

ANALYSIS ON COSTS INCURRED AS A RESULT OF DOMESTIC VIOLENCE



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INTRODUCTION

When people talk about the consequences of domestic violence they are primarily focused on the injuries suffered and impaired mental health as a result of physical and psychological violence, while economic violence is neglected and even more so the economic dimension of domestic violence. Women who have experienced domestic violence continue to feel the economic consequences of the violence long after leaving the abusive relationship.

Through the analysis of costs incurred as a result of domestic violence, we want to draw the attention of the public and especially of decision-makers to the economic consequences of domestic violence against women, which must be taken into account when planning and improving laws, policies and practices in this field. The findings of this analysis show that women face different types of costs, such as lost earnings or reduced income, health costs, costs due to a change of residence and other costs as a result of domestic violence. It is a question of very high costs that not only they cannot afford, but they are also forced to borrow and/or use bank loans that have a long-term negative impact on their lives. Women often do not have the necessary financial resources to cover living expenses for themselves and their children after divorce or separation, although they usually take on the responsibility of caring for and raising the children. The non-payment of child support by the perpetrators of domestic violence and the lack of financial support from the state further makes it impossible for them to fulfill their parental obligations and ensure the well-being of their children. Furthermore, the resolution of the problems they face as a result of domestic violence is also affected by the possession of material assets and/or incomes that are needed to pay court fees and all other costs in the proceedings for divorce, custody and maintenance for children, compensation for damage, division of property, etc. The financial disadvantage and costs associated with domestic violence prevent women from addressing the sensitive issues they face, limit the fulfillment of their parental responsibilities, and directly affect their and their children's well-being.

For more than 20 years, Association ESE has been providing specialized legal assistance and psychological counseling to women who have suffered domestic violence in order to protect them from domestic violence and solve the sensitive legal problems they face. In parallel with the provision of direct support, we regularly consult women about their specific needs and we use the obtained findings to propose solutions for solving them. We use this analysis to justify the need to establish a special state fund for financial support of women who have suffered domestic violence and their children, as well as other measures for economic empowerment of women survivors. Effectively dealing with domestic violence does not only mean providing legal mechanisms to protect women from future acts of violence, but also providing financial support to solve the related problems they face (divorce, custody and child support, division of property, compensation for damage and others), as well as improving the well-being of women and their children after leaving the violent relationship. These opportunities are directly related to the economic well-being of women who have experienced domestic violence. Therefore, providing financial support to women is more than necessary not only because of the high costs they face, but also because of the fact that the burden of caring for and reimbursing children after divorce or separation falls on women, and very often the perpetrators. of domestic violence do not pay the court-awarded child support, which further impairs the financial situation of the women themselves.

METHODOLOGY

The primary objective of this analysis is to evaluate and quantify the financial costs incurred by women as a result of domestic violence, assess their economic impact, and examine women's capacity to manage or recover from these financial burdens. The focus is put on four key cost categories: lost job/reduced incomes, health costs, relocation costs, and other associated costs (e.g., debts). The financial support and subsidies provided by the State is also included for more accurate assessment of women's ability to compensate these costs.

The data collection methods included:

- Interviews with structured questionnaire was the main method applied in order to gather in-depth, quantitative, and qualitative insights on the specific costs incurred by 52 women survivors - beneficiaries of ESE's Legal Aid Centre in the period May 2023 – June 2024. The questionnaire was organized into sections for each main cost category, with carefully tailored questions aimed at uncovering all relevant expenses and the challenges associated with them.
- Cases studies with detailed examination of individual cases to illustrate the extent and variety of costs incurred by women due to domestic violence, alongside their limited ability to recover or compensate for these financial burdens.
- Secondary data review that involved analyzing various data sources to provide context and benchmarks for the financial costs incurred by women due to domestic violence. Key sources include the legal framework outlining available state financial assistance, official statistics on minimum and average salaries, policies on sick leave compensation, and regulations regarding health costs. These data points will support the assessment of the economic burdens faced by survivors and highlight gaps in existing support systems.

DEMOGRAPHIC DATA

A total of 52 women beneficiaries of ESE's Legal Aid Centre were interviewed about the costs they have incurred as a result of domestic violence. These beneficiaries used LACs services in the period May 2023 – June 2024. In terms of their age, 29 are in the age group of 31-40 years, 12 women are in the age group of 41-50 years, and these groups accounted about 80% of all women. The rest of the women are in the age group of 21-30 years (6), 51-60 years (4) and one woman is over 60. By nationality, most women (44) are Macedonian, followed by 5 Albanians, 2 Roma and one Serbian. Two thirds of the women have completed secondary education, some of them have higher education (12), postgraduate studies (2), while one woman has incomplete secondary education. Most of the women are formally employed (31), and almost a fifth of women are unemployed (11).

Table 1. Work status

WORK STATUS	NUMBER OF WOMEN
Employees	31
Self employed	2
With a deed agreement	1
Informally employed	6
Retired	1
Unemployed	11
TOTAL	52

Data on the amount of monthly incomes shows that these incomes are usually not enough to cover all the costs that women face as a result of domestic violence calculated in the following section. In addition to unemployed women who do not earn income at all (11 out of 52), for most of the women who earn income (15 out of 41), the amount of their income is below or close to the state minimum wage. (The minimum wage in 2023 was 20,122 MKD, while in 2024 it was 22,567 MKD [Source: Ministry of Labor and Social Policy]). Nine of the women earn a monthly income between the minimum and the average net salary in the country, which in 2023 was MKD 33,613 [SOURCE: State Statistics Office]. Thus 65% of women are either unemployed or earn monthly incomes below the average salary in the country, in a situation where they face increased costs as a result of domestic violence and care for children after divorce or separation.

TABLE 2. Monthly income

AMOUNT OF INCOME	NUMBER OF WOMEN
0	11
5.000 - 22.000	15
20.001 -35.000	9
35.001 - 50.000	12
60.000 and above	4
TOTAL	52

The analysis in the next section shows that even women with higher incomes do not have the financial capacity to compensate for the various types of costs that arise as a result of domestic violence.

LOST JOB AND REDUCED INCOMES COSTS

INTRODUCTION

The costs associated with lost jobs or reduced incomes as a result of domestic violence (DV) create a significant economic and social burden for survivors. DV often disrupts employment, either through job loss or reduced working hours, as survivors may face physical injuries, emotional trauma, or the need to relocate for safety. These disruptions not only diminish survivors' financial independence but also lead to long-term income instability and career setbacks. This analysis examines the financial impact of employment-related costs on DV survivors, highlighting both direct income losses and broader economic effects, while assessing the adequacy of existing employment support programs in mitigating these challenges.

This analysis is organized into four sections, each addressing a distinct aspect of lost job or reduced incomes costs related to domestic violence:

- **Reported costs incurred by women in the last year:** This section assesses different types of costs, including costs due to unemployment because forbidden to work, lost job and reduced incomes because of domestic violence. It highlights a pattern where control and economic dependence of women reinforce each other. Women who faced restrictions or prohibitions from their abusive partners on working were also the ones who ultimately lost their jobs and conversely, those not barred from employment managed to retain their jobs, indicating that the ability to work freely serves as a protective factor against job loss in abusive relationships.
- **Programs and measures for economic empowerment and employment to alleviate lost job costs:** This section assesses the availability and effectiveness of active employment measures implemented by the State for women survivors. It highlights the adaptations to these programs that should consider the long-term unemployment many survivors face and the profound impact of violence on their economic stability and employability, ensuring measures provide sustainable support and opportunities for recovery.
- **Recommendations for Policy and Intervention:** The report highlights areas where state support can be strengthened to address the economic impact of job loss and reduced incomes for survivors of domestic violence. By examining both direct financial assistance and systemic employment support measures, actionable recommendations are proposed to provide sustainable economic recovery.

Purpose of the Analysis:

This report aims to provide a comprehensive understanding of the economic challenges faced by survivors of domestic violence due to job loss or reduced incomes. It identifies areas for policy improvement and proposes actionable measures to alleviate these financial burdens. By analyzing

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reported income losses, and state-provided employment support, the analysis seeks to guide policymakers and stakeholders toward targeted interventions. Ultimately, it underscores the importance of tailored employment and economic support as a crucial component of a holistic approach to recovery and empowerment for survivors of domestic violence.

SECTION 1. Reported costs incurred by women in the last 12 months

Economic abuse is a distinct form of domestic violence where perpetrators control women's financial resources, limiting their independence. The impact is profound because many women remain in abusive relationships, unable to leave due to financial dependency. The direct form of economic abuse, such as prohibiting work, is often coupled with physical injuries and mental health issues, further worsening their financial situation and ability to earn.

Employed women often face frequent absences from work due to doctor visits and recovery, while the emotional toll reduces concentration and productivity, impacting job performance and opportunities for advancement. These disruptions in their working life have long-lasting consequences:

- **Breaks in Employment History:** Employers may perceive career gaps as a loss of skills, resulting in weakened resumes and reduced competitiveness in the job market.
- **Loss of Skills and Opportunities:** Unemployment causes skills to deteriorate, especially in sectors requiring continuous learning, leading to missed opportunities for career development and networking.
- **Mental Health and Confidence:** Depression and anxiety, often caused by abuse, undermine women's motivation to seek employment and affect their interview performance, lowering their chances of securing a job.
- **Economic Dependence and Instability:** Women who are financially dependent on their abusers face additional challenges when seeking employment, as they often lack the resources needed for job hunting, such as appropriate clothing, transportation, or childcare.
- **Social Isolation:** Abusers frequently isolate women from social and professional networks, making it more difficult to find job opportunities or support from others.
- **Legal and Logistical Barriers:** Legal battles and the necessity to relocate to areas with fewer job opportunities further impede women's efforts to gain employment.

Data gathered from women survivors highlights various forms of economic abuse, including restrictions on their ability to work, job loss, and limited opportunities for skill development and career advancement.

a) Restriction on women to work

This is a common tactic used by abusive partners to maintain control, limit the financial power of the women, and ensure their dependency. The consequences of forbidding women from working are profound:

Poverty and Gender Inequality: Economic violence reinforces dependency on men, limiting women's social mobility and hindering gender equality efforts.

Impact on Children: Financial restrictions on mothers affect their ability to provide for their children, potentially perpetuating cycles of abuse and gender inequality.

Barrier to Leaving Abuse: Economic dependence traps women in abusive relationships, preventing them from accessing housing, legal aid, and basic necessities. Almost 80% of women (41 out of 52) were forbidden to work by their partners. Women cope with economic violence in different ways and their responses to being forbidden from working are split into two main groups: those who complied with the ban and did not work (23%), and those who defied it and continued to work despite the threat (39%). A smaller group experienced both scenarios, where they were forbidden at different times but responded differently depending on their circumstances (17%).

TABLE 3. Women Forbidden from Working

RESPONSE	NUMBER OF WOMEN	PERCENTAGE (%)
Yes, I was forbidden and did not work	12	23
Yes, I was forbidden and worked	20	39
I was not forbidden	11	21
Both forms of forbidden (forbidden and did not work and forbidden and worked)	9	17

The varied responses among women highlight the different ways they cope with this form of violence, which significantly impacts both the immediate and long-term consequences of economic abuse on their lives.

