 14 hours.
- Gender equality: This task addresses the fundamental principles of gender equality, with a focus on its relevance to police work, lasting six hours.

Additionally, the training of trainers' program is implemented to educate professionals on GBV and DV. The training is conducted in a cascade manner by trainers trained, targeting various professional groups. In 2023, 50 trainers (including inspectors and assistant commanders) were trained to enhance their capacity in handling DV cases. Another part of the training focused on police response to reports of domestic violence. A team was formed to develop a manual and algorithm for handling domestic violence reports. This component aimed to provide practical guidelines for police officers when addressing DV cases. To support these initiatives, the OSCE Mission to Skopje in collaboration with the MoI have developed a comprehensive training package consisting of four modules:

- Understanding Victimization of Vulnerable Categories of Victims
- Assistance and Protection for Vulnerable Categories of Victims
- National Legislation Regarding Police Action with Vulnerable Categories of Victims
- Interviewing and Taking Statements from Vulnerable Categories of Victims

The second phase of the training focused on police response to reports of both GBV and DV. Key topics covered included:

- The concept of gender
- Secondary victimization of survivors
- Measures for victim assistance, protection, and support

- Safety planning for victims

In 2024, further training was provided for 160 police officers, building upon earlier efforts to strengthen the police response to gender-based violence and domestic violence.[118]

This training is integral to improving police officers' capacities to address complex issues surrounding GBV and DV while ensuring the safety and dignity of victims. These initiatives are aligned with the broader goals of gender-sensitive policing and ongoing professional development for law enforcement.

9. Gender-Based Violence and Domestic Violence for Police Candidates (continuous training) – 2024[119]

Organizer: MoI Training Center

Participants: 497 police candidates (376 men, 121 women)

Target group: Uniformed police officers, police cadets and candidates from the AJPP.

The primary goal of this training was to improve police officers' ability to respond to reports of gender-based violence (GBV) and domestic violence (DV) through comprehensive and gender-sensitive approaches. The program aimed to:

- Enhance police response: Provide foundational training on how to handle GBV and DV reports with a gender-sensitive approach.
- Upgrade training on GBV: Previous generations of police officers had learned basic police response, with an emphasis on gender-sensitive handling during twelve hours (2 days) as part of their regular curriculum. The 2024 generation not only completed the twelve hours of core training but also attended additional sessions that included trauma-sensitive approaches. The training was led by diverse professionals, covering trauma-informed care as part of a multi-sector approach.
- Strengthen a multi-sector approach: A comprehensive, multi-sector perspective was included, integrating psychological, legal, and social service support into the training.
- Discuss real life-scenarios: Cadets had the opportunity to experience a training including a theatrical performance—*"Life in the Shadow"*—based on a true story and produced in Bosnia and Hercegovina. The performance, executed by actors from the local theatre, lasted seven to eight minutes and was followed by a discussion and analysis. Cadets analysed and discussed the real-life scenario performed during the training.

10. Improving Police Response to Domestic Violence Cases (second training)[120]

Organizer: Association for Emancipation, Solidarity, and Equality of Women – ESE

Participants: 24 police officers

The second training for a newly nominated group of 24 police officers was organized to improve their ability to handle cases of domestic violence. The focus was on enhancing knowledge and skills related to:

[118] Interview_13-2025_2025-03-05.
[119] Ibid.
[120] Interview_17-25_2025-03-13.

- Nature of domestic violence: Understanding the nature of gender-based violence and domestic violence, including the characteristics of victims and perpetrators, and the consequences of violence.
- Risk assessment and protection measures: Training on how to conduct risk assessments and respond to urgent and temporary protection measures.
- Investigation and documentation: Providing skills for conducting investigations and documenting criminal acts related to domestic violence.

11. Police Officers – Gender-Based Violence and Multi-Sectoral Cooperation

Organizer: UNFPA (United Nations Population Fund)

Participants: 22 police officers

This training focused on enhancing the understanding of gender-based violence (GBV) among police officers, emphasizing the importance of multi-sectoral cooperation in addressing and responding to GBV.

Conclusions and recommendations

The trainings mapped represent a commendable advancement in equipping law enforcement with tools to handle GBV, VAW, and DV more effectively. These programs aimed to improve the knowledge, skills, and attitudes of police officers, emphasizing victim-centered, trauma-informed, and gender-sensitive approaches. While the trainings varied in scope, intensity, and reach, they collectively contributed to strengthening institutional capacities, fostering inter-sectoral collaboration, and aligning police practices with international standards, particularly the Istanbul Convention. However, further institutionalization, deeper coverage of intersectional and digital forms of violence, and structured post-training evaluation are needed to ensure long-term, survivor-centered police responses aligned with international standards.

Institutionalization and standardization of GBV response protocols

- Adopt and operationalize the protocol/reminder on GBV procedures developed by the Ministry of Interior by making it publicly available, ensuring it is officially disseminated to all police stations and accompanied by training, and embed the protocol/reminder into internal operating procedures.
- Ensure nationwide application of a unified standard for GBV response across all MoI first responders to GBV, VAW and DV, with clear mandates on how to act upon first contact, including detailed guidance on victim protection, referral, evidence collection, and risk assessment.
- Introduce mandatory internal audits or supervisory mechanisms to verify whether police officers follow GBV protocols during investigations and interventions.

Address the institutional culture, gender bias, and secondary victimization

- Implement mandatory gender-sensitive training to tackle harmful stereotypes and attitudes and reduce harmful responses (e.g., victim blaming, biases, etc.).
- Train all officers in trauma-sensitive interviewing techniques to prevent secondary victimization and promote trust among survivors.
- Encourage the establishment of mixed-gender patrols and investigation teams, especially in DV and sexual violence cases, to foster a more sensitive and balanced approach to victims.

Comprehensive and tailored training system for police officers

- Develop a national training curriculum on GBV, VAW, and DV that integrates international standards (Istanbul Convention, CEDAW, CRC), trauma-informed care, intersectionality, risk assessment, and victim-centered and rights-based approaches.
- Ensure all police officers, inspectors, cadets, and trainers complete tiered, role-specific training—ranging from basic GBV awareness for patrol officers to advanced interviewing and case management skills for inspectors.
- Guarantee periodic refresher training every two to three years to ensure that practices evolve with legal reforms and emerging challenges (e.g., digital GBV, stalking, human trafficking).

Strengthen multi-sectoral collaboration and victim referral systems

- Institutionalize multi-sectoral cooperation in GBV cases by formalizing joint response mechanisms with CSW, healthcare, judiciary, education, and CSOs.
- Ensure each police station designates a GBV focal point officers and a deputy, trained to coordinate with shelters, psychological services, and legal aid providers to ensure the victim's needs are met beyond immediate safety.
- Expand cross-sector training programs to promote a shared understanding of mandates, limitations, and effective cooperation, especially in high-risk and repeat violence cases.

Develop and implement monitoring, evaluation, and data-driven training planning

- Strengthen the MoI Training Center's coordination role by requiring annual GBV training needs assessments.
- Track training participation and implementation outcomes, including the number of officers trained, the quality of their GBV responses, and the impact on case outcomes (e.g., reporting rates, protection order issuance).
- Invest in capacity building for trainers and curriculum developers, ensuring cascade training remains aligned with legal standards and evidence-based practice.

Annex III: Judges and public prosecutors – detailed mapping and analysis of survey generated data

Overview of trainings mapped for judges and public prosecutors (January 2021-December 2024)

The research provides an overview of the trainings mapped conducted for judges, public prosecutors, and legal practitioners between January 2021 and December 2024. It highlights key initiatives aimed at enhancing this target group's understanding and response to gender-based violence, domestic violence, and other related critical legal matters. The overview covers various training programs focused on improving legal professionals' skills in handling sensitive cases, promoting gender equality, and ensuring justice for victims, with a particular emphasis on multi-sector cooperation and adherence to national and international legal frameworks.

According to the register of trainings provided by the Academy of Judges and Public Prosecutors[121], the judges and public prosecutors have attended the following trainings related to GBV, VAW and DV in the period between 2021 and 2024:

2021: Practical Application of the Provisions of the Istanbul Convention

- Participants: Judges (10), public prosecutors (7), expert associates (13)
- Organized by: AJPP

2022: Exchange of Experiences and Best Practices for the Application of the Istanbul Convention

- Participants: Judges (5), public prosecutors (2), expert associates (12)
- Organized by: AJPP

2022: Gender-Sensitive Justice

- Participants: Judges (3), public prosecutors (7), expert associates (4)
- Organized by: AJPP

2022: Gender Equality

- Participants: Judges (0), public prosecutors (1), expert associates (0)
- Organized by: AJPP

2023: Gender Equality

- Participants: Judges (4), public prosecutors (0), expert associates (0)
- Organized by: AIRE Centre

2023: Violence Against Women – ECtHR Judicial Practice

- Participants: Judges (4), public prosecutors (1), expert associates (0)
- Organized by: Academy of European Law (ERA)

[121] https://jpacademy.gov.mk/.

2023: Femicide – National Legislation and Its Alignment with International Standards

- Participants: Judges (1), public prosecutors (4), expert associates (10)
- Organized by: AJPP

2023: Types of Violence in Criminal Acts Committed in Domestic Violence Cases and Psychosocial Support for Victims

- Participants: Judges (5), public prosecutors (6), expert associates (3)
- Organized by: AJPP

2023: Femicide in North Macedonia and the Western Balkans – International Standards and Judicial Practice

- Participants: Judges (8), public prosecutors (0), expert associates (0)
- Organized by: AJPP / AIRE Centre

2023: Annual Conference on European Family Law 2023

- Participants: Judges (5), public prosecutors (0), expert associates (0)
- Organized by: AJPP / ERA

2023: Criminal Acts in the Area of Gender-Based Violence vis-à-vis the Istanbul Convention

- Participants: Judges (7), public prosecutors (6), expert associates (9)
- Organized by: AJPP

2023: Presentation of Judicial Treatment of Domestic Violence in the Republic of France

- Participants: Judges (1), public prosecutors (6), expert associates (5)
- Organized by: AJPP / Embassy of France

2023: Responsible Police Work Against Gender-Based Violence Against Women and Girls

- Participants: Judges (0), public prosecutors (7), expert associates (0)
- Organized by: AJPP / OSCE

2023: Gender Equality and Diversity for the Management Bodies of the Academy

- Participants: Judges (0), public prosecutors (4), expert associates (0)
- Organized by: AJPP / OSCE

2023: Reporting on Gender-Based Violence: Victim/Survivor-Centered Approach

- Participants: Judges (1), public prosecutors (4), expert associates (8)
- Organized by: AJPP / OSCE

2024: Training of Trainers – Handling Cases of Femicide: A Handbook for the Judiciary

- Participants: Judges (6), public prosecutors (0), expert associates (0)
- Organized by: AJPP / AIRE Centre

2024: Handling Cases of Femicide

- Participants: Judges (3), public prosecutors (7), expert associates (0)
- Organized by: AJPP / AIRE Centre

2024: Handling Cases of Femicide

- Participants: Judges (9), public prosecutors (14), expert Associates (0)
- Organized by: AJPP / AIRE Centre

2024: Handling Cases of Femicide

- Participants: Judges (15), Public Prosecutors (20), Expert Associates (0)
- Organized by: AJPP / AIRE Centre

Additionally, the training program, organized by the OSCE Mission in Skopje, focuses on enhancing the understanding and skills of judges and public prosecutors regarding international and national standards, legal responses, and the adjudication and prosecution of cases related to VAW and DV. The program covers key topics such as the different forms of VAWG/DV, the cycle of violence, and the application of a victim-centered approach in legal proceedings. Additionally, the training addresses the specific needs of victims in vulnerable situations, providing both judges and public prosecutors with the tools to effectively handle such cases. A total of 20 judges and 20 public prosecutors participated in this session.[122]

In 2024, a total of seven judges and public prosecutors participated in a training, organized by the Helsinki Committee. The training for judges and public prosecutors focused on effectively addressing hate-motivated violence and the violation of the rights of LGBTIQ+ individuals. The training aimed to raise awareness by providing insights into international mechanisms and case law, thereby increasing participants' understanding of the rights of LGBTIQ+ individuals and the state's obligations to protect them from hate speech and hate crimes. The program included a comprehensive review of international standards and national legislation, along with practical case studies from the European Court of Human Rights (ECtHR), allowing participants to deepen their knowledge of the legal frameworks and precedents relevant to combating hate speech and hate crimes targeting LGBTIQ+ persons. Through group exercises and discussions, participants were able to apply the knowledge gained in practice, enhancing their capacities to effectively identify, investigate, and prosecute such cases.[123]

In addition, public prosecutors were also included in the multi-sector training sessions aimed at enhancing the overall response to GBV (see more in Annex I – section on Overview of inter-sectoral trainings mapped for representatives of the Centers for Social Work). The inclusion of prosecutors in these training sessions was crucial, as public prosecutors play a pivotal role in ensuring justice for victims. By participating in these trainings, public prosecutors gained a deeper understanding of international and national standards, legal responses, and victim-centered approaches, enabling them to better prosecute cases of GBV. Their involvement ensures a more integrated and coordinated approach across different sectors, strengthening the overall legal framework and improving outcomes for victims of violence.

[122] Interview_12-2025_2025-03-05.
[123] Interview_16-25_2025-03-13.

Overview of trainings mapped for legal practitioners (January 2021-December 2024)

The trainings mapped aimed at legal practitioners between 2021 and 2024 are designed to enhance their understanding and skills in addressing GBV and DV. Training topics range from the practicalities of legal advice and submissions in civil court proceedings to deeper insights into the Istanbul Convention and strategies for recognizing and preventing GBV and DV. Through hands-on learning, cooperation between institutions, and expert guidance, these initiatives aimed to equip the legal community with the capacity to effectively address the legal challenges faced by victims of GBV.

1. **Three-Day Training on Violence against Women and Domestic Violence – 2021**[124]

Organizer: Association for Emancipation, Solidarity, and Equality of Women – ESE

Participants: 17 young lawyers and law students

The training aimed at strengthening the knowledge and skills of young lawyers and law students regarding the nature and characteristics of violence against women and domestic violence. The training also provided an overview of the international and national legal frameworks for protection and focused on addressing the specific needs of women who have experienced domestic violence.

2. **One-Day Training on Legal Advice and Legal Submissions in Civil Court Proceedings – 2022**[125]

Organizer: Association for Emancipation, Solidarity, and Equality of Women – ESE

Participants: 17+ young lawyers and law students

The training provided practical knowledge on offering legal advice and preparing written submissions, including lawsuits, appeals, and responses to lawsuits, in civil court proceedings related to protection measures, divorce, custody, alimony, property division, compensation for damages, and other issues. The main focus was on enhancing the capacities of future practitioners to directly support, analyse, and resolve the challenges faced by women experiencing domestic violence. This hands-on approach aimed to equip young lawyers and law students with the necessary tools to address the legal needs of survivors effectively.

3. **Basic Concepts of the Istanbul Convention and Prevention of Gender-Based Violence – 2021-2022**[126]

Organizer: Helsinki Committee

Participants: Eleven legal professionals from the Ministry of Justice's regional offices for free legal aid, involved in the system for the prevention of gender-based and domestic violence.

The training focused on the fundamental concepts of the Istanbul Convention and the prevention of gender-based violence. It aimed to improve the implementation of the standards mandated by the Istanbul Convention and enhance the knowledge of professionals providing free legal

[124] Interview_17-25_2025-03-13.
[125] Ibid.
[126] Interview_03-2022.

assistance to victims of gender-based and domestic violence. The objective was to strengthen the capacity of legal professionals in their work with survivors of violence.

4. **Strengthening Cooperation between the MSPDY and the Ministry of Justice in Recognizing GBV and DV**[127]

Organizer: Representatives from the Macedonian Young Lawyers Association (MYLA) – Council of Europe

Participants: Legal professionals from all regional offices for free legal aid across municipalities, young legal practitioners, experts from the MYLA.

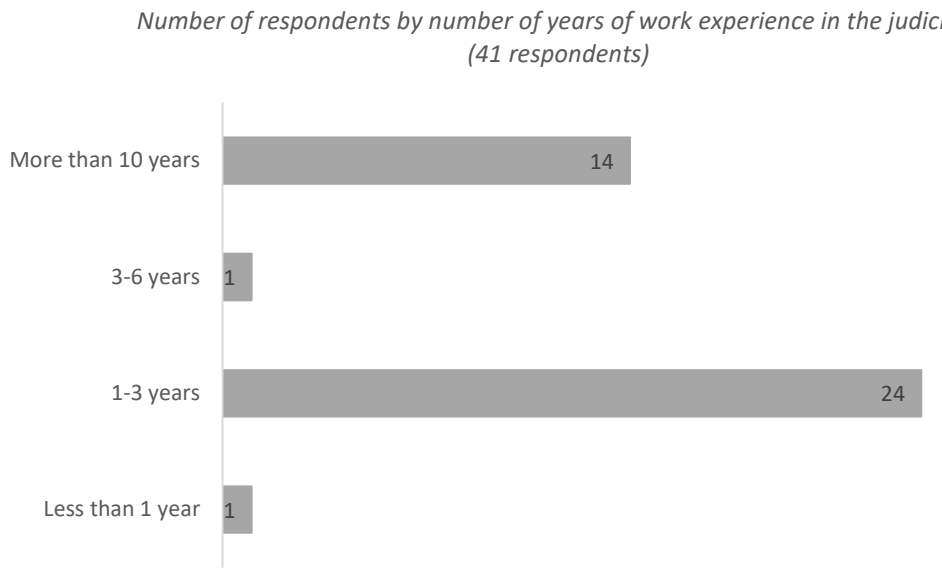
The training aimed at enhancing cooperation between the MSPDY and the Ministry of Justice, focusing on recognizing GBV and DV. The content covered the primary and secondary legal frameworks for free legal aid, recognizing vulnerability, and handling cases of GBV and DV. Multiple training cycles included a training of trainers (ToT) and cascading sessions, with legal clinics and student organizations registered to provide free legal aid. The sessions were conducted in collaboration with universities such as the Faculty of Law at Skopje University (covering civil, criminal, and migration law), Bitola University, Shtip University, and the South East European University, with practical involvement from students under the guidance of professors.

Additionally, in the period between 2023 and 2024, the OSCE Mission to Skopje delivered a training aimed at enhancing the capacity of legal professionals. It provided 25 legal practitioners with the tools needed to effectively navigate and respond to these sensitive and challenging cases. The training for legal practitioners focused on equipping participants with knowledge of international and national standards regarding VAW and DV. It covered various forms of VAWG/DV, legal responses, the cycle of violence, and the victim-centered approach, emphasizing the importance of supporting victims in vulnerable situations. Additionally, the training addressed the provision of free legal aid to victims of VAWG, as well as the complexities involved in prosecuting and adjudicating VAWG/DV cases.

Questionnaire analysis – judges and public prosecutors as first responders

A total of 41 representatives, 29 women, eleven men and one unknown, members of the Academy of Judges and Public Prosecutors responded to the questionnaire. Their positions include judges, public prosecutors, legal practitioners, legal associates/collaborators and trainees (at initial training at the AJPP). The majority of respondents have one to three years of work experience (24 respondents), followed by a significant group with more than ten years (14 respondents), while only a few had three to six years or less than a year of experience.

[127] Interview_10-25_2025-02-28.



Graph no. 1: Number of respondents by number of years of work experience in the judiciary (40 responses)

Education-wise, the majority of first responders from the AJPP held a Bachelor's degree (24 respondents), followed by those with a Master's degree (15 respondents), while only one respondent reported having higher vocational education. The first responders, included in the survey, work in courts and public prosecutor's offices across 15 different municipalities throughout North Macedonia.

Perceptions of the respondents' obligations as first responders to GBV

The AJPP members were asked to describe their duties/responsibilities when working with victims of GBV and DV. The respondents who are currently working as judges or public prosecutors, in regards to protection of victims from GBV, reported engaging in the following tasks:

- ✓ Interviewing and examining victims during court proceedings or as part of evidence gathering;
- ✓ Issuing protection measures for victims of GBV and DV, often in coordination with the Centers for Social Work, police, and health institutions;
- ✓ Leading judicial proceedings against perpetrators and determining the type of violence committed;
- ✓ Providing process protection for victims, including proposing protective measures;
- ✓ Making decisions on restraining orders and other protective actions through either court hearings or urgent decisions within legal timeframes;
- ✓ Recognizing GBV, informing victims of their rights, and guiding them toward psychological and legal assistance.

Some respondents clarified that they have not yet worked directly on such cases, particularly those still in training or in roles with indirect involvement (e.g., administrative judges). The responses from administrative judges suggesting limited involvement in domestic violence-related cases may reflect a lack of awareness about the relevance of domestic violence in proceedings such as custody, visitation rights, or the monitoring of parental responsibilities—areas that frequently intersect with decisions issued by the CSW. Additionally, one prosecutor emphasized their dual role: giving immediate instructions for victim protection as an on-duty prosecutor and conducting investigative actions as the prosecutor assigned to the case

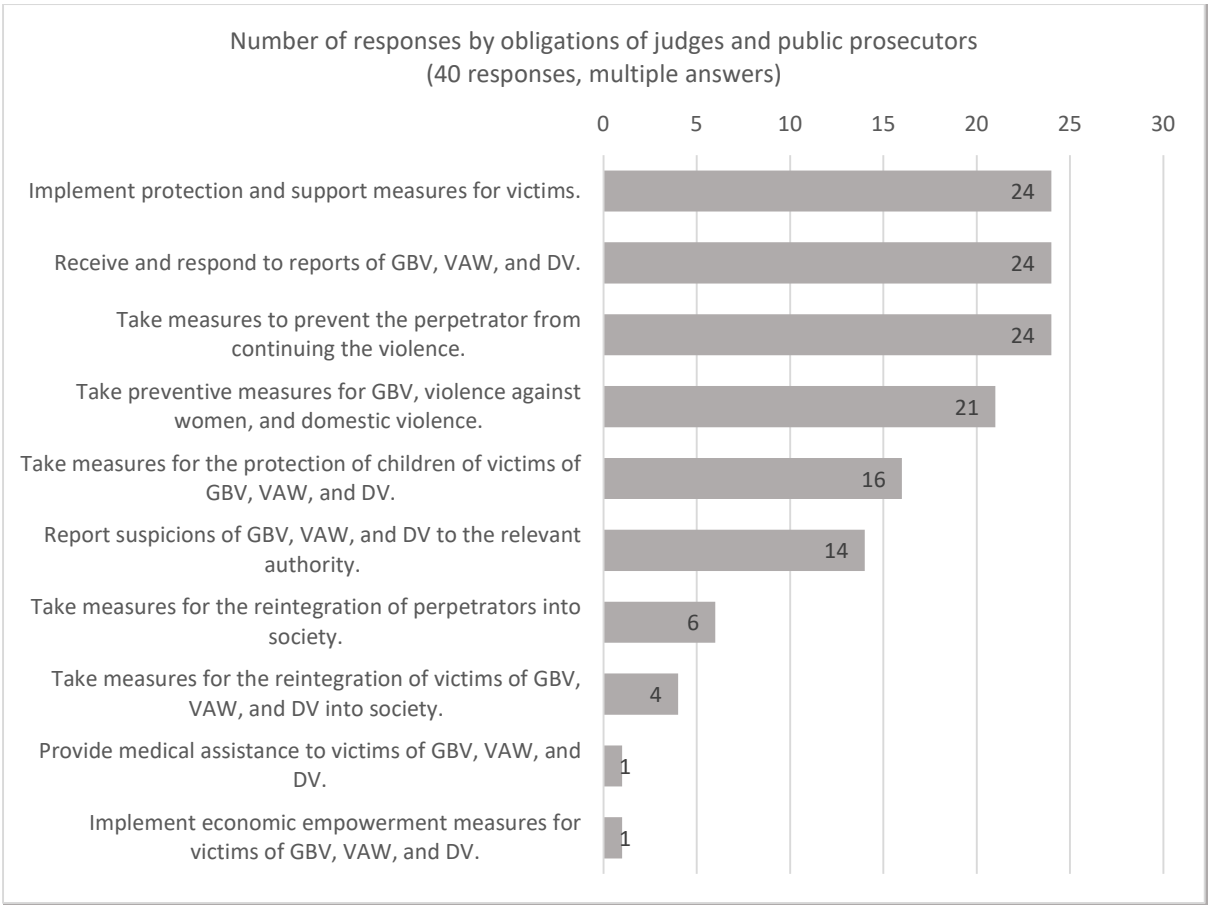
(interviewing victims, suspects, securing evidence, arranging expert evaluations, etc.). A few also noted their indirect role, particularly in administrative courts handling social protection cases.

The respondents described a range of responsibilities related to the handling of perpetrators of GBV as well, including:

- ✓ Interviewing and examining perpetrators during various stages of the proceedings;
- ✓ Filing and supporting indictments against perpetrators, and leading the criminal proceedings[128];
- ✓ Issuing and deciding on protective and precautionary measures, including restraining orders, mandatory addiction treatment (open or closed institutions), or removal from the home;
- ✓ Assessing evidence and deciding on the appropriateness of protection measures upon proposals from the Centers for Social Work or directly from the victim;
- ✓ Ordering expert evaluations, particularly when perpetrators show signs of substance abuse or mental health disorders;
- ✓ Determining the type and severity of criminal sanctions, based on the nature of the violence and circumstances of the case;
- ✓ In some cases, analysing the root causes of the perpetrator's violent behavior and considering measures for treatment or rehabilitation;
- ✓ Conducting hearings and ensuring that legal procedures are followed in line with national legislation and victims' rights.

The responses reveal a strong acknowledgment among respondents of their duty to implement protection and support measures for victims (24), respond to reports (24), and prevent perpetrators from continuing the violence (24), which indicates a core understanding of their legal and ethical responsibilities in GBV, VAW, and DV cases. Twenty-one respondents identified prevention as part of their role, suggesting a lack of full engagement with the proactive aspect of justice. The underemphasis on child protection (16) also signals a need for broader awareness of the collateral impacts of violence within families. Critically, measures related to reintegration of perpetrators (6) and victims (4) were almost entirely overlooked. This narrow focus on immediate protection and legal response, while crucial, highlights significant gaps in recognizing and addressing the long-term recovery needs of victims and the importance of holistic, rehabilitative justice approaches. These findings point to the urgency of expanding institutional mandates, training, and inter-sectoral cooperation to equip justice professionals with the tools and perspective needed for a truly comprehensive and victim-centered response to GBV.

[128] Prosecutors lead the investigation, represent the criminal charge, and lead the prosecution, while judges lead the criminal court procedure.

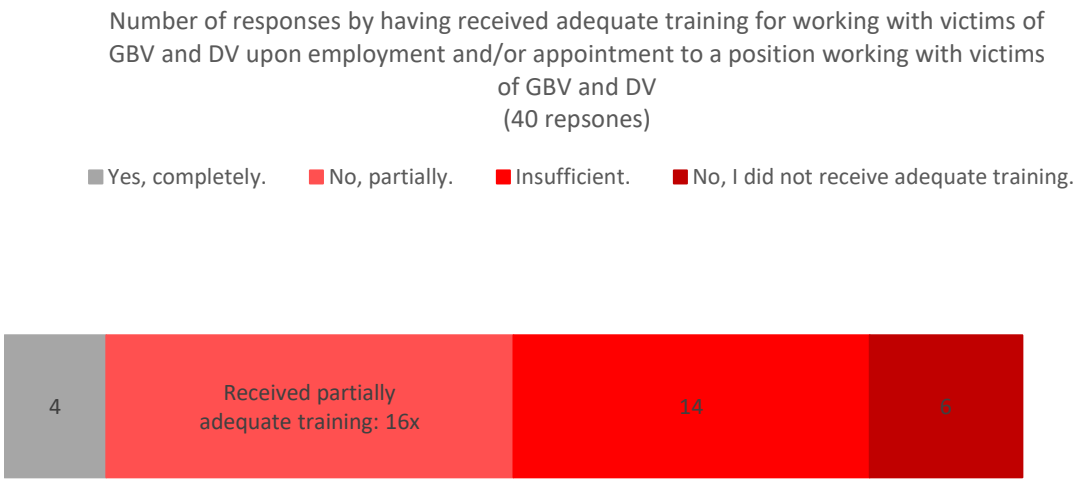


Graph no. 2: Number of responses by obligations of judges and public prosecutors (40 responses)

The overwhelming majority of respondents (35 out of 39) believe that victims of GBV, VAW and DV should be treated with a sensitive and tailored approach, recognizing their specific needs and vulnerabilities. Only two respondents expressed the view that such victims should not be prioritized, and one stated that these cases should be handled the same as all others, reflecting a minority perspective that overlooks the distinct risks and trauma associated with GBV. Additionally, one respondent emphasized the need for urgency and protection for all crime victims, not just GBV survivors, which, while valid, may risk neutralizing the gendered dimensions of such violence. These findings once again affirm the need for continued capacity building to reinforce trauma-informed and victim-centered practices within judicial institutions.

