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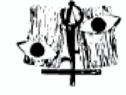

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RESULTS FROM PROFESSIONALS

Results from the survey with primary health care professionals

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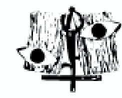

KNOWLEDGE OF HEALTH PROFESSIONALS ON GENDER-BASED VIOLENCE

Findings from 289 primary health care professionals in 6 municipalities in Albania

85.5% of health professionals report knowledge of all forms of domestic violence

82.8%
Doctors

85.5%
Nurses

100%
Psycho-social staff

WHAT THE STUDY FOUND

Strong Awareness

Most health professionals demonstrate good knowledge of domestic violence legislation and forms of violence.

Gender Gap

Male professionals reported lower levels of knowledge compared to female professionals.

Knowledge Gaps Remain

A small but important group of professionals still lacks full information on domestic violence legislation.

WHY DOES THIS MATTER?

Even small knowledge gaps can affect:

Early identification of survivors

Proper referral and support

Effective implementation of legislation

Access to protection services

RECOMMENDATION

Continuous practical training is needed to ensure all health professionals are fully equipped to identify, document and respond to gender-based violence cases.

“Advancing Gender Equality through Oversight and Reporting in Albania” (AGORA).

TFL
IRCA
INSTITUTE OF ROMANI CULTURE IN ALBANIA

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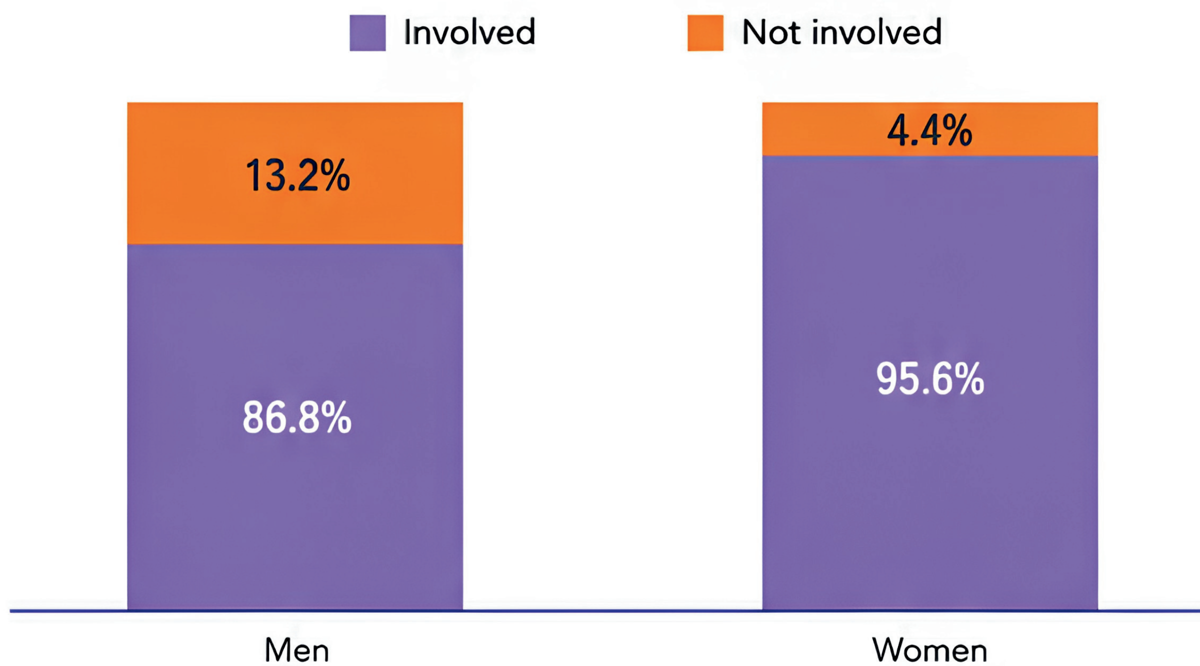
IDENTIFYING AND MANAGING DOMESTIC VIOLENCE CASES

In this study, the majority of health professionals (95.1%) reported that they are involved in the role of primary health care in identifying and managing domestic violence cases in families (Graph 2). Female professionals showed a statistically significant higher involvement compared to male professionals ($p=0.045$), with 95.6% of women reporting involvement compared to 86.8% of men.



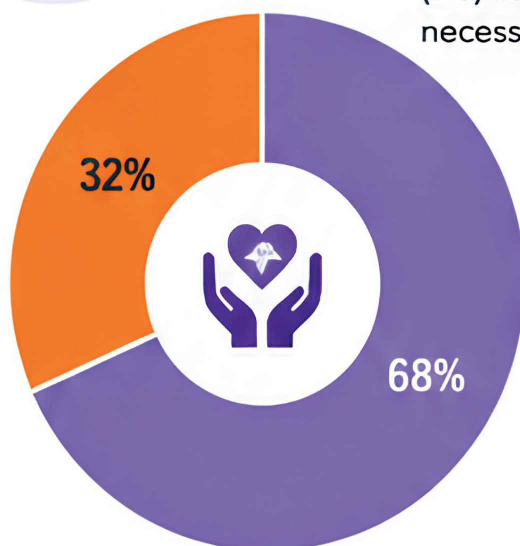
KEY TAKEAWAY

Most health professionals, especially women, actively contribute to identifying and managing domestic violence cases in primary health care.