Complying with the Ban (23%): These women are often the most economically and socially vulnerable. They comply with their partner’s restrictions, either out of fear of further violence, lack of support systems, or entrenched cultural and social norms. For them, the consequence of complying is profound: they lose financial independence, rely solely on their partner for economic support, and face severe restrictions on their mobility and personal freedom. Women who comply with the ban experience immediate financial loss, but the long-term effects include diminished career prospects, lack of savings, and dependence on welfare systems. This can perpetuate a cycle of control where the woman has few, if any, options for leaving the abusive relationship. Even if they escape the abusive relationship, their economic opportunities are often significantly reduced, making recovery difficult. More than half of the women who complied with the ban are either still unemployed (7 out of 12) or informally employed with monthly incomes below the minimum net salary in the country (2 out of 12). Even having higher education does not guarantee finding employment after being forbidden to work due to domestic violence. Among the seven unemployed women, two hold university degrees, and in addition one has a master’s degree, illustrating that advanced education does not shield survivors from the severe economic consequences of being barred from work by their partners. Only quarter of the women who complied with the ban acquired formal employment (3 out of 12), but two of them are earning the minimum month salary (22,000 MKD), and only one is earning higher monthly income in amount of 50,000 MKD.

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TABLE 4. Current employment status of women who obliged the ban

EMPLOYMENT STATUS	NUMBER OF WOMEN	MONTHLY INCOME (MKD)
Unemployed	7	N/A
Informally Employed (below minimum salary)	2	5.000 and 15.000 MKD
Formally Employed (earning minimum salary)	2	22.000
Formally Employed (earning higher salary)	1	50.000

Both responses (17%): This group of women highlights the complexity of economic violence, where the situation is fluid. At different times, they may have been able to resist the ban, while at other times they felt forced to comply, depending on the intensity of control or abuse exerted by the partner. This suggests that economic violence is not static, and women's responses may evolve as they seek ways to survive the abuse. As for their employment status, some of them are employed (3 out of 9) earning monthly incomes in the amount of 23,000, 25,000 and 36,000 (average 28,000 MKD); one woman is self-employed and earns 35,000 MKD. Two women are engaged in informal economic activities and earn 20,000 and 28,000 MKD; and three women are unemployed.

TABLE 5. Current employment status of women with both forms of forbiddance

EMPLOYMENT STATUS	NUMBER OF WOMEN	AVERAGE MONTHLY INCOME (MKD)
Employed (earning 23,000 - 36,000 MKD)	3	28.000
Self-employed (earning 35,000 MKD)	1	35.000
Informal Employment (earning 20,000 - 28,000 MKD)	2	N/A
Unemployed	3	N/A

Defying the Ban (39%): A significant portion of the women continued to work despite being forbidden. These women likely found ways to resist the control exerted by their partner, perhaps because they had external support, a stronger sense of autonomy, or a dire need for financial resources. However, continuing to work against their partner's wishes often comes at a high emotional and physical cost. They may face increased levels of abuse, including physical violence or psychological intimidation. Yet, these women may also have a stronger sense of agency, and maintaining employment gives them a potential avenue for independence and escape. As a result, the employment status of these

women is more favorable compared to the women who complied with the ban. Most of the women are employed (15 out of 20) and earning monthly incomes in a range from 22,000 MKD to 60,000 MKD with average income of 37,100 which is near the national net average income. A small number of these women (2 out of 20) were part time employee earning 18,000 MKD and 40,000 MKD, one woman is self-employed with income of 60,000 MKD and one woman engaged in informal economy as cleaner earning 15,000 MKD (below the minimum net salary).

TABLE 6. Current employment status of women working despite the ban

EMPLOYMENT STATUS	NUMBER OF WOMEN	MONTHLY INCOME (MKD)
Employed (earning 22,000 - 60,000 MKD)	15	37.100
Part-time Employed (earning	2	18.000 and 40.000 MKD
Self-employed	1	60.000
Informal Employment	1	15.000
Unemployed	1	0

The combined data shows that women who complied with the ban to work face much more severe financial limitations, while those who resisted are in a better position, with those working despite the ban enjoying the best long-term outcomes. Most of the **women who complied with the ban remain** unemployed or engaged in low-income informal jobs. Only a quarter of them managed to secure formal employment, and even then, the majority earns low wages, with only one woman earning a higher income. This highlights severe financial consequences and limited future employment opportunities for women who fully complied with their partner's control. The group of **women who responded in both ways (Sometimes Obligated, Sometimes Worked Despite the Ban)** is in a relatively better financial position than those who fully complied with the ban. While some of the women remain unemployed, those who managed to stay employed, either formally or informally, have an average income of around 28,000 MKD. This suggests that their ability to resist economic control at times gave them slightly better prospects, though they still face challenges compared to those who consistently worked. **Women who worked despite the ban** are in the more favorable financial position. The majority are employed, with an average income near the national net average (37,100 MKD), and some even earning up to 60,000 MKD. This group shows the most financial resilience and long-term stability, as their ability to work despite control tactics has allowed them to maintain a higher standard of living and greater financial independence. At the same time the higher income increased their ability to defy the ban, because they would have known they were not dependent on the man if he stopped supporting them.

Two methods were used to calculate the lost income for women who did not work as a result of domestic violence. Both methods were based on the number of months without employment. For women who are still unemployed, the number of months without employment was multiplied by the average income for the job positions for which they are qualified to work if allowed (10 out of 21). If the

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women had been allowed to work by their partner, this is the list of jobs they would perform. As shown in the table, women identified up to three job positions that matched their qualifications and educational background. However, for those with incomplete or completed secondary education, the positions tend to fall into lower-paid jobs. The potential net income for five women who stated that they would work in low-paying jobs, such as sales clerk, cook, and cleaner, was calculated based on the minimum net income, which amounts to 20,175 MKD. For the other five, who are qualified to work as hotel receptionists, translators, tour operators or guides, graphic engineers, fashion designers, personal stylists and similar positions, their monthly incomes were calculated based on the average income of 36,613 MKD. The lost income for women who are still unemployed ranges from 121,050 to 439,356 MKD.

The respondents identified a variety of job roles and sectors they could have worked in had they not been restricted by domestic violence. These roles span across educational levels and demonstrate the broad potential for economic contributions that were hindered. Below is a summarized list categorized by education level:

Higher Education (Undergraduate or Bachelor's Degree)

Job Titles: Accountant, Commercialist, Bank Clerk, General Practitioner, Fashion Designer, 3D Printing Engineer, Personal Stylist, Sales Manager.

Postgraduate Studies (Master's Degree)

Job Titles: Administrator, Cosmetic Salon Worker, Hygienist.

Secondary Education

Job Titles: Saleswoman, Call Center Operator, Tourist Guide, Translator, Hotel Receptionist, Factory Worker, Gas Station Worker, Baker, Cook, Hygienist, Sewing Worker, Elderly Home Care Worker, Practical Nurse (for seniors and children), Hairdresser, Registered Nurse.

Incomplete Secondary Education

Job Titles: Sewing Worker.

This analysis highlights the diverse professional and vocational aspirations that were hindered by restrictions, ranging from professional roles (e.g., General Practitioner, Accountant) to skilled trades and service jobs (e.g., Practical Nurse, Factory Worker). Addressing these barriers could unlock significant individual and societal economic potential.

For those who were employed at the time of the interviews, the number of months without employment was multiplied by their current monthly net income (11 out of 21). Their lost incomes ranged from 15,000 to 600,000 MKD. The data reveals that the unemployment period for women impacted by domestic violence ranged from 2 to 12 months. On average, women were unemployed for almost 8 months. This extended period of unemployment has significant implications for lost income. For a woman earning an average monthly income, the prolonged absence from the workforce translates into substantial financial losses. For those unemployed for the average duration of 8 months, the loss of income is severe, while those who faced 12 months of unemployment experience even greater financial strain. The total lost income for women who did not work due to economic violence is 4,627,935 MKD; the average cost for those who suffered this type of cost, amounting to 220,378 MKD; and the average for all women is 88,999 MKD.

TABLE 7. Costs for forbidden to work Due to Domestic Violence

CATEGORY	NUMBER OF WOMEN	COST RANGE (MKD)	CALCULATION BASIS
Affected Women	21	15.000 – 600.000	Net / Minimum / Average Income
Overall Total	21	4.627.935 MKD	
Average (per woman)	-	220.378 MKD	
Average (all women)	-	88.999 MKD	15,000

b) Lost job as a result of domestic violence

In the context of domestic violence, job loss emerges as a critical issue affecting survivors' economic stability. Among 52 women surveyed, 22 lost their jobs due to domestic violence, a stark reminder of the far-reaching consequences of abuse on employment. Notably, women who faced restrictions or prohibitions from their abusive partners on working were also the ones who ultimately lost their jobs, highlighting a pattern where control and economic dependence reinforce each other. Conversely, those not barred from employment managed to retain their jobs, indicating that the ability to work freely serves as a protective factor against job loss in abusive relationships. This correlation underscores the need for targeted support for survivors facing both economic control and workplace challenges due to abuse. The causes and consequences of losing a job due to domestic violence are significant and far-reaching:

Financial Instability and Hardship: Losing a job creates immediate financial strain, cutting off a survivor's primary source of income and pushing them deeper into poverty. Without financial resources, women struggle to cover basic living expenses such as housing, food, and healthcare. This financial instability severely limits their ability to plan for the future, save for emergencies, or escape the abusive relationship. It also restricts their ability to meet their children's needs, further exacerbating the economic hardship faced by the entire household. The prolonged period of unemployment experienced by survivors often results in debt accumulation, creating a cycle of financial instability that can persist long after leaving the abusive situation.

Barriers to Reemployment: Employment gaps caused by domestic violence make it difficult for women to find new jobs. Potential employers may view these gaps as a loss of skills or experience, reducing their competitiveness in the job market. Additionally, the trauma from domestic violence impacts survivors' confidence and mental health, making the job search more challenging. Anxiety, depression, and PTSD are common consequences of abuse, which can undermine their motivation, interview performance, and ability to network effectively. Moreover, many women may lack the necessary support systems - such as childcare, transportation, or professional networks - to assist them in reentering the workforce, further delaying their chances of securing stable employment.

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Dependency and Vulnerability: Job loss increases a woman's financial dependency on her abuser, making it even harder to leave the relationship. Without a job or income, women may be forced to rely on their abusers for financial support, creating a dynamic where the abuser can use money as a means of control. This financial dependence traps many women in abusive situations, as they fear the economic consequences of leaving, such as homelessness or an inability to provide for their children. For those who do leave, the lack of employment forces them to depend on state welfare systems or charitable organizations, which may offer temporary relief but often do not provide the long-term financial security necessary for recovery.

Loss of Career Progression: Domestic violence not only results in job loss but also stalls career progression. Survivors are often forced to leave promising positions, missing out on promotions, professional development, or salary increases. This career stagnation has lasting consequences, as women may find themselves starting from a lower position or salary when reentering the workforce, if they are able to at all. The longer they are out of work, the more difficult it becomes to catch up with their peers, resulting in diminished career prospects and reduced lifetime earnings.

Impact on Mental Health and Work Productivity: For many survivors, the trauma of domestic violence affects not only their ability to find new employment but also their ability to maintain consistent work performance. Women who do return to work may face difficulties in balancing the emotional aftermath of the abuse with the demands of their jobs. The stress of managing legal battles, custody arrangements, or ongoing threats from the abuser can lead to absenteeism, reduced productivity, or the need for extended sick leave. This, in turn, impacts their ability to retain jobs or advance in their careers.

