

Country Profiles from
Eastern Europe

Azerbaijan
Bosnia and Herzegovina
Kosovo

Refugees and Internally Displaced in *Azerbaijan*

June 3-10, 2001

Background

Historical Context

The dove-shaped land mass that forms contemporary Azerbaijan has been carved, paradoxically, from centuries of battle over this east-west trading route. At the end of World War I, Azerbaijan seized an opportunity for independence from its occupying neighbors, Russia to the north and Iran to the south. The newly declared Democratic Republic of Azerbaijan was short-lived, however. Following an invasion by Bolshevik army units in 1920, the Soviet Union forcibly incorporated Azerbaijan in 1922. While under Soviet control, a vertical swath of Azerbaijan was ceded by the Soviets to its Armenian state, geographically isolating the area of Nakhchivan from the rest of Azerbaijan, and stimulating border tensions between Armenia and Azerbaijan. In the late 1980s Armenia escalated activities to lay claim to Nagorno-Karabakh, an ethnically mixed region in western Azerbaijan adjacent to Armenia. To the dismay of Azerbaijan, Armenia's 1990 declaration on sovereignty identified Nagorno-Karabakh as its territory. Thus, even as Azerbaijan achieved its long-anticipated independence from the former USSR in 1991, the country found itself embroiled in yet another conflict.

Reaching its peak from 1988 until a 1994 cease-fire, the border war precipitated the flight of Azeris from Armenia, Nagorno-Karabakh, and surrounding areas, as well as an exodus of Armenians from Azerbaijan. Some Azeris are reportedly still being held in

Armenia: the Azerbaijan Commission for Military Hostages and Captives estimates that over four hundred women and children are among those forcibly detained.¹ Though armed skirmishes have waned, Armenian forces and forces of the self-proclaimed Republic of Nagorno-Karabakh continue to occupy 20 percent of Azerbaijan territory. Tensions resulting from the unresolved conflict contribute to the challenges of securing democracy in Azerbaijan. (President Heydar Aliyev assumed power following the 1993 overthrow of his popularly elected predecessor and in 1998 retained his presidency in a controversial re-election. The current parliament, though multiparty, is dominated by Aliyev's supporters.)

Situation of Refugees and Internally Displaced

Approximately 800,000 refugees and internally displaced persons (IDPs) are scattered in makeshift urban settlements or rural camps throughout Azerbaijan. As Azerbaijan counts on rich petroleum reserves and agricultural potential to secure its competitive future in the global market, the territorial dispute and its drain of government resources has cast a ten-year shadow over the country's transition to independence. The Organization for Security and Cooperation in Europe (OSCE) recently assumed responsibility for assisting in Nagorno-Karabakh negotiations. Even so, resolution and return of refugees and IDPs do not appear imminent. In a further crisis, the year 2000 saw some seven thousand Chechens join the ranks of Azerbaijan's refugees. Despite government reports suggesting that

the economy is on the upswing (manifested especially in the growing urban business class), the average per capita income is an estimated \$500/year.² According to the World Bank, 60 percent of Azerbaijan citizens live in poverty.³ Among those most affected are the unemployed majority within refugee and IDP populations. Not surprising, women and children are at greatest risk.

Status of Women

The contracting horizons of women refugees and IDPs are all the more discouraging given their high levels of literacy, education, and professional capacity: in some settlements and camps, the unemployment rate among women approaches 80 percent even though over a third of displaced adult females have specialized degrees and/or training.⁴ Perhaps even worse, encamped girls may not enjoy the same access to education that defined their mother's generation. According to a United Nations Development Program (UNDP) report, there has been a significant increase in the camps of girls withdrawing from school after they complete primary grades.⁵

To a certain extent, these latest disadvantages for women and girls are an extension of long-standing patriarchal traditions. Though Soviet rule supported girls' education and allowed for a working women's proletariat, women throughout Azerbaijan are typically underemployed, averaging wage rates 51 to 84 percent lower than their male counterparts.⁶ And though current laws allow for broad-based equal rights among the sexes, custom favors male leadership in both public and private spheres. Of the 125 members of the current parliament, eleven are women, and only two women direct ministries.⁷ A declining but existent practice of family voting permits men to cast ballots for their female family members.⁸ The constitution allows for marriage contracts on the basis of mutual consent, yet arranged marriages in which wives are incorporated into their spouse's family are reportedly still prevalent in rural areas, and traditions prescribe family authority to husbands.⁹ Although Azerbaijan has a strong culture of family reverence and mutual spousal respect, several women's organizations believe GBV to be endemic. However, revelations by survivors are inhibited by cultural taboos—one estimate places reports of domestic violence at 10 percent of the total number of cases.¹⁰

Both despite and because of cultural traditions, international, governmental, and local advocates are working to ensure that women's rights and gender issues receive adequate attention in the government's and civil sector's evolving agendas. Since the beginning of the Azerbaijan Republic, an estimated forty-four women's NGOs have formally registered.¹¹ In 1995 Azerbaijan signed the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); in 1997 UNDP initiated a comprehensive four-year Gender in Development (GID) project to support governmental institutionalization of gender planning and monitoring; in 1998 a presidential decree established the State Committee on Women's Issues (SCWI) to formulate gender-sensitive policies and programs; and in 2000 the Open Society Institute (OSI) and OSCE also incorporated gender concerns into their programming in Azerbaijan.¹² Despite this progressive orientation to gender issues, few organizations have initiatives to address the issue of GBV.

Gender-based Violence

During Conflict

There appears to be no documentation—*anecdotal or otherwise*—of violence that Azeri women or Armenian women living in Azerbaijan experienced during the height of the Nagorno-Karabakh war, though some IDP women have informally acknowledged that rapes were committed by Armenian soldiers during the conflict. Nor are data available about the abuses to which Azeri women currently held hostage in Armenia may be exposed.

Beyond Conflict

The limited statistics about GBV in Azerbaijan have been collected only recently, and those which exist focus on general exposure rather than war-related incidents. In 1998 the local women's NGO *Symmetry*, with funding and technical support from UNDP's GID project, undertook the first-ever survey on domestic violence against Azeri women, which found that 37 percent of women interviewed in four regions of Azerbaijan had been subject to violent family conflict.¹³ On the heels of *Symmetry's* research, the Azerbaijan Women's Development Center (AWDC), supported by the United Nations

Development Fund for Women (UNIFEM), surveyed eleven districts in the capital city Baku. The report on findings identifies sisters-in-law and mothers-in-law, as well as husbands, as perpetrators of violence. The report further contends that violence is related to poverty, and that women who possess their own property are less vulnerable to family violence. Although data comparing refugees and IDPs with non-refugees and non-IDPs were not teased from Symmetry's or AWDC's research, this last finding suggests that refugee and IDP women may be among the most likely victims, given their generally low economic status and lack of property.¹⁴

A study undertaken in 2000 by the Centers for Disease Control (CDC) and Relief International confirms this assumption. Initial results indicate that of 701 women surveyed, 25 percent had been forced to have sex (perpetrators unidentified) at some point in their life. Refugee and IDP women were at greater risk for forced sex than non-refugee and non-IDP women.¹⁵ A subsequent study by Pathfinder International and the Azerbaijan Sociological Association exclusively analyzed refugee and IDP women and found that 23 percent of women interviewed had been beaten by their husbands. Almost 10 percent reported they had been beaten two to three times in the month prior to the interview, and 10 percent had been beaten four or more times; of the remaining, 51 percent said they were not beaten, but a significant 26 percent did not wish to respond to the question.¹⁶

Stigma attached to reporting is surely one determinant of the high level of non-response to the Pathfinder investigation on domestic violence. Even if Azerbaijani women were to report, they would have little legal recourse or protection. No government-based programs exist to support survivors, and non-governmental programming is severely limited in geographic and programmatic reach. Although a law was recently passed declaring spousal rape a crime, no specific laws exist to protect women from other types of spousal abuse. And while rape of any kind is considered a serious crime, incidents are rarely prosecuted: official national statistics for 2000 reveal only forty-four reported cases.¹⁷ Few of the most vulnerable women seek medical help for gynecological problems that may arise from their victimization: over 67 percent of refugee and IDP women surveyed by Pathfinder had never visited a gynecologist, and over 75 percent did not know the meaning of "repro-

ductive health."¹⁸ If women were to reveal a sexual assault to their gynecologist, the doctor is compelled by law to report the case—another possible contributor to low numbers of survivors seeking help.

In this climate of limited protective services, economic despair, and silence regarding violence against women, other forms of GBV have apparently burgeoned. Participants at a 1999 conference on prostitution facilitated by the Society for the Defense of Women's Rights (SDWR) asserted that Baku was home to some thirty brothels, stimulating a very active campaign by the mayor to introduce a curfew on restaurants to decrease local nightlife.¹⁹ A field-based International Rescue Committee (IRC) health worker educating men about sexually transmitted infections (STIs) began targeting prostitutes for education after realizing that the growing sex industry in communities surrounding IDP camps in the western region of Azerbaijan was a potential source for the rapid spread of STIs.²⁰ Because national statistics on rates of HIV infection are extremely limited, it is difficult to determine whether the recent rise in reported HIV cases is the result of increased attention to the issue or increased rates of transmission. In any case, only two new cases of HIV infection were reported in 1996, whereas over seventy cases were reported in 1999.²¹

Although organized sex solicitation is illegal, sex transactions are considered a personal exchange and therefore outside the realm of prosecution. The laws on trafficking, however, have recently been revised to reflect concern about Azerbaijan's growing sex trade, so that forced prostitution now carries a ten- to fifteen-year sentence. Azerbaijan is reportedly a source and transit point for trafficked women en route primarily to Europe and the United Arab Emirates, as well as Saudi Arabia.²² A preliminary investigation of trafficking by the International Organization for Migration (IOM), the leading organization worldwide in responding to and preventing sex trafficking of women, identified advertisements in local Azeri newspapers offering work abroad to "pretty girls." One, for example, solicited "tall, pretty, English-speaking girls to apply as translators in the Netherlands—knowledge of the Dutch language not required."²³ Although undoubtedly some women freely choose to work in the sex industry, the findings of IRC, IOM, and representatives of local organizations suggest that women are often either forced into sex work because of economic circum-

stances or they are duped by false pretenses into being trafficked—or both.

Current GBV-related Programming

However preliminary the above-referenced studies, they confirm that domestic violence, sexual violence, prostitution, and trafficking exist in Azerbaijan. And yet, among refugee and IDP communities, where the high percentage of single women and scarcity of resources would seem to make women and girls all the more vulnerable to abuse, there is no programming to address GBV. In fact, the overall decline in funding for IDP populations has resulted in a commensurate waning of some of the most basic health and humanitarian services. Contraception, for example, was once available for free in health centers in the camps, but in a transition designed to reinforce government health services, contraceptives must now be purchased at central government hospitals. According to one camp doctor, legal abortions, which are relatively expensive and provided by hospitals and midwives, are the primary method of family planning among encamped IDPs. Although small enterprise and capacity-building initiatives facilitated by international NGOs typically have gender-inclusive quotas, no projects focus exclusively on the needs of women beyond basic reproductive health education. In addition, no local NGOs are providing services that target displaced women living in camps. Support by local NGOs appears more available to refugees and IDPs living in urban areas, but even there no programs specifically address the needs of victims of GBV. To the extent that Azerbaijan's refugee and IDP women are exposed to sexual or domestic violence, the vast majority manage it under a veil of traditional secrecy.