Graph 2: The role of primary health care in identifying and managing domestic violence cases in families by gender of professionals

NEED FOR A COMPREHENSIVE ASSESSMENT OF DOMESTIC VIOLENCE CASES

Overall, 68% of health professionals (196 out of 288) reported the need to conduct a comprehensive assessment of domestic violence cases (DV) in families, while 32% stated that such an assessment is not necessary (Graph 3).



68% Need for assessment

32% No need for assessment

WHY IT MATTERS

A comprehensive assessment helps ensure that survivors receive appropriate support, referral, and protection, and that no case is overlooked.

Graph 3: Distribution of responses by level of agreement on the need for a comprehensive assessment of domestic violence cases

Identify Identify cases early

Refer Ensure proper referral

Protect Strengthen survivor protection

Support Provide coordinated care and support

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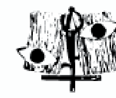

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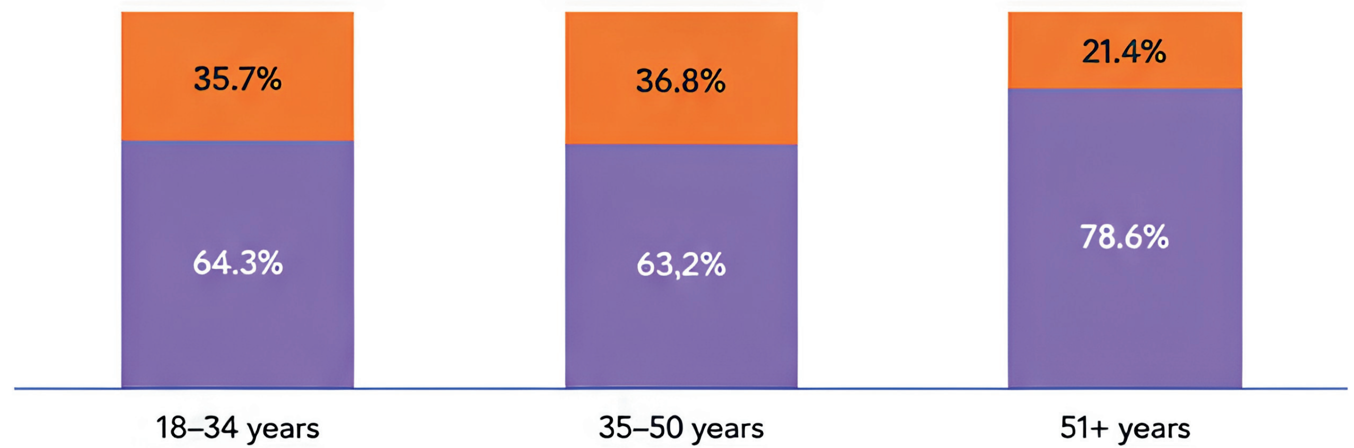
SOCIO-DEMOGRAPHIC ANALYSIS AND ASSESSMENT OF DOMESTIC VIOLENCE CASES

The analysis of socio-demographic and professional characteristics showed a statistically significant difference ($p=0.048$). Professionals over 51 years reported a higher level of willingness to conduct a comprehensive assessment (78.6%), compared to younger groups (64.3% for 18–34 years and 63.2% for 35–50 years), suggesting more experience leads to greater confidence in assessing domestic violence cases (Graph 4).



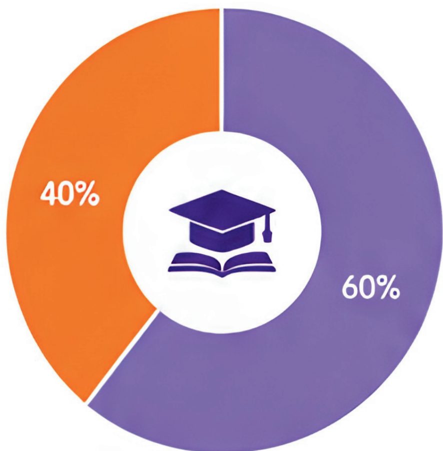
Graph 4: Willingness of professionals to conduct a comprehensive assessment of domestic violence cases in families or gender-based violence

KEY TAKEAWAY

Older professionals (51+ years) show higher confidence and willingness to conduct a comprehensive assessment of domestic violence cases.