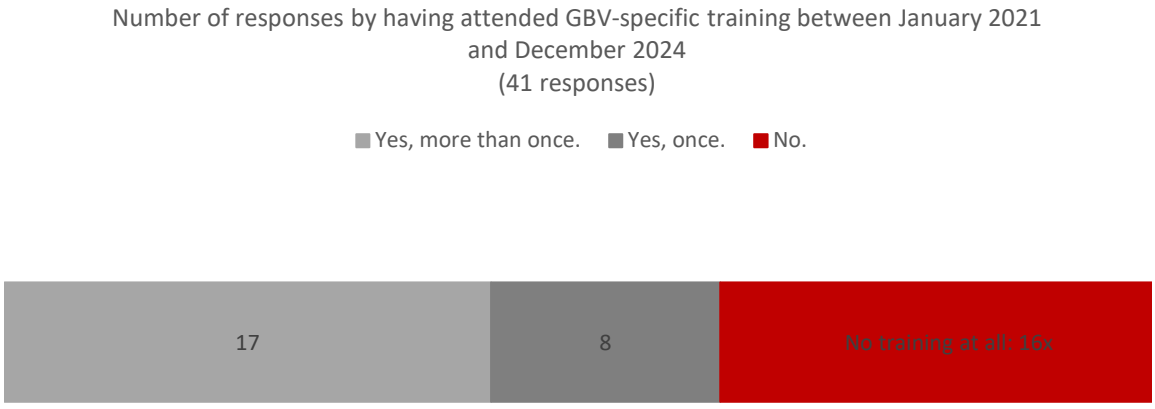
Participation in GBV trainings

The respondents' answers to the whether they had received adequate training for working with victims of GBV and DV upon their employment and/or appointment to a position where they directly work with victims of GBV and DV reveal that out of 40 AJPP members, only four reported that they had received completely adequate training. A larger group, 16 respondents, indicated they received partial training, while 14 felt the training was insufficient, and six stated they did not receive any adequate training. These results highlight that nearly half of the respondents either did not receive any or an entirely inadequate training, only one in ten respondents felt fully prepared by the training received. This points to a significant gap in initial professional preparation and suggests a need for more structured, mandatory, and comprehensive induction training for judges and public prosecutors who are expected to work directly with GBV and domestic violence cases.



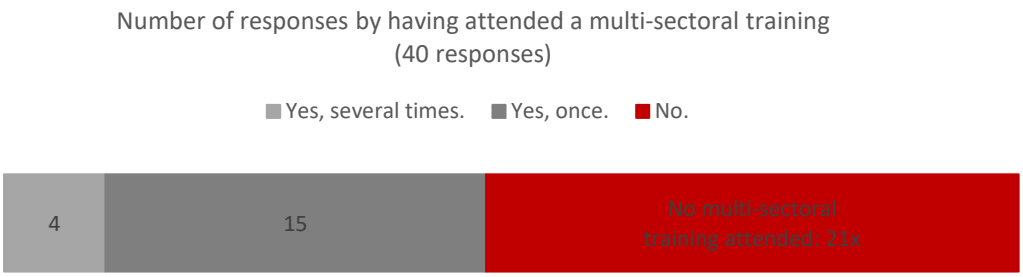
Graph no. 3: Number of responses by having received adequate training for working with victims of GBV and DV upon employment and/or appointment to a position working with victims of GBV and DV (40 responses)

In the period from January 2021 to December 2024, two in three AJPP members who completed a questionnaire had at least once (17) or more than once (8) participated in trainings on recognizing, preventing, and/or responding to gender-based violence, violence against women, and/or domestic violence. One in three respondents had not attended any such training (16). When asked about the focus of the trainings attended, the majority of respondents (17) indicated that the sessions addressed both victims and perpetrators, while few (8) indicated an exclusive focus on victims. None of the respondents had participated in trainings solely focused on perpetrators.



Graph no. 4: Number of responses by having attended GBV-specific training between January 2021 and December 2024 (41 responses)

Out of the 40 respondents, almost one in two respondents had either once or more than once participated in a multi-sector training involving relevant institutions in the GBV protection system. However, half of the respondents (21) had never attended such training—indicating a significant gap in cross-sectoral collaboration and coordinated response capacity.



Grap no. 5: Number of responses by having attended a multi-sectoral training (40 responses)

Out of the 25 AJPP first responders who had participated in trainings on GBV, VAW and/or DV between 2021 and 2024, the majority were trained on domestic legislation and prevention and detection of GBV/VAW/DV (17 each). Fifteen professionals participated in a training on the obligations under the Istanbul Convention, while 14 respondents participated in a training on the needs and rights of victims and half of the trained respondents were trained on intimate partner violence, stalking, and sexual violence (12). Less frequently covered topics included prevention of secondary victimization (10), causes, manifestations, and consequences of violence (9), and intersectional approaches (6). Training on standards for legal aid (6), gender equality (5) and multi-institutional cooperation (5), was also limited.

The data reveals a critical gap in areas that are essential for judges and public prosecutors to provide a truly comprehensive and victim-centered response to GBV. Only one respondent reported having received training on each of the following key topics: applying an approach based on victim safety, human rights, and gender perspective; addressing personal biases and assumptions of professionals; and adopting a gender-sensitive approach to the economic empowerment and employment of women victims. These themes are fundamental to ensuring justice systems uphold the rights and dignity of survivors and promote long-term recovery and inclusion. Their near-total absence in current training programs highlights an urgent need for targeted capacity building in these areas. Additionally, topics such as the treatment of perpetrators and custody and visitation standards were entirely absent.

Overall, the data indicates a strong emphasis on victim protection and legal frameworks, but highlights notable gaps in intersectional, systemic, and victim-focused approaches. To provide a comprehensive response to gender-based violence, judges and public prosecutors need enhanced and mandatory training on all forms of GBV, better institutional support including specialized units and data systems, stronger enforcement of protective legal measures, and structured inter-agency cooperation to ensure a coordinated, victim-centered approach in line with international standards.

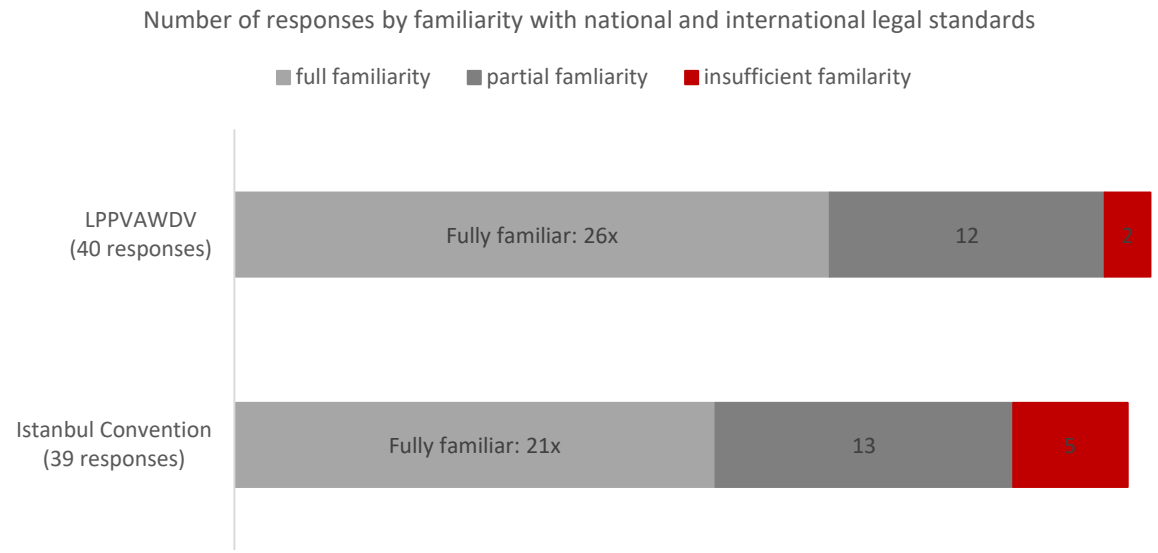
Topics covered with the training on GBV, VAW or DV	Number of participants/ respondents
Domestic legislation on violence against women, domestic violence, and gender-based violence	17
Prevention and detection of violence against women, domestic violence, and gender-based violence	17
Obligations under the Istanbul Convention	15
Needs and rights of victims	14
Intimate partner violence, stalking, and sexual violence	12
Prevention of secondary victimization	10
Causes, manifestations, and consequences of all forms of violence	9
Domestic and gender-based violence from an intersectional perspective (e.g., assessing violence against women from vulnerable groups such as migrant women, Roma women, women with disabilities, lesbians, trans women)	6
Standards for providing legal aid (e.g., avoiding excessive burden on victims and their legal advisors in determining eligibility for legal aid)	6
Gender equality between women and men	5
Training for coordinated multi-institutional cooperation	5
Reintegration of victims of GBV and DV and their children	4
Victims' right to legal remedies and compensation from the perpetrator	3
Tools for early identification and case management of violence	3
Sensitivity and skills needed to respond appropriately and effectively in the workplace	3
Protective measures in legal proceedings (e.g., ensuring access to protective measures for victims during legal proceedings due to the traumatic nature of domestic and gender-based violence and specific needs of victims as witnesses)	3
Reintegration of perpetrators of violence into society	3
Techniques and methods for burnout prevention at the workplace	3
Skills for multi-institutional work (including collaboration with professionals from various fields)	2
Harmful effects of violence on children	2
Procedural standards (e.g., in cases under the Istanbul Convention, evidence regarding the victim's sexual history and behavior without evidentiary value should not be permitted)	2
Obligations under CEDAW	1
Referral to preventive intervention and treatment programs	1
Following an approach based on the safety and respect for the human rights of the victim, as well as a gender equality perspective.	1
Addressing personal biases and assumptions of professionals that hinder effective support and protection for women victims of violence	1
Gender-sensitive approach in economic empowerment and employment opportunities for women victims of violence	1
Techniques and methods for stress management	1
Treatment of convicted sex offenders	0
Custody and visitation standards (e.g., ensuring domestic and gender-based violence are considered in determining custody and visitation rights)	0

Training for employers on economic empowerment and employment opportunities for women victims of violence	0
Other	0

Table no. 1: Topics covered with the training on GBV, VAW or DV (25 respondents, multiple answers)

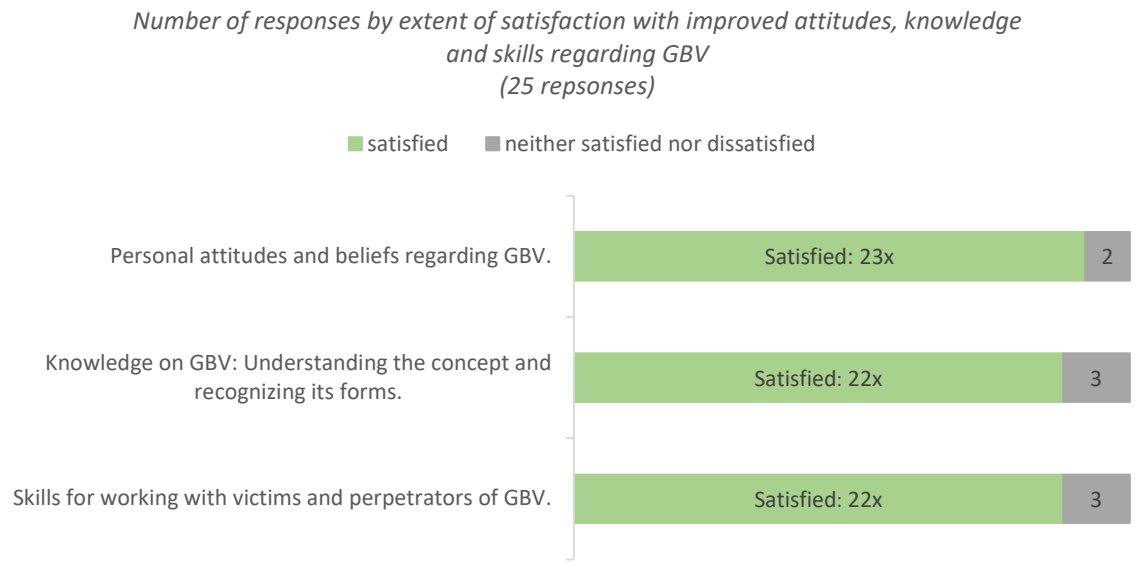
The open-ended responses indicate that the main goals of the trainings attended by judges and public prosecutors were to enhance knowledge and understanding of gender-based and domestic violence, improve the identification of all forms of GBV, strengthen victim protection and prevention of secondary victimization. Participants also highlighted the importance of learning practical skills, harmonizing procedures across courts, improving inter-institutional cooperation, and raising institutional awareness. Several responses emphasized the need for effective legal handling of GBV cases, better coordination among relevant institutions, and a deeper understanding of victims' rights and trauma-informed approaches.

When it comes to familiarity with the legal framework regarding GBV, the responses reveal that while a majority of respondents report being familiar with the national and international legal frameworks on gender-based and domestic violence, significant knowledge gaps still exist. Regarding the Law on Prevention and Protection against Violence against Women and Domestic Violence, 26 respondents stated they are fully familiar, while twelve reported partial familiarity, and two acknowledged insufficient knowledge. These numbers suggest that one in three respondents may not be fully aware of the obligations their institution holds under the national legal framework, which can hinder consistent application of the law in practice. Furthermore, awareness of the Istanbul Convention, despite its legally binding nature and foundational role in shaping national legislation, appears even more limited. Only 21 respondents indicated full familiarity with its obligations, while 13 reported partial familiarity, and five admitted insufficient understanding. The fact that nearly half of the respondents lack full awareness of the Convention's requirements—especially considering that the Convention establishes standards for prevention, protection, and prosecution—raises concerns. These findings highlight the need for systematic and mandatory training to ensure that all justice professionals are not only aware of, but also fully capable of implementing the standards set by both national legislation and international treaties.



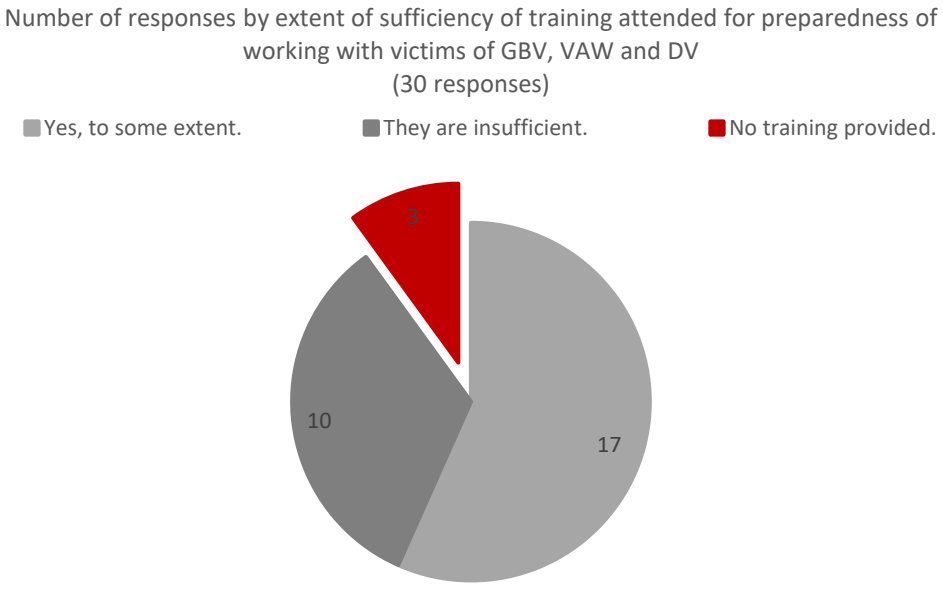
Graph no. 6: Number of responses by familiarity with national and international legal standards

The overall level of satisfaction of the trained respondents with the trainings on GBV VAW and/or DV is generally high, particularly in terms of knowledge gain and attitude improvement. Of a total of 25 respondents, 23 participants were satisfied with the improvement of personal attitudes and beliefs, suggesting that the trainings had a positive impact on their awareness and sensitivity toward GBV. Twenty-respondents respectively assessed the knowledge gain on the concept of GBV and recognition of its forms and the improvement of practical skills for working with victims and perpetrators as satisfying. The respondents saw their understanding of GBV concepts and forms deepened but also their practical skills strengthened. Only a small number of respondents were ambivalent about their satisfaction, and no one indicated dissatisfaction with the trainings received.



Graph no. 7: Number of responses by extent of satisfaction with improved attitudes, knowledge and skills regarding GBV (25 responses)

A total of 30 respondents answered the question about the extent trainings had so far prepared them to handle any type of challenges in working with victims of GBV, VAW, and DV. Three respondents indicated that they had never attended a training. More than half respondents (17) felt to some extent and one third (10) felt insufficiently prepared. None of the respondents felt completely prepared. Moreover, 30 respondents replied to whether clear protocols and guidelines exist within their institutions for handling cases involving victims of gender-based violence, violence against women, and domestic violence: Thirteen acknowledged, while nine respondents denied the existence of such protocols, and six were unsure. Additionally, two responses suggested a reliance on general legal frameworks rather than specific institutional protocols. The respondents referred to “relying on the court rulebook and material laws”, and to “simply applying the legal provisions”.



Graph no. 8: Number of responses by extent of sufficiency of training attended for preparedness of working with victims of GBV, VAW and DV (30 responses)

The majority of respondents (27 out of 38) expressed the need for clear internal protocols and guidelines for working with victims of gender-based violence, violence against women, and domestic violence in their institutions. 26 respondents emphasized that such protocols would help to ease and unify procedures, while one respondent noted that existing protocols are not being followed, indicating issues with implementation rather than absence. Six respondents stated that their institutions already have clear protocols in place, and five believed no additional internal protocols are needed, suggesting that a small portion either assess current systems as sufficient or may not perceive protocol clarity as a key challenge. Overall, the responses reflect a broad recognition of the need for structured and consistent institutional guidance.

The trainings attended by respondents were primarily organized by international organizations (13 respondents) and the Academy of Judges and Public Prosecutors (7 respondents). Other organizers included the institutions—courts and public prosecutors' offices—where the respondents work (6), civil society organizations (4), and the Ministry of Labour and Social Policy (Ministry of Social Policy, Demography, and Youth) (2).

Perceptions and attitudes on GE and GBV

This section explores the perceptions of professionals regarding gender equality and the concept of violence and GBV as well as their attitudes towards victims and perpetrators of GBV and reporting of GBV. Understanding these viewpoints is essential for identifying gaps in awareness, potential biases, and opportunities for targeted training and institutional reform. A total of 41 members of the AJPP responded to the questions exploring perceptions and attitudes toward gender equality and gender roles.

The graphs below show the professionals' assessments in five different areas:

(1) Perceptions of gender equality, gender roles and gender stereotypes (7 statements)
(2) Perceptions of violence and GBV (8 statements)
(3) Attitudes towards victims of violence (5 statements)
(4) Attitudes towards perpetrators of violence (5 statements)

(5) Attitudes towards the rights and needs of victims of GBV (4 statements)

The graphs are grouped according to these five areas show how many professionals surveyed have supportive (green), neither supportive nor critical (grey) and critical (red) attitudes and perceptions towards promoting gender equality, advancing gender roles and combatting gender stereotypes. This classification helps clarify attitudes toward gender roles and GBV-related beliefs among the 41 respondents. Supportive responses reflect progressive views, neither supportive nor critical answers indicate uncertainty or ambivalence, and critical responses reveal endorsement of harmful stereotypes. The distribution of responses across these categories highlights both encouraging support for gender equality and the presence of lingering biases that point to areas in which further training and awareness-raising is needed.

Perceptions of gender equality, gender roles and gender stereotypes

The views of the 41 respondents from the judiciary reflect a strong positive orientation toward gender equality, particularly in relation to formal rights and shared responsibilities, while also revealing areas where uncertainty and negative attitudes persist. An overwhelming majority—39 respondents—agreed that men and women should have equal rights and opportunities, and the same number supported equal involvement of fathers in childcare and education, reflecting strong endorsement of gender-equitable principles. Thirty-nine respondents disagreed with the statement a woman should know when to be silent and know her place, rejecting a patriarchal stereotype. Similarly, 37 respondents agreed that it is best for both partners to be employed, demonstrating support for gender balance in both the workplace and domestic life. Thirty-two respondents rejected the statement that men cannot control their emotions, nine respondents either were ambivalent (7) or supportive (3) of this gender stereotype, ten respondents, revealing that a minority still hold stereotypical views of male behavior and emotional control. A more mixed pattern of perceptions became visible in the context of domestic responsibilities: followed a similar pattern. While 28 respondents rejected the idea that household duties should primarily fall on women, eleven professionals either were unsure (7) or in agreement (4) with traditional gender norms. Similarly, a majority of respondents (26) rejected the traditional notion that men should earn and contribute more economically than women. However, fifteen respondents either were ambivalent (11) or embraced (4) this traditional view, suggesting that while the dominant perspective affirms equality, a notable minority remains uncertain or partially influenced by traditional economic gender roles.



Graph no. 9: Number of responses by perceptions of gender equality, gender roles and gender stereotypes (41 responses)

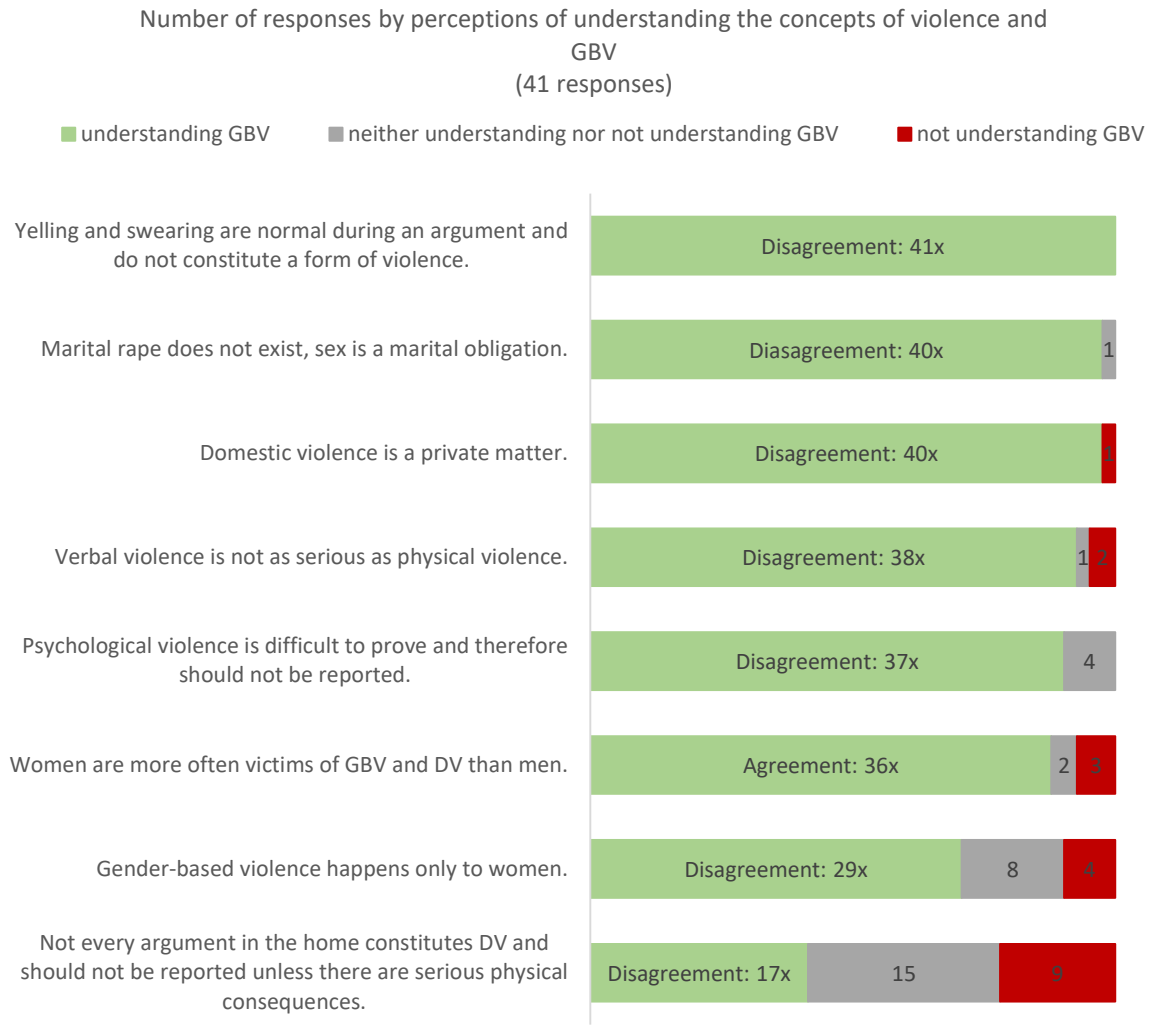
Overall, the findings show that while most judicial professionals express progressive, positive values, a minority continue to hold ambivalent or negative attitudes toward key aspects of gender roles. This underscores the need for targeted gender-sensitivity training that goes beyond legal equality to address underlying stereotypes, implicit bias, and cultural norms, ensuring that all professionals in the judiciary are equipped to uphold and advance gender equality in both principle and practice.

Perceptions of violence and GBV

The data indicates to a large extent a firm understanding of the concepts of violence and GBV. All respondents (41) disagreed with the idea that yelling and swearing during an argument do not constitute violence, signalling a clear dismissal of attitudes that minimize non-physical abuse. The perception that marital rape does not exist was refuted by nearly all respondents (40). The same number of respondents (40) rejected the idea that domestic violence is a private matter. These responses reflect a clear recognition of violence as a societal issue and strong support for gender equality. The majority of respondents disagreed with statements minimizing verbal abuse—such as verbal violence is not as serious as physical violence (38) and psychological violence is difficult

to prove and therefore should not be reported (37)—affirming that all forms of violence are serious and unacceptable, indicating a widespread rejection of normalization of abuse. Thirty-six respondents agreed with the statement women are more often victims than men, showing a strong understanding of the disproportionate impact of GBV on women.

Responses to the statement gender-based violence only happens to women were more divided. While 19 respondents disagreed with this inaccurate claim, 25 respondents either were ambivalent (11) or in agreement (7), reflecting confusion between acknowledging prevalence and mistakenly assuming exclusivity. This highlights a need to reinforce understanding that while GBV disproportionately affects women, it can affect people of all genders. Similarly, the statement that not every argument in the home constitutes domestic violence and should not be reported unless there are serious physical consequences drew a more varied reaction: Seventeen respondents disagreed, whereas 24 either were ambivalent (15) or embraced the statement (9). This indicates that more than half of respondents may still associate domestic violence primarily with physical harm, reflecting a need for deeper understanding of coercive control and psychological abuse.



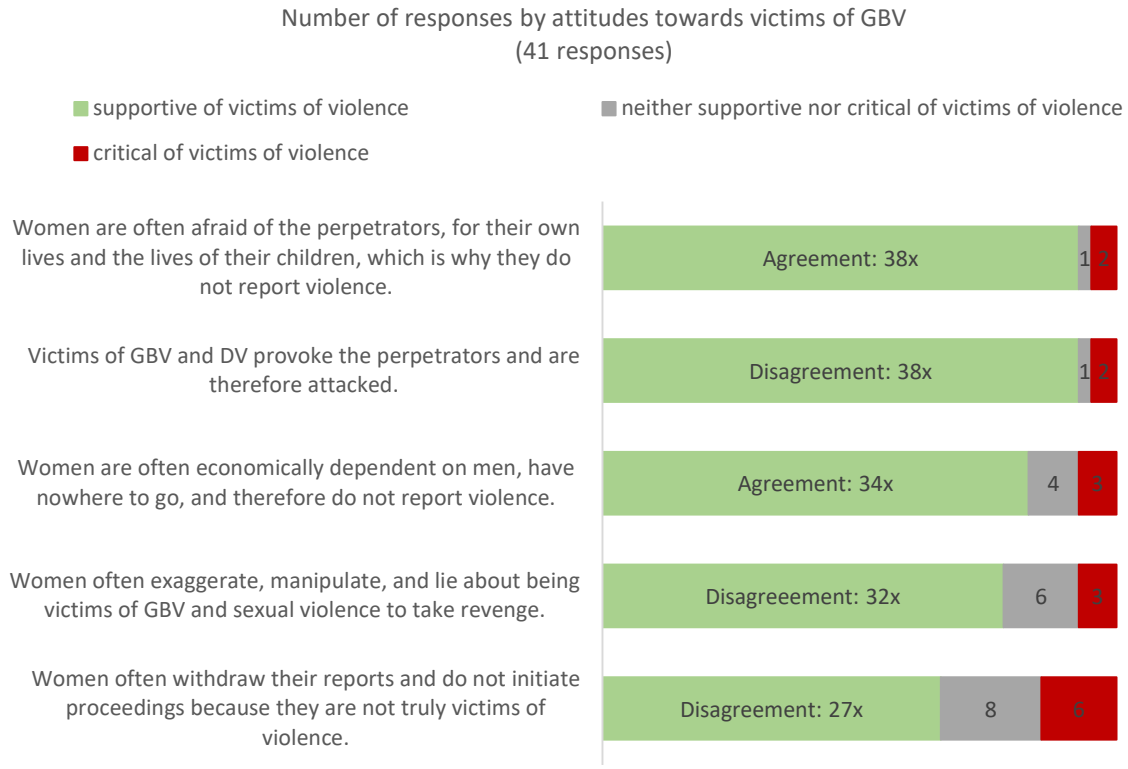
Graph no. 10: Number of responses by perceptions of understanding the concepts of violence and GBV (41 responses)

While most of the respondents show a good understanding of the concepts of violence, GBV and DV, some aspects of these concepts are less clear reflecting patriarchal norms and harmful

beliefs—GBV does not exclusively affect women and DV does not exclusively consist in psychological abuse. Some respondents do not fully grasp the gendered dynamics of gender-based and domestic violence, and embrace persistent stereotypes regarding the inclusivity of GBV. Responses in some areas underscore the need for continued training and critical reflection, particularly on certain aspects of the concepts of GBV and DV. Ensuring that such beliefs do not influence decision-making processes is crucial for promoting gender-sensitive justice and upholding the rights of all survivors.