Social Isolation and Loss of Networks: Abusers often isolate their victims from friends, family, and colleagues, severing critical support networks that could otherwise provide emotional, financial, or professional help. Losing these social and professional connections limits a woman's access to job opportunities, mentorship, or referrals that might help her reenter the workforce. Social isolation also makes it harder for survivors to rebuild their lives after leaving the abusive relationship, further hindering their ability to achieve long-term financial and emotional recovery.

In summary, the economic consequences of losing a job due to domestic violence are deeply intertwined with survivors' overall well-being. Financial instability, barriers to reemployment and increased dependency on abusers or welfare systems trap many women in cycles of abuse and poverty. Addressing these challenges requires holistic support systems that include employment assistance, mental health services, and long-term financial aid to help survivors regain their independence and rebuild their lives.

TABLE 8. Costs for Lost Job due to Domestic Violence

CATEGORY	NUMBER OF WOMEN	COST RANGE (MKD)	CALCULATION BASIS
Employed Women	12	40.000 - 360.000	Net income before job loss
Unemployed Women	10	121.050 - 256.291	Minimum / Average net income
Overall Total	22	3.979.197 MKD	
Average (per woman)	-	180.872 MKD	
Average (all women)	-	76.523 MKD	

The unemployment period ranged from 2-12 months and on average, women were unemployed for 7.45 months. The same methods for calculation of lost job costs were applied here. The lost job costs for employed women or women who found a new job after having lost their previous one (12 out of 22) were ranging from 40,000 to 360,000 MKD. As for the unemployed women (10 out of 22), most of them were qualified for low-paid jobs (7 out of 10) and lost job costs for them were calculated by multiplying the number of months of unemployment with the amount of the minimum net income in the country; and the rest of them (3 out of 10) the calculations were based on the average net income in the country. The costs for these women ranged from 121,050 to 256,291 MKD. The total lost job costs were 3,979,197 MKD; the average for women concerned is 180,872 MKD; and it lowers to 76,523 for all women.

c) Costs incurred because of absence from work

In addition to the costs associated with periods of unemployment due to domestic violence, a significant number of women (42 out of 52) also faced financial burdens during their employment, primarily due to work absences related to the abuse. Some of these women used only their sick leave (12 out of 42), a smaller number used only paid or unpaid annual leave days (4 paid leave and 7 unpaid); the rest of the women used a combination of sick leave and vacation days (7 out of 42), sick leave and unpaid leave (2 out of 42), vacation and unpaid leave (3 out of 42), or sick leave, vacation and unpaid leave (7 out of 42).

TABLE 9: Type of Leave Taken

TYPE OF LEAVE	NUMBER OF WOMEN	PERCENTAGE (OF 42)
Sick Leave Only	12	28%
Vacation Days Only	4	9%
Unpaid Leave Only	7	17%
Sick Leave and Vacation Days	7	17%

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TYPE OF LEAVE	NUMBER OF WOMEN	PERCENTAGE (OF 42)
Sick Leave and Unpaid Leave	2	5%
Vacation Days and Unpaid Leave	3	7%
Sick Leave, Vacation Days, and Unpaid Leave	7	17%

The total number of days of absence from work was 942, out of which 585 days of sick leave, 167 vacation days, and 190 days of unpaid leave. On average, women were absent 22.4 days or one month in the last 12 months.

TABLE 10: Total Days of Absence by Leave Type

LEAVE TYPE	NUMBER OF DAYS	NUMBER OF WOMEN	AVERAGE DAYS PER WOMAN
Sick Leave Days	585	28	21
Vacation Days	167	21	8
Unpaid Leave Days	190	19	10
TOTAL	942	42	22

Although women stated that the sick leave days were fully paid, yet there were costs incurred because women lose part of their income for the days off work. In the private sector, the sick leave absence up to 14 days is compensated 70% by employer (if the person is formally employed), which leads toward women losing 30% of their daily incomes; the sick leave absence from 15 to 30 days shall be compensated 90% which lead for the women to lose 10% of their income for days off work; and the sick leave is compensated 70% by the State Insurance Fund when its duration is above 30 days. In the public sector the sick leave up to 7 days is compensated 70%; and from 8-15 days is compensated 80%, and the sick leave absence from 15 to 30 days shall be compensated 90%. The research did not ask whether women are employed in private sector or as civil servants, thus the calculation were based on the methodology applied to the private sector as explained above.

Sick leave costs were incurred by 28 women survivors in total amount of 185,313 MKD or on average 6,618 MKD per woman. The costs for vacation days were incurred by 21 women in total amount of 246,022 MKD or 11,715 MKD on average per woman. The costs for unpaid leave were incurred by 19 women in total amount of 238,707 MKD or 12,564 MKD on average per woman. These costs might be even higher if we take into account that the costs for unemployed women were based on the minimum monthly salary in the country, and not the actual salaries they were earning when they used vacation days or unpaid leave. The total costs incurred because of the absence from work amounted to 670,042 MKD and the average lost for all women (52) was 12,885 MKD.

TABLE 11: Costs Incurred for Vacation Days and Unpaid Leave

TYPE OF LEAVE	NUMBER OF WOMEN	TOTAL AMOUNT (MKD)	AVERAGE COST PER WOMAN (MKD)
Sick Leave (fully paid)	28	185.313	6.618
Vacation Days	21	246.022	11.715
Unpaid Leave	19	238.707	12.564
TOTAL	52	670.042	12.885

Additional financial impacts, including work penalties, lack of career progression, or other impacts.

In addition to job loss and reduced income, all the women surveyed faced further financial setbacks due to domestic violence, highlighting the extensive economic impact of abuse on their livelihoods. Work penalties were imposed on two women; one fined 4,000 MKD for leaving work early under pressure from her abuser, and the other fined 4,500 MKD for a work-related error resulting from the emotional strain caused by the violence.

A significant portion, 9 out of 52 women, experienced missed career advancement opportunities, leading to a collective loss estimated at 928,000 MKD (per year? And how did you calculated this?), averaging 103,111 MKD per woman. This barrier to career progression left these women with diminished earning potential and long-term career disadvantages. Additionally, approximately 80% of women (41 out of 52) reported other financial hardships related to domestic violence, such as job loss, forced business closures [for self-employed?], restrictions from working night shifts [for which workers usually are paid a premium], and reduced productivity. Sixteen women quantified their losses, amounting to a total of 889,500 MKD, or an average of 55,594 MKD per woman.

These financial consequences illustrate the pervasive economic toll of domestic violence, affecting victims' income, career trajectories, and overall financial independence. These impacts not only exacerbate financial instability for survivors but also hinder their ability to achieve long-term economic recovery.

TABLE 12: Financial Consequences Due to Domestic Violence

FINANCIAL CONSEQUENCE	NUMBER OF WOMEN	TOTAL AMOUNT (MKD)	AVERAGE LOST INCOME (MKD)
Work Penalties	2	4.000 and 4.500	-
Missed Career Promotion	9	928.000	103.111
Other Financial Difficulties (job loss, business closure, reduced productivity, night shift restrictions, etc.)	41	889.500	55.594 (for 16 women)

SECTION 2: Programs and measures to alleviate lost job for domestic violence survivors

Each year, the Ministry of Labor and Social Policy (MLSP) implements operational plans featuring active employment measures targeting vulnerable groups. Women survivors of gender-based violence and domestic violence are explicitly recognized as eligible beneficiaries of only two specific programs:

Program for Self-Employment. This program aims to support unemployed individuals in starting or formalizing their own businesses. According to the 2023 Annual Report of the Employment Agency, half of the program's beneficiaries were women (802 out of 1,604), 765 were young people, and 37 were Roma. The program also includes unemployed women under the age of 58; however, there is no specific information regarding women survivors of domestic violence who benefited from this measure.

Subsidy for Employment. The objective of this program is to facilitate the employment of individuals who face significant barriers to entering the labor market. Beneficiaries receive financial support amounting to 19,000 MKD per month, or a total of 114,000 MKD over six months. In 2023, the program supported 1,156 beneficiaries, of whom 777 were women. However, the report does not provide data on women survivors of domestic violence among the beneficiaries.

In 2020, the ESE Association conducted an analysis of women's access to the labor market and active employment measures. The findings revealed significant barriers that also affect women who have experienced domestic violence. These include the misalignment of active employment policies with women's primary needs, such as addressing high inactivity rates, lower employment levels, and long-term unemployment. Furthermore, employment measures are restricted to individuals registered within the state employment system, and there is no clear operationalization of strategies to target and include women. Considering that women survivors of domestic violence are among the most vulnerable groups in the labor market, the necessity to adapt active employment policies to their specific needs is even more critical.

SECTION 3: Conclusions

The analysis highlights the profound economic impact of domestic violence (DV) on women survivors, particularly through lost jobs and reduced incomes. Domestic violence disrupts employment, diminishes financial independence, and has long-term implications on survivors' economic stability and career progression. The conclusions, organized by key themes, underscore the importance of targeted interventions to address these challenges.

Economic Abuse and Employment Disruption

Economic abuse, including forbidding women from working or sabotaging their employment, is a pervasive tactic used by abusers to maintain control. The findings reveal that:

- 80% of women surveyed experienced restrictions or prohibitions on working, leading to significant economic dependence.
- Women who complied with the ban faced severe financial consequences, with most remaining unemployed or working in low-paying informal jobs, resulting in diminished career prospects and reliance on welfare systems.
- Survivors who defied the ban and continued working demonstrated better financial outcomes, with many achieving incomes close to or above the national average. However, they often faced heightened risks of further abuse.

Lost Income Due to Job Loss

Job loss emerged as a critical issue for 42% of women surveyed, with total lost job costs amounting to 3,979,197 MKD. The consequences include:

- **Immediate Financial Instability:** Survivors struggled to meet basic needs such as housing, food, and healthcare, often accumulating debt.
- **Barriers to Reemployment:** Employment gaps, mental health challenges, and lack of support systems hindered survivors' ability to secure new jobs.
- **Dependency and Vulnerability:** Job loss increased survivors' financial reliance on their abuser, trapping them in cycles of abuse and poverty.
- **Career Stagnation:** Survivors lost opportunities for career progression, resulting in reduced lifetime earnings and diminished economic prospects.

Costs Associated with Absence from Work

For survivors who remained employed, work absences due to domestic violence imposed additional financial burdens:

- **Sick Leave and Unpaid Leave:** Women lost income during sick leave, vacation days, or unpaid leave, with total costs amounting to 670,042 MKD.
- **Impact on Productivity and Penalties:** Some women faced workplace penalties or reduced productivity due to the emotional toll of abuse, further affecting their income and job stability.

State Employment Programs and Gaps

Although the Ministry of Labor and Social Policy (MLSP) implements active employment measures targeting vulnerable groups, these programs lack the specificity to address the unique challenges faced by survivors of domestic violence:

- Programs such as self-employment grants and employment subsidies are not tailored to the needs of DV survivors, particularly those facing long-term unemployment and economic abuse.
- Survivors without state employment registration are excluded from these measures, further limiting their access to support.

SECTION 4: Key insights and Recommendations

EMPLOYMENT BARRIERS

Women survivors of domestic violence often face significant barriers to re-entering the workforce due to long-term unemployment, skill deterioration, and psychological trauma, which limit their ability to secure stable income.

Recommendations:

- Develop specialized employment programs tailored to the needs of survivors, focusing on skill-building, career counseling, and mentorship opportunities.
- Introduce targeted financial incentives for employers to hire and retain survivors of domestic violence.