TRAINING OF PROFESSIONALS ON DOMESTIC VIOLENCE AND GENDER-BASED VIOLENCE

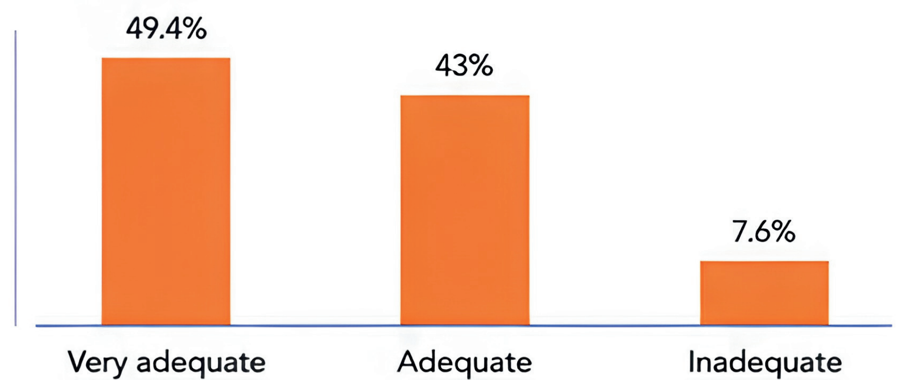
When asked whether they have received training on gender-based violence, 60% of professionals stated that they have, while 40% stated that they have not. Among those who received training, 49.4% consider the training to be very adequate, 43% adequate and only 7.6% inadequate. This indicates that training and perception of training are closely linked, reflecting a positive impact on knowledge and attitudes (Graph 5).



60%
Have received training

40%
Have not received training

Training of professionals on gender-based violence



Graph 5: Professionals' opinions on the adequacy of training received on gender-based violence

It is concerning that 40% of professionals interviewed have not received any training on gender-based violence, highlighting the need for mandatory and continuous training as part of professional development.

Perception analysis shows that training adequacy varies across socio-demographic and professional groups. Nevertheless, most professionals who received training consider it adequate or very adequate.

INVESTING IN TRAINING LEADS TO BETTER OUTCOMES

Build Knowledge
Strengthen understanding of violence and its impact

Improve Skills
Equip professionals with practical tools

Increase Confidence
Feel more prepared to identify and support survivors

Better Support
Deliver more effective and compassionate care

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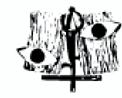
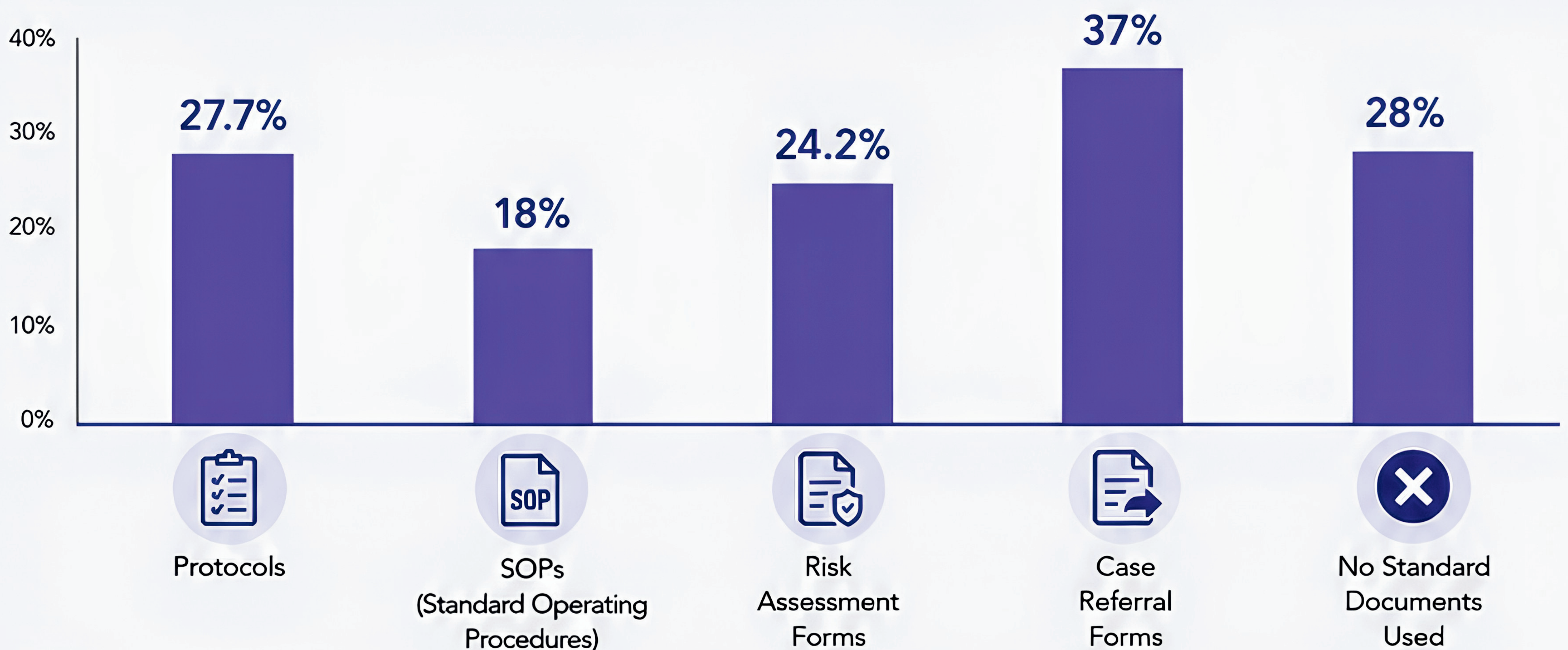


DOCUMENTATION OF DOMESTIC VIOLENCE CASES BY HEALTH PROFESSIONALS

Standardized documentation is not consistently used in health institutions.