Attitudes towards victims of violence

The responses from the 41 AJPP members demonstrate a largely supportive view of victims of GBV. Almost all respondents (39) recognized economic dependence as a key barrier to reporting violence. Similarly, 38 respondents acknowledged that women often endure violence out of fear for their own or their children's lives, demonstrating awareness of the structural and emotional factors that influence a victims' decisions to report GBV.



Graph no. 11: Number of responses by attitudes towards victims of GBV (41 responses)

Thirty-eight professionals disagreed with the idea that victims of GBV and DV provoke the perpetrators and are therefore attacked. More mixed attitudes are triggered by the statement that women are often economically dependent on men, have nowhere to go, and therefore do not report violence: Thirty-four respondents acknowledged systemic barriers preventing women from reporting, seven professionals either were unsure (4) or rejecting the existence of these barriers (3). The most troubling finding relates to victim-blaming attitudes and victim credibility. Although 32 respondents rejected the harmful stereotype that women lie or manipulate GBV claims, nine respondents either were unsure (6) or in agreement (3) with this stereotype. Twenty-seven professionals disagreed with the stereotype that women withdraw reports because they are not truly victims. However, fourteen respondents either were unsure (8) or in agreement (6), meaning that they are uncertain or doubtful about the motivations behind victim withdrawal—an attitude that risks undermining survivor trust and institutional support. Such

beliefs can seriously undermine survivors' credibility and deter victims from coming forward, particularly in legal settings.

Overall, while most respondents hold positive values and demonstrate strong awareness of GBV dynamics, the persistence of harmful stereotypes —particularly around victim credibility— underscores the need for ongoing, gender-transformative training. Focused efforts are required to address harmful myths, promote intersectional understanding, and ensure that legal professionals uphold a rights-based, survivor-centered approach in all proceedings.

Attitudes towards perpetrators of violence

The responses from members of the AJPP reveal mixed attitudes towards perpetrators of violence, showing both rejection but also uncertainty or support of stereotypes indicating misconceptions by a significant number of respondents. The responses by AJPP members revealed a general awareness of the dynamics of violence escalation, alongside mixed views on the potential for perpetrator rehabilitation. Twenty-five professionals were in agreement with the claim that perpetrators often become more aggressive after being reported for domestic or sexual violence, indicating an understanding of the increased risks victims may face post-reporting. Sixteen respondents either expressed ambivalence (13) or rejection of the claim (3), suggesting that more than one third of respondents either lack certainty or do not fully recognize the seriousness of escalation risks—pointing to a need for strengthening risk assessment and victim protection training within the justice system.

Twenty-three AJPP members disagreed with the statement that perpetrators are mentally ill, rejecting this stereotype, whereas 18 members either were ambivalent (12) or supportive (6) of the stereotype six. Almost half of the respondents were leaning towards a pathologizing view of perpetrators. This reflects a persistent belief which risks oversimplifying violence and ignoring its structural, gendered roots. Twenty-one respondents dismissed the claim that perpetrators of violence cannot change; they will always be the same, showing openness to the possibility of behavioral change through appropriate interventions. However, 20 AJPP members either were uncertain (15) or embraced (5) the claim, showing scepticism or even negating the effectiveness of rehabilitation programs. The latter attitudes are significant, as they may discourage the use of court-mandated perpetrator programs, despite their endorsement in both the Istanbul Convention (Article 16) and national legal frameworks. Such hesitation risks undermining preventative, non-custodial interventions that can help reduce recidivism and enhance victim safety. Fewer than half of the respondents (16) disagreed with the statement that perpetrators are violent because of alcohol and drug abuse. Twenty-five AJPP members either showed uncertainty (20) or support for this statement (5). More than half of the respondents remain uncertain about the distinction between root causes and aggravating factors of violent behavior. The findings underscore the need for targeted training to clarify that while substance abuse can exacerbate violence, it is not its cause.

Attitudes toward perpetrators in personal and professional networks also revealed troubling trends. Only seven respondents disagreed with the statement that friends and colleagues the respondent associate with are certainly not perpetrators of violence. Four in five respondents (34) were either ambivalent (11) or in agreement (23) with this claim suggesting the possibility of perpetrators existing within their own social and institutional environments.



Graph no. 12: Number of responses by attitudes towards perpetrators of GBV (41 responses)

These findings show that certain stereotypes of perpetrators are critically reflected, but other stereotypes especially around the origins of violent behavior and the proximity of perpetrators still exist. This highlights the urgency of sustained training efforts focused on challenging denial, addressing bias, and fostering an accurate understanding of GBV as a social, systemic issue—one that requires vigilance and accountability even within trusted institutions.

Attitudes towards the rights and needs of victims

The responses of the 41 AJPP members reflect a predominantly positive awareness of the rights and needs of victims of gender-based violence and the rejection of harmful stereotypes related to gender-based and domestic violence. Almost all respondents (39) agreed that economic independence is an essential factor in the reintegration of survivors respectively that victims should be treated sensitively to avoid re-victimization. Four in five respondents (34) agreed that anyone suspecting GBV has an obligation to report it, showing broad recognition of the duty to act. Nonetheless, seven professionals either were unclear (6) or did not support the statement (1), which points to a disconnect between legal mandates and personal perceptions of responsibility, even among legal professionals. Four in five respondents also said that they believed women who report violence. Seven either were ambivalent (5) or did not believe women who reported violence (2).

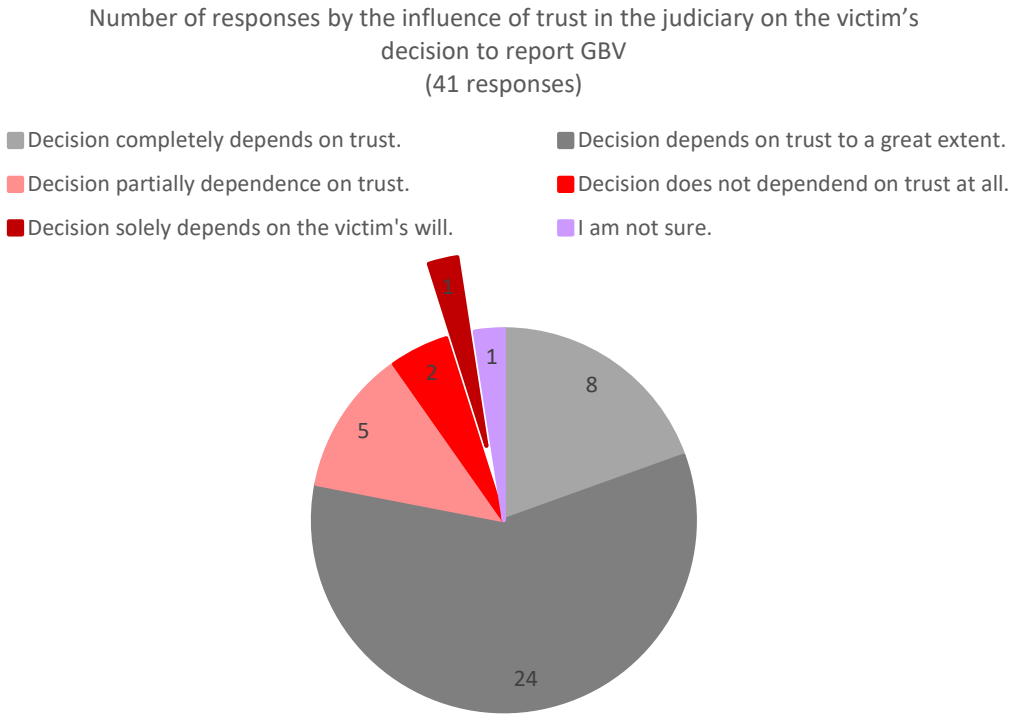


Graph no. 13: number of responses by attitudes towards the rights and needs of victims of GBV (41 responses)

Overall, the responses show that many AJPP members hold positive, rights-based views on GBV reporting and victim protection. However, the presence of misconceptions and stereotypical attitudes—particularly regarding psychological abuse, victim credibility, and reporting obligations—highlights the importance of continued training and dialogue. These efforts are essential to reinforce consistent legal interpretations, eliminate harmful stereotypes, and ensure that all forms of GBV are recognized and addressed within the justice system.

Institutional trust and professional conduct as determinants in GBV reporting

The majority of respondents (32 out of 41) believe that a victim's decision to report gender-based and domestic violence depends on the level of trust in the judiciary, indicating strong awareness among respondents of the critical role institutional credibility plays in enabling victims to seek justice. A few respondents (5) believe this trust matters only partially, while one respondent is unsure about the connection of institutional trust with the decision to report, two respondents believe trust does not influence the victim's decision at all, and one attributes the decision to report GBV solely to the will of the victim, suggesting that a minority may underestimate the impact of institutional behavior and responsiveness on reporting rates. Overall, the results highlight a generally strong understanding of the link between institutional trust and victim reporting, but also suggest a need to reinforce this perspective among all justice professionals to ensure consistent, victim-centered practices.



Graph no. 14: Number of responses by the influence of trust in the judiciary on the victim's decision to report GBV (41 responses)

The importance of their own professional conduct in influencing a victim's decision to pursue further legal action is acknowledged by a substantial majority of respondents. Thirty-one respondents stated that the willingness of the victim to pursue further legal action depends completely (9) or to a great extent (22) on the professional conduct, highlighting a strong sense of responsibility for creating a supportive and respectful environment for victims. Meanwhile, the responses of ten participants in the survey suggested that not all professionals fully acknowledge the weight their actions and attitudes may carry in the victim's decision-making process. Three respondents were unsure about the influence of professional conduct on the victim's decision to pursue further legal action, five saw this decision only partially influenced by professional conduct and two not at all, they believe that the decision solely depends on the will of the victim.

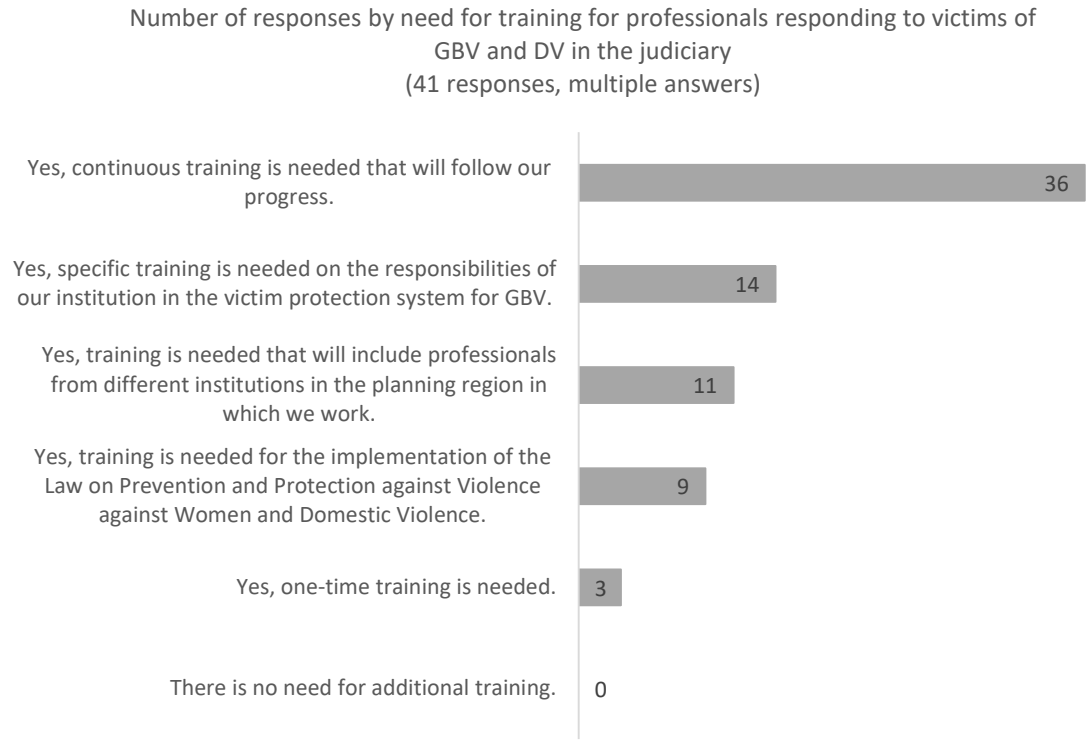


Graph no. 15: Number of responses by the influence of a professional's approach on the victim's decision to initiate further legal or institutional procedures for GBV and/or sexual violence (41 responses)

This finding is particularly relevant in the context of North Macedonia, where the withdrawal of reports by victims of gender-based and domestic violence remains a serious and recurring challenge. Victims often retract their complaints due to fear, lack of trust in institutions, or negative experiences with first responders. Therefore, the conduct of professionals—especially in the initial stages of the process—can be critical in either encouraging or discouraging victims from continuing with legal proceedings, making it essential to invest in continuous training that promotes empathy, safety, and accountability.

Further training needs identified by the members of the AJPP

The respondents strongly supported the need for capacity building for professionals responding to victims of GBV and DV within the judiciary. Nearly all respondents (36 out of 41) emphasized the need for continuous training that reflects professional development over time, signalling a desire for sustained and evolving learning rather than one-off sessions. Additionally, many respondents highlighted specific training needs, including institutional responsibilities in the victim protection system (14), cross-sectoral training involving professionals from different institutions (11) and the implementation of the new Law on Prevention and Protection against Violence against Women and Domestic Violence (9). Importantly, none of the respondents stated that additional training was not necessary, indicating a consensus on the importance of strengthening professional knowledge and coordination. These findings underline both a high level of self-awareness and a proactive stance toward improving institutional responses to GBV.



Graph no. 16: Number of responses by need for training for professionals responding to victims of GBV and DV in the judiciary (41 responses)

The professionals responding to victims of GBV, VAW and DV were invited—by way of an open-ended question—to share their needs for further capacity building measures. The respondents revealed several key areas in which they saw the greatest need for training. Many respondents emphasized the importance of overcoming personal biases, stereotypes, and ingrained attitudes, as well as developing greater sensitivity, empathy, and awareness of international standards. Moreover, these needs are confirmed by the results presented in the section on "Perceptions and attitudes on GE and GBV". A strong need was identified for practical training on protection measures, the application of laws, and establishing trust with victims to support their cooperation in legal proceedings.

Respondents also highlighted gaps in multi-sectoral cooperation, pointing out that institutional responses are often fragmented and that both victims and perpetrators lack proper treatment or follow-up, which may contribute to repeat offenses. There is a recognized need for training on victim protection during legal procedures, prevention of re-victimization, and the effective implementation of protective measures, beyond simply citing the law. Several participants in the survey called for joint, continuous trainings involving all relevant institutions (police, social services, prosecutors, and courts), and stressed the importance of protocols that reflect the difference between ongoing abuse and isolated incidents. One respondent also suggested the importance of having clear guidelines for initial response, highlighting the need for practical coordination and structured protocols across institutions. These inputs reflect a desire for stronger inter-sectoral collaboration and operational clarity in handling cases of gender-based and domestic violence. Overall, the responses underscore the need for comprehensive, practical, and collaborative capacity-building efforts tailored to the challenges professionals face in their daily work with victims.

Conclusions and recommendations

The results of this assessment show that judges and public prosecutors in North Macedonia demonstrate a strong commitment to gender equality in principle and a growing recognition of the importance of victim-sensitive approaches. Most respondents reject overtly patriarchal views, acknowledge the seriousness of gender-based violence, and support equal roles in public and private life. However, beneath this formal commitment, more nuanced challenges persist—such as ambivalence toward traditional gender roles in the household, assumptions about perpetrators, and partial belief in victim credibility. These subtleties matter deeply, as they can influence professional behavior, the consistency of legal responses, and ultimately, access to justice for victims. Addressing these gaps requires not only the continuation but also the deepening of gender-sensitivity training that tackles implicit bias, power dynamics, and the structural causes of violence.

Targeted training is particularly needed in areas such as the recognition of non-physical forms of violence, understanding the structural and intersectional drivers of gender-based violence, and building trust in victims' credibility and rights. Additionally, the ambivalence observed around perpetrator rehabilitation, the role of social proximity to offenders, and mandatory reporting obligations points to the importance of reinforcing a unified, law-based, and victim-centered approach. Investing in these areas would strengthen the capacity of judges and public prosecutors to uphold justice and contribute to a more coherent and effective institutional response to violence against women.

Crucially, the findings also highlight that trust in institutions and the conduct of justice professionals play a significant role in whether victims choose to report violence or continue with legal proceedings. The fact that many respondents acknowledged this connection is encouraging, yet the recurring issue of report withdrawal in North Macedonia—often rooted in fear, mistrust, and poor institutional response—underscores the need for urgent investment in building survivor trust. Judges and public prosecutors must be equipped not only with legal knowledge but also with the tools and confidence to approach victims with empathy, professionalism, and consistency. Strengthening this aspect of their role is essential for fostering a justice system that does not merely react to violence, but actively works to prevent it, protect survivors, and hold perpetrators accountable.

The findings of this assessment highlight the critical importance of advancing GBV training for justice professionals—not only as a tool for effective case management but also as a preventive measure. While most judges and public prosecutors demonstrated a strong formal commitment to gender equality and a solid understanding of victim protection principles, there remain notable gaps in attitudes, knowledge, and institutional practices. Persistent traditional views on gender roles, uncertainty about perpetrator rehabilitation, and ambivalence toward non-physical forms of violence suggest that training must go beyond legal theory to address deep-rooted beliefs, professional conduct, and institutional culture. Moreover, the lack of consistent familiarity with key legal frameworks such as the Istanbul Convention, CEDAW and the Law on Prevention and Protection against Violence Against Women and Domestic Violence points to the need for mandatory, continuous, and context-specific education.

Importantly, respondents themselves overwhelmingly acknowledged the need for more structured and ongoing training, with many calling for improved multi-sectoral collaboration and clearer institutional protocols. They recognized that their own conduct, as well as institutional trust, plays a decisive role in whether victims choose to report violence or continue with legal proceedings—a particularly pressing issue in North Macedonia, where withdrawal of reports remains a significant barrier to justice. Therefore, investing in tailored, interdisciplinary GBV

training is not only a matter of capacity building but also a form of primary prevention, helping to create a justice system that proactively protects, supports, and empowers victims while holding perpetrators accountable.

Strengthen legal and procedural competence

- Ensure all judges and public prosecutors receive in-depth, mandatory training on the implementation of the Law on Prevention and Protection from Violence against Women and Domestic Violence and the Istanbul Convention.
- Provide regular updates on relevant legislative changes, case law, and institutional obligations to guarantee legal consistency and compliance.
- Develop clear, role-specific guidance on the use of protection measures, prosecutorial discretion, and coordination with social services in high-risk GBV cases.

Challenge gender bias and stereotypes in judicial reasoning

- Implement gender-transformative modules that help judges and prosecutors recognize and critically examine their own implicit biases and gender role assumptions.
- Address harmful stereotypes—such as disbelief in marital rape, minimization of psychological violence, or assumptions about false reporting—through evidence-based training.
- Create safe spaces for self-reflection and structured dialogue on how traditional beliefs may unconsciously affect collection of evidence, interpretation, sentencing, or prosecutorial strategies.

Enhance judicial sensitivity and victim-centered and rights-based practice

- Introduce specialized training on secondary victimization prevention, emphasizing courtroom conduct, trauma-informed questioning, and minimizing re-traumatization during hearings.
- Strengthen skills in trust building and communication with victims, particularly in cases involving witnesses in vulnerable situations, conflicting testimonies, or delays in reporting.
- Encourage the use of procedural protections (e.g., closed sessions, remote testimony) to reduce the psychological burden on victims participating in proceedings.

Promote multi-institutional alignment and coordination

- Facilitate joint training sessions with representatives from police, Centers for Social Work, health institutions, and civil society organizations to harmonize response protocols.
- Develop or reinforce inter-institutional referral pathways, with clear roles and timelines for action, to reduce delays and fragmentation in victim protection.
- Incorporate practical exercises on cross-sector case handling and early risk detection involving multi-agency cooperation into capacity building.

Apply case-based and experiential learning methods

- Move beyond lecture-style training and adopt scenario-based workshops, mock hearings, and case simulations tailored to GBV proceedings.
- Use real anonymized case studies to discuss ethical dilemmas, prosecutorial decisions, and judicial interpretation challenges.
- Encourage peer exchange and case review sessions among prosecutors and judges to foster collective learning and improve consistency.

Improve standardization and accountability

- Support the development and consistent implementation of internal protocols and institutional guidelines for GBV case handling.
- Ensure that all judges and prosecutors have access to and understand these procedures, and that gaps in adherence are identified and addressed through supervision and training.
- Promote regular internal meetings to review the application of protocols and align practices across prosecutors and judges.

Annex IV: Healthcare professionals – detailed mapping and analysis of survey generated data

Overview of trainings mapped for healthcare professionals (January 2021-December 2024)

This part provides a summary of the trainings mapped aimed at enhancing the capacity of healthcare workers to effectively respond to cases of GBV and sexual violence. These trainings, conducted across various healthcare settings, were designed to equip professionals with the knowledge, skills, and tools needed to identify, manage, and support victims of violence. Covering a wide range of topics such as the legal framework, sensitivity, inter-professional collaboration, and early intervention, these programs also emphasized the importance of creating a supportive and empathetic environment for victims. The goal was to examine if healthcare professionals are well-prepared to address the complex needs of victims and contribute to the broader system of support and protection.

1. Handling Cases of Sexual and Gender-Based Violence – 2021-2022[129]

Organizer: Coalition Margins, Foundation Open Society Macedonia (FOSM)

Participants: Healthcare workers

The training covered various critical topics, including the causes, manifestations, and consequences of all forms of violence. It focused on the prevention and detection of gender-based violence, promoting gender equality, and addressing the specific needs and rights of victims. The participants were equipped with tools for identifying and managing cases of violence in the early stages, as well as developing the necessary sensitivity and skills to respond appropriately and effectively in the workplace. Additionally, the training emphasized coordinated multi-institutional collaboration, fostering skills for inter-professional work, including cooperation with experts from different fields. An intersectional perspective on gender-based violence was explored, alongside the harmful effects of violence on children. The training also aimed to challenge personal biases and assumptions held by professionals, which may hinder effective support and protection for women victims of violence.

2. Visiting Nurses (4 two-day trainings) – 2022[130]

Organizer: National Association of Nurses, Technicians, and Midwives, National Network to End Violence Against Women and Domestic Violence

Participants: 100 nurses

The training aimed to increase visiting nurses' knowledge about the forms of GBV and DV, and how to recognize, report, and support victims within their professional capacity. The training covered visible and concealed forms of violence, legal regulations, and nurses' obligations in cases of recognized DV. Practical examples and role-play were used to help participants develop communication skills for interacting with victims, potential victims, and perpetrators, with a focus on groups in vulnerable situations such as children, women, and the elderly. Nurses also learned about the existing protection mechanisms and specialized services provided by civil society organizations for consultations, reporting violence, and personal protection in cases of violence.

[129] Interview_01-2022.
[130] Interview_09-25_2025-02-28.

3. Gender-Based Violence Among Persons with Disabilities – 2023[131]

Organizer: Macedonian Association of Gynaecologists and Obstetricians (MAGO), UNFPA

Participants: 20-30 social workers from hospitals, general practitioners, gynaecologists, psychologists, Ministry of Interior representatives from the Training Center, and civil society organizations providing services

This training focused on GBV among persons with disabilities. It aimed at increasing the knowledge and awareness of healthcare professionals and social workers about the specific vulnerabilities faced by individuals with disabilities when experiencing GBV. The session provided insights into how to recognize and address violence in this group, as well as how to ensure appropriate support and referrals to specialized services. The training also emphasized inter-institutional cooperation in responding to GBV cases involving people with disabilities.

4. GBV among People with Disabilities – 2023[132]

Organizer: Macedonian Association of Gynaecologists and Obstetricians (MAGO), UNFPA

Participants: Individuals with disabilities, civil society organizations, and medical personnel (not service providers)

The workshop aimed to raise awareness and provide education on GBV among people with disabilities. The focus was on understanding the unique challenges faced by individuals with disabilities in terms of accessibility and support in cases of violence. The session highlighted the importance of cross-sector collaboration in addressing these issues and ensuring that both victims and service providers are equipped to handle the specific needs of persons with disabilities in violent situations.

5. Raising Awareness and Knowledge for Recognizing Gender-Based Violence (GBV) by Healthcare Professionals and Response and Treatment for GBV – 2024[133]

Organizer: Ministry of Health (MoH), trainers trained by UNFPA

Participants: 30 healthcare professionals

This training aimed to raise awareness and enhance the knowledge of healthcare professionals in recognizing GBV and responding to and treating victims. The first day introduced terminology and an overview of GBV, while the second day focused on practical responses, including how to handle cases of sexual violence. Special attention was given to equipping healthcare workers with the necessary skills to provide appropriate support and treatment to survivors of violence especially sexual violence and rape.

6. Healthcare Workers – Psychologists and Psychotherapists – 2024[134]

Organizer: Coalition Margins in collaboration with Chamber of Psychologists

[131] Interview_06-25_2025-02-25.
[132] Ibid.
[133] Interview_05-25_2025-02-24.
[134] Interview_14-25_2025-03-06.

Participants: 40 psychologists and psychotherapists, including clinical psychologists employed in both public and private sectors

This training aimed to enhance the skills of psychologists and psychotherapists in working with individuals from diverse gender identities, with a specific focus on transgender people. The training covered the following key topics:

- Basic concepts of gender equality and gender-based violence (GBV).
- Principles and standards that psychologists and clinical psychologists should follow when working with individuals of different gender identities.
- General treatment of transgender individuals within psychiatry and clinical psychology.
- Debunking myths and stigma surrounding transgender people.
- Contemporary, relevant scientific knowledge about transgender individuals.

Additionally, a manual[135] for working with transgender people was developed as a result of the training, targeting psychotherapists and psychologists. The overall goal was to train clinical psychologists to effectively work with transgender and individuals with diverse gender identities. A significant motivation for participation was the opportunity to earn accredited training points for licensure.

7. Centers for Referral of Victims of Sexual Violence

Organizer: Ministry of Health, gender experts, medical professionals from the Gynaecology and Obstetrics Clinic, forensic medicine experts, and the CSO HERA, focusing on the psychosocial support for victims and obtaining their consent for procedures

Participants: staff of the Centers for Referral of Victims of Sexual Violence, MoI, public prosecutors and CSW

The coordinators and team members of the Centers for Referral of Victims of Sexual Violence have completed specialized training in managing cases of sexual violence, with a focus on clinical management. The first part of the training involved the center coordinators and healthcare staff, including psychologists and social workers, and focused on the national legislation, the Istanbul Convention, and medical procedures, particularly regarding victim consent. The second part of the training covered similar topics but also included other institutions such as the MoI, the Public Prosecutor's Office, and Centers for Social Work, with discussions on inter-agency cooperation.[136]

8. Service Providers in Sexual Violence Centers – 2018-2020[137]

Organizer: HERA, Ministry of Health, MAGO

Participants: 46 individuals from the Gynaecology and Obstetrics Clinic, including 28 doctors, gynaecologists, and specialists; 13 mid-level medical staff, nurses; three social workers; one psychologist; one lawyer

[135] Zivanovikj R. & Blazheva A. (2024), Handbook for Psychologists and Psychotherapists for Supporting Work with Transgender and Gender Diverse Individuals, MKD version available online at https://coalition.org.mk/wp-content/uploads/2024/08/Priracnik-za-psiholozi-i-psihoterapevti-za-rabota-so-transrodovi-i-RZ-lica.pdf?fbclid=IwY2xjawEYgGNleHRuA2FlbQIxMAABHZv-m6x61BCTJJ5A-fNUn9GVX9aMDxJYk3jQxPsyjVMocqFAMgi-T7GLIw_aem_y4iWQAuvbr7BVh1bPkNM5w.

[136] Interview_07-25_2025-02-25.

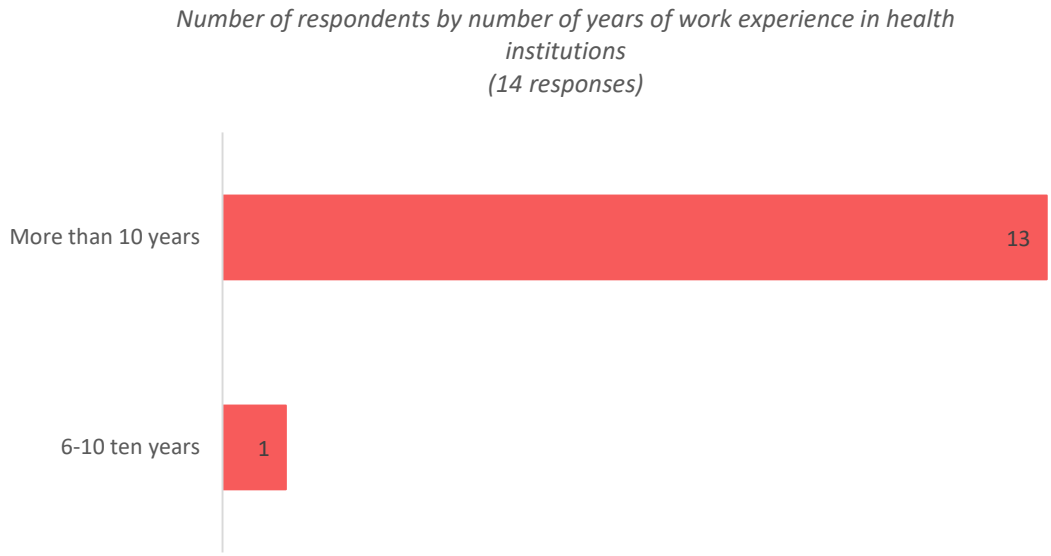
[137] Ibid.