Imishli, Beylagan, and Barda

The western region of Azerbaijan bordering Nagorno-Karabakh is home to over a dozen refugee camps clustered around several of Azerbaijan's smaller cities, including Imishli, Beylagan, and Barda. While Baku is modern and cosmopolitan, cities in the west are more expressive of traditional culture. According to one female health provider living and working in an IDP camp on the western frontier, "Tradition says that no one tells family secrets." Health care workers, police, government representatives, and the IDPs themselves echoed this sentiment in interviews.

Nonetheless, both men and women acknowledged various types of violence within their communities, including family conflict, incest, prostitution, and rape. In one anecdote a young woman was required to marry her rapist after she reported the incident to her family. In another, a woman whose jaw was broken by her husband claimed to her doctor that she had fallen down. In yet another, a thirteen-year-old girl was raped and the perpetrator was punished only by being expelled from the community. Some felt that violence—particularly between husbands and wives—was increasing as a result of the tensions associated with years of displacement and economic decline. Divorce rates have reportedly risen. Virtually all those interviewed held that men were the heads of families—several believing that role to be "national law." According to some men and women, a husband's authority could be legitimately expressed in physical acts of discipline and punishment. Conversely, women's disappointed expectations that men should provide for the family's economic well-being have reportedly led to increased conflict instigated by accusing wives.

Although the majority of those interviewed denied the existence of prostitution, several men claimed that the number of prostitutes operating in roadside teahouses and hotels was increasing. They attributed the rise to an increase in single female-headed households. A notable percentage of prostitutes interviewed in research undertaken by an IRC health worker revealed they had been raped before entering the sex trade—and, in fact, had chosen prostitution because the stigma of rape prevented them from resuming a "normal" life.

A camp-based health care provider reiterated concern about prostitution, and assumed that some of those she examined for STIs were engaged in the sex trade, but she had not encountered any patients who indicated or revealed histories of sexual assault. Select health care providers within camps have been briefly trained in the delivery of emergency contraception for rape survivors, but supplies are not on hand and no medical protocols currently exist to respond to victims. Even though standardized protocols exist in the government hospitals—gynecologists are required to conduct forensic exams and report their findings to the police—reported rape cases are extremely rare and then apparently only from unmarried women. One hospital-based gynecologist believed that the few sexual injuries she saw were primarily the result

of young girls' sexual precocity and "not understanding the consequences" of sexual intercourse. In any case, unmarried girls who are discovered, through pregnancy or otherwise, to have been sexually active are generally required to marry the man with whom they had sex. (Age of consent and legal marriage for girls is seventeen in Azerbaijan, adjusted downward one year in special cases such as pregnancy.)

According to one police representative, issues of violence against women are settled within the family and do not come to the attention of the authorities. When women do approach police with an incident of domestic abuse—at the rate of one to two cases per month in the Barda area—they are typically advised to attempt to resolve their grievances within their families. In rare instances the police will investigate, but charges are more often dropped by the wives. It is impossible to estimate the number of cases for which there is police and judicial follow-through. Sex-disaggregated data only exist in cases of rape, for which statistics are submitted to the Ministry of Internal Affairs. Nevertheless, the government has reportedly begun to assign a female officer to each police precinct to deal with cases of women and children. It is unclear what the main function of the female officer will be, but such an initiative could improve the reporting rates of women and girl survivors.

Baku

Although the IDP populations living in makeshift apartment settlements on the outskirts of Baku may be slightly more integrated into their host community than their camp counterparts, they are in some ways just as vulnerable. Housing conditions are often unsanitary, unemployment is widespread, and the cost of living in the capital city is markedly higher than in rural areas. According to one urban IDP group, lack of resources has led to child trafficking—refugee and IDP families knowingly sell their children in order to support the family. In some cases husbands have left Azerbaijan to find employment in Russia, only to disappear, leaving women to support households—a possible determinant to the surge of prostitution in Baku.

The special needs of refugee and IDP girls living in and around Baku have been recognized by international, national, and local organizations. The SCWI, for example, lists refugees and IDPs as its primary

area of concern. Of the local women's NGOs operating in Baku, a few such as Symmetry, the SDWR, and the AWDC have received international financial support and technical assistance to work with women IDPs, providing services ranging from gender and human rights training to charitable relief. As with all services to refugees and IDPs, waning funding has curtailed some activities. Donor-driven competition for resources has also resulted in organizations initiating multiple programs without sufficient staff to administer and implement the varying activities. The NGOs run by IDPs themselves reportedly struggle for resources to remain operational, and are often staffed by volunteers. One such NGO, the Humanitarian Society for Azeri Refugees and Internally Displaced People, has at least five proposals pending, none of which has a promising donor. As in the camps, there do not appear to be any services to address violence against women and girls, even though local NGOs have instituted anti-violence initiatives for the population-at-large. A short-lived local program to provide legal and psychosocial services to refugee and IDP women victims of violence was not refunded, apparently because of organizational problems, and there is no information available about its impact or success. Although a coordinating body was reportedly convened in the mid-1990s to deal with refugee and IDP women's issues, it is no longer operational.

Summary

Azerbaijan is a country in transition and yet, for the majority of its 800,000 refugees and IDPs, life is not improving. Women and children, as is the case worldwide, are among the most affected. They comprise over 70 percent of the total IDP population in Azerbaijan. In recent years, several research efforts have revealed that violence is one component of the Azeri woman's vulnerability. Notably, none of that research examines violence women may have experienced during or in flight from the Nagorno-Karabakh conflict, though global precedent suggests that some percentage of Azeri women and girls—now refugees and IDPs—were likely victims of conflict-related sexual violence. Tradition apparently compels women to silence, and yet, when directly asked about their experiences of violence, a significant number of Azeri women have acknowledged exposure.

Such disclosure has not yet stimulated services for victims, especially those living as refugees and IDPs. However, various initiatives are underway that may encourage more comprehensive GBV policies and programs, which may in turn positively impact the refugee and IDP populations. The UNDP's GID project and the SCWI have already succeeded in their advocacy for more gender-equitable legislation addressing a variety of women's economic, social, and family rights. The SCWI is currently assisting in revising legislation so that Azerbaijan's laws adhere to European Union standards, and as such spousal abuse will likely be introduced into the criminal code. International donors and organizations, such as the British Embassy, OSI, and OSCE are directly engaged in or are supporting violence prevention programs. IOM has initiated a project to investigate sex trafficking. As mentioned above, local police departments will soon include female officers tasked with responding to concerns of women and children. UNFPA included some messages on violence in its television programming on health. According to a UNIFEM representative, a group of women doctors is interested in improving medical response to domestic violence. Several local women's organizations, such as those listed above, are leading the way in local research and advocacy on women's rights. Symmetry has designed community education regarding violence against women, and the SDWR has developed health services for women working in the sex industry. Their representatives have expressed a strong interest in collaborating more closely with the refugee and IDP populations on GBV issues.

Given the current economic instability in Azerbaijan, none of these efforts or ambitions will be successful without ongoing international financial and technical support. Nor will they have a positive impact on Azerbaijan's refugees and IDPs without a concerted effort to extend programming to these populations, in both urban and rural settings.

Recommendations

1. The Azerbaijan government and supporting U.N. and other international organizations should undertake nationwide violence prevention and education campaigns that include strategies to target isolated refugee and IDP communities. Campaigns should alert men and women to changing legislation, sensitize men and women to issues related to GBV, and provide information about services available to survivors.
2. The government and supporting U.N. and other international organizations should undertake specific activities to identify, protect, and return women forced into the sex industry. The Ministry of Internal Affairs and the Ministry of Justice should be held accountable for ensuring that cases of trafficking and forced prostitution are thoroughly investigated and that laws against sex traffickers and brothel organizers are exercised to their fullest.
3. The Ministry of Health and relevant international NGOs should ensure that all camp-based medical facilities and government hospitals have standardized protocols for responding to survivors of violence. Hospitals should have rape treatment kits and examination equipment, and services should be confidential and free of cost. Doctors should be trained in appropriate medical response and referral.
4. Government and local NGOs should administer community-based psychosocial programs designed to respond to the needs of women, with particular focus on those exposed to GBV. The government should fund and protect confidential shelters for those women wishing to leave violent situations. Select shelters should be proximate to refugee and IDP centers and settlements, and women should be alerted to their presence. The government should also support local organizations to institute telephone hotlines and other services relevant to potential victims.
5. The Ministry of Internal Affairs, the Ministry of Justice, and the Ministry of Health should require sex disaggregated data on violence against women and girls, and should institute structures for regularly reviewing the data and for adjusting national prevention and response activities.
6. The Ministry of Internal Affairs should ensure that all police officers are trained in the appropriate application of existing laws in the prevention of and response to GBV.
7. The Ministry of Justice should ensure that judges and lawyers are similarly trained regarding

changing laws, and that cases are tried confidentially and expeditiously. The Ministry of Justice should also support local initiatives that provide free or reduced-cost legal support to refugees and IDPs.

8. The SCWI should be fully supported by the international community and the Azerbaijan government in their efforts to monitor ministries' implementation of GBV-related policies and programs.