Graph 6: Documents used by health institutions in the management of domestic violence cases

KEY INSIGHTS

37%	use case referral forms – the most commonly used document.
27.7%	use protocols to guide the management of cases.
24.2%	use risk assessment forms to evaluate the level of risk.
18%	use Standard Operating Procedures (SOPs) in their institutions.
28%	do not use any standardized documentation.

WHY IT MATTERS

The limited use of standardized documents poses challenges to consistent case management, service coordination, and the safety of survivors.

RECOMMENDATION

Health institutions should strengthen the use of protocols, referral forms, risk assessment tools, and Standard Operating Procedures (SOPs) to ensure a more coordinated, consistent, and effective response to domestic violence.

Standardize Protocols

Use Referral Forms

Apply Risk Assessment Tools

Implement SOPs

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REPORTING OF DOMESTIC VIOLENCE CASES BY HEALTH PROFESSIONALS

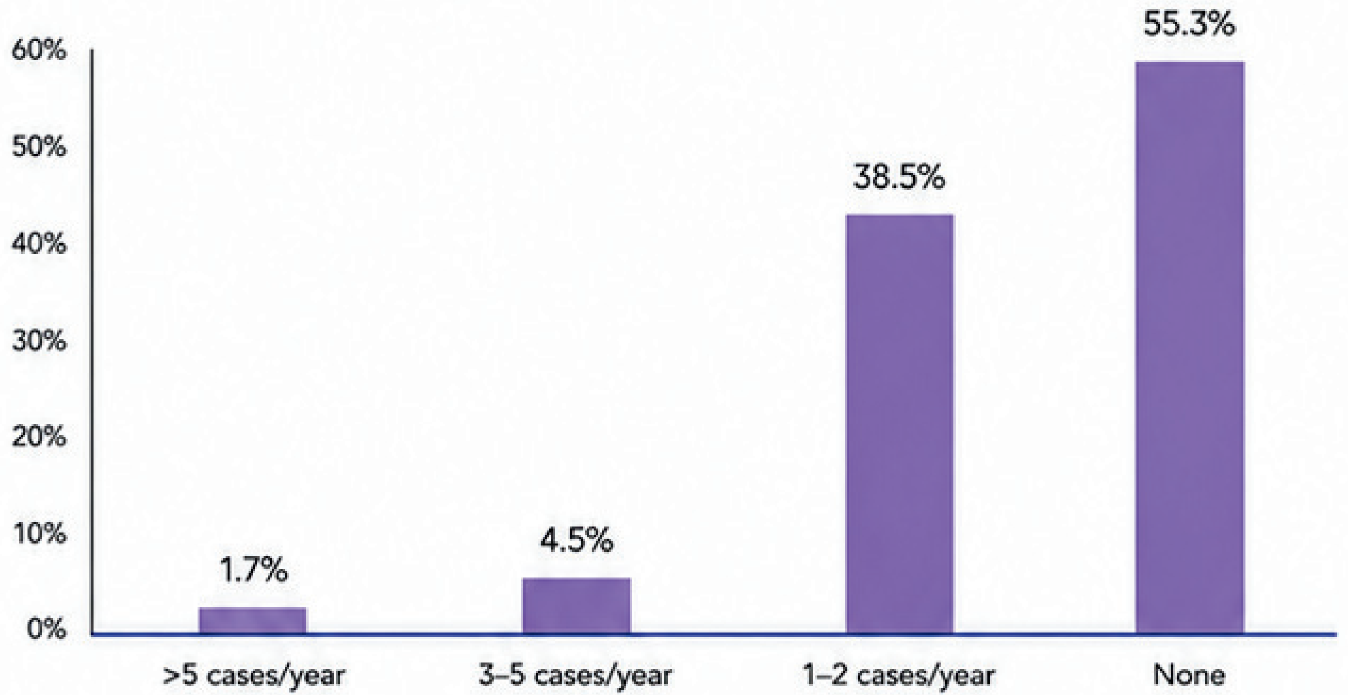
Experience varies significantly in identifying gender-based violence (GBV) cases in professional practice.

KEY FINDINGS

55.3%
report not identifying any cases.