The training aimed to sensitize all employees in healthcare institutions where sexual violence centers are located, from security guards to directors. The focus was not on service provision but on increasing awareness and sensitivity towards sexual violence survivors. Specific training was provided for clinical management of rape victims. Due to the onset of the COVID-19 pandemic, the training concluded earlier than planned, with a final one-day session being conducted for participants with limited knowledge and skills. The program also involved participants from other healthcare organizations where sexual violence centers were established. The training was delivered through a series of three-day sessions.

Questionnaire analysis – healthcare professionals as first responders

The respondents were approached through associations of medical professionals, trying to ensure outreach to a diverse group of healthcare workers engaged in various roles within the health sector. However, the completion of the questionnaire was voluntary, and the outreach efforts suggested a relatively limited engagement with the topic of GBV among healthcare professionals. This observation may also point to one of the broader challenges identified in the analysis—the need to strengthen cooperation between health institutions and other key actors involved in the initial response to GBV.

A total of 14 healthcare professionals, twelve female and two male, responded to the questionnaire. Almost all of the respondents have worked in the health sector for more than ten years, while one respondent has six to ten years' experience in the health sector.



Graph no. 1: Number of respondents by number of years of work experience in health institutions (14 responses)

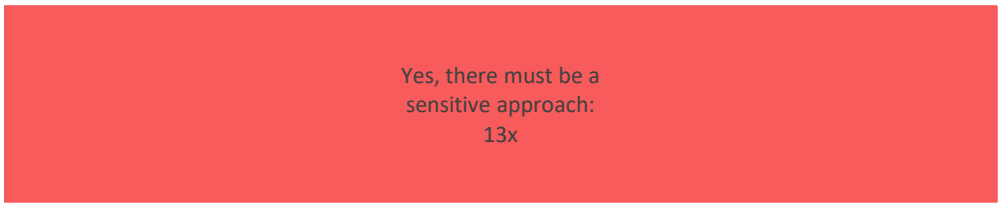
The respondents work in nine different municipalities around the country. The positions of respondents in the health sector include a mix of medical doctors (general practitioners and specialists), gynaecologists/obstetricians, nurses (including patronage nurses), and other roles such as a social worker and department head. Even though a small group of respondents, this indicates participation from a diverse range of professionals involved in both clinical and community health services.

Perceptions of the respondents' obligations as first responders to GBV

The healthcare professionals were asked to describe their duties/responsibilities when working with victims of GBV and DV. Only a few respondents reported having direct experience in working with victims of gender-based and domestic violence. Among those who do, responsibilities include reporting cases, coordinating with other sectors, and providing psychosocial support. One respondent detailed procedures for handling sexual violence cases, such as taking the medical history, notifying the police, involving forensic specialists, and conducting medical examinations in collaboration with the Institute of Forensic Medicine. Several respondents emphasized limited or no direct involvement, with some indicating that while they could come into contact with victims due to their role (e.g., as gynaecologists), they have not handled such cases directly. This reflects both the limited exposure and possible underreporting of GBV cases within healthcare settings. Additionally, only one respondent reported specific obligations when working with perpetrators of GBV, including taking the medical history and coordinating with the police and forensic specialists, while the majority stated that they do not work with perpetrators or have minimal contact with this group in their roles.

The responses (14) from healthcare professionals indicate that their primary perceived responsibilities in addressing GBV, VAW, and DV lie in reporting suspected cases (12), providing medical assistance to victims (8), and implementing protection and support measures (6). A few respondents also acknowledged their role in receiving and responding to reports (5) and taking preventive measures (5). The most concerning finding was the limited sense of professional responsibility among healthcare workers to provide medical assistance to GBV, VAW, and DV victims. Given that healthcare professionals are often among the first to encounter victims and are legally obligated to act, this indicates a serious need for increased awareness and training.

Number of responses to whether healthcare institutions should treat victims of GBV, VAW and DV differently from other groups of individuals they provide services to (13 responses)



Graph no. 2: Number of responses to whether healthcare institutions should treat victims of GBV, VAW and DV differently from other groups of individuals they provide services to (13 responses)

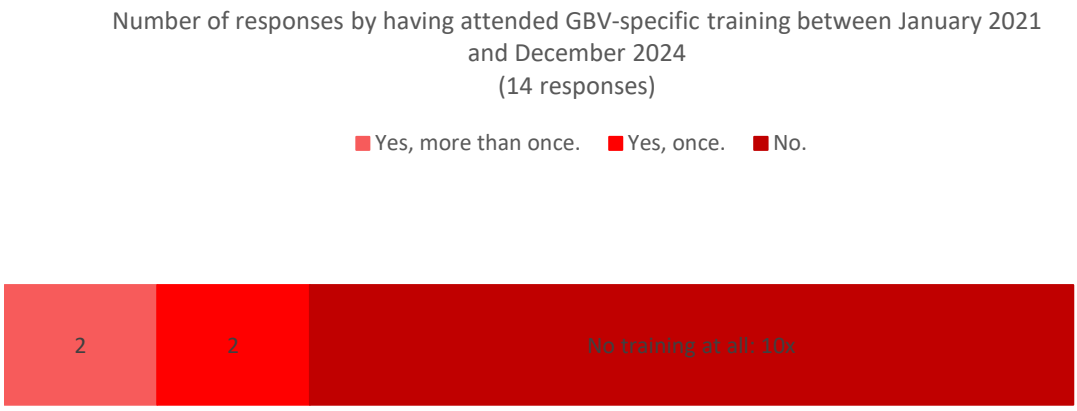
On a positive note, all thirteen healthcare professionals who responded agreed that victims of GBV, VAW and DV should be treated with a sensitive and differentiated approach compared to other service users in their institutions. This unanimous recognition emphasizes the importance

of trauma-informed, victim-centered care in the healthcare sector and supports the need for specialized training to ensure that such sensitivity is effectively implemented in practice.

Participation in GBV trainings

The health care professionals' answers to the whether they had received adequate training for working with victims of GBV and DV upon their employment and/or appointment to a position where they directly work with victims of GBV and DV indicate a significant gap in preparedness to work with victims of GBV and DV. Out of 13 respondents, the majority reported either not having receiving adequate (7) or insufficient (3) training, while three professionals felt partially prepared. These findings highlight an urgent need for structured, role-specific training at the start of employment to ensure that healthcare professionals are equipped to provide safe, informed, and sensitive support to victims.

Furthermore, the majority—10 respondents out of 14 healthcare professionals—reported that they had not received any training on the recognition, prevention, or response to gender-based violence, violence against women, or domestic violence between January 2021 and December 2024. Only four healthcare professionals reported participating in such training: Two participated in a training solely focusing on victims, the other two in a training covering both victims and perpetrators. Among the healthcare professionals who participated in trainings, key topics covered included prevention and detection of gender-based and domestic violence, needs and rights of victims, prevention of secondary re-victimization, domestic legislation, intimate partner violence and sexual violence, and coordination with other institutions—all of which are highly relevant to their frontline role. Additionally, one respondent emphasized that among the other topics covered were also forensic medical examinations of rape victims, including genital examinations, and the prevention of HIV, sexually transmitted infections, pregnancy, and hepatitis among survivors—highlighting the specific medical responsibilities in responding to sexual violence.



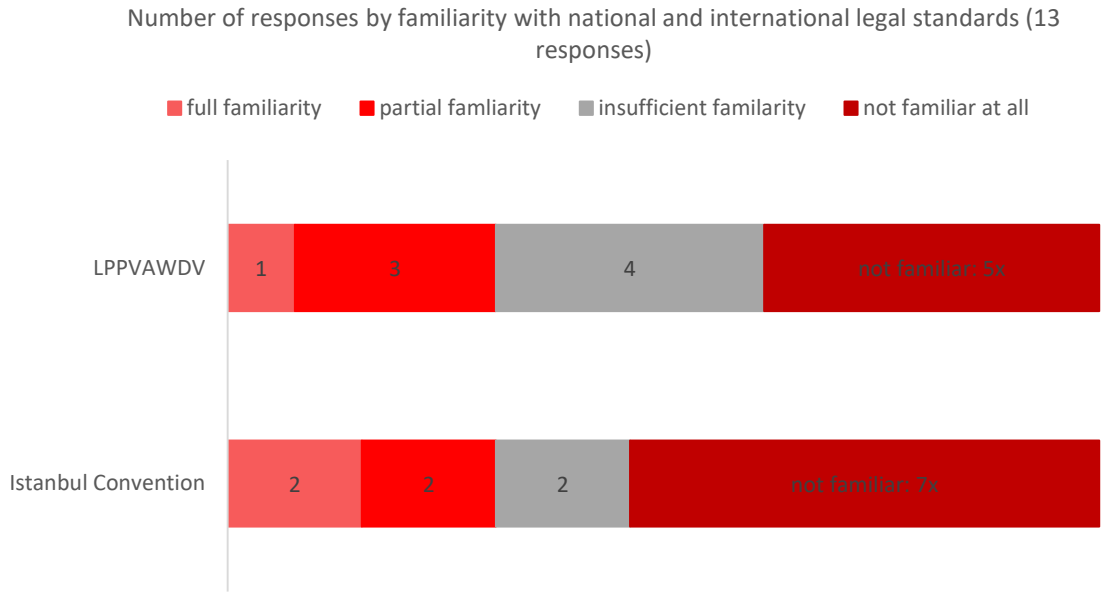
Graph no. 3: Number of responses by having attended GBV-specific training between January 2021 and December 2024 (14 responses)

The stated goals of the trainings attended by healthcare professionals included: recognizing and reporting domestic violence, particularly against children; integrating fundamental principles of GBV prevention and victim support within healthcare institutions; and providing coordinated multi-sectoral services in rape crisis centers. These objectives reflect an emphasis on early detection, institutional response, and intersectoral collaboration. However, crucial areas that

directly affect healthcare response were notably absent, including human rights-based approaches, addressing personal biases and assumptions of professionals that hinder effective support and protection for women victims of violence and training on domestic and gender-based violence from an intersectional perspective. These gaps are concerning, given the need for healthcare professionals to provide empathetic, informed, and sustained support to victims.

The trainings for healthcare professionals were organized by a mix of actors, including international organizations, the Ministry of Health, the MSPDY, civil society organizations, internal institutional providers, and individual experts specialists in social medicine. This reflects a multi-stakeholder effort, though the limited number of respondents suggests that such opportunities remain sparse or poorly disseminated within the health sector. Additionally, three respondents have shared that the trainings they attended were multi-sectoral. Based on the responses of the four healthcare professionals who attended GBV-related trainings, satisfaction levels varied.

The responses (13) indicate that familiarity with both the Law on Prevention and Protection against Violence against Women and Domestic Violence and the Istanbul Convention is limited among healthcare professionals. Only one respondent reported full familiarity with the national law, and just two with the Istanbul Convention. Most respondents stated they were either not familiar at all or only had partial or insufficient knowledge. This lack of legal awareness among frontline health workers is concerning, particularly given their legal obligations to report and respond to gender-based and domestic violence cases. Strengthening legal literacy through targeted training is essential to ensure healthcare professionals can fulfil their duties effectively and in compliance with national and international standards.



Graph no. 4: Number of responses by familiarity with national and international legal standards (13 responses)

Furthermore, the responses reveal a concerning lack of clarity regarding institutional protocols for responding to victims of GBV, VAW and DV. Only two respondents confirmed the existence of clear protocols, the majority of respondents either denied the existence of protocols or were not aware of the existence of such protocols. This indicates significant gaps in institutional guidance and communication, which can hinder timely and effective responses to cases of violence within

the health sector. One respondent knew of the existence of a protocol but claimed that it has not been provided by the institution, which has not established an internal organizational structure to support its implementation. This highlights a critical gap not just in documentation, but in institutional accountability and operational readiness, further reinforcing the need for structured internal systems and clear dissemination of responsibilities. This situation is particularly serious given that, under the Law on Prevention and Protection against Violence against Women and Domestic Violence, medical professionals are legally obligated to report both confirmed and suspected cases of GBV, VAW and DV.

Perceptions and attitudes on GE and GBV

This section explores the perceptions of professionals regarding gender equality and the concept of violence and GBV as well as their attitudes towards victims and perpetrators of GBV and reporting of GBV. Understanding these viewpoints is essential for identifying gaps in awareness, potential biases, and opportunities for targeted training and institutional reform. A total of 13 healthcare professionals responded to the questions exploring perceptions and attitudes toward gender equality and gender roles.

The graphs below show the professionals' assessments in five different areas:

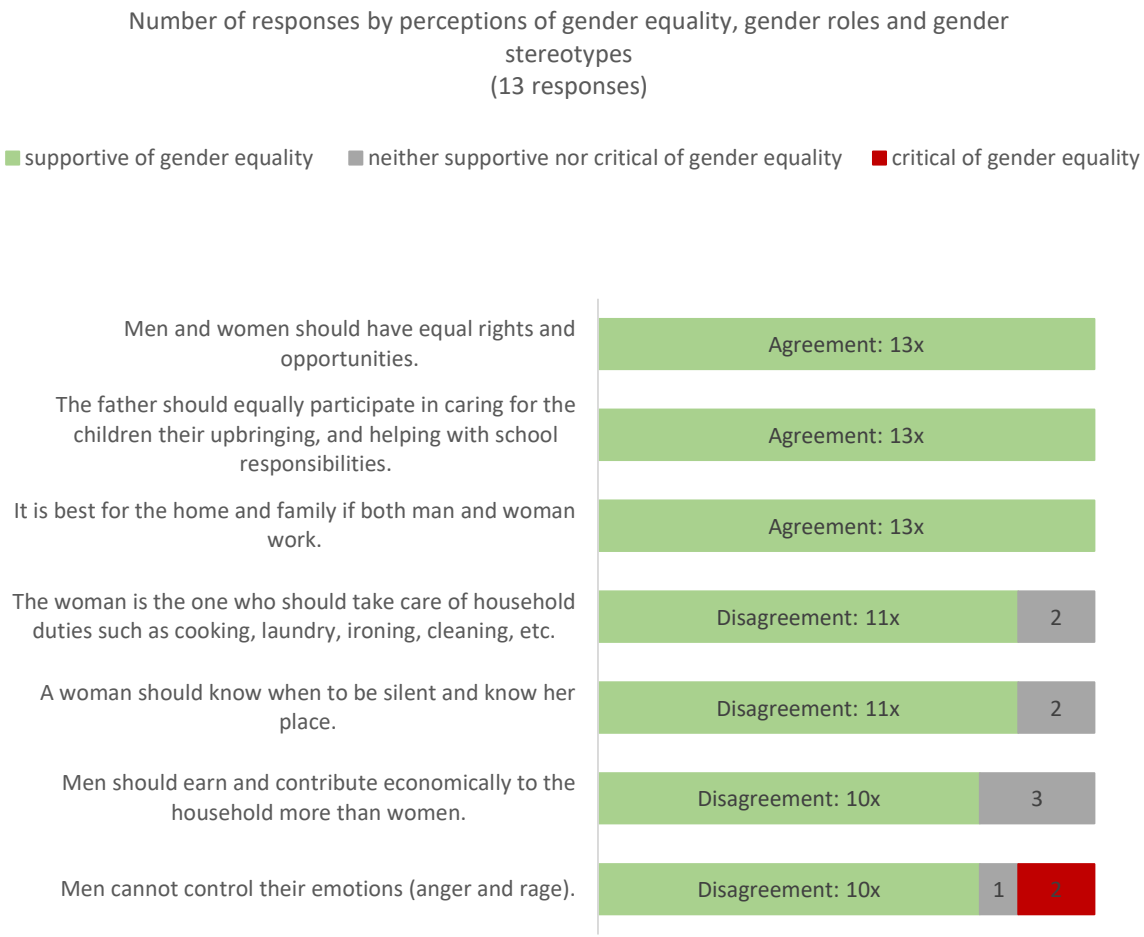
(1) Perceptions of gender equality, gender roles and gender stereotypes (7 statements)
(2) Perceptions of violence and GBV (8 statements)
(3) Attitudes towards victims of violence (5 statements)
(4) Attitudes towards perpetrators of violence (5 statements)
(5) Attitudes towards the rights and needs of victims of GBV (4 statements)

The graphs are grouped according to these five areas show how many professionals surveyed have supportive (green), neither supportive nor critical (grey) and critical (red) attitudes and perceptions towards promoting gender equality, advancing gender roles and combatting gender stereotypes. This classification helps clarify attitudes toward gender roles and GBV-related beliefs among the 13 respondents. Supportive responses reflect progressive views, neither supportive nor critical answers indicate uncertainty or ambivalence, and critical responses reveal endorsement of harmful stereotypes. The distribution of responses across these categories highlights both encouraging support for gender equality and the presence of lingering biases that point to areas in which further training and awareness-raising is needed.

Perceptions of gender equality, gender roles and gender stereotypes

The responses from healthcare professionals reflect a strong commitment to gender equality, as all respondents agreed with the statement that men and women should have equal rights and opportunities. Similarly, there was unanimous support for shared parenting responsibilities, i.e., fathers should equally participate in childcare and education as well as for shared economic responsibilities, expressed by the claim that it is best for the home and family if both man and woman work. Almost all respondents (11) were in disagreement with the statement that it is the woman who should take care of household duties such as cooking, laundry, ironing, cleaning. Additionally, there was overwhelming disagreement (11) with the patriarchal notion that women should know their place and remain silent, reflecting broad support for gender equality and a rejection of traditional, subordinating gender roles. Ten respondents rejected the patriarchal stereotype that men should earn and contribute economically more to the household than women. Similarly, most respondents (11) also disagreed with the stereotype that men cannot control their anger, challenging gendered assumptions about male behavior and emotional regulation. The healthcare professionals clearly supported gender equality and rejected traditional gender roles—such as the belief that women should be primarily responsible for

household duties. A small number of respondents were uncertain about gender roles and stereotypes concerning care duties of women, men being the main earners and women knowing their place. Perceptions were a bit more divided on the claim that men cannot control their emotions, with two health professionals agreeing and one being unsure. This suggests that although egalitarian attitudes are dominant, some professionals still hold or tolerate more conventional norms regarding gendered divisions of labour in the household and family.



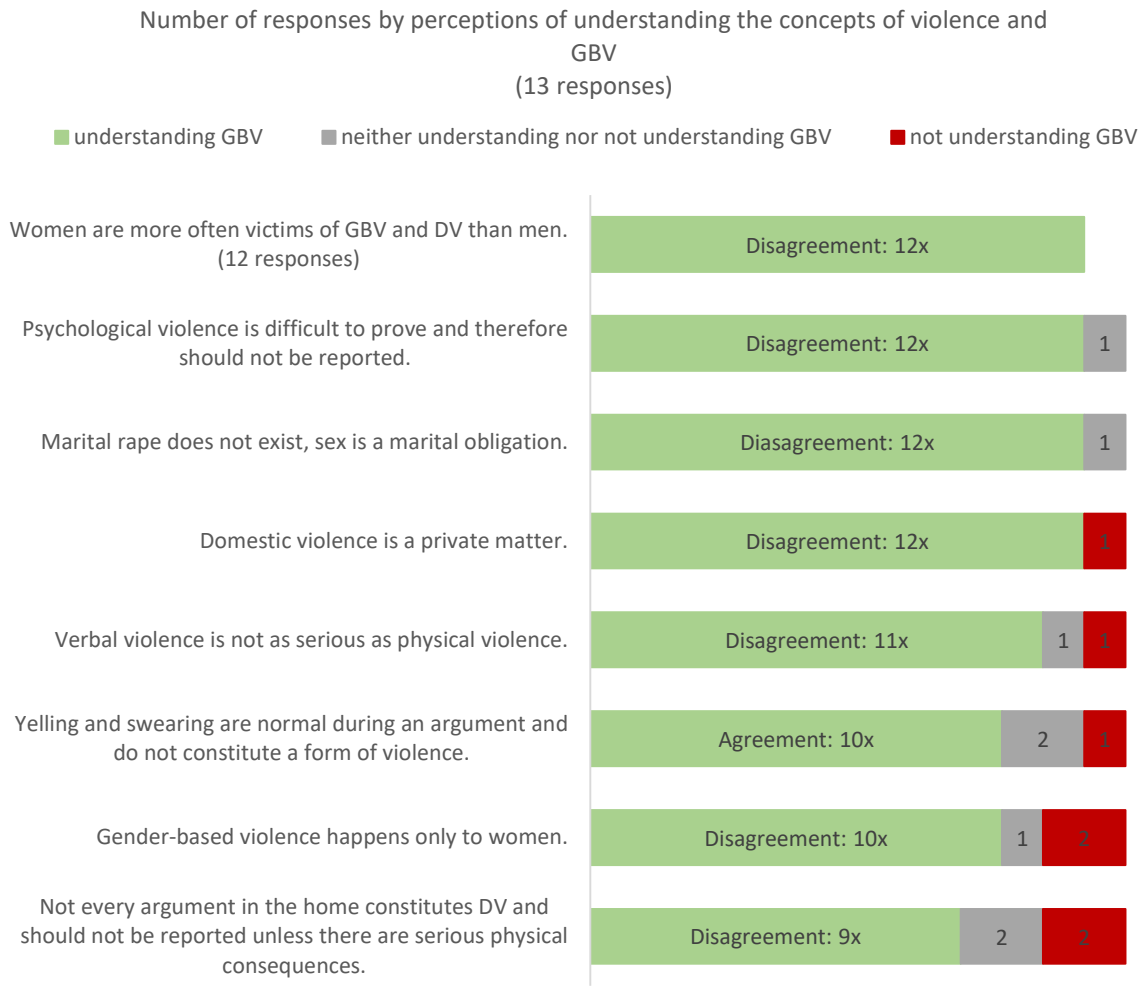
Graph no. 5: Number of responses by perceptions of gender equality, gender roles and gender stereotypes (13 responses)

Perceptions of violence and GBV

The responses by healthcare professionals demonstrate to a large extent a firm understanding of the concepts of violence and GBV and a strong stance against harmful stereotypes. All respondents (12) assessing the statement that women are more often victims of GBV and DV agreed. Healthcare professionals largely demonstrated an understanding of the seriousness of psychological violence (12) and were in agreement with the existence of marital rape (12), indicating alignment with human rights-based standards and legal frameworks. Similarly, they disagreed with the claim that domestic violence is a private matter (12), affirming a collective understanding that such violence is a public issue requiring institutional intervention. The majority of healthcare professionals disagreed with the statements that verbal violence is less serious than physical violence (11) and that yelling and swearing during arguments are acceptable, signalling a clear dismissal of attitudes that minimize non-physical abuse. Most respondents (10) agreed that women are more often victims of GBV and DV than men and disagreed (9) with the statement that not every argument in the home constitutes DV and should

not be reported unless there are serious physical consequences, indicating awareness of the broader dynamics of abuse. A few respondents (2-4) showed less understanding especially for the concept of verbal violence.

Health professionals demonstrate an understanding of the gendered dimensions of gender-based and domestic violence and a clear rejection of harmful stereotypes and justifications for violence, underscoring a high level of awareness and alignment with gender-equitable, victim/survivor-centered principles. These findings indicate a solid foundation for further professional development, with future training best focused on reinforcing and deepening existing knowledge, especially in the application of these values in clinical and institutional practice.



Graph no. 6: Number of responses by perceptions of understanding the concepts of violence and GBV (13 responses)

Attitudes towards victims of violence

The responses of thirteen healthcare professionals demonstrate a largely supportive view of victims of GBV. Almost all respondents acknowledged key barriers to reporting, such as fear for personal and child safety (12) and economic dependence (12). These responses reflect a strong awareness of the structural and emotional factors influencing victims' decisions and vulnerabilities. Nearly all respondents (11) disagreed with both the stereotypical claims that victims withdraw reports because they are not truly victims and that victims provoke violence, taking a strong stance against harmful stereotypes regarding victim blaming. At the same time, responses to the statement that women fabricate reports of violence to manipulate partners

revealed a mix of attitudes. While the majority (8) rejected this stereotype, a small number of respondents either were unsure or inn agreement with victim-blaming attitudes. The presence of such stereotypes can influence how victims are perceived and treated in healthcare contexts.



Graph no. 7: Number of responses by attitudes towards victims of GBV (13 responses)

Attitudes towards perpetrators of violence

The perceptions of healthcare professionals regarding perpetrators of violence show a mix of attitudes and stereotypes. Regarding the escalation of violence after reporting, most respondents (9) agreed with the statement that perpetrators often become more aggressive post-reporting, showing awareness of victim risk. Eight professionals disagreed with the belief that perpetrators cannot change. A few respondents showed a lack of awareness of victim risk (4) and rejected the possibility of rehabilitation of perpetrators (4), reflecting scepticism about behavioral change and the effectiveness of perpetrator interventions.

Eight respondents challenged the stereotype that violence stems solely from individual pathology by rejecting the claim that perpetrators of violence are mentally ill. However, some respondents (5) still associate violence with mental illness, rather than recognizing its broader social and gender-based roots. A similar distribution appeared in responses to the claim that perpetrators are violent due to alcohol and drug abuse. While many respondents (7) disagreed, six either were ambivalent (4) or in agreement (2), suggesting varying levels of clarity about the role of substance abuse as a contributing—not causal—factor. Assessments of the statement that the friends and colleagues the respondents associate with are certainly not perpetrators show the most worrying results. The majority of respondents (9) either were uncertain (4) or agreed (5) showing reluctance to acknowledge that perpetrators may exist within familiar or professional circles, Only three professionals rejected the claim. This reflects a tendency toward social distancing or denial.

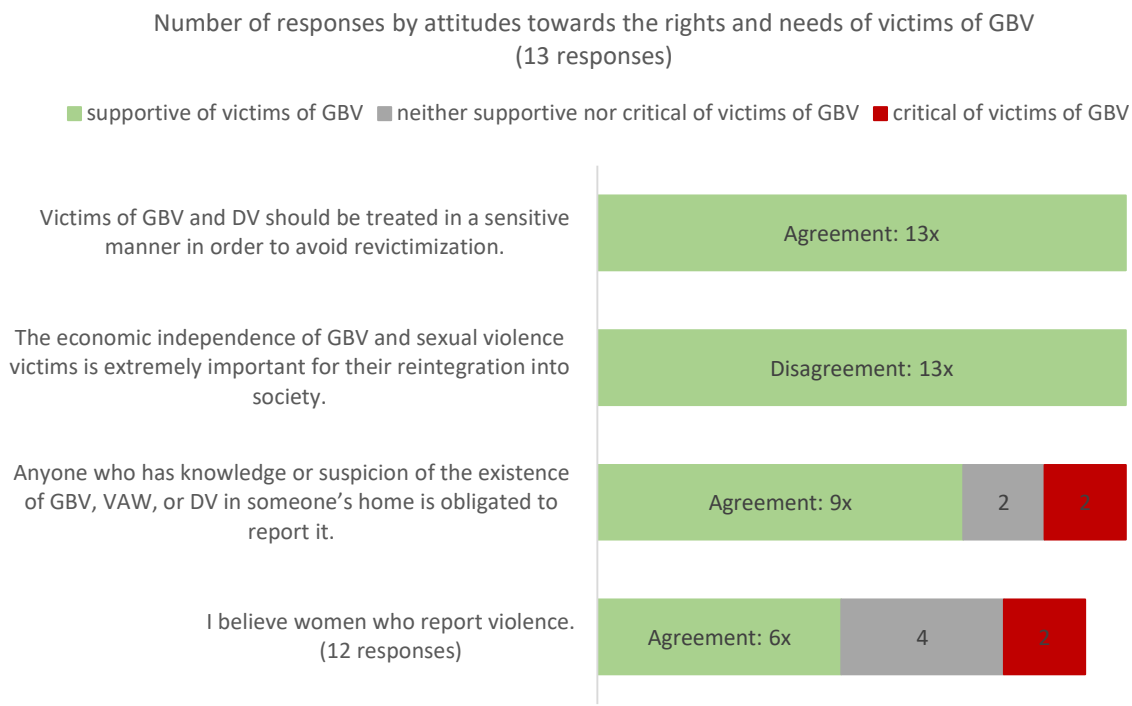


Graph no. 8: Number of responses by attitudes towards perpetrators of GBV (13 responses)

Attitudes towards the rights and needs of victims

The responses of healthcare professionals partially reflect positive awareness of the rights and needs of victims of gender-based violence and the rejection of harmful stereotypes related to gender-based and domestic violence. All respondents (13) acknowledged that victims of GBV and DV should be treated in a sensitive manner in order to avoid revictimization and that economic independence of GBV and sexual violence victims is extremely important for their reintegration into society, demonstrating broad awareness of survivor needs in the recovery process.

Two in three respondents (9) identified their duty to report suspected violence as an obligation. However, a few respondents (4) showed inconsistencies in understanding or accepting mandatory reporting obligations, despite the legal framework in North Macedonia. The responses to the statement concerning belief in women who report violence revealed some variation. While half the respondents (6) expressed trust in survivors, the other half showed lingering ambivalence (4) or scepticism (2). These responses point to the continued presence of attitudes that may affect how disclosures are received in healthcare settings.