Notes

- 1 Symmetry, *Women and Violence* (Baku, 1999), 27.
- 2 U.S. Department of State, *Country Reports on Human Rights Practices: Azerbaijan* (Washington, D.C., 2001), 1.
- 3 U.S. Department of State, *Country Reports on Human Rights Practices: Azerbaijan*, 1.
- 4 United Nations Development Program (UNDP), *Azerbaijan Human Development Report, 2000* (Baku, 2000), 55-57.
- 5 UNDP, *The Report on the Status of Women of Azerbaijan Republic* (Baku, 2000), 53.
- 6 UNDP, *Azerbaijan Human Development Report 2000*, 22; see also, UNDP, *The Report on the Status of Women of Azerbaijan*, 17.
- 7 U.S. Department of State, *Country Reports on Human Rights Practices: Azerbaijan*, 14.
- 8 U.S. Department of State, *Country Reports on Human Rights Practices: Azerbaijan*, 14.
- 9 UNDP, *The Report on the Status of Women of Azerbaijan*, 21.
- 10 UNDP, *The Report on the Status of Women of Azerbaijan*, 23.
- 11 UNDP, *The Report on the Status of Women of Azerbaijan*, 10.
- 12 UNDP, *The Report on the Status of Women of Azerbaijan*, 12.
- 13 Symmetry, *Women and Violence*, 30.
- 14 Azerbaijan Women and Development Center, *The Problem of Exploitation of Women in Family: The Ways of Its Solution* (Baku, 1999), 9.
- 15 J. Kerimova, S. F. Posner, Y. T. Brown, J. Schmidt, S. Hillis, S. Meikle, J. Lewis, and A. Duerr, "Factors Associated with Self-Reported Forced Sex Among Azerbaijani Women" (unpublished abstract presented at the Reproductive Health for Refugees Conference, Washington, D.C., December 2000).
- 16 Pathfinder International, *Knowledge, Attitude and Practice of Refugees and IDPs Towards Reproductive Health and Family Planning Issues* (Baku, 2000), 30.
- 17 U.S. Department of State, *Country Reports on Human Rights Practices: Azerbaijan*, 14.
- 18 Pathfinder, *Knowledge, Attitude and Practice* (Baku, 2000), 15.
- 19 U.S. Department of State, *Country Reports on Human Rights Practices: Azerbaijan*, 14.
- 20 International Rescue Committee, "Report on Prostitution in Roadside Teahouses and Cafes" (unpublished report of the Health Education Program, Azerbaijan, 1999), 1.
- 21 UNDP, *Azerbaijan Human Development Report 2000*, 45.
- 22 U.S. Department of State, *Country Reports on Human Rights Practices: Azerbaijan*, 17.
- 23 International Organization for Migration (untitled internal report, Baku, June 2000), 23.

Post-conflict Situation in *Bosnia and Herzegovina*

June 18-27, 2001

Background

Historical Context

In March 1992, following the lead of Slovenia and Croatia, Bosnia and Herzegovina (BiH) declared autonomy from the crumbling Socialist Federal Republic of Yugoslavia. Under Marshal Tito's extended post-World War II rule, each of Yugoslavia's six republics retained the constitutional right to secede. But when BiH moved to exercise this right twelve years after Tito's death, its independence referendum was met—by Yugoslavia's increasingly extremist Serbian nationalist movement—with the same outrage and resentment that had instigated earlier military offensives in Slovenia and Croatia. Whereas Slovenia's war lasted ten days and Croatia's seven months, the conflict in BiH persisted over three years, killing and "disappearing" an estimated quarter million of the 4.1 million population, displacing another two million, and devastating virtually every sector of BiH's society. In some measure, the protracted war was the catastrophic outcome of what was once perceived as a strength of BiH: its multiculturalism.

Before 1992, some 42 percent of Bosnians were Muslim, 33 percent Serb, and 18 percent Croat; the small percentage remaining was comprised of Roma and other minority populations. At the outset of BiH's war, Croat and Muslim factions united in opposition to the nationalist Bosnian Serbs, but rising tensions and territorial disputes led to a Bosnian Croat separatist movement that ignited a "war within a war" and fueled fighting throughout the country. The

nationalistic strategies that defined the ensuing conflict aspired to ethnic homogeneity. As such, ethnic cleansing—expelling undesirables from targeted towns and regions through such tactics as murder, rape, terror, and propaganda—became a hallmark of the war. Two years into BiH's depredation, international mediation succeeded in reunifying Muslim and Croat forces, whose subsequent combined military success forced the Serbs into negotiations. In December 1995, the historic Dayton Peace Accords were signed, establishing under the "state" of BiH two separate "entities," each with political, legislative, and judicial autonomy. One, the Federation of Bosnia and Herzegovina (hereafter "the Federation") comprises 51 percent of BiH territory and is home to Bosniacs (Muslims), Croats, and several ethnic minority groups. The other, the Republika Srpska (RS), covers the remaining 49 percent, and is home to the majority of Bosnian Serbs.

Current Government

Since the implementation of the Dayton Accords, BiH's simultaneous peace process and transition to a pluralist democracy have been overseen by multiple international intergovernmental organizations. The Office of the High Representative (OHR) is responsible for the overall civilian implementation of the Dayton Accords. The United Nations Mission in Bosnia and Herzegovina (UNMIBH) is responsible for maintaining peace and is primarily comprised of the Judicial System Assessment Program (JSAP) and the civilian International Police Task Force (IPTF). The Organization for Security and Cooperation in

Europe (OSCE) deals with democratization; the United Nations High Commissioner for Refugees (UNHCR) addresses the rights and return of refugees and the internally displaced; and the United Nations Office of the High Commissioner for Human Rights (OHCHR) monitors and assists in the implementation of trainings and reforms that facilitate social and economic rights. U.N. development agencies are in charge of the long-term socioeconomic, cultural, and political development of BiH society. Military field operations in Bosnia are overseen by the NATO's Stabilization Force of the Partnership for Peace (SFOR).

However intricate, the organizational complexity of international oversight and protection in BiH pales in comparison to BiH's own institutional structures, where the independent and unique Federation and RS governments present ongoing challenges to the goal of national unity. The national- or "state"-level government of BiH has a parliamentary legislature with representatives from both the Federation and RS; a constitutional court; and an executive Council of Ministers (CoM). The CoM is composed of six departments responsible for areas of national jurisdiction, including foreign affairs, civil affairs, communications, foreign trade and economic affairs, European integration, human rights and refugees, and state treasury. Practically speaking, however, the six ministries rely on the Federation and RS entities to enforce its rulings, and control over the social, economic, health, security, and judicial sectors—virtually all aspects of public administration—is the preserve of the respective entity governments.¹

Status of Women

Inside this labyrinth, and in the wake of a resurgent patriarchy that accompanied the rise in nationalism preceding and during the war,² women have suffered from a lack of government-level representation and support. Despite the fact that the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) was ratified first by Yugoslavia, later by the newly independent BiH, and acceded to again through the Dayton Accords, the Accords contain no separate provisions of their own about gender.³ As a consequence, according to a 2000 U.N. Common Country Study, gender equity was neglected in the early years of reconstruction: "Most policy and program activities have been implemented by and for men" such that "the position of women in BiH

has deteriorated markedly since the early 1990s, with their problems still seen as marginal."⁴ This failure to recognize officially the needs of women flies in the face of the special impact the war has had on them. Aside from their well-documented exposure to GBV described below, it is widely believed—though undocumented—that high numbers of women were widowed by war, contributing to a post-conflict sex ratio imbalance in which females average 55 percent of the population.⁵ A 1998 World Bank study estimated that women headed 16 to 20 percent of all households.⁶ Even so, property and inheritance rights still favor men; domicile reconstruction efforts have no special provisions for women; and the limited reproductive health services available to women are underutilized because of cultural norms and prohibitive fees. Employment is especially problematic for displaced, rural, middle-aged, and older women whose levels of education and professional expertise are significantly lower than their male counterparts.⁷ Even in cases where women find work, their wages may be as much as 20 to 50 percent lower than those of men in comparable positions.⁸

Because of these gender inequities, some international government-based initiatives have been introduced in the last several years to advance the rights of women. OSCE has been crucial to the success of quotas improving women's representation in politics—with women officials jumping in 1998 from 5 percent and below to 15 percent and above in select state and entity bodies. OHCHR, whose head of office has been a staunch and well-respected advocate for local women, has lobbied for improved legislation and was the primary force behind the early success of OHR's Gender Coordination Group. The international community in BiH established this group in 1999 as the first inter-agency initiative to address gender issues. Elizabeth Rehn, the Special Representative of the Secretary General to UNMIBH from 1997 to 1999, was outspoken in her criticism of UNMIBH's failure to incorporate women in its ranks and in the ranks of the local police force. She also publicly acknowledged the phenomenon of domestic violence, serving as an inspiration to many Bosnian women and women's organizations.⁹ More recently, the United Nations Development Program (UNDP) has taken on the task of assisting each entity government to produce a CEDAW report, and the Independent Bureau of Humanitarian Issues (IBHI), funded by the Finnish government, is supporting gender mainstreaming in government and civil society institutions

throughout BiH. The IBHI is also spearheading a project to facilitate the Federation government's newly established Gender Center (planned for replication in RS), which currently suffers from vaguely formulated mandates.¹⁰

Although U.N. and other government oversight institutions have made recent advances in addressing gender issues, the most powerful voice for women has come from the growing civil sector—local women's organizations and the international organizations that support them. It was women's NGOs, in fact, that launched BiH's civil society during the years of conflict, introducing welfare programs for refugees, elderly, and other vulnerable groups, as well as counseling and medical care for survivors of war-related rape.¹¹ In 1996 these NGOs converged at the first Conference of Women in BiH to strategize about their post-conflict roles. Many NGOs born during the war continue, and others have started subsequent to the Dayton Accords—a mushrooming felt by some to reflect women's "exclusion from representative and executive-level politics."¹² It is this sector that has had particular influence in advancing programming often peripheral to government agendas, such as prevention and response activities related to GBV.

Gender-based Violence

During Conflict

International coverage of sexual violence during the first year of the Bosnian conflict—however sensational and compromising to survivor confidentiality—set the stage for modern reporting on the issue, stimulating public interest in GBV as a component of warfare and heightening sensitivity to the phenomenon in subsequent conflicts, most notably Rwanda and Kosovo. By now much has been published about the systematic and strategic rape of women and girls during the war in BiH, though precise data remain elusive. In September 1992 the BiH government released a report citing evidence of the rape by Serbs of at least 13,000 women and girls, the majority of whom were Muslim, hypothesizing that the actual number was closer to 50,000.¹³ A follow-up study by a European commission suggested that the numbers were around 20,000.¹⁴ Weighing in around the same time, the Commission for War Crimes in the former Yugoslavia alleged that 800 Serb women were victims

of rape by Muslim forces.¹⁵ Regardless of numbers and whoever the perpetrators, it is widely agreed that rape was a systematic rather than incidental part of the war. Women and girls were sexually assaulted in the presence of family members, sequestered in rape camps, forced into sexual servitude, intentionally impregnated, and subject to genital mutilation. There are also accounts of sexual abuses suffered by men and boys, including injuries to sex organs, castration, rape, and forced sex among imprisoned male relatives.¹⁶

Although few men have been willing to come forward with testimonies of torture and GBV suffered during the war, women's experiences have been somewhat easier to get access to. Some have even been collected in the book *I Begged Them to Kill Me*, published by an association of concentration camp survivors.¹⁷ Although the exposure of women victims of rape in the international media further stigmatized some of those who came forward,¹⁸ their willingness to report had a historic effect on international law as it relates to GBV. In a landmark verdict by the International Criminal Tribunal for the former Yugoslavia (ICTY), sentences handed down in 2001 to three Serbs were the first ever based solely on crimes of sexual violence against women, as well as the first to recognize GBV as a crime against humanity. Survivors' reports also stimulated funding for psychosocial programming, which has in turn raised awareness about other forms of violence experienced by women.