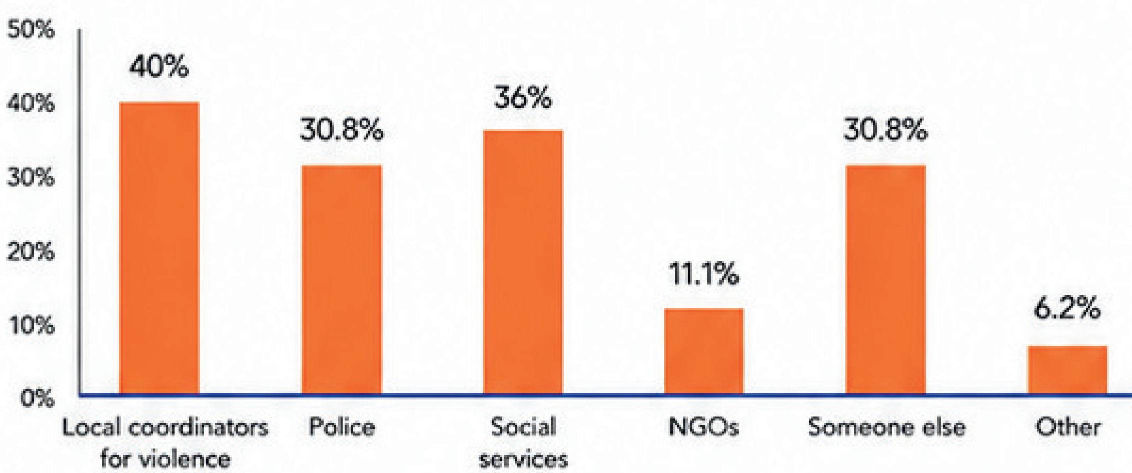
38.5%
identify 1–2 cases per year.

Only 1.7%
identify more than 5 cases per year.

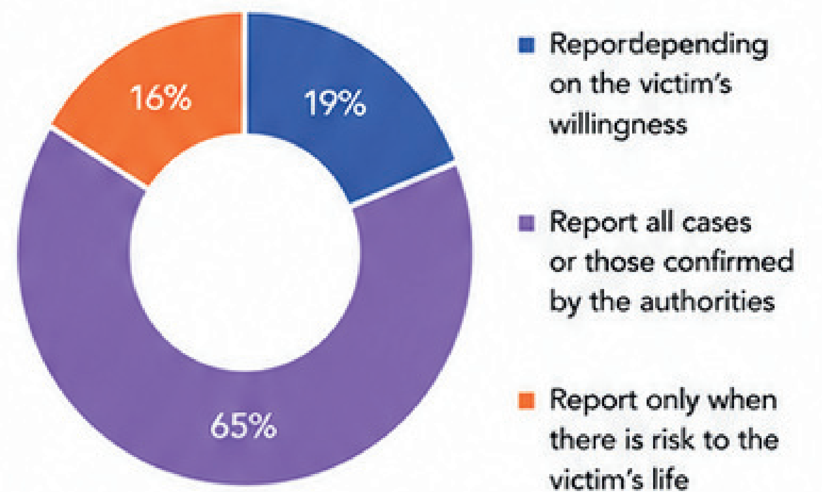


Graph 7: Distribution of domestic violence cases identified in professional practice over the past year

PERCEPTIONS OF HEALTH PROFESSIONALS ON REPORTING DOMESTIC VIOLENCE CASES



Graph 8: Reporting of domestic violence cases by the perception of professionals



Graph 9: Opinions of professionals on when cases should be reported

KEY TAKEAWAYS

- GBV cases are not identified consistently in health institutions.
- Local coordinators (40%) are the primary point of referral, followed by social services (36%) and police (30.8%).
- Report decisions are mainly based on the victim's willingness (65%).

CONCLUSION

These results highlight the need to strengthen reporting mechanisms through standardization of procedures, staff training, and raising awareness among health professionals to ensure effective identification and management of domestic violence and gender-based violence cases in Albania.

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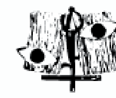


KEY REASONS HEALTH PROFESSIONALS DO NOT REPORT DOMESTIC VIOLENCE CASES (GBV)

Graph 10 presents the key reasons why health professionals do not report domestic violence cases, reflecting their views and experiences in practice.