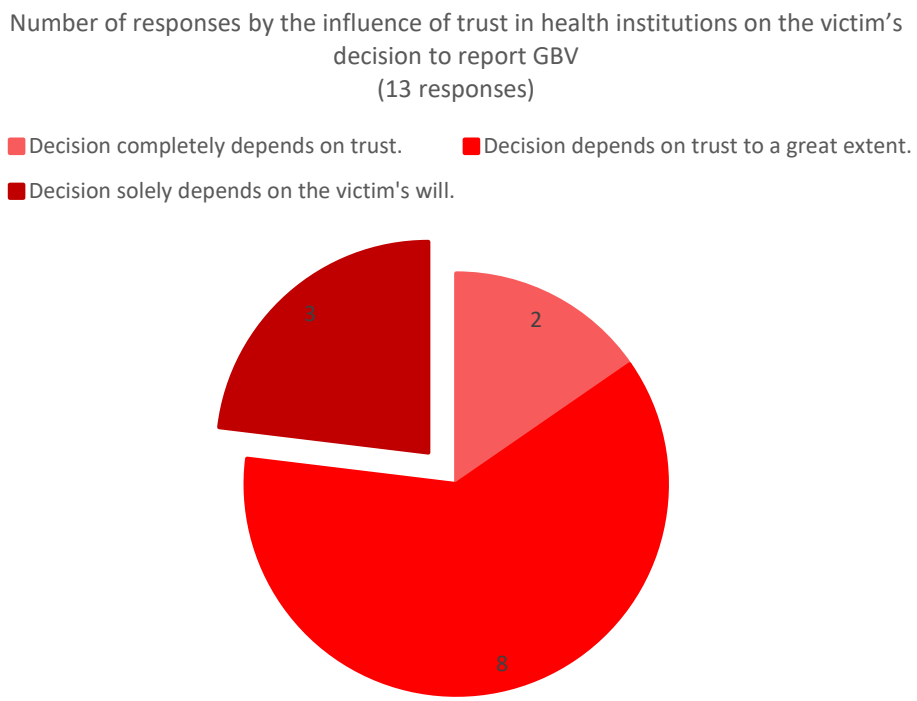


Graph no. 9: Number of responses by attitudes towards the rights and needs of victims of GBV (13 responses)

The perceptions and attitudes of healthcare professionals toward gender equality and GBV reflect an overall progressive orientation, marked by strong rejection of traditional gender norms, myths that justify violence, and stigmatizing beliefs about victims. Respondents overwhelmingly supported shared parenting, equal rights, and sensitive treatment of survivors, while clearly identifying structural and emotional barriers that hinder women from reporting violence. Still, lingering misconceptions persist among a small minority—such as beliefs about perpetrator profiles, scepticism toward victim disclosures, and an incomplete understanding of psychological violence and legal responsibilities.

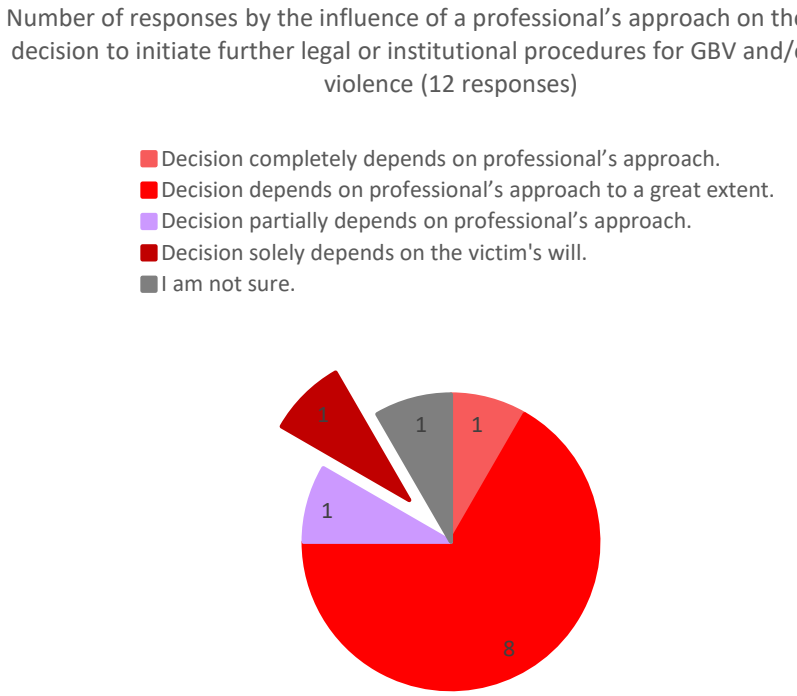
Institutional trust and professional conduct as determinants in GBV reporting

The responses from healthcare professionals show that most believe institutional trust and their own professional conduct significantly influence a victim's decision to report or pursue further action in cases of GBV and domestic violence. The majority (10) stated that trust in the institution either completely or to a great extent plays a role in the decision of a victim to report a case, only three saw the decision to report GBV completely depending on the victim's will.



Graph no. 10: Number of responses by the influence of trust in health institutions on the victim's decision to report GBV (13 responses)

The professionals also acknowledged the importance of their own professional conduct when providing support for a victim's decision to pursue further legal action in a case. Nine professionals saw their approach as a key factor of influence on the victim's decision, by selecting either the statement that the decision completely depends on the professional's approach (1) or to a great extent (8). Other respondents (3) saw it either partially depending on the professional's approach, solely depending on the victim's will to decide whether to report a case or pursue further legal action or showed uncertainty—highlighting the need to further emphasize the responsibility and influence of healthcare professionals in building trust and facilitating access to protection.



Graph no. 11: Number of responses by the influence of a professional's approach on the victim's decision to initiate further legal or institutional procedures for GBV and/or sexual violence (13 responses)

Further training needs of healthcare professionals

The professionals responding to victims of GBV, VAW and DV were invited—by way of an open-ended question—to share their needs for further capacity building measures. The healthcare professionals clearly indicated a strong consensus on the need for further training related to GBV and DV. Most respondents emphasized the importance of continuous training to support their ongoing professional development and improve their ability to respond effectively to victims. There is also a recognized need for training tailored to institutional responsibilities and multi-sectoral cooperation, which highlights the complexity of GBV cases and the importance of inter-institutional collaboration. Notably, no respondent felt that additional training was unnecessary—underlining a shared acknowledgment that the current level of knowledge and preparedness within the health sector is insufficient.

Additionally, the majority of healthcare professionals agreed on the need for clear internal protocols and guidelines for responding to victims of GBV, VAW, and DV, with most stating that such protocols would ease and unify procedures. Only one respondent confirmed the existence of clear protocols, while two believed no internal protocols are necessary. These findings highlight a significant gap in institutional clarity and consistency, which may hinder timely and effective responses to cases of violence within healthcare settings.

Conclusions and recommendations

The findings from the health sector underline both encouraging progress and concerning gaps in preparedness, responsibility, and institutional coordination in responding to gender-based violence. While most healthcare professionals demonstrate a strong awareness of gender equality principles and reject harmful myths about victims, perpetrators, and the nature of domestic and gender-based violence, their perceived responsibilities remain limited in scope. Quite a few respondents do not fully recognize their obligation to provide medical assistance or report

suspected cases, despite legal mandates under national legislation. Moreover, very few reported direct experience working with victims or perpetrators, suggesting under-identification and a lack of institutional systems for intervention. The absence of internal protocols, or unawareness of existing ones, only reinforces this issue and limits the health system's capacity to respond in a consistent and accountable manner.

Simultaneously, the very low participation in training—only four out of 14 respondents have attended any form of GBV-related training over a four-year period—reveals a striking gap in capacity building and professional development. Although the few trainings attended covered critical issues such as prevention, legal obligations, and coordinated response, essential topics such as intersectionality, victim autonomy, and trauma-informed care were often left out. These gaps are further compounded by the fact that institutional protocols are often absent or poorly communicated, leaving professionals uncertain about procedures and obligations. To strengthen the health sector's role in GBV prevention and response, urgent investment is needed in structured, ongoing, and role-specific training, as well as institutional reforms to ensure clear protocols, accountability mechanisms, and intersectoral collaboration.

Healthcare professionals strongly demanded practical, role-specific training focused on effective communication, trauma-informed care, and institutional procedures for responding to victims of GBV, VAW, and DV. Professionals expressed the need for clear guidance on identifying signs of abuse, understanding legal obligations and reporting pathways, and knowing how to ensure victim protection once violence is reported. Respondents also emphasized the need for multi-sectoral cooperation training, citing real-life challenges in coordination among institutions. Others called for basic foundational training, as some admitted to having no prior education on the topic at all. Across the board, there is a call for ongoing, updated training that supports individualized and empathetic approaches, reinforces inter-institutional collaboration, and ensures healthcare professionals are fully prepared to support victims in line with both legal standards and ethical care practices.

Enhance legal literacy and institutional accountability

- Develop mandatory training on the Law on Prevention and Protection from Violence against Women and Domestic Violence and obligations under the Istanbul Convention, tailored to the healthcare context as well as obligations under international human rights law (e.g., CEDAW, CRC, CRPD).
- Clarify the legal duty of healthcare professionals to report both confirmed and suspected cases of GBV, VAW, and DV.
- Ensure clear institutional accountability mechanisms so that professionals understand when, how, and to whom to report suspected violence.

Develop and implement internal protocols

- Establish and disseminate internal protocols for responding to victims of GBV, ensuring alignment with national guidelines.
- Integrate victim-centered and trauma-informed approaches into all health protocols, including emergency, gynaecological, and general care procedures.
- Create visual flowcharts and checklists in workspaces to guide healthcare staff in identifying and managing cases of violence.

Develop and implement comprehensive and continuous training programs

- Introduce ongoing, role-specific GBV training programs covering early identification, psychosocial support, confidentiality, and referral mechanisms.

- Promote peer learning through regular case discussions, debriefings, and knowledge-sharing platforms across institutions.
- Include advanced modules on working with women, children, persons with disabilities, LGBTIQ+ individuals, and other groups in vulnerable situations.
- Address common misconceptions about perpetrators and victims through modules that challenge biases and improve sensitivity.
- Strengthen training for healthcare professionals on documenting injuries accurately to ensure medical records can be effectively used as legal evidence in court.

Develop and implement specialized training on the identification and management of GBV perpetrators

- Provide specialized training on identifying, managing, and referring perpetrators of GBV—especially in cases involving repeated injuries, coercive control, or mental health conditions.
- Introduce specialized modules on different categories of perpetrators, including perpetrators

    - with a mental illness or psychiatric disorders,
    - with a history of alcohol or drug abuse,
    - with unresolved psychological trauma or history of violence exposure,
    - who are coercive and controlling and may present manipulation or deny accountability.

- Ensure that healthcare staff are trained in handling perpetrator disclosures, potential risks, and ethical considerations without compromising victim safety.

Promote multi-sectoral coordination and case management

- Facilitate joint trainings with professionals from social services, police, and education to build inter-sectoral cooperation and referral pathways.
- Assign focal points in health institutions responsible for liaising with other sectors and managing GBV cases.
- Strengthen coordination with forensic services to streamline responses in cases of sexual violence.
- Support collaboration with specialized perpetrator intervention programs to enable healthcare institutions to contribute to broader prevention and accountability mechanisms.

Annex V: Educational professionals – detailed mapping and analysis of survey generated data

Overview of trainings mapped for educational professionals (January 2021-December 2024)

This section provides an overview of the training programs mapped for educational professionals that took place between January 2021 and December 2024. These trainings focus on various aspects of gender-based violence (GBV), gender equality, and related issues, aimed at enhancing the knowledge and competencies of teachers, psychologists, pedagogues and other educational professionals. The trainings cover a range of topics, including the recognition of GBV, effective intervention strategies, and fostering a safe and inclusive educational environment. This section also highlights training programs that specifically address violence against children, peer violence, and bullying in educational settings. These trainings aim to equip educational professionals with the knowledge and skills necessary to identify signs of abuse, intervene appropriately, and support students affected.

The Department for Professional Development within the Bureau for Education Development (BED), which is responsible for advancing the professional development of educational staff, organizes accredited training programs. The BED develops a catalogue of trainings which is updated every three years. Each teacher and educational professional (psychologist, pedagogue or social worker) is required to complete 40 hours of professional development trainings over a period of three years. Between 2022 and 2024, the following trainings were organized[138], related to the topic of GBV and GE:

Accredited trainings for teachers – 2022-2024 delivered within the Bureau for Education Development

1. **Teachers – Gender equality and gender sensitivity**

Participants: 46 teachers

Content: This training focused on gender equality and gender sensitivity in schools. Despite the limited number of participants, the program aimed to raise awareness and provide teachers with the necessary skills to integrate gender equality principles into their teaching practices, recognize gender-based discrimination, and create an inclusive educational environment. The training included topics related to gender roles, stereotypes, and creating a more gender-sensitive curriculum.

2. **Peer Violence and Cyber Violence Management**

Participants: 2,657 teachers

Content: The training addressed the issue of peer violence and cyberbullying within schools, providing teachers with strategies and tools for managing such incidents effectively. The focus was on prevention, intervention, and creating a safe and supportive school environment for all students.

[138] Interview_15-25_2025-03-12

3. **Conflict Resolution with Students and Among Students**

Participants: 2,779 teachers

Content: Teachers were trained on conflict resolution techniques to effectively manage disputes between students and to foster peaceful interactions. The training also included practical exercises aimed at enhancing communication and problem-solving skills among students.

4. **Development of Social Skills and Self-Confidence in Students**

Participants: 614 teachers and professional staff

Content: This training focused on strategies for addressing problematic student behavior and promoting a positive socio-emotional climate in the classroom. Teachers learned how to support the development of social skills and self-confidence in students, contributing to better learning outcomes and well-being.

5. **Education in a Contemporary Context: Developing Socio-Emotional Skills in Students**

Participants: 1,379 teachers

Content: The training aimed to equip teachers with the skills to support the socio-emotional development of students. It focused on creating an environment where students feel safe to express their emotions and develop resilience and coping strategies.

6. **Cooperation between Families and Schools in Preventing Peer Violence**

Participants: 605 professional staff

Content: This training focused on enhancing the cooperation between families and schools to prevent peer violence. Professional staff learned about the importance of involving families in addressing bullying and violence in schools, and strategies for building strong partnerships with parents.

7. **Programs for Violence Prevention in Schools and Safe School Environment**

Participants: Mentors and professional staff from primary and secondary schools, total of 35 mentors trained

Content: This module focused on improving mental health in educational, health, and care institutions. The training aimed to raise awareness of mental health issues among adolescents and improve teachers' ability to identify and respond to these issues effectively.

8. **Secondary Education – Methods of Preventing and Managing Violence in Schools**

Participants: 2,925 teachers from secondary schools

Content: This accredited program provided teachers with tools to address violence in secondary schools, focusing on prevention, early intervention, and creating a safe and supportive learning environment.

Non-accredited trainings for teachers – 2022-2024

1. Preventing Human Trafficking in North Macedonia

Participants: 50 professionals (pedagogues and psychologists)

Supported by Council of Europe and EU – Horizontal Program

Content: This training aimed to equip professionals with the skills to recognize signs of potential human trafficking victims and conduct interviews with children who may be at risk. The program included two initial training sessions, followed by trainer dissemination workshops.

2. Identify and Address Violence in Educational Settings

In addition to government-led initiatives, various CSOs have also played a key role in organizing trainings for educational professionals. These trainings often focus on topics such as gender-based violence, child protection, and creating inclusive and safe school environments. CSOs collaborate with schools and educators to raise awareness, build capacity, and provide specialized tools for identifying and addressing violence in educational settings. Through these efforts, CSOs contribute significantly to enhancing the skills of educational professionals and fostering a supportive atmosphere for students' well-being and safety.

3. Educational Workers – Handling GBV in Schools – 2021-2022

Organizer: Coalition Margins and BED

Participants: 50-70 educational workers

This training aimed to equip educational workers with the knowledge and skills needed to effectively handle cases of gender-based violence within the school environment. The training focused on understanding the forms of GBV, recognizing signs of violence, and applying appropriate measures to respond to and prevent GBV. Participants were educated on how to create a safe and supportive environment for students affected by GBV, emphasizing the importance of early intervention, legal regulations, and referral systems. The goal was to raise awareness and increase the capacity of school staff to address and manage GBV in schools.

4. GBV Education for Teachers, Pedagogues, Psychologists – 2022-2024

Organizer: Coalition Margins and BED

Participants: 83 participants (76 women, 7 men), including teachers, pedagogues, and psychologists from primary schools

This series of trainings was conducted in collaboration with BED, focusing on the guidelines established by the 2020 Regulation for Handling Cases of Students Victimized by Any Form of Violence or Discrimination[139]. The training modules developed for teachers and professional staff focused on the following topics:

- Basic training on gender, sex, sexual orientation, and GBV.
- Procedures outlined in the guidelines, including forms and steps to follow in cases of violence.

[139] MES (2020), Regulation for Handling Cases of Students Victimized by Any Form of Violence or Discrimination, MKD version available online at https://mon.gov.mk/content/?id=3288.

- Sensitization of school staff on issues of gender, sexual orientation, gender identity, and GBV.

A team consisting of one representative from the professional service and one teacher from each school was trained. The guidelines emphasize the importance of having a team in place to handle cases of discrimination or violence. The trainings were conducted in schools in the Skopje area and the Vardar region (2024), with a particular focus on Veles, Chashka, and Kavadarci. Seven schools received trainers as part of the ToT program, and they are now responsible for disseminating the training within their schools. To date, five trainings have been held, with four in Skopje and one in Veles, reaching a total of 83 participants across seven to ten schools per training session. Only primary schools were included in the training.

5. Recognition of DV Signs among Children for Educational Professionals

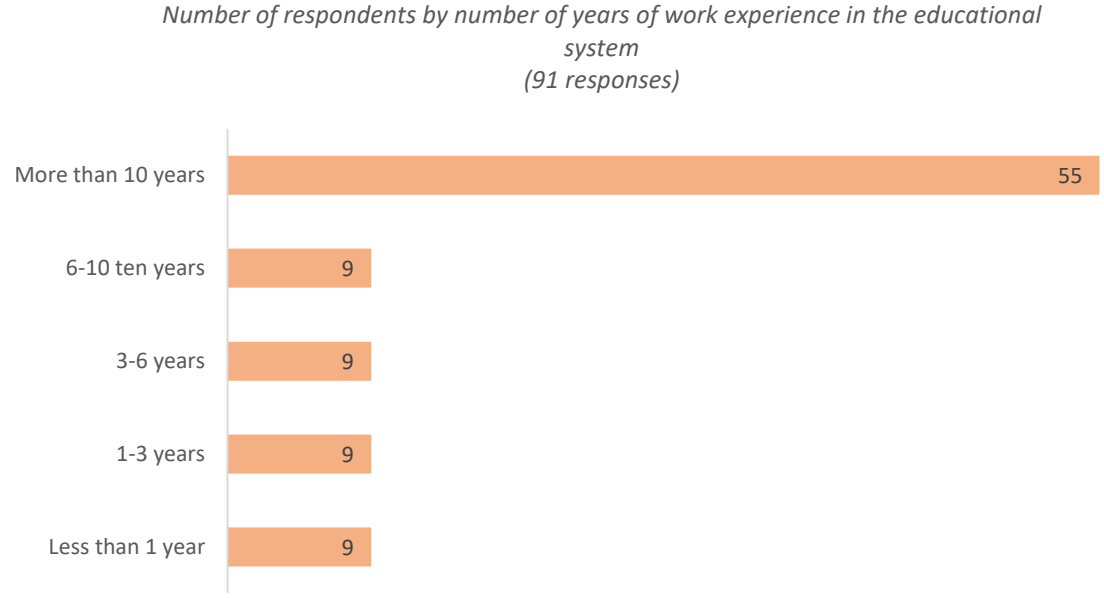
Organizer: National Network to end VAW and DV

Participants: 30 educational professionals (Skopje Planning Region)

This training consisted of three workshops: one for kindergarten staff and two for school teachers. The goal was to help participants recognize signs of domestic violence in children's families and understand the appropriate actions to take. It focused on the child protection system and how professionals can support children affected by family violence.

Questionnaire analysis – psychological and pedagogical support staff as first responders

A total of 106 first responders from primary and secondary schools across 46 municipalities in North Macedonia participated in the survey, representing a wide range of professional backgrounds within the psychological and pedagogical support staff. The majority are female (84), while only seven are male. Most held a Bachelor's degree (80), followed by ten with a Master's degree and one with a PhD. In terms of professional experience, 55 respondents had more than ten years of service, while 36 respondents were evenly distributed across the brackets of less than a year (9), one to three years (9), three to six years (9), and six to ten years (9). Fifteen respondents from the educational sector did not reveal any of their demographic characteristics.



Graph no. 1: Number of respondents by number of years of work experience in the educational system (91 responses)

Participants in the survey included school pedagogues, psychologists, social workers, and other professional associates, with the majority identifying as either pedagogues or psychologists, while several respondents referred to themselves broadly as "professional associates" or noted dual roles (e.g., pedagogue and psychologist). A small number also reported roles in human resources or as school directors. This diverse group offers a representative perspective on how schools across the country are positioned to respond to gender-based and domestic violence, both in terms of qualifications and institutional roles.

Perceptions on the respondents' obligations as first responders to GBV

The respondents were asked to describe their duties/responsibilities when working with victims of GBV and DV. The majority of the psychological and pedagogical support staff surveyed reported limited or no direct experience in working with victims of GBV, VAW or DV within their schools. Many responses explicitly stated that such cases had not been reported, that they do not work with such victims, or that they have no prior experience in this area.

Only 14 respondents, out of the 106 school-based professionals, provided a description of their responsibilities when working with victims of gender-based and domestic violence. This low response rate suggests that most either do not engage directly with such cases or may feel uncertain about their specific role and duties in such situations. Among those who did respond, the described tasks included identification and assessment of the victim's condition, psychosocial support, counselling, cooperation with parents and external institutions, and in some cases, referral to the Centers for Social Work or the police. Very few respondents reported direct work with perpetrators of GBV, VAW, or DV. Most stated they had no experience, no reported cases, or that such work is outside their responsibilities. For those with some involvement, tasks included basic counselling, talks on behavioral change, referrals to external services, and working with parents. These findings point to a need for clearer role definitions, improved internal protocols, and targeted training to better prepare school-based professionals to recognize and respond to GBV and DV cases effectively.

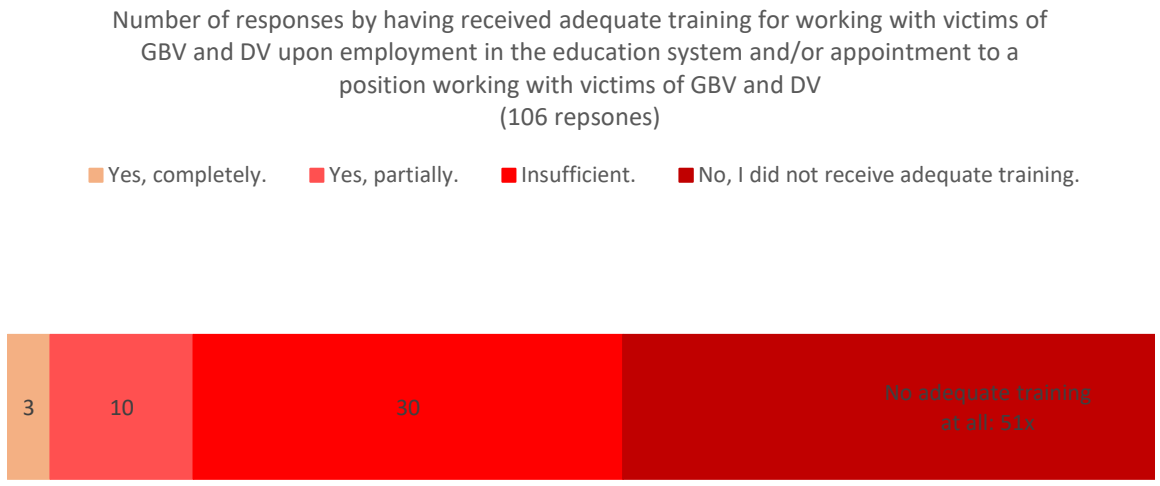
The data collected reveals gaps in perceived responsibilities among the 106 school-based survey participants when responding to GBV, VAW and DV. While the majority acknowledge duties related to prevention (57), reporting suspicions (56), and child protection (58), significant shortcomings remain. Alarmingly, only 19 professionals believe it is their responsibility to receive and respond to reports of GBV, VAW, or DV, suggesting a serious disconnect in recognizing schools as potential first points of disclosure. Even more concerning, only 13 respondents identified the reintegration of victims as part of their role, and just six believed they had any responsibility in the reintegration of perpetrators, reflecting a lack of awareness about long-term support needs. Additionally, no one considered medical assistance their responsibility, and only three respondents acknowledged the importance of economic empowerment—both of which, although outside direct school duties, highlight the absence of a broader understanding of referral and multi-sectoral coordination. These findings point to a pressing need for clearer institutional protocols, role clarification, and targeted training to ensure school staff can contribute meaningfully and confidently within the wider protection system.

Ninety-two survey participants answered the question about whether victims of GBV, VAW and DV should be treated differently from other groups of individuals in their institution. Sixty-seven stated that victims of GBV, VAW, and DV should be treated with a sensitive approach, reflecting a strong awareness of the need for trauma-informed, victim-centered responses. However, 14 respondents believed such cases should be treated the same as all others, and five felt they should not be prioritized, indicating that one in five professionals may not fully recognize the unique vulnerabilities of GBV victims. Some respondents provided open ended answers to the question

about the treatment of victims of GBV, VAW and DV. They pointed out that no such cases have been reported in their institutions, but they also said that each victim requires an individualized approach and emphasized the importance of inter-institutional cooperation. While the majority show an understanding of the need for sensitivity, these findings also highlight a lack of consistency in perception and potential gaps in readiness, particularly in institutions where GBV cases are believed to be absent or unacknowledged. This underlines the need for training to reinforce why a differentiated and empathetic approach is crucial when working with GBV and DV victims.

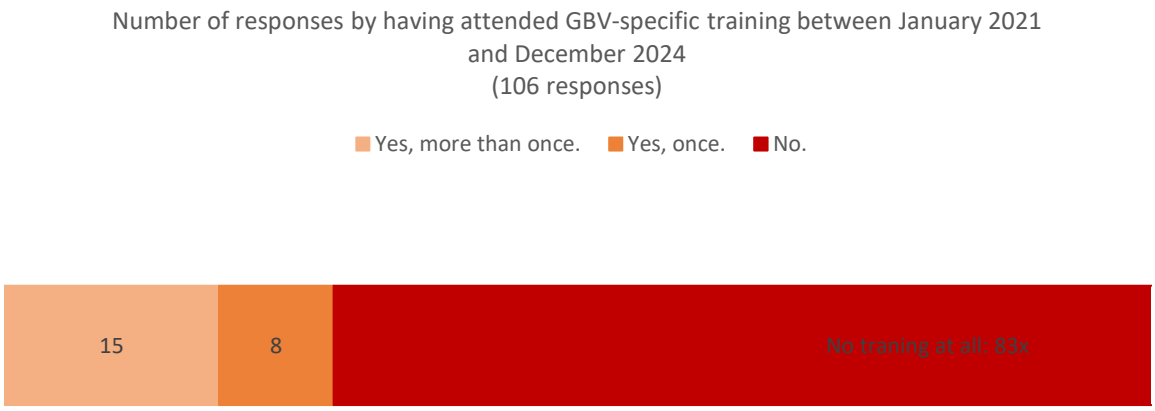
Participation in GBV trainings

The answers of professionals working in the education system to the whether they had received adequate training for working with victims of GBV and DV upon their employment and/or appointment to a position where they directly work with victims of GBV and DV reveal a serious gap in preparedness among school psychologists and pedagogues when it comes to working with victims of gender-based and domestic violence. Almost half of respondents (51) had not received any adequate training at all. Only three respondents felt fully, ten partially and thirty insufficiently prepared for taking on roles which required them to work with victims of GBV and DV.



Graph no. 2: Number of responses by having received adequate training for working with victims of GBV and DV upon employment in the education system and/or appointment to a position working with victims of GBV and DV (106 responses)

Furthermore, out of 106 respondents, only two in ten (23) reported participating in any training on GBV, VAW and/or DV between January 2021 and December 2024—15 respondents attended one and eight more than one training. A striking three in four respondents (83) stated that they had not participated in any such training, indicating a significant gap in capacity-building efforts among psychological and pedagogical support staff in schools and highlighting the urgent need for structured and accessible GBV-related training programs. Among those who had received training, the majority (17) stated the focus was on both victims and perpetrators, while six indicated it focused only on victims, and none reported receiving training specifically focused on perpetrators.



Graph no. 3: Number of responses by having attended GBV-specific training between January 2021 and December 2024 (106 responses)

This lack of training among school-based professionals is a serious issue because psychological and pedagogical support staff are often the first point of contact for students experiencing violence. Without proper training, they may be unable to recognize signs of abuse, respond appropriately, or refer cases to the proper institutions, leaving victims without support and at continued risk. Moreover, failing to equip frontline staff with the necessary knowledge and tools undermines prevention efforts, allows harmful practices or attitudes to persist, and contributes to the systemic silence surrounding gender-based and domestic violence in educational settings.

The topics covered in the trainings attended by school-based psychological and pedagogical support staff primarily focused on general prevention and awareness, with the most frequently addressed areas including the prevention and detection of violence (18 responses), causes and consequences of violence (14), and the harmful effects of violence on children (12). Other commonly covered topics were gender equality, stress management, and understanding the needs and rights of victims, which align closely with the support role these professionals, play in school settings. The majority of GBV-related trainings attended by school professionals were organized by civil society organizations (18), followed by international organizations (5). Additionally, out of 25 trained school professionals, 13 attended multi-sector trainings at least once, highlighting some exposure to cross-institutional collaboration, though wider inclusion is still needed.

However, critical areas such as intersectionality (3 responses), prevention of secondary victimization (3), and multi-sectoral collaboration (5) were addressed far less frequently. These topics are essential for ensuring that school professionals can recognize and respond to the diverse experiences of students affected by violence, avoid unintentionally causing further harm, and coordinate effectively with external institutions. The lack of focus on these aspects suggests a need for more comprehensive and context-specific training that reflects the complexity of gender-based and domestic violence in the school environment. This is especially important in cases where children are transferred to new schools due to domestic violence. Without proper coordination and sensitivity, these children are at risk being re-traumatized, stigmatized, or left without necessary support, highlighting the urgent need for training that equips school staff to provide safe, informed, and non-discriminatory environments for all students.