Implementation: The Ministry of Labor and Social Policy (MLSP) should work with local businesses and vocational training centers to create targeted employment initiatives. Employers should receive tax relief or financial support for hiring women survivors, while women should be provided free or subsidized access to skill development programs.

LOST JOB AND REDUCED INCOMES COSTS

INCOME SUPPORT GAPS

Women survivors experiencing long-term unemployment lack sufficient income support, often relying on minimal or irregular financial assistance.

Recommendations:

- Establish temporary income support schemes specifically for women survivors, ensuring they receive financial aid during their transition to employment.
- Simplify application processes for accessing financial aid, with a focus on reducing bureaucratic barriers.

Implementation: The government should allocate dedicated funding to create a transitional income support program for survivors. Social welfare offices should streamline application procedures, ensuring timely and efficient disbursement of aid.

WORKPLACE FLEXIBILITY

Survivors often struggle to balance recovery and employment due to inflexible working conditions and a lack of supportive workplace policies.

Recommendations:

- Promote workplace policies that offer flexible working arrangements, such as remote work, reduced hours, or job-sharing opportunities for survivors.
- Advocate for mandatory domestic violence leave policies, ensuring survivors can attend to legal, medical, or psychological needs without risking job loss.

Implementation: MLSP, in collaboration with employer associations, should introduce guidelines for workplace flexibility and domestic violence leave. Employers should receive guidance on implementing these policies, supported by incentives such as tax deductions or financial grants.

EMPLOYMENT REGISTRATION LIMITATIONS

Current employment measures only target individuals registered with the state employment system, excluding many survivors who are not officially registered as unemployed.

Recommendation:

Revise employment policies to include survivors of domestic violence as a distinct category eligible for active employment measures, regardless of registration status.

Implementation: The government should amend employment policies to expand eligibility criteria for women survivors, working with the Employment Agency to ensure that survivors can access services without additional administrative requirements.

LONG-TERM ECONOMIC RECOVERY

Women survivors face prolonged income instability and career setbacks due to gaps in employment and limited access to training and education.

Recommendations:

- Provide survivors with long-term career development opportunities, including scholarships, vocational training, and entrepreneurial grants.
- Establish mentorship programs to guide survivors through career reintegration and financial recovery.

Implementation: The MLSP should partner with vocational training centers, civil society organizations, and local businesses to implement long-term programs focused on education, skill-building, and entrepreneurship. Financial grants and mentorship networks should be tailored to the unique needs of survivors.

HEALTH COSTS

INTRODUCTION

The healthcare costs associated with domestic violence (DV) impose a significant financial and social burden on survivors and the healthcare system. DV affects not only the physical and psychological well-being of survivors but also generates substantial expenses from medical interventions, ongoing treatments, and rehabilitation. This analysis explores the financial implications of healthcare needs among DV survivors, focusing on costs borne by both individuals and the state, while evaluating the effectiveness of existing support programs aimed at reducing these burdens.

The analysis is organized into four sections, each addressing a distinct aspect of healthcare costs related to DV:

- **Reported Costs Incurred by Women in the Last Year:** This section reviews healthcare expenses reported by survivors over the past year, categorized into medication, primary care, specialized services, mental health support, and hospitalizations. It highlights disparities between insured and uninsured women, revealing the out-of-pocket financial challenges many survivors face in accessing essential healthcare.
- **State-Borne Costs:** Four case studies are presented to illustrate healthcare expenses covered by public funding. These examples detail the types of medical services used, the severity of injuries, and the total costs borne by the state. This section provides insights into the role of public healthcare systems in alleviating survivors' financial burdens.
- **Assistance and Programs to Alleviate Healthcare Costs:** This section assesses the availability and effectiveness of financial support for survivors, including one-off assistance under the Law on Social Protection. The analysis also examines government-funded preventive healthcare provisions, which offer free medical services but are often underutilized due to lack of awareness or accessibility barriers. Insights are provided on how these programs could better reduce survivors' expenses and address gaps in their implementation.
- **Recommendations for Policy and Intervention:** The report identifies areas where state support can be improved to enhance survivors' access to affordable healthcare. By examining both direct financial aid and systemic healthcare provisions, actionable recommendations are provided to ensure equitable support for all survivors, particularly those with high medical costs.

Purpose of the Analysis

This report aims to provide a comprehensive understanding of the financial challenges DV survivors face in accessing healthcare. It identifies areas for policy enhancement and suggests actionable measures to reduce these burdens. By focusing on reported costs, state-borne expenses, and the effectiveness of support programs, this analysis seeks to inform policymakers and stakeholders of critical areas for intervention. Ultimately, it emphasizes the importance of robust healthcare support as part of a holistic approach to recovery and rehabilitation for survivors of domestic violence.

SECTION 1: reported healthcare costs by the women that suffered domestic violence in the last 12 months

Domestic violence imposes significant healthcare costs on survivors, including medical treatments, medications, mental health services, and hospitalization. These financial burdens, combined with physical injuries and emotional trauma, disrupt economic stability by affecting work capacity and job security. Survivors often face frequent absences, reduced productivity, and even job loss due to the aftermath of abuse. Emotional stress, such as anxiety or depression, further impacts concentration and performance, perpetuating financial dependence and instability.

A total of 52 women beneficiaries of ESE's Legal Aid Centre were interviewed about the costs they had incurred as a result of domestic violence. These beneficiaries used LAC's services in the period May 2023 - June 2024. The majority of the women experienced both physical and psychological violence, with only a small number reporting psychological-emotional violence alone. The frequency of physical violence varied widely, ranging from four times a week over the past year to just once annually (Table 1).

TABLE 1. Physical Injuries and Emotional Stress Over the Last Year

CATEGORIES	NUMBER OF WOMEN
Only Physical Injuries	1
Only Emotional Stress	7
Both Physical Injuries & Stress	44
TOTAL	52

Bodily injuries were the most common, with four women reporting grave bodily injuries. In total, 673 incidents were reported. The actual number may be higher, as some women may have not disclosed all the incidents they experienced (Table 2).

TABLE 2. Type of Bodily Injuries suffered as a result of DV for the last year

CATEGORIES	NUMBER OF WOMEN	NUMBER OF INCIDENTS	PERCENTAGE OF TOTAL INCIDENTS (N=673)
Non-grave bodily injuries	40	661	98.2
Grave bodily injuries	4	10	1.5
Not specified	1	2	0.3
No bodily injury	7	0	0
TOTAL	52	673	100

Over 80% of all injuries were endured by nine women, highlighting the chronic and severe nature of violence they experienced, often on a daily basis (Table 3).

TABLE 3. Number of injuries suffered as a result of DV for the last year

NUMBER OF INJURIES	NUMBER OF WOMEN	PERCENTAGE OF TOTAL INCIDENTS OF INJURIES (N=673)
1	5	0.7
2	10	3
3	9	4
4	5	3
5	5	3.7
6	1	0.8
10	3	4.4
12	1	1.7
24	1	3.5
36	1	5.3
96	1	14.2
180	1	26.7
192	1	28.5
No injuries	7	0
Not specified	1	0.5
TOTAL	52	100

Health Insurance. The majority of women surveyed (44) had health insurance, while only eight did not. Among the uninsured, six women lost their coverage due to reliance on their spouses' health insurance. In some cases, the spouse's insurance was invalidated due to unpaid health insurance taxes. In others, the insurance remained active, but the spouse withheld consent for the women to continue using it after separation. In both scenarios, these women must wait for the formal termination of the marriage (final court judgment) before they can independently acquire health insurance.

Under **Indent 10 of Article 5 of the Health Insurance Law (Official Gazette 275/2019 from 27.12.2019)**, victims of domestic violence are explicitly entitled to compulsory health insurance, allowing them to access healthcare services without needing another insurance basis. The law emphasizes that measures for their protection, as stipulated in domestic violence prevention and protection legislation, form the foundation for this entitlement. However, there is a lack of bylaws detailing the practical procedures for women to exercise this right. The insurance only covers healthcare costs borne by the state. The discussion of state-borne costs in Section 3 of this analysis elaborates on these issues.

Use of Medication. The majority (33 or 63%) of women used medications. On average, 4,824 MKD (78 EUR) was spent per woman. Spending varies among the women. Notably, three women incurred extremely high medication costs, ranging from 19,200 to 24,000 MKD (Table 4).

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TABLE 4. Costs incurred for medication by the women that suffered DV for the last year

COST RANGE MKD	NUMBER OF WOMEN (N=33)	PERCENTAGE OF WOMEN
0 - 1.000	4	12
1.000 - 3.000	16	48.5
3.001 - 5.000	6	18.3
5.001 - 7.000	3	9
7.001 - 10.000	1	3
10.001 and above	3	9
TOTAL	33	100

According to the data shared by the women, those who suffered emotional violence spent significantly more¹ on medication compared to those who suffered bodily or even grave bodily injuries (Table 5).

TABLE 5: Average and Total Medication Costs by Injury Type and Insurance Status for the Last Year

CATEGORIES	AVERAGE MEDICATION COSTS (INSURED)	AVERAGE MEDICATION COSTS (UNINSURED)	AVERAGE MEDICATION COSTS (OVERALL)	TOTAL COSTS (INSURED)	TOTAL COSTS (UNINSURED)	TOTAL COSTS INCURRED	NUMBER OF WOMEN
Bodily Injuries	3.524	1.750	3.370	74.000	3.500	77.500	23
Grave Bodily Injuries	1.500	12.000	6.750	3.000	24.000	27.000	4
Emotional Stress (No Injury)	9.117	0	9.117	54.700	0	54.700	6
TOTAL	n/a	n/a	4.824	131.700	27.500	159.200	33

Uninsured women spent, on average, 17 times more than those who were insured (Table 6). [deleted because not shown in table]

¹ Two women required medications for severe mental health problems caused by domestic violence. For one, two of the three prescribed medications were not on the Health Insurance Fund's (HIF) reimbursement list, resulting in full out-of-pocket costs despite having health insurance. One of the medications was added to the reimbursement list in September 2024. She also had a chronic condition necessitating long-term medication use. The second woman was prescribed five medications for severe mental health issues, all reimbursed by the HIF, with a monthly co-payment of 1,000 MKD. However, frequent stockouts at pharmacies often forced her to pay out of pocket. Additionally, she paid 500 MKD monthly for a mental health supplement not covered by insurance. Her abuser often threw away her medications, compelling her to repurchase them.

TABLE 6. Average cost for medication for the last year

HEALTH INSURANCE STATUS	AVERAGE COST PER WOMAN	TOTAL COSTS
Insured (n=29)	403	131.700
Uninsured (n=4)	6.875	27.500
TOTAL (N=33)	n/a	159.200

Utilization of Primary health care services. Women sought medical care for domestic violence-related injuries and emotional consequences through general practitioners (GPs), emergency services, and private facilities. Each woman visited GPs on average three times, double the visits to emergency services, with one visit on average to private facilities. However, a third of the women did not seek any healthcare despite potential needs. Among the 13 who visited private facilities, most sought care for bodily injuries, while two sought support for emotional stress (Table 7).

Visits to emergency services (Emergency medical assistance and Urgent care centers) were free of charge, so there were no costs for the women associated with those visits. Visits to general practitioners were relatively inexpensive (although they are private health institutions, they are part of the Governmental Health Network, and the costs for services are paid by HIF). The most costly visits are to private health facilities. With further inquiry we found out that among those women that used private health facilities (n=13) 12 have health insurance, while only one does not have insurance (Table 7).