KEY FINDINGS

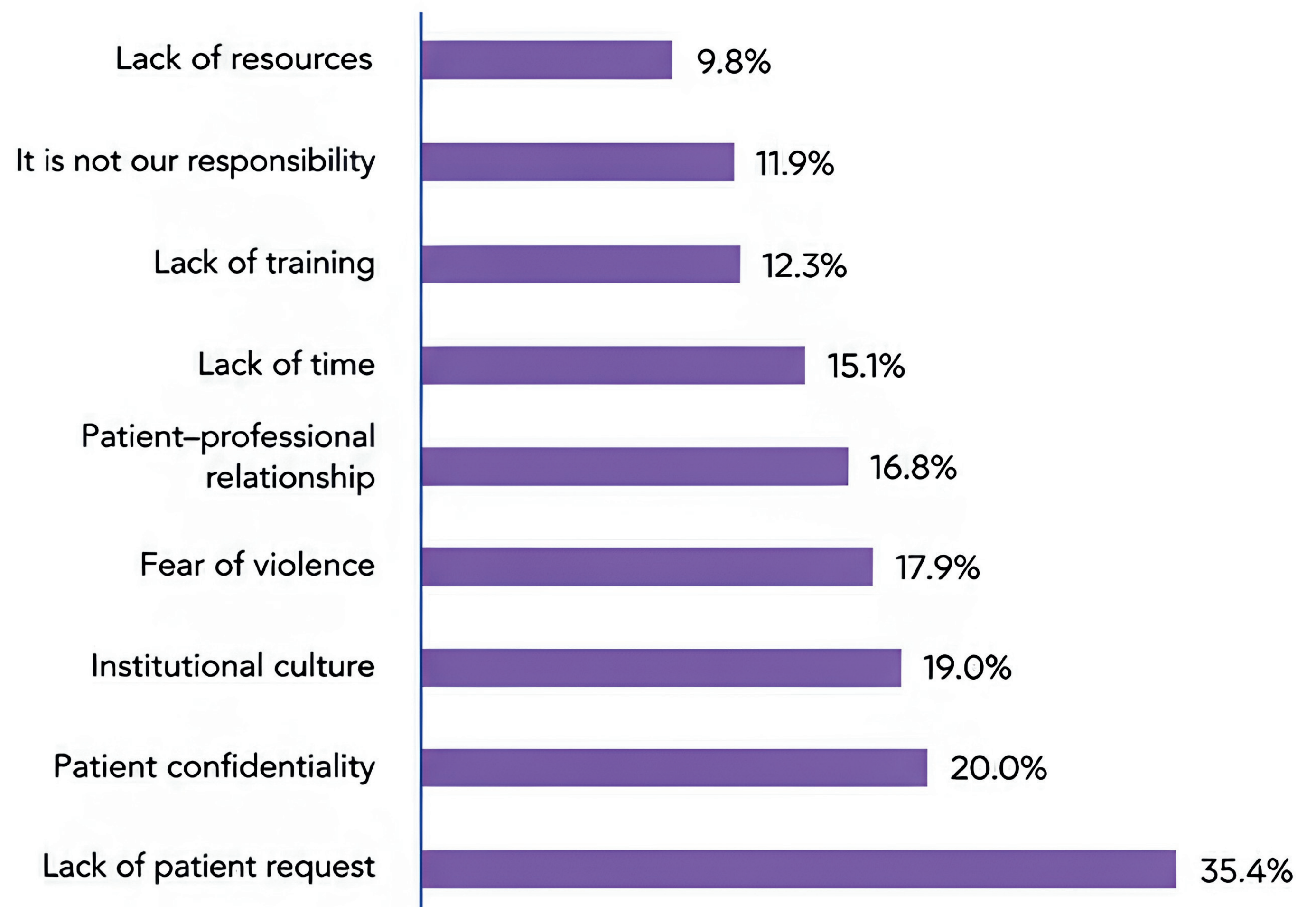
35.4% lack of patient request.

20.0% patient confidentiality.

19.0% institutional culture.

17.9% fear of violence.

16.8% patient–professional relationship.



Graph 10: Key reasons health professionals do not report domestic violence cases (GBV)

35.4% | Lack of patient request is the main reason for under-reporting, reported by 35.4% of professionals. This reflects the complexity of the issue and the role of health professionals in managing it.

20.0% | Patient confidentiality is a major concern, cited by 20% of respondents as a reason for not reporting cases.

19.0% | Institutional culture that does not promote reporting is reported by 19.0%, suggesting a need for institutional and policy change.

17.9% | Fear of violence is a factor in 17.9% of responses, indicating the need for measures to ensure safety.

16.8% | The patient–professional relationship is reported by 16.8%, while lack of time (15.1%), lack of training (12.3%), and the perception that "it is not our responsibility" (11.9%) are other significant barriers.

9.8% | Lack of resources is mentioned by 9.8% of professionals.

CONCLUSION

These findings highlight the need for unified efforts among health professionals to improve reporting mechanisms, through institutional capacity building (12.3%), perception change (11.9%) and resource enhancement (9.8%).

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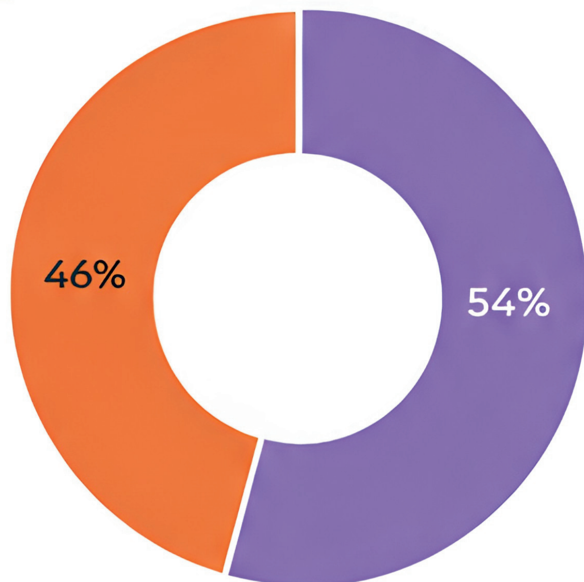
CONTACT WITH LOCAL COORDINATORS ON DOMESTIC VIOLENCE