Beyond Conflict

One of the most pressing forms of GBV identified by local women's NGOs is domestic violence. Violence in the BiH home is apparently not only normative, but an expression of the widely accepted right of husbands to discipline their wives. According to a local opinion poll conducted by the Sarajevo-based women's NGO Zena Zenama, 44 percent of the 169 male and female respondents felt that violence against women in BiH was "extremely high," due primarily to the "deep roots" of patriarchal traditions.¹⁹ Of one hundred women polled by another NGO, Zena Sa Une in Bihac, 96 percent concurred that women should be punished if they do something wrong in the marriage or in the home.²⁰ Given these attitudes, it is perhaps not surprising that no legal provisions specifically addressing domestic violence or rape in marriage existed in Yugoslavia's legal code; nor were there any services for survivors before the war.

After the war, several women's NGO captured, through service statistics and surveys, the nature and scope of domestic violence in BiH. Of over five hundred women from the Zenica region interviewed in 1998 by Medica Zenica, 23 percent had been beaten by their partner, and, of those, a quarter had been beaten multiple times.²¹ A subsequent study using the same survey instrument to analyze GBV within Zenica's minority Roma population reported that 44 percent of 106 women interviewed were survivors of partner violence, 33 percent of whom had experienced violence over an extended period.²² In research conducted by a Mostar NGO, Zena BiH, one-third of one thousand women randomly interviewed in the Mostar area had personally experienced domestic violence.²³ The NGO United Women, based in Banja Luka, recorded in its service statistics that of the seven hundred women utilizing their legal counsel over three years, 70 percent reported domestic violence.²⁴ Similar service statistics from hotlines in Gorazde, Sarajevo, and Mostar recorded reports of domestic violence, exposing the issue of not only partner violence but also violence against mothers by their sons.²⁵

As is often the case in post-conflict settings where no data preexist, it is difficult to determine whether domestic violence in BiH increased following the war or whether reporting has increased with the introduction of victim services. A rise in trafficking of women, on the other hand, has been directly attributed to the post-war environment, where the presence of an international community, high levels of corruption, and a fragile transitional economy conspire to promote the sex trade. The success of sex trafficking in BiH may also be related to the historic indifference toward "voluntary" local prostitution, which also increased following the war.²⁶ Although prostitution is illegal, it is considered a private affair and is rarely prosecuted. Public complacency about prostitution is evident in the outcome of research undertaken by a women's NGO in RS; when surveyors queried people on the streets about the existence of brothels and their illegality, the vast majority of respondents knew of their existence and believed their activities to be legal.²⁷

A 2000 report of the Joint Trafficking Project of UNMIBH and the OHCHR describes BiH as a major destination point for women trafficked from Eastern Europe. The report attributes the success of the sex trade to "obstruction, obfuscation, and simple

passivity" that "permeate the law enforcement and policy apparatus of the State at every level."²⁸ Charges aired by an IPTF police officer in 2000 implicated U.N. and SFOR personnel in the promotion of the sex trade, to which UNMIBH issued denials, declaring that those found guilty would receive punishment "commensurate with the gravity of the offences."²⁹ Following a series of raids on brothels in Prijedor, six officers were in fact discharged for using the services of the women they were rescuing, though no declamatory marks were recorded in their military records.³⁰ Despite the possible complicity of officials, over three hundred trafficked women and girls ranging from thirteen to thirty-six years of age have been rescued since 1999. After receiving temporary shelter by the International Organization for Migration (IOM), they are returned to their countries of origin, primarily Moldova and Romania.³¹ Testimonies of their experience to UNMIBH and IOM suggest that trafficked women are held in brothels against their will, sometimes tortured, often forced to have unprotected sex, and denied access to health services by brothel owners.

Current GBV-related Programming

Although the Dayton Accords did not recognize gender—or GBV—within its articles, psychosocial programs targeting women proliferated during and after the war. Many of these short-lived programs provided only curative services to rape and torture survivors and were based on a generalized trauma treatment model. They did not facilitate ongoing programming to address GBV as a pervasive social phenomenon. Even in the case of the UNHCR-administered Bosnian Women's Initiative (BWI)—whose initial \$5 million donation from the U.S. Department of State in 1996 was the largest source of post-war funds for Bosnian women's empowerment activities—grants supporting GBV programming were generally small-scale and short term, and funding distribution lacked an overall strategy for GBV prevention and response.³² As a result, by 1998, when OXFAM conducted research throughout the Balkans on domestic violence, its findings indicated that in BiH no standardized services existed *at any level* for survivors. Police, health services, government-run centers for social work, and most legal advocates were ill-prepared to respond to the issue of GBV. Furthermore, legislation was not supportive of

victims, requiring women seeking prosecution for anything other than “grievous bodily injury” to initiate the legal process at their own expense.³³

In spite of the early limitations of post-war GBV prevention and response programming, several initiatives instituted collaboratively by local women and international organizations during and directly following the war set the stage for later activities. These initiatives not only improved local awareness and response to violence, some provided models for programming that were replicated elsewhere in BiH. They also formed a critical advocacy base for GBV issues, encouraging the eventual involvement of many of BiH’s major international institutions in GBV prevention and response activities, and influencing the design of more gender-equitable legislation. Those considered in the vanguard include Medica Zenica in Zenica, Anima in Gorazde, Koraci Nade in Mostar, and United Women in Banja Luka.

Zenica

Of the psychosocial projects developed to address war-related violence against women, Medica Zenica was the first. It is also the most comprehensive and well-known anti-violence NGO operating in BiH. Conceived in 1993 by a German activist working in collaboration with local women professionals, Medica quickly expanded its original mandate of responding to the needs of raped women to include multiple support services for women in need. With ongoing training and financial support by a German philanthropic organization, which evolved as a result of the work of Medica’s founders, Medica has grown from a fifteen-member to an eighty-member association. It consists of autonomous yet interrelated projects, including a counseling center, medical services, a hotline, and two safe houses with education, training, and micro-enterprise activities. Its research and communications unit, Infoteka, serves as a global model for advocacy activities that are critical to the prevention of and response to GBV. Infoteka was the first to conduct population-based research on violence against women in BiH, and the only local NGO to have research published. With international training on social marketing from agencies such as CARE, Infoteka has also designed multiple community education campaigns for which they have had measurable success.

Medica also inspired the creation of one of the first

free legal centers in post-war BiH, the Center of Legal Assistance for Women (CLAW). With support from the international NGO Kvinna till Kvinna, the Center has been operating in Zenica since 1996. In addition to providing direct services to women on issues such as property rights, CLAW actively supported the creation of a network of legal centers operating across BiH, whose activities have been critical to formulating more gender-sensitive legislation.³⁴ In collaboration with a lead organization, the Sarajevo-based International Human Rights Law Group (IHRLG), CLAW and other legal advocates contributed to a comprehensive analysis of laws related to women’s human rights in BiH. The resulting reference publication not only identifies existing laws relevant to areas such as labor, health, GBV, education, and political participation but also provides recommendations that have formed the basis of efforts to draft more gender-equitable laws.³⁵

In recognition of Medica’s expertise, the OHCHR chose Zenica as the location for a 1999 pilot project designed to support the prevention and prosecution of GBV by creating a coordinated community network of services for women survivors of violence. Several international institutions and organizations, such as UNMIBH, OXFAM, and IHRLG worked with OHCHR and Medica to establish protocols for case management within sectors involving the police, social and health services, and judiciary, and to reinforce sectoral links. Specific project activities included sector-based trainings, the implementation of a multi-sectoral task force, and a community-based GBV awareness campaign.

Representatives from Medica have hailed the pilot project as a success. Whereas before cooperation with NGOs, police, and judiciary was problematic, the trainings have facilitated coordination and mutual support among the sectors, resulting in more effective and efficient services for women in the Zenica region. However, lack of funds has precluded replication of activities in other parts of BiH.

Gorazde

The International Rescue Committee (IRC) was the first international NGO to assess the post-war sexual and reproductive health of women living in Gorazde, a decimated border city surrounded on three sides by RS territory. Several GBV-related questions within IRC’s 1997 survey revealed high levels of domestic

violence: 55 percent of women interviewed knew at least one woman who had been beaten by a husband or boyfriend.³⁶ IRC responded to the findings by supporting the local NGO Anima's effort to establish BiH's first GBV hotline. As part of a campaign to promote the hotline, a local well-known media figure hosted regular radio programs in which she acknowledged her personal exposure to domestic abuse. Anima also conducted outreach to local police and social services, facilitating sectoral coordination and case management of women reporting to the hotline. The Gorazde police began disaggregating statistics on domestic violence, an action unprecedented throughout BiH. Their data suggest that police intervention combined with community education has been a success in Gorazde. According to local police representatives, an initial surge in police reporting subsequent to the media campaign was followed by a decrease in both new and repeat cases of domestic violence. In a similarly unprecedented move, the center for social work in Gorazde assigned a worker to deal exclusively with domestic violence cases. IRC's 1999 follow-up survey found that respondents who knew a domestic violence victim had dropped from 55 percent to 36 percent, and those agreeing that a man is entitled to hit his wife "if she does something wrong" dropped from 29 percent to 14 percent.

Anima's hotline was a model for subsequent hotlines now in place in Bihac, Mostar, Zenica, Tuzla, Travnik, and Sarajevo. The Tuzla, Zenica, and Sarajevo lines not only provide phone counseling but also offer follow-up services such as referrals to shelters and counseling. Most recently, the Federation government has instituted a federal system of hotlines, with a plan to add more. It also plans to coordinate with the RS, whose only hotline currently runs out of Banja Luka. Despite the success of the hotlines, just one offers 24-hour support, and the majority must generate private funding. The Gorazde hotline, for example, was shut down after two years for lack of funds, even though in IRC's 1999 follow-up survey 95 percent thought the hotline was a good idea, and 89 percent said they would use the hotline if they were in an abusive relationship.³⁷ Attempts to solicit potential donors continue to be unsuccessful, and the Gorazde hotline remains shut down.

Mostar

The divided town of Mostar is a catastrophic example of Bosnia's "war within a war." At the outset of

fighting, Mostar's Croats and Bosniacs united to rout the Serbs, but later turned against one another in a conflict that split the town along ethnic lines, with the Croats living in the east and the Bosniacs in the west. In the midst of war, Marie Stopes International initiated emergency services targeting displaced, refugee, and war-traumatized women on both sides of Mostar's divide. Although the activities in Mostar are similar to others spearheaded by Stope Nade throughout BiH and Croatia, the sustained breadth and reach of the Mostar-based programs are exemplary, especially in light of Mostar's continuing ethnic tensions.