TABLE 7: Visits to Healthcare Providers and Associated Costs for the Last Year

HEALTHCARE PROVIDER	NUMBER OF WOMEN WHO VISITED (N=52)	TOTAL NUMBER OF VISITS	AVERAGE VISITS PER WOMAN	PERCENTAGE OF VISITS PER PROVIDER (%)	AVERAGE COST PER VISIT (MKD)	AVERAGE COST PER WOMAN (MKD)
General Practitioner	27	82	3	61	37	111
Emergency	22	34	1.5	25	0	0
Private Health Facility	13	19	1	14	3.216	4.700
No Need	16	0	n/a	0	0	0
TOTAL	n/a	135	n/a	100	n/a	n/a

The data in the table indicates that **majority of women made between one and four visits**, showing limited but necessary medical attention for many survivors. Additionally, **one fifth made between five and eight visits**, suggesting they faced more severe or persistent issues requiring ongoing care. A notable **one third did not seek any medical care**, which includes both those who suffered only psychological violence (2 women) and those who experienced both physical and psychological

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violence (14 women). This emphasizes the varying healthcare needs among the survivors (Table 8). [Number of visits could be affected not only by need, but also other factors, including ability to pay?]

TABLE 8. Number of Women by Number of Visits for the last year

NUMBER OF VISITS	NUMBER OF WOMEN	PERCENTAGE OF TOTAL WOMEN
0 visit*	16	30
1 - 4 visit	24	46
5 - 8 visits	11	22
12 visits	1	2
TOTAL	52	100%

Healthcare Services with medical specialists. The data indicates that women who suffered from domestic violence utilized a wide range of specialized healthcare services, totaling 229 visits across different providers (Table 9).

TABLE 9. Specialized Healthcare Services and Costs for the last year

SPECIALIZED HEALTHCARE SERVICE	NUMBER OF WOMEN WHO USED SERVICE	NUMBER OF VISITS	AVERAGE COST PER WOMAN FOR THE LAST VISIT (MKD)*	TOTAL COST FOR THE LAST VISIT	RANGE OF COSTS FOR THE LAST VISIT (MKD)	AVERAGE COST PER WOMAN (MKD)
Psychiatrist	21	62	843	8.430	200 - 2.350	10
Physical therapy (other services)	1	30	n/a	1.100	0 - 4.300	1
Traumatologist	14	29	n/a	80	0 - 80	1
X-ray	18	27	n/a	440	0 - 440	1
Laboratory	12	24	n/a	200	0 - 200	1
Internist	11	17	n/a	70	0 - 70	1
Ultrasound	9	17	0	0	0	0
Gynecologist (other services)	7	14	1.414	9.900	1.100	3
CT Scan and MRI	5	5	0	0	0	0
Surgeon	4	4	0	0	0	0
TOTAL	26	229	-	20.220	-	-

*The average is calculated based on the total costs for the last visits divided by the number of women that incurred cost for the last visit.

Psychiatric services were the most frequently utilized, with 62 visits recorded (27%). This high number underscores the significant mental health impact of domestic violence. The average cost for a psychiatric visit was 843 MKD. Considering that we did not ask women where they received specialized healthcare services, conclusions about where they sought care were made based on the costs they reported for the services. The costs indicate that a significant portion of women visited private psychiatrists. It is important to mention the stigma associated with mental health, which is one of the reasons why women prefer to visit private psychiatrists instead of public health institutions. Notably, several services, including visits to internists, surgeons, CT scans, MRI ², and ultrasound, incurred no costs for the women. This finding is unusual because co-payments are required for all these services. The amounts are not high, but they still need to be paid. Or perhaps the women did not report these small co-payment amounts due to their low value or for other reasons. The costs for other specialized services varied considerably. X-ray services costs are relatively low. This cost suggests that a woman that incurred costs for X-ray had used a private services, as the participation for the public X-ray (co-payment) is very low. Among the rest of the women that use those services 17 women did not report the costs due to various reasons. Traumatologist visits were also frequent but had minimal costs, averaging 80 MKD per visit. This suggests that the majority visited a traumatologist in a public healthcare institution.

The highest costs incurred by women were linked to gynecological ³ services. It seems that both insured and uninsured women pay the same prices for gynecological examinations (a woman who had health insurance, visited a gynecologist in primary health care, where services are supposed to be free of charge, but she was charged 3,000 MKD). It highlights that having health insurance may not necessarily provide financial relief. This discrepancy points to potential inefficiencies or gaps in the healthcare system, where insurance coverage does not translate into reduced medical expenses for critical services like gynecological exams.

Among the women who utilized specialized healthcare services, only four were uninsured. Despite the small number, these uninsured visits still posed significant costs. Specifically, two visits to the psychiatrist resulted in costs of 2,350 MKD and 2,300 MKD, respectively. Additionally, the only visit to a gynecologist for an uninsured woman incurred a cost of 2,600 MKD. These figures highlight the financial burden faced by uninsured women, particularly when accessing mental health and gynecological services, where out-of-pocket expenses can be substantial.

For women who suffered only emotional stress, psychiatric services were the primary - and in fact, the only - specialized healthcare service they accessed (Table 10). All visits in this category were to psychiatrists, underscoring the profound psychological toll domestic violence takes on survivors. In contrast, women who experienced both physical injuries and emotional stress had significantly more healthcare needs. The most common service used by this group was again psychiatric care, however, these women also required substantial healthcare services, such as 29 visits to traumatologists and 27 visits for X-rays. Additionally, these women accessed ultrasounds, laboratory tests, and other treatments, demonstrating the wide range of medical attention required to address impacts of domestic violence.

² Five women had CTs and MRI. Two of them had grave bodily injuries, while three bodily injuries.

³ One woman with health insurance went to a private health facility and incurred 4,300 MKD for the most recent service. Another woman without insurance paid 2,600 MKD for her most recent visit. The third woman, who had health insurance, visited a gynecologist in primary health care, where services are supposed to be free of charge according to bylaws. However, she was charged 3,000 MKD, which suggests that some gynecologists are illegally charging for services that should be free.

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TABLE 10. Most Common Specialized Services by Form of Violence for the last year

FORM OF DV	SPECIALIZED SERVICES USED	NUMBER OF VISITS	MOST COMMON SERVICE	MOST COMMON SERVICE VISITS
Only Emotional Stress				
	Psychiatrist	11	Psychiatrist	11
Both Physical Injuries & Stress				
	Internist	17		
	X-ray	27		
	Psychiatrist	51	Psychiatrist	51
	Surgeon	4		
	Traumatologist	29		
	CT Scan (Computed Tomography) and MRI (Magnetic Resonance Imaging)	5		
	Ultrasound	17		
	Laboratory	24		
	Other service	44		

*Only services used are listed

Visit to psychologist. A significant portion of the women visited a psychologist, yet a large number did not seek psychological help, which may have been due to a number of reasons ⁴ (Table 11). Among those who did seek psychological support, the majority only attended 1 - 2 sessions, suggesting that for many women, brief consultations or short-term interventions were sufficient to address their emotional needs. However, a third of the women required 3 - 5 visits, indicating a need for more in-depth support. A smaller group attended more than 5 sessions (one attended 5 while two attended 10 sessions), reflecting the deeper emotional impact and ongoing trauma that required more sustained psychological care (Table 11). We would like to add that the cost of these services, especially those not covered by the Health Insurance Fund (HIF), creates an additional barrier to access. Although psychological support typically requires long-term engagement, many women may be forced to discontinue their sessions due to financial limitations.

⁴ They either did not need mental health care, faced barriers in access, lacked awareness, underestimated the value of mental health services in coping with trauma, or were deterred by the existing stigma associated with using such services.

TABLE 11: Psychologist Visits and Frequency in the Last Year

RESPONSE	NUMBER OF WOMEN	PERCENTAGE (%)	FREQUENCY OF VISITS	NUMBER OF WOMEN	PERCENTAGE (%)
Yes (Visited)	31	60	1 - 2 times	18	58
			3 - 4 times	10	32
			5 or more times	3	10
No (Did Not Visit)	21	40			
TOTAL	52	100	TOTAL (Visited)	31	100

The data on the costs of psychologist visits paints a clear picture of the financial burden faced by women who sought psychological support, with an average cost per woman of 610 MKD. The costs varied significantly, ranging from as low as 300 MKD to as high as 5,900 MKD. This range suggests that while some women accessed lower-cost services, others faced substantial expenses, particularly those requiring more frequent visits (Table 12). Among the women who visited a psychologist, the majority were insured. The range of expenses for insured women, shows that while insurance provided some financial relief, costs could still be significant, particularly for those needing more frequent or extended care (Table 12). In contrast, the **average cost per uninsured woman** was higher than for insured women. Although the overall costs for uninsured women did not reach the higher end seen in some insured cases, the higher average cost highlights the added financial strain faced by those without insurance (Table 12).

TABLE 12: Costs for Psychologist Visits by Insurance Status for the Last Year

INSURANCE STATUS	NUMBER OF WOMEN	TOTAL COST (MKD)	AVERAGE COST PER WOMAN (MKD)	COST RANGE (MKD)
Insured	26	15.200	585	1.000 – 5.900
Uninsured	5	3.700	740	300 – 3.400
TOTAL	31	18.900	610	300 – 5.900

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Hospitalization due to injuries. One fifth of the women or **21%** required hospitalization. Among the women who were hospitalized, nearly all were hospitalized just once, with only one woman requiring multiple hospitalizations (Table 13).

TABLE 13: Hospitalizations for Domestic Violence in the Last Year

HOSPITALIZATION NEEDED	NUMBER OF WOMEN	PERCENTAGE [%]
Yes	11	21
1 time (of those hospitalized)	10	91
2 times (of those hospitalized)	1	9
No	41	79
TOTAL	52	100

When examining the types of hospitalization, we see varying costs depending on the services required. **Six women** were admitted to the **surgery ward** for treatment without surgery. These stays were less costly, with an average cost of just **583 MKD** per woman. These lower costs suggest that the admissions were likely for observation or minor treatments rather than complex procedures. **Psychiatric hospitalization** accounted for a portion of the cases, with **three women** needing this type of care, resulting in an average cost of **1,933 MKD** per woman. The most significant financial burden was observed in the gynecology ward ⁵, where two women incurred a total cost of 62,500 MKD, with an average cost of 31,250 MKD per woman (Table 14).

TABLE 14: Type of Hospitalization and Costs for the last year

TYPE OF SERVICE	NUMBER OF WOMEN	TOTAL COSTS (MKD)	AVERAGE COST PER WOMAN (MKD)	RANGE OF COSTS (MKD)
Surgery ward without surgery	6	3.500	583	1.500 - 2.000
Psychiatry ward	3	5.800	1.933	5.800
Gynecology ward	2	62.500	31.250	12.500 - 50.000
TOTAL	11	71.800	-	-

Among the women who were hospitalized, the majority had insurance, and their financial outlay was significantly lower compared to their uninsured. On average, insured women paid **2,422 MKD** for their hospitalization. In stark contrast, the **two uninsured women** who were hospitalized faced a far greater

⁵ One woman paid as much as 50,000 MKD, highlighting severe medical needs, likely related to reproductive health or injuries requiring specialized, intensive care. This woman was uninsured. Another woman, who was insured, paid 12,500 MKD. This amount suggests that she did not receive healthcare services in a public health institution, as the maximum annual participation fee in public facilities is typically between 6,000 and 7,000 MKD.

financial burden. The **average cost per uninsured woman** was **25,000 MKD**, which is more than **ten times higher** than the cost incurred by insured women. One uninsured woman faced particularly high costs, paying **50,000 MKD** for her hospitalization, likely due to more complex or specialized medical care. This extreme financial burden highlights the vulnerability of uninsured women, who are at greater risk of significant out-of-pocket expenses when they require medical attention (Table 15).