Furthermore, the survey reveals a concerning lack of training on intimate partner violence, stalking, and sexual violence among school psychologists and pedagogues—only six out of 106 respondents reported receiving training on these topics. This gap is particularly troubling given that these forms of GBV are among the most prevalent in the lives of young people, both offline and online. Without adequate training, school professionals may struggle to identify early warning signs, provide appropriate support, or ensure proper referral pathways, leaving students at risk of prolonged harm and silence. Strengthening competencies in these specific areas is essential for timely intervention and effective prevention in educational settings.

A smaller number were provided internally by their own schools (2) or by the Ministry of Labour and Social Policy (2), and only one training was organized by the Institute for Social Affairs. This distribution highlights the key role of civil society organizations and external partners in providing GBV training, and suggests a need for stronger institutional ownership and state-supported training structures within the education system.

Topics covered with the training on GBV, VAW or DV	Number of participants/ respondents
Prevention and detection of violence against women, domestic violence, and gender-based violence	18
Causes, manifestations, and consequences of all forms of violence	14
Harmful effects of violence on children	12
Domestic legislation on violence against women, domestic violence, and gender-based violence	10
Needs and rights of victims	10
Gender equality between women and men	9
Techniques and methods for stress management	9
Tools for early identification and case management of violence	7
Intimate partner violence, stalking, and sexual violence	6
Victims' right to legal remedies and compensation from the perpetrator	6
Skills for multi-institutional work (including collaboration with professionals from various fields)	6
Training for coordinated multi-institutional cooperation	5
Techniques and methods for burnout prevention at the workplace	5
Obligations under the Istanbul Convention	4
Sensitivity and skills needed to respond appropriately and effectively in the workplace	4
Referral to preventive intervention and treatment programs	4
Protective measures in legal proceedings (e.g., ensuring access to protective measures for victims during legal proceedings due to the traumatic nature of domestic and gender-based violence and specific needs of victims as witnesses)	4
Following an approach based on the safety and respect for the human rights of the victim, as well as a gender equality perspective.	4
Reintegration of victims of GBV and DV and their children	4
Prevention of secondary victimization	3
Domestic and gender-based violence from an intersectional perspective (e.g., assessing violence against women from vulnerable groups such as migrant women, Roma women, women with disabilities, lesbians, trans women)	3

Addressing personal biases and assumptions of professionals that hinder effective support and protection for women victims of violence	3
Obligations under CEDAW	1
Custody and visitation standards (e.g., ensuring domestic and gender-based violence are considered in determining custody and visitation rights)	1
Gender-sensitive approach in economic empowerment and employment opportunities for women victims of violence	1
Treatment of convicted sex offenders	0
Procedural standards (e.g., in cases under the Istanbul Convention, evidence regarding the victim's sexual history and behavior without evidentiary value should not be permitted)	0
Standards for providing legal aid (e.g., avoiding excessive burden on victims and their legal advisors in determining eligibility for legal aid)	0
Training for employers on economic empowerment and employment opportunities for women victims of violence	0
Reintegration of perpetrators of violence into society	0
Other	0

Table no. 1: Topics covered with the training on GBV, VAW or DV (23 responses, multiple responses)

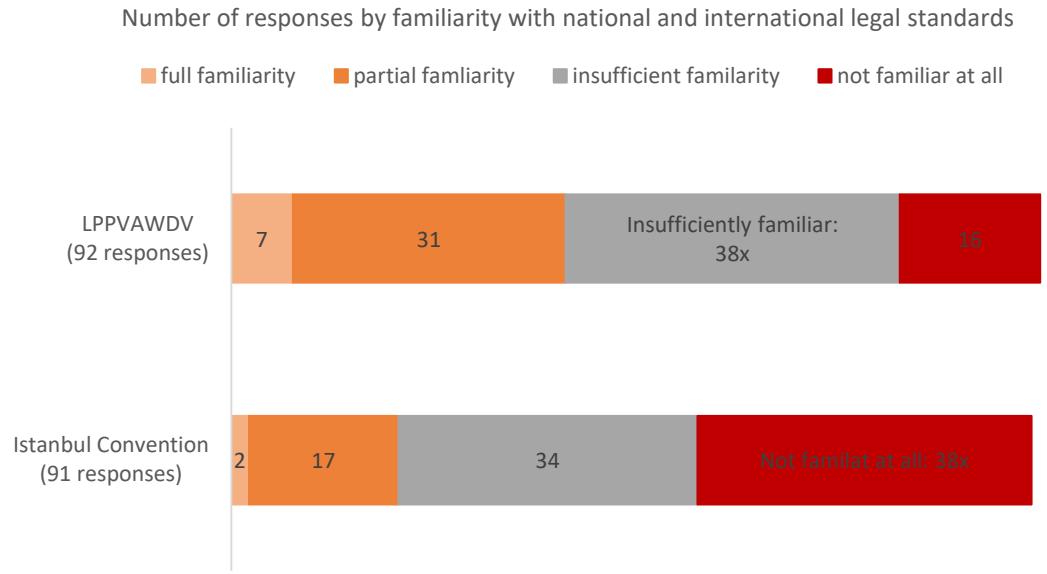
The open-ended responses show that the main objectives of the trainings attended by school professionals focused on raising awareness, recognizing various forms of gender-based and domestic violence, and strengthening prevention and response capacities. Many participants mentioned the need to develop basic competencies for identifying and reacting to violence, as well as understanding the role of schools in prevention, support, and cooperation with other institutions. Other goals included enhancing multi-sectoral collaboration, supporting both victims and perpetrators, and addressing the psychosocial consequences of violence. A smaller number of responses also highlighted aims such as understanding the importance of local-level services, resocialization of victims, and the promotion of gender equality. Overall, the responses indicate a desire for both practical tools and conceptual understanding to improve school-level engagement in GBV prevention and response.

The evaluation of the GBV-related trainings attended by school-based professionals reveals mixed levels of satisfaction across three key areas: skills, knowledge, and personal attitudes. Total of 25 respondents answered the following questions, even though only 23 have previously selected that they have went through GBV trainings. When asked about skills for working with victims and perpetrators, only eight out of 25 respondents were fully satisfied, while ten respondents were not or not at all satisfied, indicating that many felt the trainings did not sufficiently equip them with practical skills. Regarding knowledge and understanding of GBV concepts, the responses were slightly more positive: Fifteen out of 25 respondents were either fully (9) satisfied or satisfied (6), showing a better perception of the conceptual clarity offered through the trainings. For improvement in personal attitudes and beliefs, sixteen respondents express either full satisfaction (10) or satisfaction (6), suggesting that the trainings had a stronger influence in challenging personal views compared to building practical capacity. Overall, these results point to a need for training programs that are more hands-on, skill-based, and role-specific, particularly for professionals in the education sector who must navigate sensitive situations with both students and families.

Twenty-five school-based staff answered the question about whether the trainings they had attended so far were sufficient and had prepared them to handle any type of challenges in working with victims of GBV, VAW, and DV. Two respondents felt completely and twelve respondents partially prepared by the trainings they had so far attented for working with victims

of GBV, VAW, and DV. Eleven stated the training was insufficient, indicating that nearly half of those trained still feel unprepared to effectively handle the challenges of this work.

When it comes to the legal framework, the data reveals a concerning lack of familiarity and preparedness among school psychologists and pedagogues regarding key legal frameworks related to violence prevention. Only seven respondents reported being fully familiar with the Law on Prevention and Protection against Violence against Women and Domestic Violence, while the vast majority of professionals—three in four (69)—were either partially (31) or insufficiently (38) familiar with the relevant national legislation. Sixteen professionals claimed not being at all familiar with the LPPVAWDV. Fewer professionals are aware of international commitments compared to national legislation. Only two educational professionals were fully familiar with the Istanbul Convention. The majority—more than one in two (51)—were either partially (17) or insufficiently (34) familiar with the Convention. Quite a few professionals (38) had no familiarity with the Convention at all. These findings indicate a serious gap in legal literacy and institutional readiness, underscoring the urgent need for structured training programs that clearly communicate the responsibilities of school professionals under both national and international frameworks, particularly in their role as early responders within the protection system.



Graph no. 3. Number of responses by familiarity with national and international legal standards

Additionally, out of 42 respondents, only eleven stated that clear protocols and guidelines exist within their institution for responding to victims of GBV, VAW, and DV. A majority—22 respondents—negated the existence of such protocols, while five were unsure. Four respondents provided additional comments, often referring to broader child protection policies or informal procedures. Therefore, when asked whether the professionals saw a need for clear internal protocols and guidelines for handling cases of GBV, violence against women, and domestic violence in their educational institution, it is no surprise that the majority of school psychologists and pedagogues (65 out of 81 respondents) saw a need for clear internal protocols and guidelines for working with victims of GBV, VAW and DV in their schools. Most stated that such protocols would ease and unify procedures, while a few emphasized that existing ones are not being followed effectively. These responses suggest a strong consensus on the need for institutional clarity and standardization, reinforcing the importance of developing practical, accessible procedures that can guide school professionals in providing a timely and coordinated response. These findings suggest that many school psychologists and pedagogues are not familiar with the

existing national guideline titled "Guidelines for the Procedure for Reporting and Protecting a Student Victim of Any Form of Violence, Abuse, and Neglect".[140] Despite its purpose to standardize school-based responses and ensure protection for student victims, the fact that the majority of respondents called for new or clearer protocols—and only a few acknowledged that such protocols already exist—indicates a significant gap in awareness, dissemination, or implementation of this official document. This lack of familiarity undermines consistency in how violence is addressed in schools and highlights the urgent need for refresher trainings, clear communication, and institutional reinforcement to ensure all school professionals are equipped to follow and apply the established procedures effectively.

Perceptions and attitudes on GE and GBV

This section explores the perceptions of professionals regarding gender equality and the concept of violence and GBV as well as their attitudes towards victims and perpetrators of GBV and reporting of GBV. Understanding these viewpoints is essential for identifying gaps in awareness, potential biases, and opportunities for targeted training and institutional reform. A total of 95 professionals from educational institutions responded to the questions exploring perceptions and attitudes toward gender equality and gender roles.

The graphs below show the professionals' assessments in five different areas:

(1) Perceptions of gender equality, gender roles and gender stereotypes (7 statements)
(2) Perceptions of violence and GBV (8 statements)
(3) Attitudes towards victims of violence (5 statements)
(4) Attitudes towards perpetrators of violence (5 statements)
(5) Attitudes towards the rights and needs of victims of GBV (4 statements)

The graphs are grouped according to these five areas show how many professionals surveyed have supportive (green), neither supportive nor critical (grey) and critical (red) attitudes and perceptions towards promoting gender equality, advancing gender roles and combatting gender stereotypes. This classification helps clarify attitudes toward gender roles and GBV-related beliefs among the 95 respondents. Supportive responses reflect progressive views, neither supportive nor critical answers indicate uncertainty or ambivalence, and critical responses reveal endorsement of harmful stereotypes. The distribution of responses across these categories highlights both encouraging support for gender equality and the presence of lingering biases that point to areas in which further training and awareness-raising is needed.

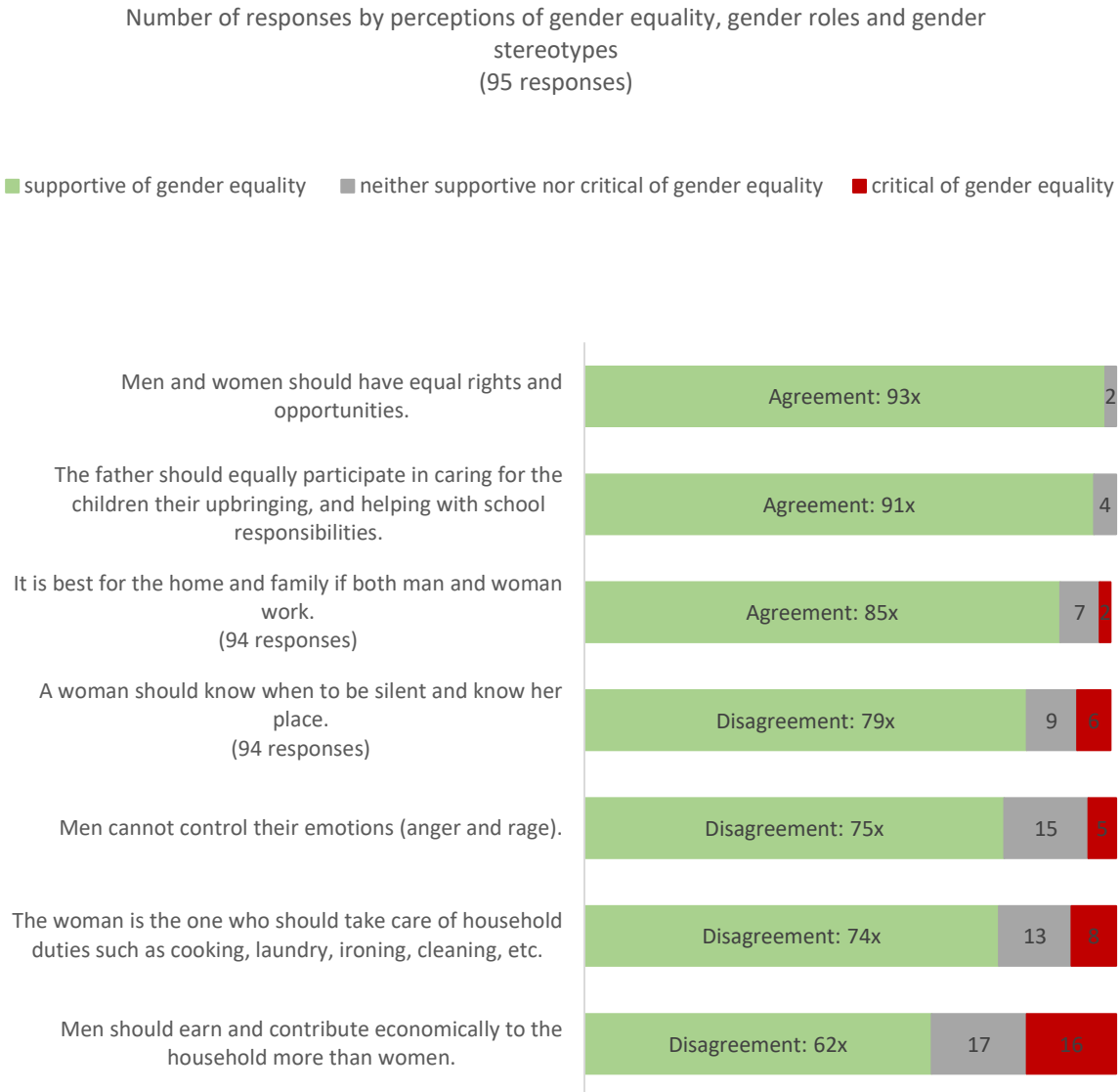
Perceptions of gender equality, gender roles and gender stereotypes

The perceptions and attitudes of educational professionals toward gender equality and GBV play a crucial role in shaping their response to victims and influencing the quality of prevention provided. As frontline service providers, their beliefs and biases can either support or hinder effective identification, referral, and protection in cases of GBV, VAW and DV.

The responses by school psychologists and pedagogues reflect a positive commitment to gender equality, particularly regarding rights and shared responsibilities, while also revealing ambivalent and stereotypical attitudes concerning traditional gender roles in economic and domestic spheres. Ninety-three professionals embraced the statement that men and women should have equal rights and opportunities, with no disagreement, indicating clear support for formal gender equality. Likewise, 91 respondents agreed that fathers should equally participate in childrearing and school responsibilities, showing widespread endorsement of shared

[140] https://mon.gov.mk/content/?id=3288.

parenting. Harmful gender stereotypes captured by the claim that a woman should know when to be silent and know her place and the statement that men cannot control their emotions were largely rejected by the respondents (79 respectively 75). However, 15 professionals were either unsure (9) or in agreement (6) with women having to know their place and 20 respondents showed ambivalence (15) or support (5) of the assumption that men are not able to control their emotions. Views on domestic roles were also mixed. Views on domestic roles were also mixed. Three in four professionals (74) rejected that claim that women should be primarily responsible for household duties, a minority of respondents either was unsure (13) or agreed (8) with the claim, reflecting persistent traditional views. Two in three professionals (62) disagreed with the statement that men should earn more or contribute more economically to the household than women. One in three professionals (33) leaned towards supporting this traditional gendered view.



Graph no. 4: Perceptions and attitudes toward gender equality, gender roles and gender stereotypes (95 responses)

These patterns show that while school professionals generally support gender equality in principle, traditional gender norms continue to influence attitudes in certain areas, particularly related to private and family life. There is a need for strengthening awareness and challenging lingering stereotypes by way of targeted gender-sensitivity training that goes beyond legal

equality to address underlying stereotypes, implicit bias, and cultural norms, ensuring that educational professionals are equipped to uphold and advance gender equality in both principle and practice.

Perceptions of violence and GBV

The responses by educational professionals demonstrate to a large extent a firm understanding of the concept of GBV especially when verbal and psychological violence are concerned and a stance against harmful stereotypes, indicating widespread rejection of patriarchal beliefs and minimization of violence. Almost all respondents (93) disagreed with the statement that domestic violence is a private matter received the strongest rejection, Likewise, the vast majority of professionals (92) rejected the claim that yelling and swearing during an argument are normal and not a form of violence. Similarly, eighty-eight educational staff members disagreed that Verbal violence is not as serious as physical violence, rejecting violence-minimizing perceptions. Nine in ten respondents (85) confirmed that non-physical forms of abuse are serious and must be addressed by rejecting the statement that psychological violence is difficult to prove and therefore should not be reported. This reflects a clear commitment to recognizing psychological violence as a legitimate and harmful form of abuse. Almost as many professionals (83) rejected the stereotype that marital rape does not exist, clearly affirming consent as a core principle even within marriage. Views are more mixed on the claim that GBV happens only to women, thee in four (69) respondents disagreed, but 25 either were unsure (20) or agreed (5)—suggesting confusion between statistical prevalence and exclusivity of GBV. Almost two in three educational professionals (53) agreed that women are more often victims, 41 respondents either were unsure (24) or disagreed (17), reflecting uncertainty or scepticism about gendered aspects of violence and statistical reality. A need for deeper reflection coercive control and psychological abuse becomes evident when analysing the response to the statement that not every argument in the home constitutes DV and should not be reported unless there are serious physical consequences. Two in three professionals either were ambivalent (37) or supported the statement (25), indicating that a majority of respondents may still associate domestic violence primarily with physical harm.

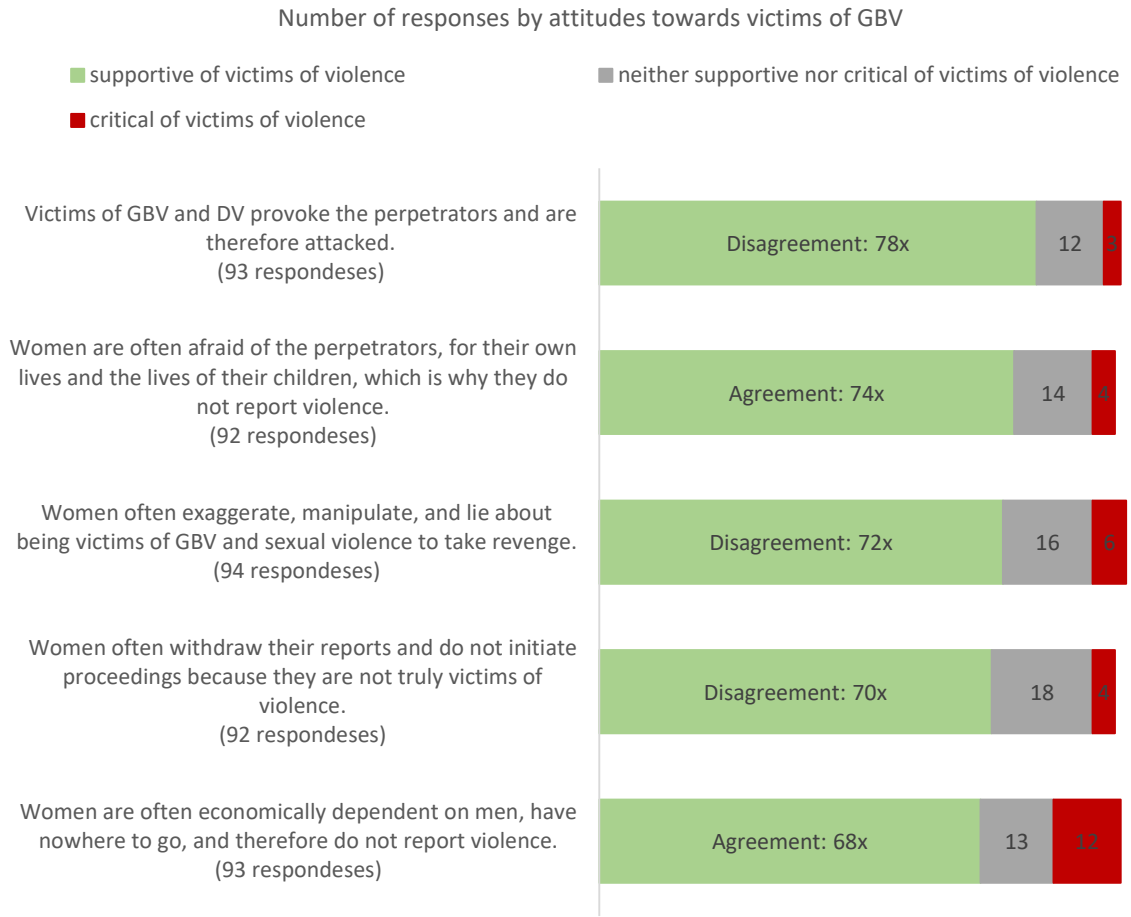


Graph no. 5: Number of responses by perceptions of understanding the concepts of violence and GBV

Overall, the data suggests a basic understanding of the concept of violence also covering verbal and psychological violence and of GBV not being a private matter, demonstrate a clear rejection of justifications for violence and patriarchal beliefs. However, the responses of educational professionals also show that there is room for improvement in developing a deeper understanding of the concept of GBV. A majority of respondents associated GBV primarily with physical harm and quite a large number of professionals overlooked gendered aspects of violence. Furthermore, professionals perceiving GBV as exclusively affecting women, might not identify GBV when it affects e.g., LGBTQ+ individuals. Targeted training could support the development of a solid understanding of the gendered dimensions and gendered prevalence of violence.

Attitudes towards victims of violence

The attitudes of school psychologists and pedagogues toward victims of GBV reflect a predominantly positive understanding of the structural barriers women face, alongside attitudes that indicate the persistence of harmful stereotypes. Seventy-eight respondents rejected the claim that victims provoke violence, while 15 respondents were either uncertain (12) or agreed (3) with the notion—indicating that a small but notable group still tolerates victim-blaming attitudes. A large number of respondents acknowledged that women often endure violence due to fear for their own and their children's safety (74) and economic dependence (68), indicating a strong awareness of the real-life constraints that prevent many women from leaving abusive environments. However, respondents less often either were unsure or rejected women's and children's safety (8) as a barrier for reporting than economic dependence (25), Responses to the statement that women exaggerate or lie about violence to take revenge showed a more mixed pattern: While three in four respondents (72) rejected this stereotype, one in four respondents (22) did not firmly reject this damaging belief. Three in four (70) professionals disagreed with the claim that women often withdraw their reports and do not initiate proceedings because they are not truly victims of violence, one in four respondents showed distrust in victims either being unsure (18) or agreeing with the statement (4),

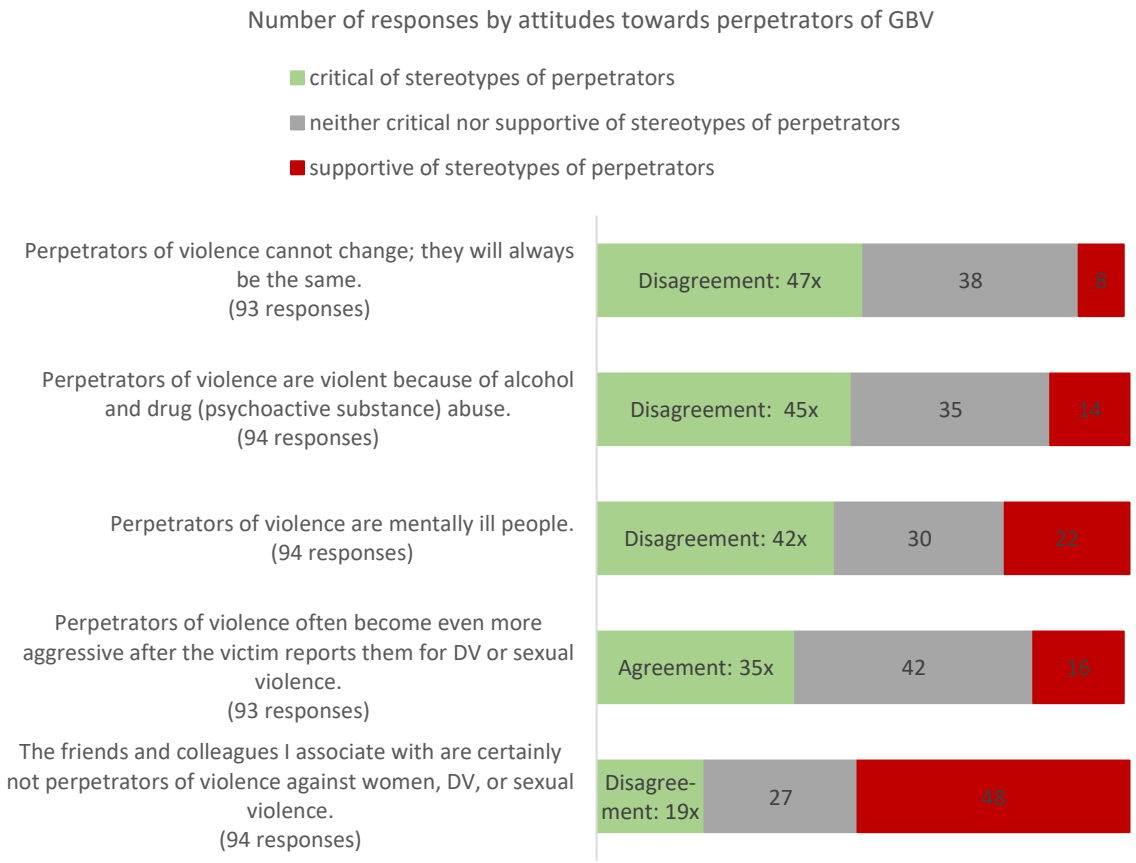


Graph no. 6: Number of responses by attitudes towards victims of GBV

The findings demonstrate a solid understanding of the structural causes and impacts of GBV, and at the same time the need for strengthening awareness and challenging lingering misconceptions—particularly around victim credibility—to ensure consistent, informed, and victim/survivor-centered support across the education sector.

Attitudes towards perpetrators of violence

The perceptions of educational professionals regarding perpetrators of violence show a mix of attitudes and stereotypes. One in two respondents (47) disagreed with the claim that perpetrators cannot change, at the same time one in two professionals (46) revealed uncertainty (38) or persistent scepticism (8) about perpetrator rehabilitation—despite its importance under prevention frameworks like the Istanbul Convention. Almost one in two respondents (45) rejected the statement that perpetrators are violent due to alcohol or drug abuse, while one in two professionals (49) confused contributing and causal factors—an issue that could shape how abuse is understood and addressed within educational settings. Similarly, 42 respondents disagreed with the claim that perpetrators are mentally ill people, while 52 either were ambivalent (30) or in agreement (22), suggesting that the misconception linking violence primarily to mental illness remains prevalent, potentially deflecting attention from the underlying gendered dynamics of control and power. Only one in three educational professionals (35) agreed with the statement that perpetrators often become more aggressive after being reported, reflecting awareness of post-reporting risk escalation. However, the majority of respondents (58) either lacked clarity (42) or dismissed (16) this critical risk factor, suggesting gaps in understanding victim safety needs. Widespread denial or minimization of violence within familiar circles, potentially hindering early recognition or intervention can be diagnosed when analyzing the assessment of the statement that friends and colleagues the respondents associate with are certainly not perpetrators: The vast majority (75) was either ambivalent or rejected the possibility of perpetrators among their private and professional circles.



Graph no. 7: Number of responses by attitudes towards perpetrators of GBV

These findings demonstrate that while some respondents show awareness for stereotypical attitudes towards perpetrators of GBV, stereotypes prevail in key areas, underscoring the urgent

need for targeted training to dispel stereotypes, strengthen risk assessment capacities, and build trust in evidence-based interventions.

Attitudes towards the rights and needs of victims

The responses of school psychologists and pedagogues partially reflect positive awareness of the rights and needs of victims of gender-based violence and the rejection of harmful stereotypes related to gender-based and domestic violence, alongside some harmful values that suggest areas needing further attention. Eight in ten professionals agree that victims should be treated in a sensitive manner to avoid re-victimization (79) and that they believe women who report violence (73), indicating both broad support for trauma-informed care and trust in victims. However, several respondents (14) were either unsure about the sensitive treatment of victims of GBV (12) or rejected (2) this necessity. Similarly, 19 educational professionals were either ambivalent about victim trust (16) or rejected it (3). Three in four respondents (72) emphasized the importance of economic independence for victim reintegration, as well as the obligation for anyone with knowledge or suspicion of the existence of GBV, VAW, or DV to report. Two in ten respondents did not fully see economic independence important for victim reintegration (21) and did not embrace mandatory reporting obligations (22), not fully aligning with legal and ethical reporting standards, which is concerning given their role as frontline professionals.