A primary initial objective of the Stope Nade program was to identify and assist women victims of war-related rape through the grassroots provision of psychosocial and health services. Their approach departed from BiH's plethora of psychosocial programs in that Stope Nade relied heavily on local women to design and provide services, which in turn enhanced program flexibility and cultural sensitivity. Early difficulty gaining access to rape victims necessitated a shift to a broader mandate, inclusive of all war-affected women. A team of local women established therapeutic "talking groups" in women's centers, private homes, and vacant buildings throughout Mostar, as well as educational and occupational activity groups. Within two years of its inception, the Stope Nade program was fully incorporated as a local NGO, receiving ongoing funding from Marie Stopes International, Kvinna till Kvinna, and other donors. Now known as Koraci Nade, the organization runs four centers in east and west Mostar and one center in nearby RS. Operations in east and west Mostar as well as the RS—unusual among NGOs in the region which do not typically work across ethnic boundaries—allow for activities that bridge ethnic difference. In fact, the center in RS was the first in post-war BiH where Croats, Bosniacs, and Serbs convened. Each center provides psychosocial, educational, occupational, and health services targeting women and youth, and each promotes a self-help model. Koraci Nade also conducts mobile outreach to women in need of legal and counseling services and media campaigns on issues such as adolescent development and domestic violence.

Although the Koraci Nade program does not exclusively target women survivors of GBV, it has basic forensic and counseling protocols in place. Other organizations have since developed in Mostar with

similarly broad-based activities. For example, the women's NGOs Sumeja and Ideja both provide a mix of legal, psychosocial, and educational services to women in Mostar and surrounding towns. The only Mostar organization notable for specifically targeting survivors is Zena BiH—its hotline and research initiatives directly serve victims of violence. Although Zena BiH sees a strong need for a shelter, lack of funding has prevented the NGO from being able to provide anything other than temporary accommodations to women on an informal, ad hoc basis.

Insofar as Zena BiH is the only Mostar NGO specifically addressing the needs of survivors, the result is that GBV-related coordination and cooperation among women's NGOs and other sectors, especially the police and judiciary, have not been developed in Mostar. In contrast to Zena BiH's research finding that Mostar women experience high levels of violence, a senior representative of the Mostar police maintains that there are no reported cases of prostitution or trafficking, and that the incidence of other forms of GBV is low—though exact numbers are impossible to obtain because the police do not disaggregate data on reported cases. Pending funding, the pilot project to create a coordinated community network of GBV services initiated by OHCHR in Zenica is planned for replication in Mostar.

Banja Luka

The largest city in RS and the site of extensive ethnic cleansing during the war, Banja Luka is one of a limited number of places in RS with activities targeting GBV. One leading women's organization is United Women (UW), a local NGO established in 1996 to provide support to war-affected women. Their service statistics represent the only data available on domestic violence in RS. Over a four-year period 70 percent of UW's clients came forward with complaints of partner violence. Staffed with a paralegal, lawyer, social worker, psychologist, and assisted by a cadre of volunteer professionals, UW operates the RS's single hotline. The organization also provides case management and psychosocial services to women in need and manages a legal program that includes free counsel and court representation.

A UW collaboration with a local human rights organization, the Helsinki Citizens Assembly (hCa), has resulted in the groundbreaking project "Woman

Today." The project's community roundtable series on issues relevant to women set a standard for community education that has since been imitated by local and international NGOs throughout RS. When first introduced in 1997, the project limited its topics to women's health and other "neutral" concerns. After gaining a reputable footing, roundtable discussions among an average of twenty to forty community participants embraced more controversial subjects such as human rights, domestic violence, and equality. Several of the roundtables were broadcast over radio and television, with their contents recorded in reports subsequently distributed to local and international organizations and government institutions.

Since collaborating on the "Woman Today" roundtables, hCa has developed modules for elementary school education on issues of gender, tolerance, conflict resolution, and domestic violence. The large base of hCa membership has made the implementation of the modules elsewhere in RS easier. The organization's board also supports UW's legal offices, and hCa members volunteer on the UW hotline. The cooperation exemplified in UW's and hCa's activities provides a paradigm for extending NGO impact. Roundtable discussions and trainings have increased awareness and sensitivity of local police and judiciary, as well as coordination among the sectors. The service statistics from UW were also used in advocacy to create laws in the RS specifically addressing domestic violence.

Sarajevo

It is often the case that GBV activities radiate from progressive initiatives established in a given country's capital city. In BiH the opposite may be true. Field-based NGOs such as Medica Zenica, Anima, Koraci Nade, Zena BiH, and UW have given voice to women's concerns throughout BiH, highlighting GBV as an issue of national importance. The reach of most of these NGOs—in terms of both service delivery and advocacy—has been significantly enhanced by the sustained financial and technical support of the international community, most notably from donors with overt mandates to support women's rights, such as Medica Mondiale, Delphi International/STAR Network, OXFAM, and Kvinna till Kvinna. More recently, and perhaps as a result of the impact of field-based programming, GBV-related projects have accelerated in the capital of Sarajevo. A domestic violence shelter supported by an Italian NGO opened in

2000, and is operating at its maximum fifteen-to twenty-client capacity. Zena Zenama, a multiethnic and multiservice local women's rights NGO, also introduced GBV activities in 2000, conducting the only community-based research on violence against Sarajevo women and establishing hotline services several hours each day. Another Sarajevo hotline offering 24-hour support, Tele Apel Telefon, subsequently opened with funding from the Netherlands NGO Healthnet International and is now leading the newly established network of hotlines in the Federation.

Among Sarajevo's international institutions actively addressing GBV issues, the OHCHR has taken the lead in raising awareness within national and international bodies, as well as in facilitating coordination and linkages among women's organizations, both governmental and non-governmental, international and local. Collaborative efforts of the OHCHR, OHR, IHRG, and local NGOs have resulted in changes in legislation in the RS and the Federation. Each entity now has provisions addressing domestic violence—though their differing degrees of protection are still subject to revision. UNMIBH has implemented sensitization training for its IPTF officers on how to respond to domestic violence and, most recently, has launched a nationwide media campaign encouraging survivors to seek police protection and support.

In 1999 OHCHR began a joint effort with UNMIBH to address the issue of trafficking of women, stimulating several local, governmental, and international initiatives. Draft legislation criminalizing trafficking is currently pending entity approval. The IHRG has produced a trafficking training manual for legal professionals, and select NGOs have been organized by the OHCHR into a consultative anti-trafficking coalition. OHR's inter-agency Gender Coordination Group now facilitates a subgroup on trafficking, and the BiH government has formed an interministerial task force that has produced a national platform of action. The IOM, which conducted a community sensitization campaign on trafficking throughout BiH, currently manages a shelter for trafficking survivors in Sarajevo and oversees survivor repatriation. The United Nations Population Fund (UNFPA) is developing a proposal to augment health services for rescued trafficking victims. UNMIBH recently launched a Special Trafficking Operational Program (STOP) to improve and hasten police investigations

regarding trafficking, one component of which is to introduce more women officers into the IPTF field offices. Select local police precincts have also established specialized trafficking units, increasing demand for female police recruits. At the regional level, a task force sponsored by the Stability Pact for Southeastern Europe (SEE) was launched in 2000. Its priority areas of prevention, protection, return, and reintegration are coordinated by participating SEE governments, international institutions such as OSCE, the Council of Europe, IOM, OHCHR, the United Nations Children's Fund (UNICEF), and other international and local NGOs.

Summary

During and following the war in BiH, programs focusing on the needs of women survivors of war-related sexual assault received considerable humanitarian support. The strong leadership of local women and the long-term, substantive, and flexible financial and technical support of donor organizations sustains those programs that remain in operation. Such support has allowed local organizations to adapt to the shifting needs of their constituencies, and to create imaginative and culturally appropriate GBV initiatives. Such support has also been the exception. In spite of research and service statistics suggesting GBV is a pervasive post-war phenomenon, the majority of communities throughout BiH still have very limited GBV prevention and response activities. Competition for funding, as well as limited donor support of GBV-related activities, has compelled many women's organizations to diversify their range of activities, such that GBV activities are infrequently afforded primary focus. Where targeted GBV activities have been supported—in Zenica and Gorazde, for example—outcomes have included increased community awareness and survivor reporting. These outcomes are the result of institutionalized coordination among local NGOs, police, social services, and the judiciary.

Although international and national government structures have generally lagged behind NGOs in promoting attention to GBV, the activities of local and international NGOs, combined with the efforts of the OHCHR and the work of the members of OHR's Gender Coordination Group, have in the last several years stimulated entity and state action. These include adoption of new legislation addressing domestic violence, creation of a national plan of

action to address trafficking, and the Federation's network of hotlines. Despite these advances, international and local advocacy has yet to result in government-supported protocols or programs addressing GBV. Medical documentation is usually a prerequisite to prosecuting rape and domestic violence cases, but survivors must pay for services. Health establishments are not supported or monitored for quality of GBV-related services, nor are they required to submit GBV data at the local, entity, or state level. Local police have had limited training on GBV and are similarly not required to collect or submit GBV-related data. Accounts from women's NGOs suggest that the majority of local police remain reluctant, as in the case of Mostar's police representative, to intervene in domestic disputes. Many members of the judiciary are reportedly not sensitized to new laws, especially in higher courts, and there have been no efforts to analyze judicial response to GBV cases. Most centers for social work, which exist throughout BiH and could be a natural entry point for survivors seeking support services, have received no training in GBV and are not required to collect and submit data related to GBV.

Recommendations

1. Legislation and policies regarding GBV must be brought into accordance by the state at entity levels, in line with standards set forth by the European Union (EU). Mechanisms for sustainability of GBV prevention and response activities must also be established and monitored by the state. All ministries and organizations should be apprised of the basic standards required for alignment with EU regulations.
2. Ministries responsible for the reform and oversight of health care must establish systems to improve medical response to GBV by supporting the training of health care providers and collecting and monitoring GBV-related health statistics. Forensic evaluations should be standardized and should be free of cost to survivors.
3. Ministries of justice should undertake research on the judiciary's awareness and application of new laws relevant to GBV. They should work with international and local experts such as IHRLG and CLAW in order to train judges and lawyers on local laws and international conventions such as CEDAW. The numerous legal aid programs that international NGOs currently run to assist refugee and internally displaced women with property claims should incorporate GBV into their service provision.
4. Ministries responsible for internal security should require all police cadets to receive training in prevention of and response to GBV. Females should be actively recruited to the police forces, and in addition to trafficking, each police precinct should operate units specializing in domestic violence and sexual assault. Sex disaggregated data on GBV-related cases should be collected and monitored at the local, municipal, entity, and state levels, and community policing initiatives should be developed accordingly. The IPTF should review and improve its implementation of trainings on GBV, further extending them to SFOR.
5. Ministries responsible for social welfare should require in their policy guidelines that centers for social work provide supportive case management to survivors and that they support this policy through comprehensive and standardized trainings. Training curricula should rely on the expertise of centers for social work such as the one in Gorazde as well as that of local women's NGOs with experience providing GBV services. All centers should be required to collect and submit data on GBV cases, to be regularly monitored by relevant ministries in order to improve social services. Telephone hotlines should similarly be encouraged to collect and submit standardized data. Wherever possible, hotlines should operate on a 24-hour basis. The Federation's network of hotlines should be replicated in RS.
6. Community coordination projects such as the one spearheaded by the OHCHR in Zenica should be evaluated and replicated throughout BiH in the hope of establishing multisectoral community task forces to address GBV that include representatives of health, police, centers for social work, local NGOs, and beneficiaries.
7. The entity-level Gender Center, currently in operation in the Federation and planned for replication in RS, should incorporate in its evolving functions the oversight of ministries' implementation of GBV-related policies and protocols.