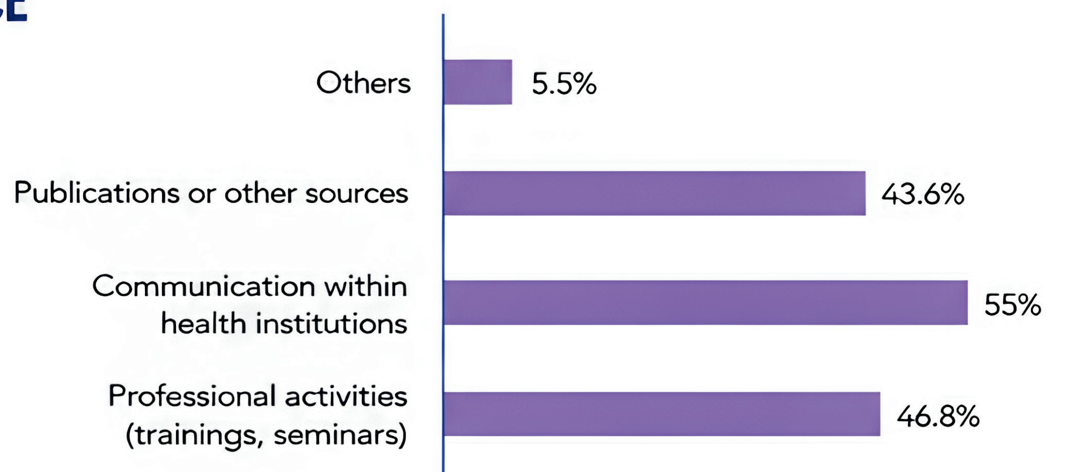
Results show that more than half of health professionals (54.2%) have had contact with local coordinators for domestic violence cases at the community level, which contributes to strengthening integration of the health system through institutional mechanisms for managing and responding to cases of violence.

- Yes (54.2%)
- No (46%)

Graph 11: Contact of health professionals with local coordinators for domestic violence

LEVEL AND REGULATORY FRAMEWORK ON GENDER-BASED VIOLENCE (GBV) AND DOMESTIC VIOLENCE

Most health professionals reported being informed about national policies on gender-based violence and domestic violence (GBV/DV), showing a significant need to improve information delivery. 55% of respondents are informed through communication channels within health institutions, while 46.8% stated they receive information through professional activities such as trainings and seminars, and 43.6% through publications or other sources.



Graph 12: Sources of information for health professionals about the legal and regulatory framework on GBV and DV

55%
are informed through communication within health institutions.

46.8%
receive information through professional activities (trainings, seminars).

43.6%
access information through publications or other sources.

A small number of respondents (5.5%) reported obtaining information from other sources, such as health institutions, psychologists, lawyers, community health workers, or a combination of various sources.

2.8%
of professionals stated they are not informed at all about the policies on GBV.

CONCLUSION

The analysis of socio-demographic and professional characteristics showed that more experienced professionals and those with more years of service in health are more likely to be informed through information channels, professional trainings/seminars and publications. Mental health staff showed a preference for trainings/seminars, while professionals in rural areas prefer internal communication within health institutions.

Access to information through multiple channels and diverse methods indicates an effective approach to reaching different target groups.

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KEY STRENGTHS AND CHALLENGES IN THE CURRENT LEGAL AND POLICY FRAMEWORK ADDRESSING GBV WITHIN THE HEALTH SECTOR

Table 4 summarizes the key strengths and challenges in the current legal and policy framework on gender-based violence (GBV) and domestic violence (DV), based on the perceptions of health professionals.

KEY TAKEAWAYS

MOST PROBLEMATIC AREA

Training of health staff

57.3% consider training to be a serious problem, and 55.6% consider the lack of training and a lack of resources to be major challenges.

PERCEIVED STRENGTH

Provision of support to survivors

39.8% consider the provision of support and 44.4% the reporting of services for survivors and support to be major strengths.

PROCEDURES AND REPORTING

Weakness in reporting procedures

42.7% consider reporting procedures to be a serious problem and 30.6% consider them to be a major challenge.

LEGAL ENFORCEMENT MECHANISM

Limited enforcement of the law

35.4% consider enforcement of the law to be a serious problem and 36.1% consider reporting of violations of the law to be a major challenge.