Graph no. 8: Number of responses by attitudes towards the rights and needs of victims of GBV (93 responses)

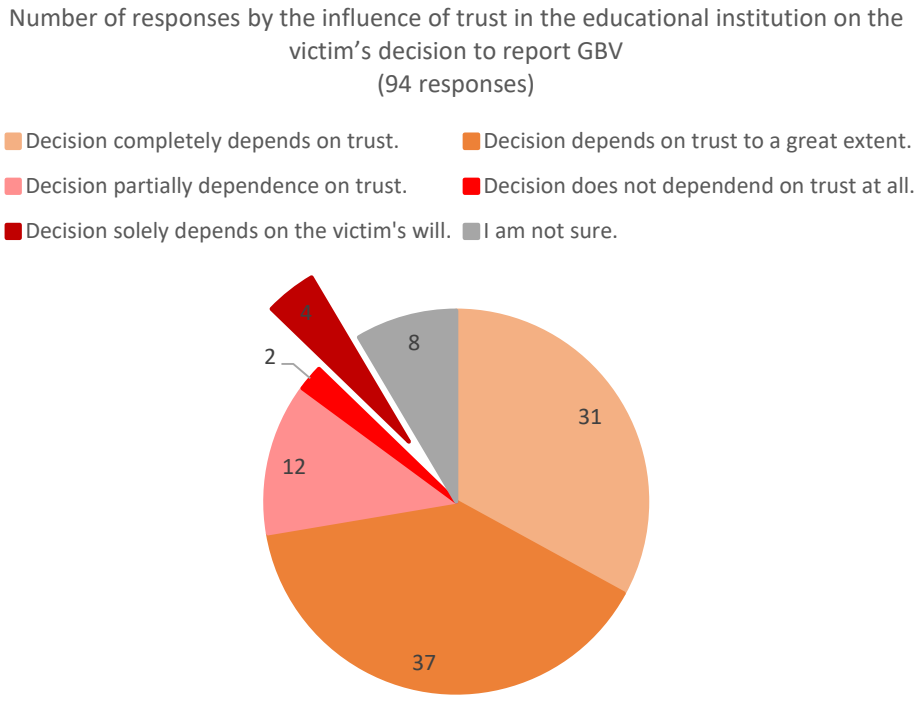
These findings show supportive attitudes particularly in relation to survivor rights and protection, but also show that harmful attitudes, especially around victim credibility and blame, remain present and must be addressed through continued training and reflective practice. There is also room for improvement in raising awareness for reporting duties. There is need for targeted training to reinforce trauma-informed, legally compliant, and survivor-centered practices in school settings.

Institutional trust and professional conduct as determinants in GBV reporting

Institutional trust and the conduct of professionals are especially critical in school settings, where children and their parents may be among those in most vulnerable situations impacted by GBV, VAW and DV. Schools are often one of the first and most consistent points of contact for children living in violent households, and for parents—particularly mothers—who may be seeking support without yet disclosing abuse. When school psychologists and pedagogical staff respond with empathy, professionalism, and clarity, they can play a crucial role in identifying early warning signs, offering emotional support, and facilitating access to protective services. However, when trust in the institution is lacking, or when professionals respond dismissively or in a judgmental manner, victims may be deterred from seeking help—potentially leaving violence unaddressed and its effects to deepen.

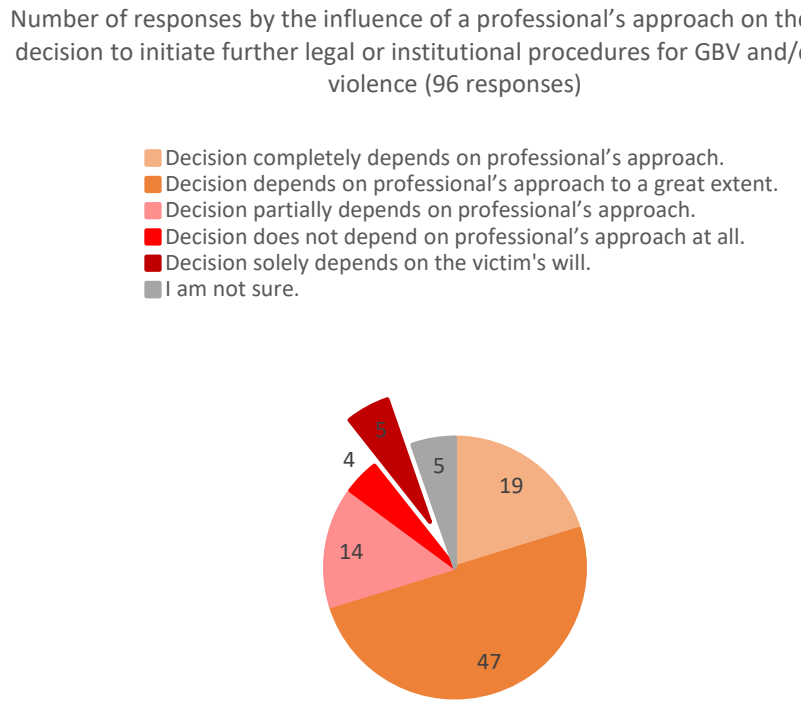
In this context, the readiness of school staff to support victims of GBV and DV is not only a matter of professional responsibility, but also a vital safeguard for children's well-being and safety. Children exposed to domestic violence are at heightened risk of emotional trauma, behavioral issues, and academic difficulties. A supportive school environment can offer a safe space for disclosure and intervention, while fostering a broader culture of nonviolence and accountability. Therefore, how school professionals perceive their role, understand their impact, and act in moments of crisis can significantly influence whether victims are protected, supported, and ultimately empowered to escape cycles of violence.

The majority of school psychologists and pedagogues recognize the critical role that institutional trust and professional behavior play in a victim's decision to report and pursue action against gender-based and domestic violence. Almost three in four respondents (68 out of 94) stated that a victim's decision to report violence depends either completely (31) or to a great extent (37) on their trust in the institution. However, nearly one in four professionals (26) did not fully agree with this position—some believing trust only partially matters (12) or not at all (2), others attributing the decision solely to the victim's will (4), or expressing uncertainty (8) about a connection between institutional trust and the victim's decision to report GBV. This finding raises concerns, particularly given the central role schools can play as first points of contact for children and parents experiencing violence. It highlights the need for greater emphasis in training and institutional guidance on how trust in schools and staff behavior can significantly shape reporting outcomes and support pathways for victims.



Graph no. 9: Number of responses by the influence of trust in the educational institution on the victim's decision to report GBV (94 responses)

Similarly, three in four respondents (66 out of 94) affirmed that a victim's decision to pursue further legal action depends heavily on the conduct of the professional providing assistance, indicating that the attitude, sensitivity, and responsiveness of school staff are not only important but can be pivotal in shaping a victim's journey. However, 14 respondents believe that the decision of the victim to pursue legal support only partially depends on their professional conduct. Moreover, a small but notable group of respondents (9) saw the victim's decision to pursue further legal action does not depend at all (4) on their professional behavior or it solely depends on the will of the victim (5), which suggests that not all professionals fully recognize their own impact. This is particularly concerning given that victims of GBV and DV often interact with school staff as first responders, especially when the violence affects children in their care. These findings highlight the need for continued training and support for school professionals, not only in procedural knowledge but in fostering trust, empathy, and accountability, which are essential for enabling victims to feel safe, respected, and empowered to seek justice.



Graph no. 10: Number of responses by the influence of a professional's approach on the victim's decision to initiate further legal or institutional procedures for GBV and/or sexual violence (94 responses)

Further training needs of educational professionals

The professionals responding to victims of GBV, VAW and DV were invited—by way of an open-ended question—to share their needs for further capacity building measures. The majority of school psychologists and pedagogues strongly support the need for ongoing and collaborative training on gender-based and domestic violence. 39 out of 95 respondents, called for continuous training that would evolve with their professional development, and an equal number emphasized the importance of multi-sectoral training involving professionals from various institutions in their planning regions. This highlights a clear recognition of the value of inter-institutional cooperation in responding effectively to GBV cases. Moreover, 35 respondents expressed the need for specific training on the responsibilities of their institution within the victim protection system, and 29 highlighted the need for training related to the implementation of the new Law on Prevention and Protection against Violence against Women and Domestic Violence. While a smaller group of respondents (18) indicated that one-time training could be sufficient, only six believed no additional training was needed. These findings reinforce the urgency of institutional investment in regular, targeted, and coordinated capacity-building efforts, especially as legal frameworks evolve and schools continue to serve as critical access points for prevention and support.



Graph no. 11: Number of responses by need for training for professionals responding to victims of GBV and DV at CSW (166 responses, multiple answers)

Overall, the open-ended responses to the question of training needs reflect an acute awareness of the limits of current institutional support and a readiness among school professionals to strengthen their role in the prevention, detection, and referral of GBV cases. The school psychologists and pedagogues have a strong demand for targeted and practical training in handling GBV, VAW and DV. Many respondents emphasized the need for training in recognizing early warning signs, providing psychosocial support, understanding legal frameworks and institutional protocols, and developing skills in communication, trust-building, and trauma-informed care. Some requested guidance specific to the school context, such as how to respond to disclosures from students, how to collaborate effectively with Centers for Social Work and the police, and how to navigate multi-sectoral coordination. There was also a call for training on primary prevention, including how to work with parents, conduct workshops, and educate students on GBV.

In addition to technical and legal knowledge, many professionals pointed out gaps in emotional resilience, behavioral assessment, and working with both victims and perpetrators—especially in cases involving children whose parents are survivors or perpetrators of violence. Some acknowledged that they had never received any formal training, while others stressed the need for basic introductory sessions, as well as more advanced and specialized training tailored to real-life school scenarios. A recurring theme was the need for clear procedural guidance, especially for those who serve as the first point of contact in suspected or confirmed cases of GBV or DV.

Conclusions and recommendations

The overall perceptions and attitudes of school psychologists and pedagogues show a strong foundation of awareness and support for gender equality, victim-sensitive practices, and the seriousness of violence in all its forms. The majority of respondents firmly rejected myths such as the belief that domestic violence is a private matter, that victims provoke violence, or that

marital rape does not exist. Most also acknowledged the structural barriers that prevent women from reporting violence, such as fear for their safety and economic dependence, and supported the need for sensitive, trauma-informed approaches to working with victims. Additionally, responses indicated broad support for gender equality in parenting and professional life, with many rejecting traditional gender roles within households.

However, several concerning gaps persist. A notable minority of respondents expressed ambivalence or agreement with harmful gender norms and victim-blaming attitudes, including the belief that some women fabricate or exaggerate reports of violence. There was also considerable uncertainty about perpetrators, with many respondents either unsure about or attributing violent behavior primarily to mental illness or substance abuse—views that risk oversimplifying the issue and overlooking the gendered roots of violence. Most critically, every fifth respondent does not fully agree with the obligation on reporting GBV, VAW and DV by anyone who has knowledge or suspicion. This highlights a serious concern, particularly given the frontline role school professionals play in identifying and responding to violence. The findings underscore the urgent need for ongoing, targeted training to reinforce legal responsibilities, clarify the scope of school professionals' roles in prevention and referral, and challenge lingering biases that may undermine timely and effective responses to GBV and DV within educational settings.

The majority of school psychologists and pedagogues recognize a strong need for ongoing, targeted training on gender-based and domestic violence, with many emphasizing continuous professional development, multi-sectoral cooperation, and institutional role clarity. The responses revealed demands for practical, context-specific training on recognizing early signs of GBV, legal protocols, trauma-informed care, and multi-sectoral collaboration. Several professionals noted gaps in emotional resilience and behavioral assessment, and expressed the need for both introductory and advanced training tailored to school environments. These findings underscore a clear readiness among education professionals to enhance their role in GBV prevention and response and call for institutional investment in regular, coordinated capacity-building.

Develop and implement foundational and role-specific GBV training

- Introduce structured basic training for all newly appointed school psychologists and pedagogues that covers core concepts of GBV, VAW and DV.
- Ensure that capacity building includes school-specific guidance on how to recognize signs that students may be affected by GBV, VAW and DV and how to respond appropriately.
- Cover the role of school professionals within the national protection system, especially as first responders and referral points, ensuring professionals know their roles and obligations.

Build capacities on the legal frameworks and raise awareness for existing protocols

- Provide mandatory training on the LPPVAWDV, the Istanbul Convention and other international human rights standards, in particular the Convention on the Rights of the Child as well as relevant national guidelines, including “Guidelines for the Procedure for Reporting and Protecting a Student Victim of Any Form of Violence, Abuse, and Neglect.”
- Ensure professionals understand their institutional obligations, reporting duties, and legal protection mechanisms available for students and families.
- Offer follow-up sessions to promote compliance with existing protocols, especially given the low awareness of established national procedures.

Develop and implement skills-based and trauma-informed training

- Deliver training focused on practical skills, including communication with victims, handling disclosures, providing psychological first aid, and addressing trauma.
- Build capacity in behavioral observation and psychosocial support, particularly when working with children whose parents are victims or perpetrators of violence.
- Strengthen emotional resilience and self-care strategies to support the mental health of professionals dealing with sensitive cases. The provision of such measures also need to be supported by organizational structures.

Enhance multi-sectoral and inter-institutional collaboration

- Develop joint trainings with professionals from CSW, the police, and healthcare services to encourage coordinated action and mutual understanding.
- Clarify information-sharing procedures, the school's role in multi-sectoral teams, and strategies for maintaining continuity and safety in case management.
- Promote cross-sector learning through real-life case simulations and reflection sessions with professionals from other sectors.

Enhance prevention, awareness, and protocol implementation

- Train school staff on how to implement preventive activities on GBV in schools, including awareness raising among students, parents, and the wider school community.
- Capacity building efforts should explicitly include awareness raising among boys and male students, addressing their specific role in challenging GBV and promoting respectful relationships.
- Encourage capacity building in gender equality education, challenging harmful gender norms and stereotypes in the school environment.

Ensure early identification and referral of perpetrators

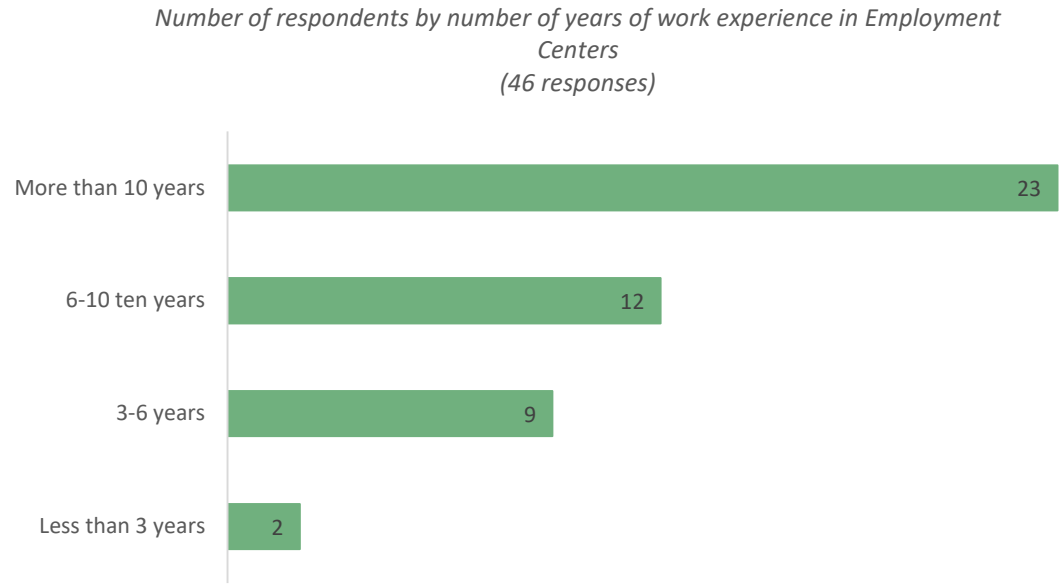
- Introduce specialized training for school psychologists and pedagogues on recognizing early signs of perpetrator behavior among students (e.g., aggression, control, entitlement, exposure to violence at home).
- Equip professionals with tools for early intervention and structured communication with at-risk students, using non-confrontational, trauma-informed approaches.
- Establish clear referral pathways to external services (CSW, CSOs) such as counselling, and behavioral programs for students who display early signs of perpetration.
- Promote preventive education targeting boys and male students, focused on healthy masculinity, emotional regulation, and respectful relationships.
- Encourage collaboration with CSOs, social services, and healthcare professionals to support a whole-school approach to early intervention.

Annex VI: Employment Centers – detailed mapping and analysis of survey generated data

Questionnaire analysis – employees of Employment Centers as first responders

A total of 47 respondents from 25 different Employment Centers completed the questionnaire, including 39 female, seven male, and one respondent who did not specify their sex. Among the respondents, 37 had a Bachelor's Degree, five held a Master's degree, three had post-secondary vocational education, and one had completed gymnasium-level (secondary) education.

The respondents held a variety of roles within the Employment Centers, most commonly as Senior Associates in areas such as active employment measures, legal and administrative affairs, and employment services. Others served as associates, case managers, referents, advisors, psychologists, career counsellors, and heads of centers. These roles covered both managerial and front-line responsibilities, reflecting a diverse group of professionals engaged in employment support and service delivery.



Graph no. 1: Number of respondents by number of years of work experience in Employment Centers (46 responses)

Most respondents have significant professional experience: Twenty-three respondents have worked for more than ten years, twelve between six and ten years, and nine between three and six years, while only two respondents reported less than three years of experience. This indicates that the respondents are predominantly experienced workforce members within the Employment Centers.

Perceptions on the respondents' obligations as first responders to GBV

The respondents were asked to describe their duties/responsibilities when working with victims of GBV and DV. Almost two in three respondents (29) stated they had not worked directly with victims, highlighting inconsistencies in engagement across centers. While some demonstrated the adherence to procedures aligned with legal obligations (e.g., Article 99 of the LPPVAWDV), others indicated a lack of experience or unclear responsibilities. About one in three respondents (18) from the Employment Centers indicated that they work with victims of gender-based and domestic violence primarily upon referral from the CSW. Their key responsibilities include developing individualized employment plans, providing career counselling, profiling, and

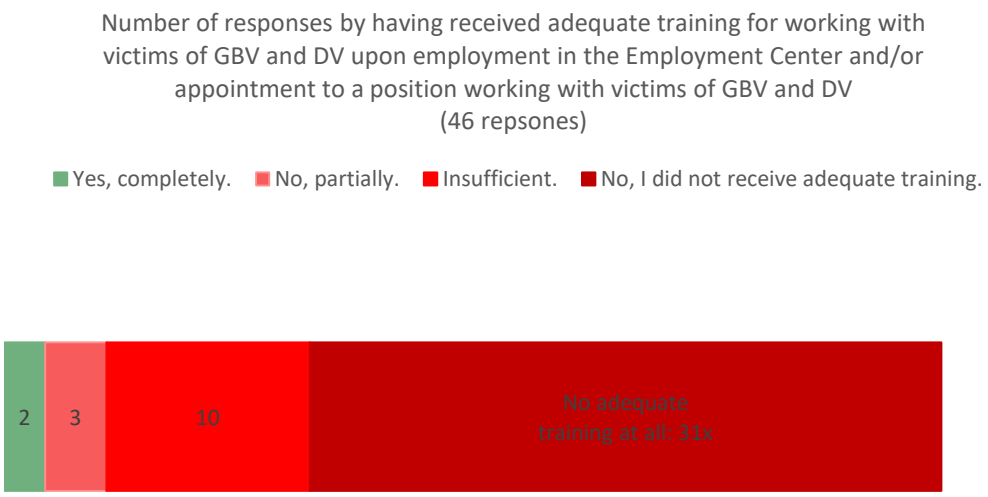
supporting victims' inclusion in active labour market measures covered by the Employment's Agency Operational Plan[141]. Several professionals emphasized the importance of ensuring economic empowerment and independence for victims through tailored support and referrals to job opportunities or employers.

When asked to describe their duties when working with perpetrators of GBV, the vast majority of respondents from the Employment Centers stated that they do not work with perpetrators of gender-based violence, violence against women, or domestic violence, or do not have such responsibilities within their roles. Only a few indicated some level of engagement, primarily through general employment services such as profiling, developing Individual Employment Plans (IEPs), and informing individuals (including perpetrators, when referred) about available active employment measures under the Operational Plan. These few responses suggest that if perpetrators are included, it is not through targeted programs but rather through broader labour market integration schemes. The absence of formal responsibilities and the limited awareness or access to relevant information highlight a critical gap in institutional procedures and mandate clarity for addressing perpetrator reintegration.

Participation in GBV trainings

The answers of professionals working at Employment Centers to the whether they had received adequate training for working with victims of GBV and DV upon their employment and/or appointment to a position where they directly work with victims of GBV and DV show that an overwhelming 41 out of 46 respondents reported either not having received any or insufficient training. This stark gap highlights an urgent need for comprehensive, mandatory, and ongoing training programs tailored to the specific responsibilities of employment professionals, particularly given their critical role in victim reintegration and economic empowerment.

[141] Operational Plan for active employment programs, measures, and labor market services for the year 2025, MKD version available online at https://av.gov.mk/content/%D0%9E%D0%9F/%D0%9E%D0%BF%D0%B5%D1%80%D0%B0%D1%82%D0%B8%D0%B2%D0%B5%D0%BD%20%D0%BF%D0%BB%D0%B0%D0%BD%20%D0%B7%D0%B0%20%D0%B0%D0%BA%D1%82%D0%B8%D0%B2%D0%BD%D0%B8%20%D0%BF%D1%80%D0%BE%D0%B3%D1%80%D0%B0%D0%BC%D0%B8%20%D0%B8%20%D0%BC%D0%B5%D1%80%D0%BA%D0%B8%20%D0%B7%D0%B0%20%D0%B2%D1%80%D0%B0%D0%B1%D0%BE%D1%82%D1%83%D0%B2%D0%B0%D1%9A%D0%B5%20%D0%B8%20%D1%83%D1%81%D0%BB%D1%83%D0%B3%D0%B8%20%D0%BD%D0%B0%20%D0%BF%D0%B0%D0%B7%D0%B0%D1%80%D0%BE%D1%82%20%D0%BD%D0%B0%20%D1%82%D1%80%D1%83%D0%B4%D0%BE%D1%82%20%D0%B7%D0%B0%202025%20%D0%B3%D0%BE%D0%B4%D0%B8%D0%BD%D0%B0.pdf



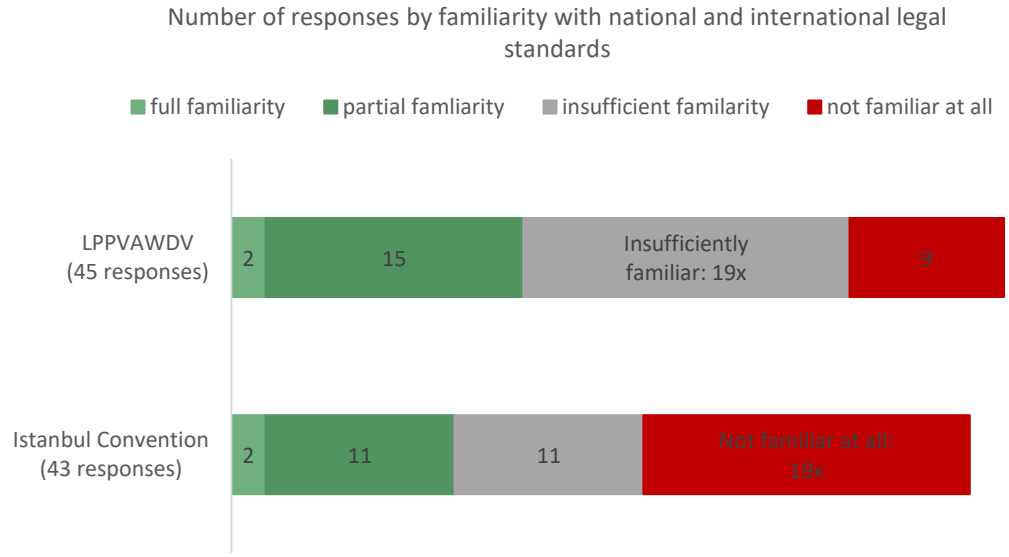
Graph no. 2: Number of responses by having received adequate training for working with victims of GBV and DV upon employment in the Employment Center and/or appointment to a position working with victims of GBV and DV (46 responses)

Furthermore, only five out of 47 respondents from the Employment Centers reported having participated in training on the recognition, prevention, or response to GBV, VAW and/or DV between January 2021 and December 2024. Nine in ten respondents (42) stated they had not attended any such training, highlighting a substantial gap in professional capacity building for first responders in the employment sector. Among those who attended a training, three respondents reported a focus on both victims and perpetrators, while two indicated that the training focused solely on victims.

The primary objectives of the trainings attended by Employment Agency professionals were to enhance their ability to identify victims of gender-based and domestic violence, provide initial assistance, and refer them to appropriate institutions for support. Additional goals included familiarizing participants with different forms of GBV and available protection measures, improving prevention efforts, and strengthening gender equality in the context of the EU accession process. The trainings attended by a small number of Employment Agency professionals primarily covered general topics such as prevention and detection of violence, gender equality, and the needs and rights of victims. Some sessions also addressed coordination with other sectors and the harmful effects of violence on children. However, critical topics directly relevant to the employment sector remain notably absent or underrepresented—including training for employers, reintegration of victims and gender-sensitive approaches to economic empowerment. These gaps point to the need for more specialized and role-specific training aligned with the employment Agency's mandate to support the economic independence of survivors.

The trainings attended by professionals from the Employment Agency were primarily organized by the MSPDY and various civil society organizations, including the Rural Coalition. Overall, the participants who attended GBV-related trainings organized by the Employment Agency reported high levels of satisfaction. Most were either fully satisfied or satisfied with the training across three areas: improving skills for working with victims and perpetrators of GBV, enhancing understanding of the concept and forms of GBV, and developing more informed personal attitudes and beliefs.

Only two out of 45 respondents report full and fifteen partial familiarity with the LPPVAWDV, while nearly two in three respondents (28) report insufficient or no familiarity. This suggests a significant gap in legal literacy among Employment Center professionals regarding national GBV protection legislation. The level of unfamiliarity with the Istanbul Convention is also concerning, with almost one in two respondents (19 out of 43) indicating no familiarity at all. Only thirteen respondents are either fully (2) or partially (11) familiar with the Convention, indicating a major training need related to international GBV standards and obligations.



Graph no. 3: Number of responses by familiarity with national and international legal standards

When asked whether there are clear protocols and guidelines in place in the Employment Centers for handling cases involving victims of gender-based violence, violence against women, and domestic violence, the responses show that only a small number of professionals (2 out of 13) confirmed the existence of clear institutional protocols for handling cases involving victims of GBV, VAW and DV. Six respondents either stated that no such protocols exist (4) or were unsure (2). Five respondents gave open ended answers indicating the existence of partial or ad hoc procedures—primarily focused on including victims in active employment measures or referring them for psychosocial support—rather than comprehensive, standardized institutional guidelines. These findings point to the need for developing and formally, adopting clear internal protocols aligned with legal obligations and victim/survivor-centered practices.

The majority of Employment Center professionals believe that victims of GBV, VAW and DV should be treated with a sensitive and differentiated approach, recognizing their specific vulnerabilities and needs. However, a smaller group believes all clients should be treated equally to avoid stigmatizing victims or making them feel different. Additionally, one respondent emphasized that victims should be prioritized in employment support, acknowledging the critical role of economic empowerment in their recovery and reintegration. These diverse views point to the need for clear guidance and training on applying a victim-sensitive yet empowering approach, in line with legal and ethical standards.

Perceptions and attitudes on GE and GBV

This section explores the perceptions of professionals regarding gender equality and the concept of violence and GBV as well as their attitudes towards victims and perpetrators of GBV and reporting of GBV. Understanding these viewpoints is essential for identifying gaps in awareness,

potential biases, and opportunities for targeted training and institutional reform. A total of 44 professionals from Employment Centers responded to the questions exploring perceptions and attitudes toward gender equality and gender roles.

The graphs below show the professionals' assessments in five different areas:

(1) Perceptions of gender equality, gender roles and gender stereotypes (7 statements)
(2) Perceptions of violence and GBV (8 statements)
(3) Attitudes towards victims of violence (5 statements)
(4) Attitudes towards perpetrators of violence (5 statements)
(5) Attitudes towards the rights and needs of victims of GBV (4 statements)

The graphs are grouped according to these five areas show how many professionals surveyed have supportive (green), neither supportive nor critical (grey) and critical (red) attitudes and perceptions towards promoting gender equality, advancing gender roles and combatting gender stereotypes. This classification helps clarify attitudes toward gender roles and GBV-related beliefs among the 44 respondents. Supportive responses reflect progressive views, neither supportive nor critical answers indicate uncertainty or ambivalence, and critical responses reveal endorsement of harmful stereotypes. The distribution of responses across these categories highlights both encouraging support for gender equality and the presence of lingering biases that point to areas in which further training and awareness-raising is needed.

The professionals at Employment Centers—who serve as first responders responsible for the economic empowerment and reintegration of victims of GBV, VAW and DV—are critical for ensuring a supportive and rights-based response. As institutions mandated to implement employment measures for survivors, their understanding of gender equality, harmful stereotypes, and the specific challenges victims face can significantly influence whether survivors receive meaningful support or face additional barriers. The analysis of these first responders' perceptions of gender roles, GBV, and their own responsibilities, supports the identification of potential areas for strengthening institutional sensitivity and survivor-centered practice.