8. Given the damaged economy and the current fragmentation of the BiH government, international donors should continue to support local NGOs in the provision of GBV-related prevention, response, and research activities, following the long-term financial and technical support model that has been critical to the success of existing projects. Recognizing programs' ongoing need for international funding, self-sustainability should not be a condition of donor support.
9. International institutions and organizations, especially those participating in the Gender Coordination Group, should redouble efforts to improve collaboration among local NGOs, as well as between local NGOs and other sectors. If the U.N. agencies are held accountable to their mandates, they should not only support GBV programs as a priority for protecting women, but they should also pressure the BiH government to do the same.
10. GBV programs should research and introduce appropriate interventions for male survivors that embrace the special concerns of men and boys. Projects currently targeting men—such as the demobilization and reintegration initiatives—should include GBV prevention and response in their education and direct services, as well as psychological and alcohol abuse counseling.

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Post-conflict Situation in *Kosovo*

June 11-16, 2001

Background

Historical Context

As wars overwhelmed the former Yugoslav Republics of Croatia and Bosnia and Herzegovina in the early to mid-1990s, the question for some analysts was not whether but when Kosovo* would become similarly embattled. Although the impoverished province was not as strategically critical to Serbia's hegemony as the recalcitrant Republics, Kosovo was at one time the heart of the Serbian Kingdom as well as the site of the Serbs' ignominious fall to the Turks, and it remained home to many of the most important Serbian Orthodox churches. Also home to an Albanian nationalist movement, Kosovo was reappor-tioned during World War II to form part of the briefly instated Greater Albania. At the end of the war, when Marshall Tito assumed control of Yugoslavia, Kosovo was rejoined with Serbia. Long-standing Albanian/Serb tensions escalated fitfully within Kosovo during Tito's regime, but Tito managed, as in other parts of socialist Yugoslavia, to quell resistance by granting Kosovo substantial autonomy. In Yugoslavia's constitution of 1974, Kosovo was retained as a province of Serbia, but it was granted its own government and courts, as well as federal representation in Belgrade.

This degree of independence served to heighten Albanian Kosovars' desire for autonomy, thus exacerbating ethnic polarities. After Tito's death and the subsequent resurgence of Balkan politics based on

nationalism, Kosovo attempted in 1990 to secede from Serbia. Inspired by Serb leader Slobodan Milosevic, Belgrade's parliament responded by dis-mantling Kosovo's government and inserting a police state that excluded Kosovar Albanians from virtually all spheres of influence. Under the leadership of Ibrahim Rugova, Albanian Kosovars reacted in turn by creating parallel systems of governance, education, and enterprise. While a largely distracted Serbia engaged in wars with Croatia and then with Bosnia and Herzegovina, this system proceeded with relative success. In spite of ongoing human rights abuses, interethnic conflict did not escalate to civil war proportions. Nevertheless, organized military opposition to Serbian authority increased throughout the 1990s, especially after Kosovo was ignored in the Dayton Accords. Toward the end of the decade Serb forces were engaged in regular and reportedly brutal battle with the Kosovo Liberation Army (KLA) and the ethnic Albanian civilian population. International attempts to broker peace at the Rambouillet summit in Paris collapsed in March 1999 after Serbs refused to sign a peace agreement, acting instead to accelerate violence against ethnic Albanians in Kosovo, who by that time comprised some 80 to 90 percent of the total Kosovar population.

NATO responded by launching an air campaign against Serbia on March 24, 1999. During the three months of bombing and Serb advances, over one million Albanian Kosovars were displaced within or forced out of Kosovo. After Milosevic consented to withdraw his troops in June 1999, an interim United

* While the Serb spelling of *Kosovo* is used within this report in order to maintain consistency with international standards, all other geographic spellings are in Albanian in order to reflect common usage among the current majority population.

Nations Administration Mission in Kosovo (UNMIK) was established, vesting powers of governance in an internationally administered protectorate. NATO succeeded where Rambouillet had failed. For ethnic Albanians the offensive went beyond Rambouillet expectations by effectively cleansing Kosovo of the Serb population, as well as the Romas who were perceived to have assisted the Serbs. At the end of the war, Albanian Kosovar refugees repatriated in unprecedented flows: within two months 90 percent had returned to a countryside in which some 60 percent of houses had been burned and much of the infrastructure destroyed. Against this tide of returnees, most of the civilian Serbs and Romas who had not been killed or were not living in U.N.-protected villages generally escaped to either Serbia or Montenegro.

Current Government

According to the conditions set forth at Rambouillet—which currently inform Kosovo’s status, even though an accord was not signed by Serbia—Kosovo is once again an autonomous province of Serbia within the Federal Republic of Yugoslavia. In practice, Kosovo is governed by UNMIK and protected by U.N. security forces (the military arm, KFOR and the civilian police, CIVPOL). Under the direction of a Special Representative to the Secretary General of the United Nations, three administrative pillars comprise the major functions of UNMIK: the U.N. leads civil administration; the Organization for Security and Cooperation in Europe (OSCE) administers democratization and institution-building; and the European Union manages economic reconstruction. The United Nations High Commissioner for Refugees (UNHCR) initially had responsibility for a fourth pillar, humanitarian affairs, but has since reduced its presence and authority. Kosovars have been invited to participate in UNMIK’s transitional government through a Joint Interim Administrative Structure (JIAS), consisting of an Interim Administrative Council (IAC), a consultative Kosovo Transitional Council (KTC), and twenty ministerial departments.¹

Status of Women

As in the negotiations at Rambouillet, Kosovar women are vastly underrepresented in positions of power within the transitional administration. The KTC’s original incarnation had no women. Ironically,

when it was later enlarged and women’s participation rose to 17 percent, its powers were simultaneously eclipsed by the predominant IAC, which only has one local female representative, a Serb.² Another position was created in the IAC to accommodate an Albanian female, but its observer status limits the position’s influence. Of the twenty ministerial departments, each co-led by an expatriate and a Kosovar, only two are co-led by Kosovar women. In anticipation of October 2000 municipal elections, a 30 percent quota of female candidates was established. However, the quotas were weakly promoted, so that an average of only 8 percent of those elected to local assemblies during Kosovo’s first elections were women.³ UNMIK’s Office of Gender Affairs (OGA) has launched several programs supporting the needs of women, including hiring an international consultant to assess and assist programming efforts related to violence against women. Still, the OGA is marginalized within UNMIK’s hierarchy and is viewed by some as an ineffective voice of local women. No Kosovar women held senior positions within the OGA until 2001.

The absence of local women within UNMIK’s administration fails to acknowledge the pre-existing strength and influence of local women’s advocacy and organizations, as well as the long-standing presence of professional Kosovar women within both academic and service sectors. Ethnic Albanian women forcibly removed from professional positions at the outset of the Serbian police state were central to the success of Kosovo’s consequent parallel structures. During Kosovo’s protracted police state, at least eleven women’s NGOs were active in promoting women’s rights and welfare. At the height of ethnic conflict in the late 1990s, many Kosovar Albanian women also provided critical political and humanitarian support to the ethnic Albanian resistance.⁴ In spite of a lack of recognition within UNMIK’s power structures, a number of local women’s organizations have succeeded in establishing their own voice within the new Kosovo. Increasingly, one of their organizing agendas has been the issue of GBV.

Gender-based Violence

During Conflict

During Kosovo’s refugee exodus, the international press focused much of its attention on the plight of

ethnic Albanian victims of sexual atrocities. On the one hand, the attention highlighted an issue more often ignored by the international community; on the other hand, a sensational approach sometimes undermined rather than reinforced survivors' rights to dignity and privacy. An often-noted example is that of a male health provider in an Albanian refugee camp inviting, via loudspeaker, women victims to come forward and complete a GBV questionnaire.⁵ Although estimates of the numbers of Kosovar Albanian war-related rape and sexual assault survivors range from ten to thirty thousand, research mounted by international organizations such as Human Rights Watch, the Centers for Disease Control, and OSCE has been unsuccessful in identifying the real numbers of victims.⁶ Even absent hard data on the numbers of women violated, research efforts have provided a general picture of the nature of Serb abuses: systematic rape, often by groups of police or paramilitary, often taking place over a series of days or weeks of forced sexual and domestic servitude. Most of the victims are thought to be women and girls under twenty-five years of age. Many were further brutalized with cuts to their breasts, legs, faces, and genitals. In rare instances, men also reported having been sexually assaulted.⁷ No information exists on the extent to which Serbian women or ethnic minority Roma were exposed to sexual violence during and after the conflict.

Difficulty in estimating the prevalence of interethnic rape leading up to and during the NATO bombings has been attributed to the stigma of sexual violence. For some Albanian Kosovars rape is considered a fate worse than death. Perhaps especially in rural areas—where traditional patriarchal attitudes are stronger than in urban centers—disclosure puts survivors at risk of being rejected by their families and communities.⁸ Still, fears of social stigma may be only one of several to inhibit reporting. Fear of exploitation by international and even local press may be another deterrent. In the wake of a stream of international press reports spotlighting sexual violence during the Kosovo conflict, a local literary magazine sought to publish firsthand accounts of women's rape experiences. Although they assured anonymity and were successful in collecting stories, many women subsequently withdrew their testimony for fear of exposure. Another local women's NGO attempted to survey its constituency but found that women were reluctant to repeat what they observed were the negative experiences of

Bosnian women who had publicly revealed personal accounts of sexual violation.

Yet another possible obstacle to reporting is the lack of confidential psychosocial support available to GBV survivors. As a result of sexual violence assessments completed during and directly after the refugee crisis, the United Nations Population Fund (UNFPA) and the World Health Organization (WHO) made recommendations for comprehensive services. In addition, guidelines for prevention and response to sexual violence were published in Albanian and widely distributed by the Women's Commission for Refugee Women and Children. Still, there are few organizations in Kosovo providing counseling or health services to Albanian sexual assault survivors. Of those few, none has had extensive training in responding to sexual assault, and only one has provided services to non-Albanian women. However, there is some suggestion that affected women are receiving informal assistance in managing the effects of their victimization. According to a comprehensive report on violence against women published by UNIFEM in 2000, ethnic Albanian rape survivors sought the support and confidence of local women esteemed in their communities.⁹ Within its limits, this informal network has indeed maintained the privacy of the women it informally assists.