TABLE 15: Costs by Insurance Status for the last year

NUMBER OF VISITS	NUMBER OF WOMEN	AVERAGE COST PER WOMEN (MKD)	TOTAL COST (MKD)	RANGE OF COSTS (MKD)
Insured	9	2.422	21.800	3.500 - 12.500
Uninsured	2	25.000	50.000	50.000
TOTAL	11	-	71.800	-

Accompaniment during medical visits. The data shows that just over half of the women surveyed required accompaniment during their medical visits, indicating that many felt the need for support due to the emotional or logistical challenges associated with domestic violence. The remaining women managed their visits independently. Among those who needed accompaniment, the majority were accompanied only once, suggesting that for most, the need for support was primarily during their initial visit. A smaller portion, required accompaniment twice, and only 7% needed support for three visits, indicating that a minority of women required ongoing assistance for more complex or prolonged healthcare needs (Table 16).

TABLE 16: Accompaniment During Medical Visits in the Last Year

RESPONSE	NUMBER OF WOMEN	PERCENTAGE (%)	FREQUENCY OF ACCOMPANIMENT	NUMBER OF WOMEN	PERCENTAGE (%)
Yes (Accompanied)	27	52			
			Once	18	67
			Twice	7	26
			Three Times	2	7
No (Not Accompanied)	25	48			
TOTAL	52	100	TOTAL (Accompanied)	27	100

SECTION 2: Healthcare costs borne by the State in cases of domestic violence

In an effort to calculate healthcare costs, including those incurred not only by the women who suffered domestic violence but also by the state, we prepared the case studies presented below. All four women included in the analysis were hospitalized but did not undergo surgery. The case studies provide a more detailed understanding of the state's healthcare costs associated with domestic violence cases (Table 17 and individual case studies in the annex).

The amounts regarding the costs incurred by the Health Insurance Fund, are taken from the latest available Price list of health care services of the Health Fund of North Macedonia (from June 28th, 2024) for the health care services from doctors' specialists, diagnostic services, ambulatory treatments and in hospital treatments. Since we do not have the medical and hospital records of the women, the selection of health services for which we included the prices are based on the interviews with the women. This means that based on the women's description of the injuries, diagnostic procedures and treatment services received we selected health care services that are most likely to be used in these cases. Costs for visits of general practitioners cannot be included since the General practitioners are paid per capita i.e. they receive fixed monthly amount for each patient enrolled regardless of the number or scope of services which they provide for the patient.

TABLE 17: Summary of Case Study Healthcare Costs

CASE STUDY	INJURY TYPE	SERVICES USED	TOTAL COST (MKD)
SA	Abdominal injuries	Hospitalization, consultations, diagnostic imaging, psychological counseling, medication	34.886
ST	Cut, fracture, infection	Emergency transport, hospitalization, specialist care, psychological counseling	39.393
SP	Head and limb injuries	Emergency transport, consultations, diagnostic imaging, psychological counseling, medication	47.253
SI	Cut, sprain	Emergency transport, hospitalization, specialist consultations, psychological counseling	33.203

CASE STUDY 7: SA, a woman in her 40s, was hospitalized with abdominal injuries resulting from repeated assaults. Her treatment involved multiple consultations with specialists, including internists, psychiatrists, and traumatologists, as well as diagnostic imaging such as X-rays, CT scans, and ultrasounds. She also received psychological support to address the emotional trauma from the assaults and pain management medication. The total cost of her treatment, covered by the state, amounted to 34,886 MKD. While she received one-off assistance of 12,000 MKD, her case underscores the need for continuous support beyond initial aid.

CASE STUDY 8: ST, aged between 41 and 50, suffered a deep cut that became infected, as well as a fracture, both stemming from incidents of domestic violence. Her healthcare included hospitalization for infection and fracture management, specialist consultations, and follow-up wound care. She also

received psychological counseling for emotional trauma. As an uninsured woman, ST faced significant out-of-pocket expenses, and her total healthcare costs reached 39,393 MKD. This case highlights the financial burden on uninsured survivors and the risks associated with untreated injuries.

CASE STUDY 9: SP, a woman in her 30s, was transported to the hospital by emergency services following head and limb injuries. Her treatment required consultations with multiple specialists, including internists, psychiatrists, and a surgeon, as well as diagnostic tests like X-rays and ultrasounds. In addition, SP attended psychological counseling sessions, reflecting the long-term emotional impact of domestic violence. The state healthcare system covered her expenses, totaling 47,253 MKD, yet her case demonstrates the essential role of psychological support in recovery.

CASE STUDY 10: SI, aged 41-50, was taken to urgent care after being struck with a glass bottle, resulting in a deep cut and a sprained ligament. Her healthcare services included emergency transport, one-day hospitalization, consultations with specialists, and follow-up care. She also received psychological counseling to support her emotional recovery. Her total healthcare costs, covered by the state, amounted to 33,203 MKD. Her case illustrates the diverse medical services required for both physical and emotional injuries, as well as the substantial healthcare costs that accrue from multiple consultations and treatments.

SECTION 3: Assistance and Programs to Alleviate Healthcare costs for domestic violence survivors

The Government of North Macedonia has implemented various measures to support survivors of domestic and gender-based violence, including one-off financial assistance provided by the Ministry of Labor and healthcare programs administered by the Ministry of Health. This section examines the utilization, accessibility, and effectiveness of these initiatives in addressing the specific needs of affected women.

One-time financial assistance entitlement for covering healthcare costs in the last year. In North Macedonia, the Law on Social Protection⁶ offers a lifeline to survivors of domestic violence by granting one-off financial assistance to cover urgent healthcare needs. Survivors can receive up to 12,000 MKD for medical treatment and an additional 15,000 MKD for urgent protection and accommodation. The application process is designed to be accessible, requiring survivors to apply through their local Center for Social Work. While the legal framework and processes are in place, the evidence on real-life implementation paints a very different picture—one marked by inconsistencies, gaps, and missed opportunities to truly support the most vulnerable.

⁶ Article 62

The amount of one-time financial assistance can be up to 30,000 MKD and is provided in the following cases:

To meet the needs of an individual or family facing a social risk that could have lasting consequences, such as due to a natural disaster (earthquake, flood, fire), epidemic, or the death of a family member.

For individuals in need of surgery or prolonged treatment in a healthcare institution abroad.

For individuals without housing who are beneficiaries of guaranteed minimum assistance, specifically those capable of working, to assist in securing essential accommodation.

The amount of one-time financial assistance can be up to 15,000 MKD to meet the needs of an individual who is a victim of domestic violence, for urgent protection and care.

The amount of one-time financial assistance can be up to 12,000 MKD to meet the needs of an individual or family facing social risk in cases of prolonged treatment in a healthcare institution, as well as for victims of domestic violence to obtain healthcare and medical treatment.

The amount of one-time financial assistance can be up to 4,500 MKD to meet the needs of an individual or family facing a social risk without lasting consequences, where social and material support for the individual is essential.

The amount of one-time financial assistance outlined in paragraphs 1, 2, 3, and 4 of this article is adjusted according to the cost-of-living increase for the previous year, as published by the State Statistical Office in January of the current year.

One-time financial assistance is provided through the Center for Social Work. Exceptionally, in urgent and unavoidable cases, the minister may issue a decision to grant one-time financial assistance.

An appeal against the minister's decision under paragraph 7 of this article may be filed with the State Commission for Administrative and Employment Procedure Decisions in the second instance.

HEALTH COSTS

In theory, this financial assistance is meant to ease the burden of healthcare costs for survivors of domestic violence, but the data tells a more troubling story. Among the 52 women in the study, only 8 received financial assistance for healthcare expenses, despite many suffering injuries and incurring medical costs that would qualify them for this support.

The allocation of assistance appeared uneven, with a clear bias toward survivors with visible physical injuries. None of the 7 women who suffered psychological violence alone received any aid, even though emotional trauma often requires costly mental health treatment. This suggests a narrow interpretation of eligibility, one that overlooks the profound healthcare needs stemming from emotional and psychological abuse.

Uninsured survivors, who face the highest healthcare costs due to out-of-pocket payments, were among the least likely to receive assistance. Of the eight (8) uninsured women in the study, only three (3) received financial aid. This lack of prioritization is particularly concerning given that uninsured survivors are the most financially vulnerable, often unable to afford even basic medical care. By failing to consider insurance status as a factor in granting assistance, the program inadvertently deepens the financial strain on those who need support the most.

The distribution of financial support revealed troubling discrepancies when viewed through the lens of income. Women in the lowest income bracket (0–10,000 MKD) were notably under-supported, with only 2 of 13 women in this group receiving aid. In contrast, uninsured women in the highest income bracket (20,001 MKD and above) received financial assistance in 100% of cases. This raises serious questions about the fairness and priorities of the allocation process.

One of the most striking findings was the lack of alignment between healthcare costs and financial assistance. Women with low medical expenses (0–3,000 MKD) were the most likely to receive aid, with 17% of this group benefiting. However, women facing substantial healthcare costs—those above 33,000 MKD—were largely ignored. In fact, only one woman in the highest cost bracket received assistance, despite the clear financial burden of her situation. This misalignment suggests that the current system fails to assess and address the actual healthcare needs of survivors. By not tying financial assistance to the level of expenses incurred, the program leaves many women without the help they desperately need.

The gaps in the financial assistance system become even more evident when examining the lived experiences of survivors. Imagine a woman who has suffered both physical injuries and emotional trauma. She is uninsured, works a low-paying job, and has incurred significant healthcare costs for hospitalization and therapy. Yet, under the current system, her lack of insurance and high medical expenses may not qualify her for the support she needs. Meanwhile, another woman with minimal healthcare costs but higher income may receive full financial assistance, purely because her case fits the system's flawed criteria.

Health Programs. The Government of North Macedonia implements several healthcare programs to support vulnerable populations, including women affected by violence. These programs aim to alleviate healthcare costs and provide essential medical services to survivors of domestic violence and other vulnerable groups (participation for the services that comes out of pocket). The assessment sought to understand the extent to which these programs met the healthcare needs of women facing financial and accessibility barriers. Detailed data on program utilization was gathered to identify both successes and areas for improvement, ensuring these programs served their intended purpose effectively.

Program for Active Healthcare Protection of Mothers and Children (2023 - 2024)

This program includes provisions for women who have experienced sexual violence, offering free medical examinations. In the 2023 budget, 180,000 MKD was allocated, distributed equally among three institutions: the University Clinic for Gynecology and Obstetrics in Skopje, the Clinical Hospital in Tetovo, and the General Hospital in Kumanovo. In 2024, the funding was reduced by half to 90,000 MKD while expanding the program's scope to include survivors of gender-based and domestic violence. Data requests revealed that the Ministry of Health did not possess records on the number of women who accessed these free examinations in 2023 and 2024 or the funds allocated to the healthcare institutions. The Ministry referred inquiries to the respective public healthcare institutions. However, it was confirmed that women affected by sexual violence could access these services without documentation. A standard operational procedure was in place to outline the steps for accessing the services. In 2023, only 23,502 MKD out of the allocated 180,000 MKD was spent, indicating significant underutilization.