Perceptions of gender equality, gender roles and gender stereotypes

The responses from representatives of the Employment Centers reflect a positive commitment to formal gender equality, while also revealing the persistence of stereotypes regarding traditional gender roles in the private sphere. All professionals (44) supported the idea of fathers equally participating in childcare and school-related responsibilities. Nearly all respondents (43) assessed it as best for home and family if both man and woman work. Similarly, 41 professionals embraced the statement that men and women should have equal rights and opportunities. Thirty six respondents disagreed with the claim that a woman should know when to be silent and know her place and 35 professionals disagreed with the statement that men cannot control their emotions. A few respondents (6-8) revealed perceptions leaning towards patriarchal stereotypes and gendered assumptions. A similar pattern emerged in relation to domestic roles: Thirty-four respondents disagreed that women should be primarily responsible for household duties, ten expressed either an ambivalent or supportive view, indicating that traditional gender norms persist among a minority of staff. Only 27 professionals rejected the belief that men should be the primary earners. More than one in three respondents (17) either were unsure (11) or supportive (6) traditional views on male economic dominance.

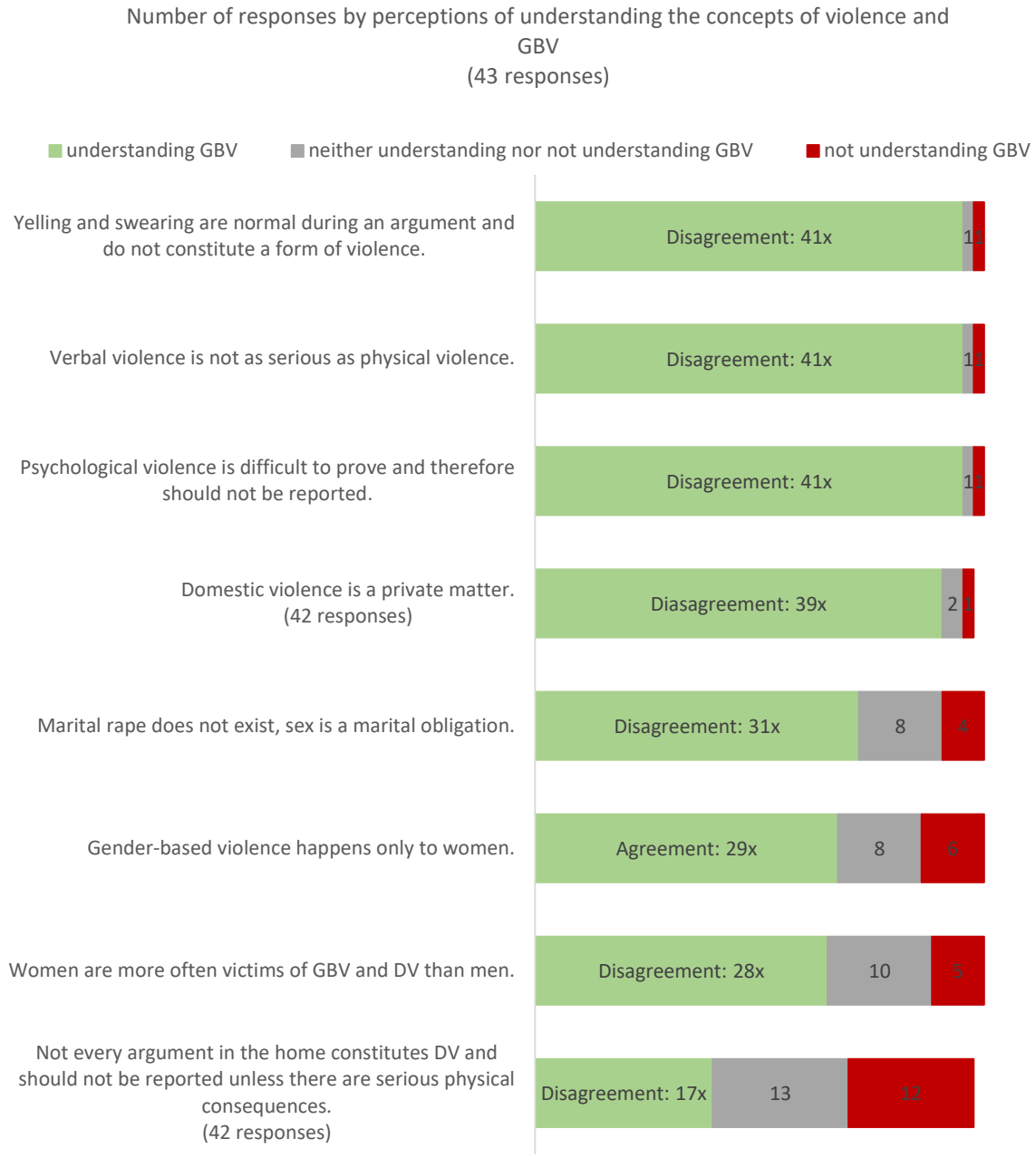


Graph no. 4: Number of responses by perceptions of gender equality, gender roles and gender stereotypes (44 responses)

These findings illustrate that while Employment Center representatives display strong formal support for gender equality, residual ambivalent and negative attitudes regarding private sphere gender roles signal the importance of continued gender-transformative training. Addressing these internalized norms is crucial to ensuring equitable service delivery—particularly in employment programs aimed at women's empowerment.

Perceptions of violence and GBV

The responses by professionals working at Employment Centers demonstrate to a large extent an understanding of the concepts of violence and GBV and a stance against harmful gender stereotypes and justifications for violence. Nearly all respondents show a firm understanding of the concepts of verbal and psychological violence. Forty-one professionals disagreed with both the normalization of yelling and swearing during arguments and the notion that verbal violence is less serious than physical violence, reflecting a widespread understanding that non-physical abuse is serious and unacceptable. The idea that domestic violence is a private matter was also firmly rejected, with nearly all respondents expressing disagreement, showing strong recognition that domestic violence requires public and institutional response.



Graph no. 5: Number of responses by perceptions of understanding the concepts of violence and GBV (43 responses)

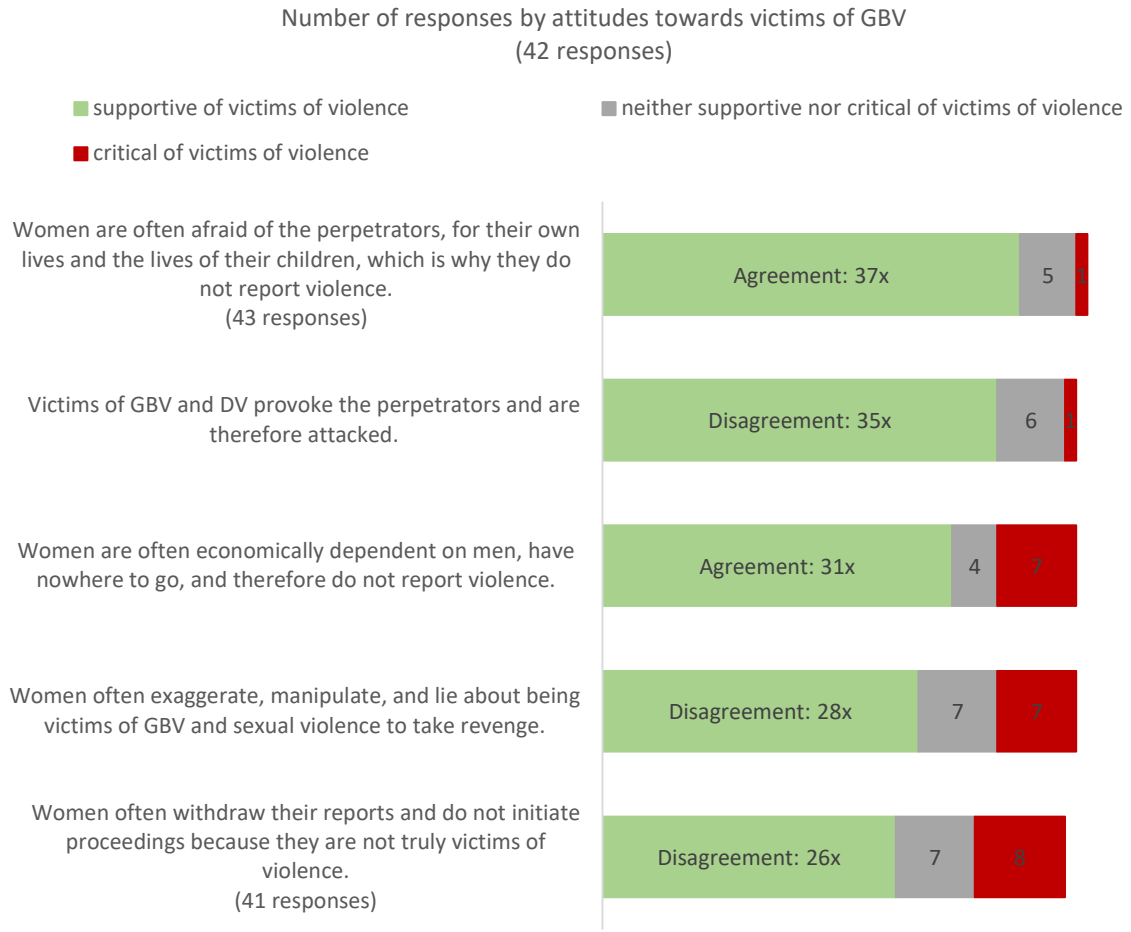
The assessment of the statement that marital rape does not exist revealed regressive views, with several respondents expressing either uncertainty (8) or agreement (4) —indicating a lack of understanding of consent within intimate partnerships. Twenty-nine respondents disagreed with the claim that gender-based violence happens only to women, indicating understanding that GBV can affect individuals of all genders. However, 14 professionals were either ambivalent (8) or in support (6) of this exclusive view of GBV, which could affect inclusive service provision. A similar picture emerges when analyzing the assessment of the claim that women are more often victims of GBV and domestic violence than men. Twenty-eight respondents agreed with the claim, showing alignment with statistical realities. One in three respondents (15) either showed uncertainty (10) or denied (5) the gendered prevalence of GBV. The professionals showed a not so clear understanding of GBV when it does not involve serious physical consequences. Only 17 respondents rejected the statement that not every argument in the home constitutes DV and

should not be reported unless there are serious physical consequences. Almost two in three professionals either were ambivalent or supported this claim, indicating that they are not aware of the broader dynamics of abuse.

Overall, these responses reflect that a majority of professionals at Employment Centers reject violence-justifying and gender-stereotyping beliefs, but that a minority of respondents displays a limited understanding of the scope of GBV and a failure to recognize emotional, psychological, or coercive control as forms of violence requiring intervention, reinforcing the need to maintain and further strengthen the understanding of the concept of GBV and raise awareness for the reflection on gender stereotypes through continued professional development and awareness initiatives.

Attitudes towards victims of violence

The responses by representatives of Employment Centers reflect a mixed pattern of attitudes towards victims of gender-based violence (GBV)—with visible awareness of some structural causes, but troubling persistence of stereotypes and victim-blaming among a notable portion of respondents. On a more positive note, 37 professionals embraced the statement that women endure violence out of fear for their own and their children's safety, with only six respondents either showing ambivalence (5) or rejection (1)—reflecting a broad awareness of victims' emotional and safety concerns. Similarly, 35 respondents disagreed with the stereotype that victims of GBV provoke perpetrators and are therefore attacked, seven professionals either were uncertain (6) or in support (1) of this stereotype. Three in four respondents (31) agreed with the claim that women are often economically dependent on men and therefore do not report violence, one in three respondents (11) either were unsure (4) or rejected the claim (7), indicating attitudes minimizing the structural barriers for seeking support. A particularly concerning result is the assessment of the statement that women exaggerate, manipulate, or lie about being victims of GBV to take revenge. While 28 respondents disagreed, one in three respondents (14) either were unsure (7) or agreed (7) with a harmful, victim-blaming stereotype, which undermines institutional trust and survivor credibility. Nearly two in three respondents (26) disagreed with the statement that women withdraw reports because they are not truly victims, one in three respondents (15) showed attitudes of victim-blaming and mistrust in victims of GBV that undermine effective support and response systems.



Graph no. 6: Number of responses by attitudes towards victims of GBV (42 responses)

In summary, while there is a solid base of positive understanding regarding the systemic causes of GBV, the presence of uncertainty or doubts about victim credibility and the support of gender stereotypes—points to a critical need for targeted training within Employment Centers. Addressing these biases is essential to ensure survivor-centered, inclusive, and informed support services.

Attitudes towards perpetrators of violence

The attitudes of Employment Center representatives toward perpetrators of gender-based and domestic violence reflect a notable presence of uncertainty and support of stereotypes, with some positive awareness, particularly regarding escalation after reporting. A clear majority of professionals embraced that claim that perpetrators often become more aggressive after being reported. This indicates awareness of victim safety concerns during legal or institutional intervention processes. However, one in three respondents (15) either were unsure (8) or rejected (7) recognizing this risk. A majority of professionals (29) were ambivalent (13) or supported (16) the statement that violence is caused by alcohol or drug abuse, highlighting a misunderstanding of substance use as a root cause rather than a contributing factor. Similarly, a majority of respondents (31) either were unsure (10) or embraced (21) the claim that perpetrators are mentally ill, pathologizing violence or being unsure about its causes. This reflects a common misconception that obscures the role of gendered power and control. Almost eight in ten respondents (34) either were uncertain (23) or sure (11) that perpetrators cannot change. This ambivalence may hinder confidence in rehabilitation programs, which are essential for prevention and accountability under frameworks like the Istanbul Convention. Lastly, more than

nine in ten respondents (36) were sure that the friends or colleagues they associate with could not be perpetrators, indicating a denial or minimization of the prevalence of violence in one's own social or professional circles. This perception represents a blind spot that could impact identification and response to abuse, particularly in cases involving familiar individuals.



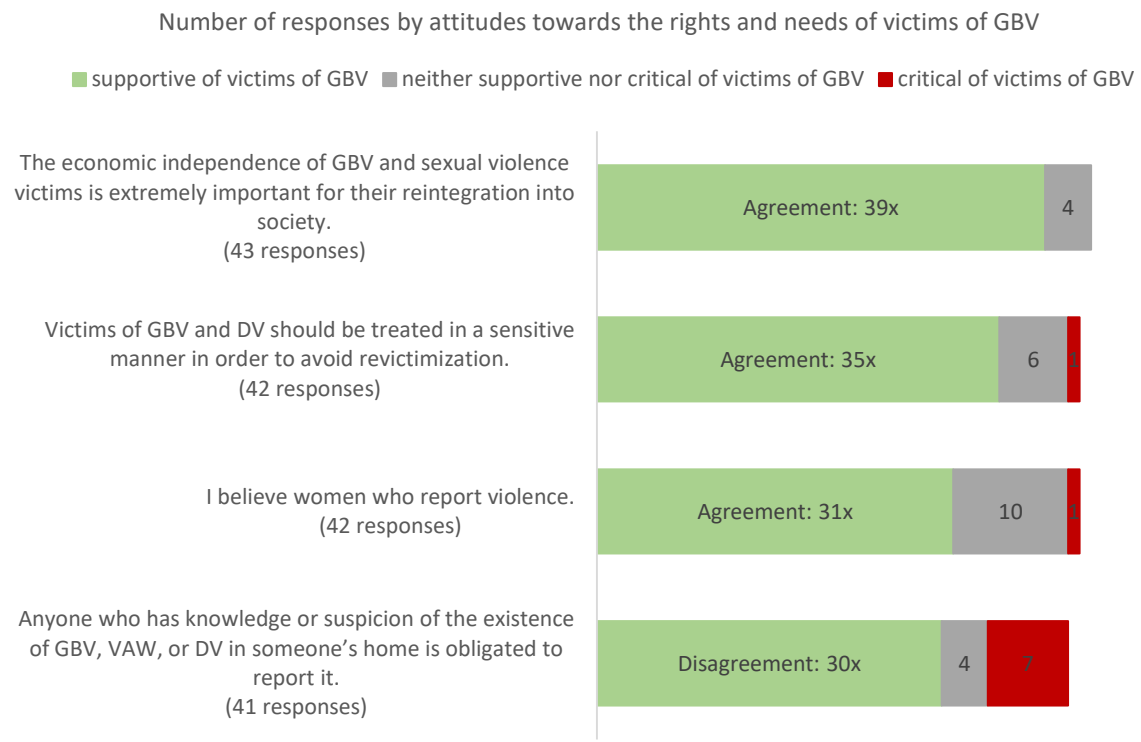
Graph no. 7: Number of responses by attitudes towards perpetrators of GBV (42 responses)

Overall, these findings reveal a need for targeted training to shift ambivalent and negative attitudes toward a more informed, structural understanding of perpetration, reinforce belief in behavioral change, and foster a culture of accountability and intervention.

Attitudes towards the rights and needs of victims

The responses from Employment Center representatives reveal a strong presence of positive values related to victim reintegration and sensitivity, but also expose concerning levels of attitudes that reflect persistent harmful stereotypes as well as resistance to reporting obligations when it comes to rights and needs of victims of GBV. Most respondents strongly agreed that economic independence is crucial for victim reintegration (39) and that victims should be treated sensitively to avoid re-victimization (35), indicating a solid understanding of victim/survivor-centered recovery principles. Many professionals expressed support for women who report violence (31), one in four (11) respondents either were unsure (10) or did not believe women reporting violence (1) demonstrating lingering doubts or an absence of full trust in survivor testimonies. Almost three in four respondents (30) embraced their obligation to report

suspicions or knowledge of GBV, VAW, or DV, eleven professionals either were unsure (4) or rejected (7) this legal duty, indicating a disconnect between professional responsibility and legal compliance, particularly troubling given that reporting is mandated by national law.

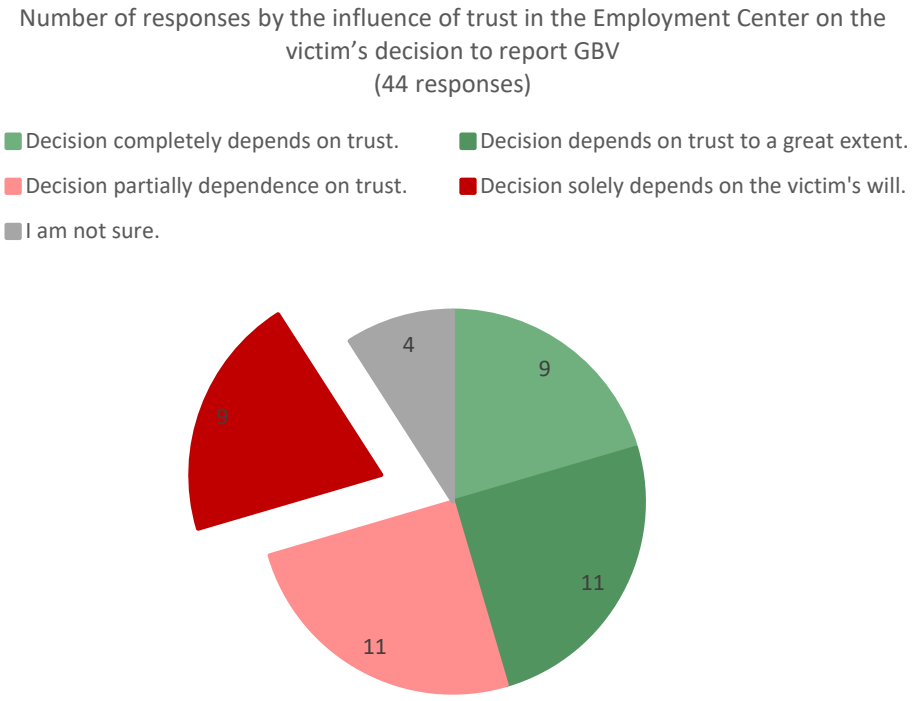


Graph no. 8: Number of responses by attitudes towards the rights and needs of victims of GBV

These findings highlight the urgent need for reinforced training on the legal and ethical obligations of reporting, the full spectrum of gender-based violence, and the critical importance of trusting and supporting survivors through a rights-based, trauma-informed lens.

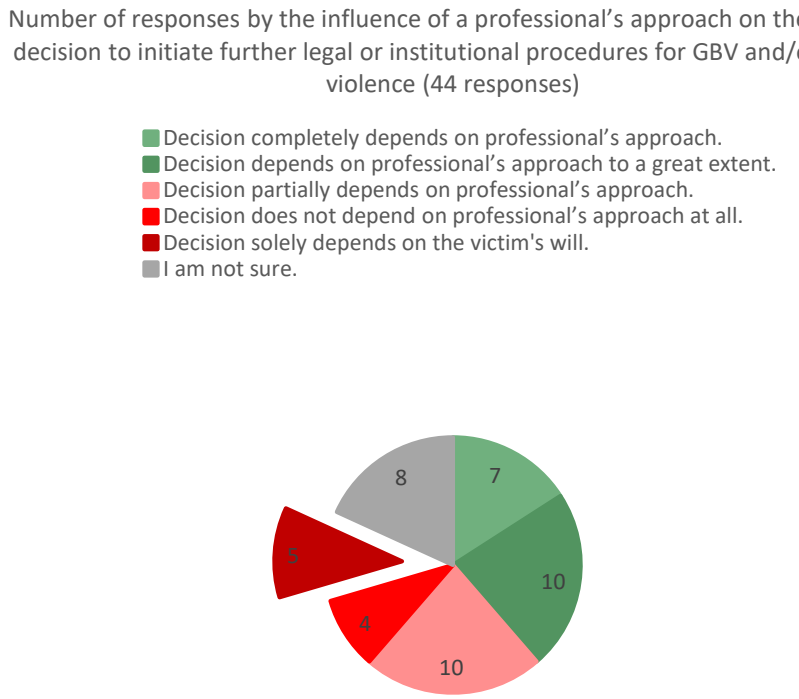
Institutional trust and professional conduct as determinants in GBV reporting

The responses show that four in ten respondents (20) are of the opinion that a victim's decision to report gender-based and domestic violence either completely (9) or to a great extent (11) depends on trust in the Employment Centers. However, six in ten respondents—24 in total—believe that a victim's decision to report a case either partially depends on trust in the Employment Center (11), solely depends on the victim's will (9) or were unsure (4) about a link between institutional trust and reporting. This division highlights a lack of consensus on the importance of institutional credibility in encouraging disclosure and suggests a need to reinforce among professionals the critical role that trust-building and institutional responsiveness play in facilitating victim reporting and access to support.



Graph no. 9: Number of responses by the influence of trust in the Employment Center on the victim's decision to report GBV (44 responses)

One in three Employment Center representatives (17 out of 44) embraced the idea that professional conduct either completely or to a great extent influences a victim's decision to pursue further legal action in cases of gender-based and domestic violence. They saw a high impact of how they provide assistance, support, and protection on the victim's decision to pursue further legal action. However, 27 respondents only partially linked their performance to the victim's decision (10), were uncertain (8), completely attributed it to the victim's will (5) outright or denied such a link (4), indicating a limited awareness of how their behavior can affect victims' willingness to seek justice.



Graph no. 10: Number of responses by the influence of a professional's approach on the victim's decision to initiate further legal or institutional procedures for GBV and/or sexual violence (44 responses)

These results underscore the need for training that emphasizes the importance of empathetic, supportive, and rights-based professional conduct as a determinant in victims' access to legal remedies and continued engagement with protection systems.

Further training needs of professionals at Employment Centers

The professionals responding to victims of GBV, VAW and DV were invited—by way of an open-ended question—to share their needs for further capacity building measures. A vast majority of Employment Center professionals expressed the need for diverse forms of training related to GBV and DV. Most emphasized the importance of continuous capacity building and multi-sectoral approaches, with 23 respondents supporting each of these options. Notably, 20 professionals stressed the need for training specifically on the implementation of the LPPVAWDV, while 16 highlighted the need to better understand their institution's responsibilities within the broader GBV protection system. Only very few respondents (2) believed that no further training was needed, clearly signalling that capacity development remains an urgent priority within this sector.

Respondents highlighted a clear and urgent need for comprehensive, practical, and institution-specific training related to GBV, VAW, and DV. The majority emphasized that they lack sufficient knowledge of the legal framework, including the Law on Prevention and Protection against VAW and DV and the Istanbul Convention, as well as practical guidance on their institutional roles and responsibilities within the protection system. Key gaps were identified in the areas of:

- Victim-sensitive approaches, especially for initial contact and trust building.
- Economic empowerment strategies and reintegration of victims into the labour market.
- Recognition of psychological and emotional violence.
- Coordination and referral procedures with the Centers for Social Work and other institutions.

- Psychosocial support skills and trauma-informed communication.
- Understanding how to approach victims without confirmation of their status as victims from official sources (e.g., CSW).
- Addressing employer bias and preparing employers to support reintegration without stigma.

Some noted the emotional toll and safety risks when working with survivors and perpetrators, pointing to a need for self-protection training and burnout prevention. Others expressed concern over online-only formats, requesting in-person, and practical sessions. In short, the responses reinforce the need for ongoing, context-sensitive, and interdisciplinary training that empowers Employment Center professionals to play an active, informed role in the prevention, referral, and reintegration processes for GBV survivors.

The professionals at Employment centers were asked they saw a need for clear internal protocols and guidelines for working with victims of GBV, VAW, and DV in their institution: The majority of respondents (32 out of 40) emphasized the need for such protocols and guidelines, noting that such tools would streamline and unify procedures across the institution. Some also indicated that while protocols may exist, they are not consistently followed, highlighting a gap between policy and practice.

Conclusions and recommendations

The conclusions are based on data generated by a survey among 47 staff members of 25 different Employment Centers. Eight in ten respondents are women and almost nine in ten professionals have a university degree. Their roles covered both managerial and front-line responsibilities, reflecting a diverse group of professionals engaged in employment support and service delivery. Almost three in four professionals have more than six years of work experience at an Employment Center. According to the survey, almost nine in ten respondents either received inadequate or no training upon their employment in the institution and/or appointment to a position involving work with victims of gender-based and domestic violence, for working with such victims.

The respondents' perceptions of their professional obligations as first responders generally align with their institution's legal responsibility under Article 99 of the Law on Prevention and Protection from Violence Against Women and Domestic Violence, which mandates the Agency's role in the reintegration of victims through employment measures. Most respondents correctly identified economic empowerment and reintegration as part of their duties, consistent with the legally established employment programs for groups in vulnerable situations. However, it is important to emphasize that all professionals, regardless of their sector, are legally obligated to report any suspicion or knowledge of gender-based violence, domestic violence, or violence against women. Some respondents did not identify reporting as part of their responsibility, indicating a gap in legal awareness. These findings point to the need for targeted training to clarify institutional roles while reinforcing the universal legal duty to report GBV, ensuring a more effective and coordinated response.

While representatives from Employment Centers exhibit a commendable level of support for gender equality and the economic reintegration of victims of GBV, VAW, and DV, their attitudes toward specific aspects of violence reveal troubling gaps that may hinder effective service delivery. Although most professionals acknowledge the importance of victim-sensitive approaches, economic empowerment, and legal reporting obligations, a significant portion still holds or tolerates harmful myths—ranging from victim-blaming and disbelief in marital rape, to scepticism about the credibility of survivors and a limited understanding of psychological violence. These mixed perceptions underscore the need for targeted, gender-transformative training that goes beyond awareness raising to directly confront implicit biases, dismantle

harmful stereotypes, and promote survivor-centered practices. This need becomes even more pressing considering that only five out of 47 professionals from Employment Centers reported participation in any training related to GBV, VAW and/or DV between January 2021 and December 2024.

Institutional trust and professional performance of those in contact with victims of GBV and DV is of essence for the victim's decision to report and to take legal action. When it comes to staff at Employment Centers it is pivotal that they understand their role in supporting victims of GBV and DV. As also economic independence is a critical factor in both the decision to report gender-based violence and a survivor's ability to leave and recover from an abusive situation. Victims who lack financial security often remain trapped in cycles of violence due to dependency on the perpetrator, lack of access to resources, or fear of homelessness and poverty. Representatives of Employment Centers play a pivotal role in breaking this cycle by facilitating access to employment opportunities and tailored reintegration programs. Their actions can empower survivors to rebuild their lives, gain autonomy, and reduce long-term vulnerability. Engaging employers is equally vital—creating inclusive workplaces, offering incentives, and building trust between institutions and the private sector are essential steps toward ensuring that survivors are not only safe but also economically empowered to reclaim their futures. Without active support from both employment institutions and the labour market, reintegration efforts risk falling short of their transformative potential.

Enhance capacities on legal and institutional frameworks

- Training on the Law on Prevention and Protection against Violence against Women and Domestic Violence and the Istanbul Convention.
- Clarification of the role of Employment Centers in the GBV protection system.
- Development and implementation of internal protocols and procedures for GBV cases.

Strengthen capacities in the areas of economic empowerment and reintegration

- Offer training on designing personalized employment support plans for survivors.
- Equip staff with methods to identify barriers to employment (e.g., lack of childcare, trauma, legal status) and refer survivors to appropriate services.
- Train professionals on engaging employers, reducing stigma, and promoting inclusive hiring practices for survivors.
- Share good practices on linking economic support to survivor safety and empowerment, including access to state programs, skills development, and entrepreneurship.

Support development and implementation of victim-centered and trauma-informed approaches

- Train professionals in victim-sensitive communication, trust building, and confidentiality.
- Improve understanding of the psychological, emotional, and economic aspects of violence, including recognition of non-physical abuse.
- Provide tools to address intersectionality and specific needs of survivors based on age, socio-economic status, parenthood, or other factors.

Promote multi-sectoral cooperation

- Strengthen cooperation with other institutions (e.g., CSW, educational sector, local government, CSOs, service providers) through joint training modules and shared case-handling procedures.

- Provide practical simulations and case studies to reinforce learning and teamwork in cross-sectoral responses.

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