Beyond Conflict

In this culture of silence, there are ongoing incidents of rape. UNMIK police headquarters receives, on average, one report per day of rape throughout Kosovo, most often committed by gangs. A significant 18 percent of the women surveyed by UNIFEM acknowledged rape by men known to them, including boyfriends, husbands, and other family members.¹⁰ UNIFEM's findings are all the more troubling given that marital rape is specifically excluded as a crime in Kosovo's existing legal code. Although there are no statistics on the percentage of cases of non-marital rape brought to trial, OSCE recently conducted a review of the judicial system. They found that in trials of violence against women, traditional perspectives that blame the victim and relegate violence to the private sphere prevail. In one trial open to the public, for example, an adolescent survivor of paternal incest testified that:

She escaped from her father and ran away to her grandmother's house. The presiding

judge asked the victim, "When you went to your grandmother did you inform your father because under [customary] Albanian law you must tell your father?"...At one point, the victim started to tell the judge that what the judge was saying was untrue, but the judge cut her off and told her not to speak. Inexplicably, the presiding judge also asked the girl a number of questions as to "why" her father had raped her...During the lunch break, the victim was left alone in the courtroom, unattended, with the defendant, her father. At the conclusion of the trial, the defendant was acquitted.¹¹

Given the existing culture and lack of support to victims, the prevalence of rape and sexual assault in Kosovo is impossible to identify, even more so among Serb and Roma populations. General information about domestic violence, however, is somewhat more accessible. The Center for Protection of Women and Children (CPWC) undertook research in 1996 which found that 68 percent of women interviewed acknowledged violence and that 70 percent of the perpetrators were family members.¹² UNIFEM's post-war assessment found that 23 percent of Kosovar Albanian women interviewed had experienced domestic violence in 1999 and 2000. The local women's organization Afrodita surveyed five hundred Kosovar Albanian men and women from the Ferizaj area of Kosovo in 2000 about perceptions of violence: 39 percent agreed that husbands beat wives; 90 percent identified the violence as physical.¹³

Local and international initiatives to address domestic violence have proliferated in the last two years. (It should be noted, however, that none of these initiatives target the minority Serb or Roma populations.) It is unclear whether the increased reporting of domestic violence incidents reflects the success of education and sensitization campaigns encouraging women to come forward, or an increase in the rates of violence. Several women's organizations providing client services believe the latter: that rates of domestic violence have escalated since the end of the war. One well-known women's organization, for example, served fifteen hundred survivors of violence from mid-1999 to mid-2000, but in the last half of 2000 served upward of two thousand cases.¹⁴

There is also concern about the increase in prostitution and trafficking of women. As early as September

1998, exploitation and prostitution of women and girls were recognized by the Kosovar women's community as potential consequences of the international community's presence. Even so, trafficking was not taken up by the international community until well after NATO bombing ceased. The province serves as both a final destination and a transit point for women being trafficked to Europe. Since February 2000 the International Organization for Migration (IOM) has provided return and reintegration assistance to 160 trafficked women, the majority of whom were recovered through police raids. Most were from Moldova, and over half were between eighteen and twenty-four years of age.¹⁵ Informal estimates of total numbers of women trafficked into prostitution far exceed those who have received assistance. According to a UNMIK circular, "the fragility of the legal system has encouraged the development of organized criminal activity, of which prostitution is an integral component." Further, "the presence of the international community is also seen to provide a lucrative new market for prostitutes."¹⁶ As with domestic violence, several programs have been initiated to address the prostitution of trafficked women.

Other potential forms of violence against Kosovar women and girls that have received less attention are sex-selective abortions and female infanticide. Legal in Kosovo, abortion is for some a primary form of birth control. In a household reproductive health survey conducted by UNFPA from November 1999 to February 2000, women acknowledged preferring sons at a rate 30 percent higher than daughters. UNFPA's findings suggest that the availability of ultrasonic technology may allow this preference to be actualized: "The sex ratio at birth has been consistently greater than the biological norm... There is seen to be a 95 percent probability that the excess masculinity among all births over the past ten years is significant... Excess masculinity is always greater among the last-born child."¹⁷ Another method of increasing the percentage of male children is the disposal of female babies. A representative of the consultative U.N. Office of the High Commissioner of Human Rights (OHCHR) has been informally monitoring female infanticide. Reports or rumors of a female baby abandoned to die average one per month. Although concerns have been expressed by international and local women about the possibility of sex-selective abortions and female infanticide, to date there have been no programmatic efforts to investigate further or directly address this issue.

Current GBV-related Programming

It perhaps goes without saying that the lack of representation by and for women within UNMIK's power structures undermines Kosovo's ability to redress patriarchal traditions and associated GBV. Even so, local women's organizations are becoming a critical and articulate lobby for decrying gender inequities, including GBV. At the international level, an unprecedented number of humanitarian organizations have embraced the task of addressing GBV—particularly domestic violence and trafficking—either by initiating their own activities or by establishing partnerships with local NGOs. Although relationships among international and local organizations have sometimes been tense, especially in terms of allocation of resources, coordination, and shared decision-making, the combined efforts of local and international actors have nevertheless led to some exemplary successes in GBV programming. The successes are all the more remarkable given the setting, where few initiatives specific to GBV previously existed.

Prishtinë

Several projects emanating from Prishtinë, Kosovo's capital, support or reinforce a significant portion of the work of field-based GBV programs throughout the province. The CPWC has since 1993 provided multiple services for women, especially survivors of GBV, including medical treatment, counseling, legal aid, and temporary shelter. With initial assistance from an Italian NGO and subsequent funding from multiple international donors, CPWC expanded its post-conflict operations to nine other cities throughout Kosovo, offering an admixture of health, psychosocial, and human rights services. Motrat Qiriazhi is another long-standing organization currently serving women in four regions of Kosovo. The organization's director is a leading advocate of women's rights, responsible for coordinating Kosovo's Rural Women's Network among other activities. The Network's thirty-three local member organizations meet regularly in Prishtinë and are presently organizing an innovative media and cultural campaign against GBV that will produce popular songs, TV and radio spots, and a traveling theater group to raise awareness of and opposition to violence against women. The Network has also recently instituted an internet-based newsletter that is able to inform subscribers worldwide about activities related to women

in Kosovo. Yet another organization based out of Prishtinë working on issues of violence against women is the NORMA Women Lawyer's Association. NORMA led a roundtable discussion on domestic violence at the end of 2000 and is now participating in a working group to create laws specific to domestic violence, as well as conducting field-based seminars on women's rights, one aspect of which is domestic violence.

These major local organizations receive financial support from multiple sources. CPWC lists fifty-eight donors in its year 2000 report. Several of these donors are specifically committed to promoting gender equity and equality. One is the well-regarded Swedish organization Kvinna till Kvinna (KtK), working in Kosovo since 1994. KtK not only provides financial assistance to local organizations but also conducts advocacy activities, such as its publication critiquing UNMIK's gender approach. A much larger and more diffusely distributed source of technical and financial support comes from the Kosovo Women's Initiative (KWI), one of the first and primary post-conflict funders of Kosovar women and women-oriented organizations. With an initial \$10 million grant in August 1999 from the U.S. Department of State's Bureau of Population, Refugees, and Migration, the UNHCR undertook management and distribution of KWI funds to international and local NGOs whose programming addressed the needs and rights of Kosovar women.

Although GBV prevention and response was a stated, if not primary, objective of KWI, support for GBV programming has not been strategically conceptualized, promoted, or coordinated by KWI, so that few of KWI's implementing partners have an exclusive mandate to address GBV. One important exception is the Women's Wellness Center (WWC) in the western town of Pejë. Implemented by the International Rescue Committee (IRC), the WWC offers GBV community sensitization and training Kosovo-wide, and direct counseling and referral services for survivors in the Pejë region. Another exception is KWI's one-time disbursement of funds to a Prishtinë-based shelter for trafficking victims that provides safe housing for women awaiting return to their countries of origin.

Even without a specific strategy to tackle GBV, KWI's support to organizations addressing women's health and psychosocial needs has indirectly facilitated GBV activities. For example, international implementing

partners such as IRC, Mercy Corps International, and Relief International have conducted five-day reproductive health trainings for health care workers throughout Kosovo that include a GBV component. Local implementing partners that have received partial funding from KWI and that have also undertaken significant work on GBV include CPWC, NORMA, Motrat Qiriazhi, and Radio 21.

In addition to providing financial support to implementing partners, KWI initially worked through “umbrella organizations” to distribute grants and technical assistance to small-scale women’s projects. Although the early distribution of funds was fraught with logistical challenges, KWI has since streamlined its operation and is now moving toward a sustainable grants structure in which six local women’s councils throughout Kosovo have responsibility for selecting and monitoring grantee organizations. The local women’s councils receive administrative and technical assistance from IRC, which in 2001 became the lead agency for KWI’s grants program. KWI currently supports over two hundred NGOs with start-up monies for programs that increasingly depart from the standard women’s knitting and embroidery groups that constitute the bulk of KWI-supported activities. A small number of those initiatives, such as the Kodi women lawyer’s association in Pejë, feature addressing GBV as an aspect of their organization’s mandate. Other KWI-funded organizations have joined with existing GBV programs, such as the Pejë WWC, to conduct GBV sensitization to their staff and constituency.

In addition to UNHCR, other U.N.-level organizations have undertaken activities in the last two years that directly or indirectly support GBV programming. OSCE, for example, not only conducted a critical review of the judicial system’s limited response to GBV (excerpted above), but also designed guidelines and facilitated brief trainings for local police officers regarding GBV legal statutes. The United Nations Children’s Fund (UNICEF) is currently supporting CARE to run music concert events in six municipalities in Kosovo with the theme “Family Violence is a Crime: Think of Your Child.” UNICEF also introduced GBV-trained triage nurses into several pilot hospitals throughout Kosovo so that women victims could be targeted and thus assisted with medical care and referrals more sensitively. In 2000, WHO conducted focus groups on violence, and WHO’s gender focal point was responsible, in conjunction

with Mercy Corps International, for leading a coordination group of international and local NGOs to address domestic violence. UNIFEM published the first-ever assessment of GBV in Kosovo, *No Safe Place*, which is often used as the baseline for ongoing analysis on violence against Kosovar women. The UNMIK OGA subsequently hired UNIFEM’s researcher as a consultant to review police reports on violence against women and work with CIVPOL in analyzing the implications of those reports. The OGA consultant also compiled a referral list of agencies and institutions providing support to survivors and spearheaded the first Kosovo-wide white ribbon campaign targeting men, entitled “Kosovar Men and Boys Against Violence Against Women,” for which agencies throughout Kosovo developed media and other awareness-raising activities. In collaboration with local and international NGOs, the consultant designed and distributed a “Rapid Response Pack to Cases of Domestic Violence,” to which the Department of Health and Social Welfare (DHSW) has added a standard GBV protocol for health care providers. Not insignificantly, the protocol was the very first of its kind issued by the DHSW and was a result of identified need based on the numbers of women reporting to the triage nurses trained and placed in select Kosovo hospitals by UNICEF.¹⁸

The U.N. High Commissioner for Human Rights (UNHCHR) has been a lead consultant to working groups charged with the task of drafting trafficking and domestic violence legislation. The trafficking legislation has been adopted and the domestic violence legislation is pending. In a further effort to counter trafficking, UNMIK issued an internal circular outlining a code of conduct for its staff, including a warning that UN immunity “may be waived in the event that staff are prosecuted for crimes relating to prostitution, including the use of sexual services of a victim of trafficking.”¹⁹ CIVPOL created a specialized anti-trafficking unit, and has more recently launched a domestic violence unit. CIVPOL has also been responsible, along with OSCE, for introducing training on GBV into the local Kosovo Police School curriculum.