Program for Participation in the Use of Healthcare Services for Certain Diseases of Citizens and Healthcare for Mothers and Infants (2023 - 2024)

This program waives healthcare participation fees for individuals with specific health conditions and offers free services for mothers and infants. In 2024, 4.8 million MKD was allocated in 2023/24 to cover participation fee exemptions for healthcare services, including specialist medical examinations, diagnostic tests, and hospital treatment for survivors of domestic and gender-based violence. The Ministry of Health clarified that survivors needed to submit a police report as documentation to access exemptions. Healthcare institutions provided the services and later invoiced the Ministry for reimbursement. However, the Ministry did not maintain centralized records on funds spent or the number of beneficiaries in 2023 and 2024. This data was only available through public healthcare institutions. The lack of formalized procedures and centralized monitoring highlighted gaps in the program's implementation.

SECTION 4: Conclusions

The analysis of healthcare costs for women who have experienced domestic violence highlights the significant financial challenges they face in accessing necessary services. Costs were categorized across primary healthcare, specialist services, psychologist visits, hospitalization, and medication, with stark disparities observed between insured and uninsured women. These findings underscore the critical role of health insurance in mitigating financial burdens and ensuring equitable access to care for survivors of domestic violence.

The most significant costs were related to medication, which accounted for 48% of the total healthcare costs, followed by hospitalization at 21%. This is in line with national-level data, which shows that the largest portion of out-of-pocket payments in North Macedonia is spent on purchasing medications. This suggests that the ongoing need for medication, especially for both physical and mental health conditions stemming from domestic violence, places a heavy financial burden on women (Table 18). General healthcare services, including visits to GPs and emergency departments, made up 19% of the total costs. These services tend to have lower individual costs due to public healthcare support but still represent a substantial part of the healthcare expenditure. Specialized services and psychologist visit each accounted for 6% of total costs, reflecting their importance but lower frequency compared to medication and general healthcare (Table 18).

HEALTH COSTS

TABLE 18: Detailed Overview of Healthcare Costs and Utilization by Category

HEALTHCARE SERVICE	NUMBER OF WOMEN	NUMBER OF VISITS	TOTAL COST (MKD)	AVERAGE COST PER WOMAN (MKD)	RANGE OF COSTS (MKD)	PERCENTAGE OF TOTAL HEALTHCARE COSTS
Primary Healthcare	36	135	64.100	1.781	300 - 6.000	19
Specialist Healthcare	26	229	20.220	1.348	70 - 4.300	6
Psychologist Visits	31	85	18.900	610	300 - 5.900	6
Hospitalization	11	12	71.800	6.527	0 - 50.000	21
Medication	-	-	159.200	4.824	1.000 - 24.000	48
TOTAL	-	461	334.220	-	-	100%

The difference in healthcare costs between insured and uninsured women is stark. **Uninsured women bear a significantly higher financial burden** across all categories. For example, uninsured women spent an average of **25,000 MKD on hospitalization**, compared to just **2,422 MKD** for insured women. Similarly, uninsured women face much higher medication costs, averaging **6,875 MKD** compared to **403 MKD** for insured women. This disparity is also evident in costs for psychologist visits and specialized healthcare services, where uninsured women spend far more out-of-pocket (Table 19).

TABLE 19: Comparison of Total and Average Healthcare Costs for Insured vs. Uninsured Women Across

HEALTHCARE CATEGORY	TOTAL COST (MKD) INSURED	AVERAGE COST PER INSURED WOMAN (MKD)	TOTAL COST (MKD) UNINSURED	AVERAGE COST PER UNINSURED WOMAN (MKD)
Medication	131.700	403	27.500	6.875
Primary health care services	46.800	1.064	17.300	2.163
Specialized Healthcare Services	12.970	589	7.250	1.813
Psychologist Visits	15.200	585	3.700	740
Hospitalization	21.800	2.422	50.000	25.000
TOTAL	228.470	-	105.750	-

The financial burden of healthcare costs is particularly concerning when analyzed in relation to monthly income. Women with insurance spend approximately one-fifth of their monthly income on healthcare expenses related to domestic violence. While this is significant, it is generally manageable. In stark contrast, uninsured women face an unsustainable financial strain, with healthcare costs exceeding their total monthly income by an average of 147% (Table 20). On average, uninsured women spend over twice as much as insured women - 13,219 MKD compared to 5,193 MKD. Although there are far more insured women (44 insured vs. 8 uninsured), the total healthcare costs for uninsured women are disproportionately high, accounting for nearly half of the overall expenditure incurred by the insured group. This highlights the heavy financial burden borne by uninsured women, making healthcare access particularly challenging for this group (Table 20).

TABLE 20: Financial Burden and Total Healthcare Costs for Insured and Uninsured Women (Last Year)

CATEGORY	NUMBER OF WOMEN	AVERAGE MONTHLY INCOME (MKD)	PERCENTAGE OF MONTHLY INCOME SPENT ON HEALTHCARE	TOTAL COSTS (MKD)	AVERAGE COST PER WOMAN (MKD)
Women with Insurance	44	29.905	17%	228.470	5.193
Women without Insurance	8	9.000	147%	105.750	13.219
TOTAL	52	-	-	334.220	-

The experience of S.M., a 31-40-year-old woman working in the informal economy, vividly illustrates these challenges (Case Study).

CASE STUDY:

SM, a woman aged 31-40, works in the informal economy and has a monthly income of up to 15,000 MKD. Over the past 12 months, she sustained severe physical injuries from four incidents of domestic violence. Without health insurance—due to unpaid contributions—S.M. faced substantial out-of-pocket expenses for her medical treatment, which totaled 90,800 MKD.

Breakdown of her Healthcare Costs:

- **Medications:** She spent 20,000 MKD on pain management and treatment-related medications.
- **Primary Healthcare Services:** She visited healthcare providers 12 times, including six visits to her general practitioner, two emergency service visits, and four private healthcare appointments, at a total cost of 12,500 MKD.
- **Specialized Healthcare Services:** She utilized these services 18 times, including consultations with an internist, traumatologist, psychiatrist, and gynecologist, as well as diagnostic services such as ultrasounds, X-rays, and lab tests. This incurred an additional cost of 4,900 MKD.
- **Psychologist Visits:** She attended two sessions with a psychologist, for which she paid 3,400 MKD.
- **Hospitalization:** The most significant expense was hospitalization in a gynecology ward, where she was charged 50,000 MKD.

S.M. reported that her monthly income could only partially cover her living expenses, leaving little room for healthcare costs. To address the financial strain, she received one-off financial assistance of 12,000 MKD.

SECTION 5: Key Insights and Recommendations

Medication and hospitalization represent the largest financial challenges, particularly for uninsured survivors.

Recommendation:

- Expand the number of medicines on the list of medicines in primary health care that can be reimbursed from the Health Insurance Fund (“positive list of medicines”).
- Revise the methodology for determining the price for co-payment for medicines in primary health care in order to reduce the financial burden for purchasing medicines.
- Cover the co-payment costs for hospitalization for women victims of domestic violence without income or with minimal income.

Implementation: The Health Insurance Fund should undertake all needed actions as provided in the relevant policies in order to include more medicines on the reimbursement list of medicines in primary health care as soon as possible.

The Health Insurance Fund should revise the methodology which determines the co-payment for medicines purchased in primary health care in order to reduce the amounts of co-payment. This is particularly needed for medicines with high co-payment amounts, which represent a burden for citizens.

HEALTH INSURANCE GAP

Uninsured survivors face unsustainable healthcare costs, often exceeding their monthly income. While 44 women had health insurance, eight were uninsured. The Law on Health Insurance guarantees compulsory health insurance for women survivors of domestic violence. However, there is no bylaw specifying how this entitlement is implemented in practice.

Recommendation:

- Reform legal frameworks to ensure women survivors can access the legally mandated compulsory health insurance.

Implementation: The Government should collaborate with the Health Insurance Fund to develop a bylaw that operationalizes the entitlement to compulsory health insurance for survivors.

MENTAL HEALTH NEEDS

Psychological support is critical but inconsistently affordable, with survivors facing barriers to subsidized or free mental health services.

Recommendation:

- Include psychologists in the Governmental Decree for the network of healthcare institutions.

Implementation: The Government should amend the Decree for the Network of Healthcare Institutions in order to determine the needed demographic standards for the number of population per psychologist on municipal or regional level. Following the amendment and based on demographic criteria psychologists could be employed in Primary Health Centers (Zdravstveni domovi) or private licensed psychologists could be awarded concessions in order to enter in the Network of healthcare institutions. In both cases the services from these psychologists will be paid from the Health Insurance Fund, thus making these services accessible and affordable.

INCONSISTENT ONE-OFF FINANCIAL ASSISTANCE

Despite legal provisions for one-off financial aid, only 8 out of 52 women received it. Women with psychological injuries received no aid, exposing biases in allocation.

Recommendation:

- Revise financial aid processes to align with healthcare costs, insurance status, and injury severity.

Implementation: The government should redesign eligibility criteria to reflect actual financial needs.

HEALTH PROGRAMS

The Ministry of Health's participation exemption program provides partial relief. It does not cover all healthcare services frequently used by survivors of domestic violence, as currently only three services are included (special medical examinations, diagnostic tests – basic laboratory and X-ray and hospital treatment). In addition, administrative barriers, underutilized funds, lack of centralized data, and police report requirements hinder survivors' access to healthcare programs. Many survivors are unaware of available healthcare programs, exemptions, and mental health support.

Recommendation:

- Amend the Health Program to include women survivors of domestic violence as a distinct category eligible for exemption from participation fees. Under this category, survivors should be exempted from participation fees for all relevant healthcare services they may require.
- Expand the scope of services exempted from participation fees to include critical diagnostics such as CT scans, MRIs, and laboratory tests referred by medical specialists.
- Eliminate police report requirements and replace them with survivor-centered verification processes.
- Develop a gender-disaggregated data system to track program use, spending, and outcomes, ensuring evidence-based policy adjustments.
- Launch targeted awareness campaigns through community organizations, digital platforms, and local networks, particularly in rural areas.

Implementation: Work with the Ministry of Health to expand the scope of participation fee exemptions for healthcare services commonly required by women survivors of domestic violence. Pilot revised procedures in select institutions and collaborate with healthcare institutions to establish a centralized monitoring system.

Partner with civil society organizations to design and disseminate awareness raising campaigns effectively.

ANALYSIS ON COSTS
INCURRED AS A RESULT OF
DOMESTIC VIOLENCE

STATE FINANCIAL ASSISTANCE

INTRODUCTION

The assessment of state financial support is critical for understanding the overall costs incurred by women survivors of domestic violence. State-provided assistance, such as one-time financial aid for urgent protection, health care, and accommodation, is important for mitigating the economic burden faced by survivors. Evaluating the effectiveness and accessibility of this support is essential for identifying gaps in financial assistance and its alignment with the actual needs of survivors. This assessment also helps to quantify the extent to which state support offsets broader costs, such as health expenses, relocation, and lost incomes, offering valuable insights for developing comprehensive and equitable policy interventions. The Law on Social Protection (Article 80) guarantees one-time financial assistance to women survivors of domestic violence: **15,000 MKD** for urgent protection and accommodation; and **12,000 MKD** for health protection and medical treatment.

SECTION 1. Access to one-time financial support

Despite it being legally guaranteed, the one-time financial support is not accessible for women survivors of domestic violence, recognizing that only one in five women were provided with this type of support, despite the unfavorable financial situation.