KEY STRENGTHS AND CHALLENGES BY SOCIO-DEMOGRAPHIC AND PROFESSIONAL CHARACTERISTICS

Respondents' Characteristics	Key strengths and challenges in the current legal and policy framework on GBV			
	Weakness in reporting procedures	Provision of support and services for survivors	Training of health staff	Enforcement mechanism of the law
Gender				
Male	11 (30.6%)	16 (44.4%)	20 (55.6%)	13 (36.1%)
Female	105 (42.7%)	98 (39.8%)	141 (57.3%)	87 (35.4%)
Age				
18–34 years	37 (38.9%)	39 (41.1%)	47 (49.5%)	30 (31.6%)
35–50 years	50 (47.6%)	45 (42.9%)	69 (65.7%)	38 (36.2%)
≥51 years	29 (35.4%)	30 (36.6%)	45 (54.9%)	32 (39.0%)
Place of residence				
Urban area	66 (46.5%)	59 (41.5%)	69 (48.6%)	54 (38.0%)
Rural area	50 (35.7%)	55 (39.3%)	92 (65.7%)	46 (32.9%)
Occupation				
Doctor	33 (37.5%)	44 (50.0%)	48 (54.5%)	32 (36.4%)
Nurse	76 (42.9%)	64 (36.2%)	100 (56.5%)	61 (34.5%)
Mental health staff	7 (41.2%)	6 (35.3%)	13 (76.5%)	7 (41.2%)
Work experience				
0–3 years	21 (35.0%)	25 (41.7%)	38 (63.3%)	18 (30.0%)
4–10 years	33 (45.8%)	31 (43.1%)	37 (51.4%)	17 (23.6%)
≥11 years	62 (41.3%)	58 (38.7%)	86 (57.3%)	65 (43.3%)

RECOMMENDATION

Findings indicate the need to strengthen staff training, support and referral services, reporting procedures, and legal enforcement mechanisms, and to adapt policies to the diverse needs of health professionals across different settings.

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PERCEPTIONS OF HEALTH PROFESSIONALS ON HOW TO MAKE REPORTING DOMESTIC VIOLENCE CASES MORE EFFECTIVE

Graph 13 presents the opinions of health professionals on the actions or measures that could make reporting of domestic violence cases more effective.
The findings highlight the following key needs for improvement in this process:

KEY TAKEAWAYS

67.0%
More aware laws

62.8%
More training on GBV

52.5%
User-friendly reporting procedures

31.6%
Closer involvement of services

27.7%
Stronger institutional policies

25.9%
More resources

More aware laws (67.0%) – This is the main recommendation, indicating a need to improve awareness of reporting laws in order to encourage health professionals to report domestic violence cases.

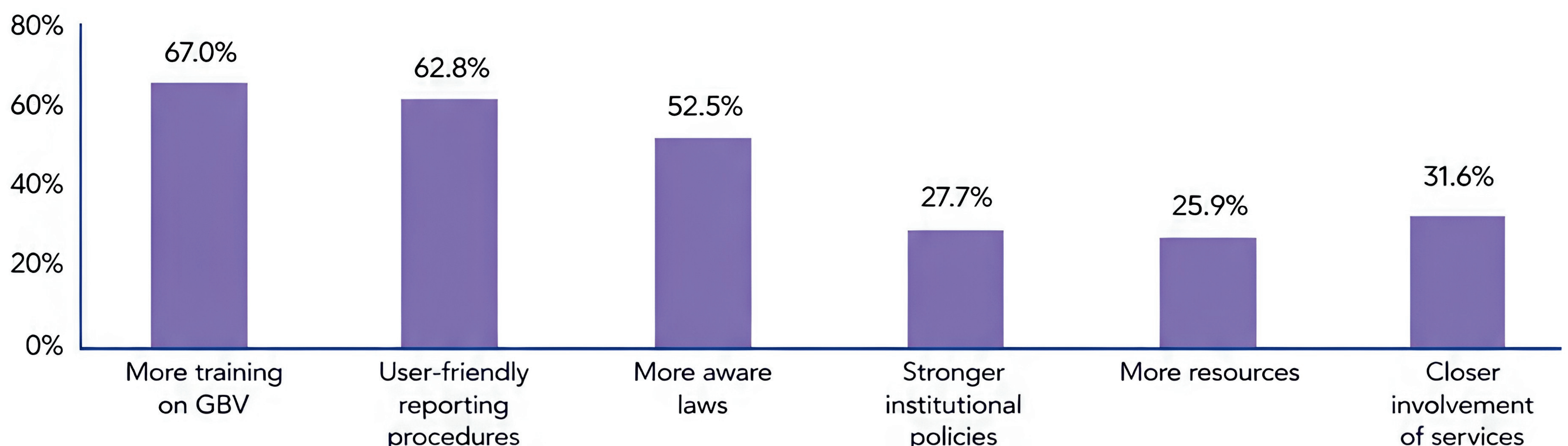
More training on GBV (62.8%) – Continuous and structured training is considered necessary to increase the knowledge and skills of professionals in managing and reporting cases.

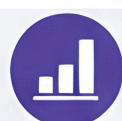
User-friendly reporting procedures (52.5%) – A simpler and more user-friendly reporting system is recommended to reduce procedural complexity and encourage more cases to be reported.

Closer involvement of services (31.6%) – A group of professionals believe that closer involvement of support services for victims should be ensured to facilitate the process and reporting.

Stronger institutional policies (27.7%) – Although not a top priority, a significant number identified the need to strengthen institutional policies as an important factor for effective reporting.

More resources (25.9%) – Providing more resources and support infrastructure is also an important factor identified by professionals to improve laws and training.





Graph 13: Perceptions of health professionals on how to make reporting domestic violence cases more effective

RECOMMENDATION

Findings indicate that greater awareness of laws, GBV training, user-friendly procedures, stronger institutional policies and more resources are essential to encourage and facilitate the reporting of domestic violence cases in the health sector in Albania.