The international NGOs operating in or from Prishtinë that have GBV components include IOM, CARE, International Medical Corps (IMC), OXFAM, and the STAR Network of World Learning. IOM has been a leader in addressing the issue of trafficking, both through monitoring activities, the findings of

which are enumerated in locally distributed publications on trafficking, and through direct services to victims such as the Prishtinë safe house described above. IOM also participates in a multiagency working group on trafficking. In 2001, CARE developed and facilitated a three-day training for social workers on domestic violence, and is currently cooperating with local NGOs and OSCE to conduct community outreach forums and media campaigns throughout Kosovo. IMC has targeted youth for GBV education and also contributed, along with OXFAM, to the OGA's white ribbon campaign. OXFAM and the STAR Network continue to support local women's NGOs with training and capacity building.

Kosovo-wide

Many of the Prishtinë-based organizations listed above have community awareness, training, and NGO capacity building programs that extend beyond the capital city. There are also several notable field-based organizations whose main activities target survivors. The above-mentioned service-mapping of the OGA consultant has made it easy to identify those organizations. In Prizren and Pejë, the UK-funded NGO One-to-One provides day shelter and counseling services for survivors, mostly domestic violence victims. The IRC-supported Women's Wellness Center in Pejë, which is currently moving from an internationally managed to an independent and locally managed NGO, provides counseling services to (mostly domestic violence) survivors, community education and outreach Kosovo-wide by mixed gender teams, and multisectoral professional training on GBV issues. In Gjakovë, Medica Mondiale has developed a comprehensive health and psychosocial program serving survivors of sexual and domestic violence, whose psychosocial program is exemplary for its ongoing staff training program. Gjakovë also has a Women's Association Shelter for domestic violence survivors that can accommodate fifteen women and children. Providers of free legal services for survivors exist in six regions of Kosovo: Medica Mondiale in Gjakovë, Liria in Gjilan, Kujtimi Foundation in Mitrovice, Kodi and CPWC in Pejë, Teuta in Prizren, and NORMA in Prishtinë.

Summary

The list of GBV-related activities outlined above is, by any post-conflict standard, exceptional in its

breadth. Organizations and institutions, as well as individual representatives from the local to the UNMIK level, are working to address GBV-related issues. Although most major initiatives are based in Prishtinë, many of their activities extend to other regions in Kosovo. Outside of Prishtinë, several projects focus specifically on GBV, and many others have included GBV sensitization and training as a component of their programming. One sure cause of this unusual flowering of GBV-related activities is the influence of local women's organizations that quickly regrouped following the end of NATO bombing; another is the attention paid by the media to the issue of war-related violence against Kosovar women; yet another is the sums of international money that flowed into post-war Kosovo, allowing humanitarian aid to extend beyond basic health response and infrastructure rebuilding.

Nevertheless, UNMIK's early failure to incorporate women into its power structures and to embrace gender as a basic building block of Kosovo's evolving government has meant that many of the above-listed "women's" activities are not centralized, which compromises their reach and impact. This lack of foresight by UNMIK may have long-term effects. The model recruitment and training program of the Kosovo Police Service (KPS) is a case in point. As a result of gender-sensitive recruiting, approximately 20 percent of the total number of KPS cadets are women. This unprecedented percentage of women, who with their male counterparts receive cadet training on GBV, has the potential to positively influence the application of GBV-related laws, as well as the ongoing effectiveness of the specialized trafficking and domestic violence units. However, the irregular response to violence against women by the overwhelmingly male CIVPOL international forces, who in turn are responsible for working with newly trained KPS officers, may undermine the GBV-related skills that KPS officers learn during training. The relative lack of gender awareness or existence of women in the CIVPOL forces could offset the potential advantages of the KPS gender-sensitive recruitment and training efforts.

Another significant limitation in addressing GBV at the government level is illustrated by the actions of the judiciary. As described in OSCE's report, GBV cases are rarely tried *in camera* (privately), and verdicts often favor the defendant.²⁰ Limited efforts have been made by UNMIK to train the judiciary in the

application of laws. Legal organizations such as NORMA and Kodi may be able to conduct advocacy and facilitate the drafting and implementation of more gender-sensitive laws, but their efforts to provide counsel for women will be limited by the biases of judicial representatives and the courts' failure to apply statutory laws.

UNMIK's DHSW has made little effort to work with the network of government-operated centers for social work around the issue of domestic violence or sexual assault. (It is worth noting that CARE's brief training on domestic violence was the result of a request by social workers to receive information on these issues, thus suggesting a desire among social workers to gain expertise in the area of GBV.) Furthermore, UNICEF's nurse triage pilot program has not been comprehensively adopted by the DHSW, such that there is no government-based policy or plan to continue the triage services. And though the DHSW made a significant contribution to the "Rapid Response Pack to Cases of Domestic Violence" with its domestic violence protocol, the implementation of the protocol continues to be irregular and not well coordinated. Most coordination, in fact, is voluntary—based on the initiative of dedicated local and international organizations that have *a priori* embraced the issues of GBV. The government supports no multiagency or cross-sectoral coordination, which results in, on the one hand, limited local and national capacity for a comprehensive response to GBV and, on the other, an inevitable duplication of services.

Other limitations in GBV response include the province-wide lack of services for sexual assault survivors. Virtually all programming targets domestic violence or trafficking survivors, and only a limited amount of community education has focused on sexual violence. The culture of silence surrounding sexual violence remains, even though the local and international communities have introduced prevention and response activities to address other forms of GBV, and even though CIVPOL police reports suggest that sexual violence is an ongoing phenomenon.

Relative to sexual violence, the issue of counter-trafficking is well publicized and internationally supported, but programmatic funding remains erratic. IOM and the Prishtinë-based shelter for trafficked victims have had difficulties securing financial support to continue their shelter. In all of Kosovo, only two

other shelters exist for non-trafficked GBV survivors, with the capacity to serve a total of seventeen women and children. Although these shelters serve as models, they are not sufficient to address the needs of a population of two million.

Nor do current services sufficiently address the needs of minority groups or men. Several of the activities listed above include minorities in their client population, but because many programs are run by Kosovar Albanians, the likelihood of segregated minority populations—Serbs and Roma—being able to access services is slim. Similarly, with the exception of the white ribbon campaign, men are not targeted. There are no programs that specifically address male survivors or perpetrators of violence.

There are the foundations on which to build more comprehensive GBV programming in Kosovo. However, as donor funding decreases in accordance with Kosovo's transition from emergency to development, GBV initiatives may be among the most at risk. A case in point is the Women's Wellness Center in Pejë: funded for two years by KWI under the IRC, it is now struggling to find ongoing financial resources to function as a local NGO and risks losing its experienced staff if it cannot maintain its pay scale. Now that the emergency phase has passed, international donor funds are increasingly limited—especially for local NGO projects—and the government is not yet financially able to provide monies to most social service activities or organizations. If the government is to assume the task of supporting programming to address GBV, it will require the continued support of international donors, both in terms of direct aid and aid to existing local women's NGOs that can provide the government with expertise to address the issues of GBV.

Recommendations

1. International donors must continue to seek out and support programming to address GBV. Short-term self-sustainability should not be a requisite of donor support. Priority funding should be given to expert local NGOs that are currently working in the area of GBV, and that can assist the national and local governments to further institutionalize plans and protocols to address GBV.

2. Efforts should be made to institutionalize the activities of the OGA into all permanent government ministries. In particular, the national government should support the multiagency coordination activities instituted by the OGA, to ensure comprehensive response by all actors, including police, judiciary, and NGOs. An inter-agency working group should be established at the government level. Efforts should be made to incorporate the expertise of NGOs currently working in the area of GBV as advisors and facilitators of coordination activities.
3. The government should institute shelter programs in the major regions throughout Kosovo, ensuring the safety of client and staff by including KPS in shelter activities.
4. UNMIK should immediately undertake to train CIVPOL forces in standard responses to GBV, not only to ensure the rights of survivors but also to enable CIVPOL officers to serve as on-the-ground trainers for the incoming KPS.
5. UNMIK should improve its ability to monitor the KFOR and CIVPOL contributions to prostitution and trafficking and apply the related anti-trafficking regulations. Regional coordination should be established with counter-trafficking efforts throughout the former Yugoslavia and other countries of origin in Eastern Europe.
6. The Ministry of Justice should regularly review the statistics collected by the specialized trafficking and domestic violence units, and a sexual assault unit should be similarly established and monitored. As was recommended by the OGA consultant, separate interview rooms should be created in police precincts to facilitate interviewing and ensure confidentiality for survivors.
7. The DHSW should institute UNICEF's pilot nurse triage project in all hospitals throughout Kosovo. The hospitals should also be adequately equipped with forensic medical equipment, and forensic doctors should receive comprehensive training in collecting evidence and providing testimony in GBV cases. The government's network of centers for social work should be trained in meeting the case management, support, and referral needs of survivors. Social workers should also be trained to provide support to survivors negotiating the judicial system. The DHSW should be responsible for instituting, collecting, and monitoring GBV-related health and social services statistics.
8. The Department of Justice should ensure that judges and lawyers are informed of the laws relating to GBV, and should monitor the prosecution of GBV cases. The Department of Justice should also undertake community education campaigns about the revision of GBV-related laws.
9. The service-mapping report of OGA should be translated into the local language and distributed to all relevant service providers.
10. Specific programs should be initiated to address the particular needs of minority populations and men.

Notes

- 1 C. Corrin, *Gender Audit of Reconstruction Programs in South Eastern Europe*, The Urgent Action Fund and the Women's Commission for Refugee Women and Children (New York, 2000), 4.
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- 3 Kvinna till Kvinna (KtK), *Getting It Right?: A Gender Approach to UNMIK Administration in Kosovo* (Sweden, 2001), 5-15.
- 4 B. Byrne, R. Marcus, T. Powers-Stevens, *Gender, Conflict, and Development, Report No. 35*, Bridge Development-Gender (Sussex, 1995), 54-56.
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