TABLE: Number of Women Offered One-Time Financial Support

CATEGORY	NUMBER OF WOMEN	PERCENTAGE (%)	DESCRIPTION
Women offered financial State support	12	23%	Women who were offered any form of financial support by the state
Women who use financial support	10		Out of those offered support, the women who actually used the assistance
Used one time financial support for help and medical treatment	8		Women who used financial support specifically for health protection and medical treatment
Used one time financial support for urgent protection and accommodation	2		Women who used financial support for urgent protection and accommodation needs

STATE FINANCIAL ASSISTANCE

Further, there is not clear link with the unemployment, health costs and relocation costs as explained below.

Lost Jobs and Reduced Incomes. There is no consistent practice of providing one-time cash assistance to unemployed women, despite their financially vulnerable situations. Out of 11 unemployed women, only 3 received state financial assistance.

Health Costs. Cross-referencing the use of one-time financial assistance for healthcare with the type of injury suffered reveals:

- There is no consistent practice of providing financial assistance to all women who suffered injuries. Out of 52 women, only 8 received financial assistance for health care.
- The financial assistance is mainly offered to women who suffered physical injuries (45 out of 52), while none of the women who suffered psychological violence alone (7 out of 52) received financial support for health care.
- The health insurance status of the women is also not considered: only 3 out of 8 women without health insurance received financial assistance.
- The provision of financial assistance is not linked to the amount of women's health expenses. Women with lower health expenses received assistance, while some with higher health-related costs did not receive any financial support.

Relocation Costs. The provision of one-time financial assistance for emergency protection and accommodation is not linked to whether the women changed their place of residence due to domestic violence, how they resolve their housing issue, and relocation costs incurred. Despite the fact that 39 out of 52 women changed their place of residence, only 2 women received financial support both placed in state shelters. The remaining 37 women who moved to their parents' homes, personal properties, or rented accommodations received no such support, including those facing high rental costs post-divorce or separation. Out of 15 women who incurred relocation costs, only 3 received state financial support, and just 1 woman benefited from the type of support related to relocation.

SECTION 2: Conclusions

The financial needs of women survivors are often neglected, taking into account that the one-time financial support is not planned in accordance with the costs incurred as a result of domestic violence and living costs of women and their children.

CHALLENGES WITH STATE SUPPORT

- The financial support is not planned according to women's actual needs. The high costs women incur due to domestic violence and their unfavorable financial situations are not considered.
- The need for long-term financial support is neglected since the assistance provided is one-time only. For example women typically face multiply monthly rental costs of 9,000 to 12,500 MKD, yet the state does not offer adequate financial support neither long-term housing solutions.

The situation is even worse in practice. Moreover, there is a clear lack of implementation of this legally guaranteed right in practice. Many women are not even informed by the Centers for Social Welfare (CSW) that they are entitled to financial support:

- Only 23% (12 out of 52) of women were offered state financial support.
- 10 out of these 12 women actually used the financial assistance, but only on one basis: 8 women used one-time financial support for health protection and medical treatment and only 2 women used financial support for urgent protection and accommodation.

Interestingly, 4 out of 5 women who were first accommodated in state shelters later moved to an apartment or their parents' house. One woman, who was not offered financial support, moved to her parents' house first and later to a state shelter.

SECTION 3: Key Insights and Recommendations

LIMITED ACCESSIBILITY TO FINANCIAL SUPPORT

Current state financial assistance programs fail to adequately address the unique needs of women survivors of domestic violence. Many survivors are excluded due to rigid eligibility criteria, complex application processes, and lack of outreach, leaving significant gaps in support for urgent and recurring financial needs.

Recommendation:

- Revise state financial assistance policies to explicitly include survivors of domestic violence as a priority category eligible for support, simplifying application processes to reduce administrative barriers.

Implementation: The government should amend financial assistance policies to expand eligibility criteria for survivors, ensuring they can access support regardless of employment status or registration. This requires collaboration between the Ministry of Labor and Social Policy (MLSP), Centers for Social Welfare (CSWs), and civil society organizations to streamline applications and proactively inform survivors about their entitlements.

Tailored Financial Assistance to Actual Needs

State-provided financial assistance is often misaligned with survivors' actual costs, failing to address recurring expenses like rent, utilities, relocation costs, and childcare.

Recommendation:

- Introduce multi-month financial support programs to cover recurring expenses, along with targeted relocation grants for survivors incurring significant moving and accommodation costs.

Implementation: The MLSP should partner with housing agencies, healthcare providers, and CSWs to establish flexible financial aid mechanisms tailored to survivors' documented needs. For relocation assistance, collaboration with housing organizations can ensure survivors transitioning to rented or independent accommodations receive adequate financial support.

INCREASE AWARENESS AND ACCESSIBILITY OF SUPPORT

Many survivors are unaware of their eligibility for financial assistance due to insufficient outreach and inconsistent implementation by CSWs.

Recommendation:

- Develop structured outreach programs to proactively inform survivors of their rights to financial assistance and simplify access to support.

Implementation: CSWs, supported by civil society organizations, should implement awareness campaigns targeting survivors, particularly in rural and marginalized communities. Staff training should focus on equipping CSWs to guide survivors through the application process, ensuring timely and efficient disbursement of funds.

ANALYSIS ON COSTS
INCURRED AS A RESULT OF
DOMESTIC VIOLENCE



RELOCATION COSTS

INTRODUCTION

Relocation costs are a critical component of the financial burden faced by women survivors of domestic violence. Leaving an abusive relationship often necessitates changing one's place of living to ensure safety and stability, which incurs both immediate and recurring expenses. Calculating these costs is essential to understand the economic impact of domestic violence on survivors and to design targeted support measures.

SECTION 1: Reported relocation costs by women

Other type of costs incurred by women survivors were the relocation costs. Three quarters of women (39 out of 52) have changed their place of living, while the rest of them continued to live in the same apartment (13 out of 52).

TABLE. Housing situation after divorce or separation

RELOCATION STATUS	NUMBER OF WOMEN	PERCENTAGE (%)
Changed place of living	39	75%
Continued living in the same apartment	13	25%
Used one time financial support for help and medical treatment	8	

The women who continued to live in the same place faced different situation regarding the housing and living conditions. Smaller portion of them are in favorable situation because they have continued to live in the same place, and the abuser was the one who changed the place of living (5 out of 13). These women have continued to live in their personal property (3 out of 13), or in a property of their parents (2 out of 13). Part of the women was in less favorable situation, because they have continued to live in the same property (physically divided) with the abusers (4 out of 13). It is important to notice that women in worst situation are those that continued to live together with the abusers, because there have no financial and other resources available (4 out of 13). These women were "forced" to live with the abuser and face increased risk for escalation of violence in their everyday living.

TABLE. Housing situation for women who did not relocate

HOUSING SITUATION	NUMBER OF WOMEN	PERCENTAGE OF GROUP (13 WOMEN)
Favorable situation (abuser relocated)	5	38%
- Continued to live in personal property	3	23%
- Continued to live in parents' property	2	15%

RELOCATION COSTS

HOUSING SITUATION	NUMBER OF WOMEN	PERCENTAGE OF GROUP (13 WOMEN)
Less favorable (continued living in same property, physically divided)	4	31%
Worst situation (forced to live with abuser, lacking financial resources)	4	31%

Women that changed place of living explored different solutions to resolve the housing for them and their children (39 out of 52). Nearly half of these women moved to their parent's home, thus relied heavily on family support for housing after leaving their abusive situation and (18 out of 39). Part of the women have rented apartment (7 out of 39), were accommodated in shelter (5 out of 39), or moved to personal property (3 out of 39). The rest of the women combined more than one of these housing options, including accommodation in state shelter in combination with moving to parents house, personal property or rented property (5 out of 39); with one woman who rented apartment than moved to personal property.

TABLE. Housing of women who changed a place of living

HOUSING SOLUTION AFTER RELOCATION	NUMBER OF WOMEN	PERCENTAGE OF GROUP (39 WOMEN)
Moved to parents home (relying on family support)	18	46%
Rented apartment	7	18%
Accommodated in shelter	5	13%
Moved to personal property	3	8%
Combined housing options (e.g., shelter and parents' home)	5	13%
Rented apartment and later moved to personal property	1	3%
Rented apartment and later moved to personal property	1	3%

Family (parents) support plays a major role in managing relocation without incurring significant costs for most of the women who moved (24 out of 39), but for those women without this support relocation costs posed greater financial burden (15 of 39). These women faced not only initial moving costs, but also are recurring costs like rent or transportation. More than half of them (8 out of 15) were prevented from working by their abusive partners, and most of them lost job as a result of domestic violence (9 out of 15) and this inability to sustain an income further exacerbated the financial challenges related to their relocation.

TABLE. Did they incurred costs

INCURRED RELOCATION COSTS	NUMBER OF WOMEN
Yes	15
No	24

One-time relocation costs

The amount of relocation costs incurred by women as a result of domestic violence ranges from 2,000 MKD to 187,000 MKD. The most common one-time costs were the costs for moving or loading and transporting household items (11 out of 15 women), and administrative costs regarding the change of living place and obtaining personal documents (9 out of 15). Costs for buying furniture were incurred by small number of women (4 out of 15), but these are the highest one-time relocation costs incurred. The total one-time relocation costs were 511,500 MKD; the average for women who incurred costs in 34,100 MKD; and it is lower for all the women in the amount of 9,837 MKD. The table bellow shows the average for each type of one-time costs for women concerned and for all the women.

TABLE. One-time relocation costs

COST CATEGORY	TOTAL COSTS (MKD)	AVERAGE COSTS PER WOMAN (INCURRED COSTS. MKD)	Average Costs per Woman (All Women. MKD)
Moving Costs	59.500	3.967	1.144
Furniture	410.000	27.333	7.885
Administrative Costs	19.000	1.267	365
Other (Renovation)	23.000	1.533	442
TOTAL	511.500	34.100	9.837

Multiply relocation costs

The multiply relocation costs are costs that are in continuity incurred by women after they leave the abusive relationship, thus significantly affecting their financial situation and living conditions for them and their children. These costs were incurred by 13 women in a range from 3,200 to 162,000 MKD in the last 12 months. The most common costs were monthly rent and costs for transport to work (9 out of 13). The costs for monthly rent is the highest cost for women survivors ranging from 19,000 to 144,000 MKD in accordance with the number of months for which the women have incurred these costs. The total multiply costs for one year were 855,100 MKD; the average for women concerned is 65,777 MKD; and 16,444 MKD for all women.

RELOCATION COSTS

TABLE. Multiply relocation costs

COST CATEGORY	TOTAL COSTS (MKD)	AVERAGE COSTS PER WOMAN (INCURRED COSTS. MKD)	Average Costs per Woman (All Women. MKD)
Monthly Rent	704.000	54.153	13.538
Transport to Work	113.400	8.723	2.181
Transport to Kindergarten / School	37.700	2.900	725
Other	28.000	2.154	538
TOTAL	855.100	65.777	16.444

SECTION 2: Conclusions

Relocation costs pose a significant financial burden for women survivors of domestic violence. Among the women surveyed, 75% (39 out of 52) changed their place of living, while 25% (13 women) stayed in the same residence. Women without family support faced substantial challenges, as relocation required significant one-time and recurring expenses, including rent and transportation.

One-Time Costs:

- Total relocation costs amounted to 511,500 MKD, with the average cost for those affected being 34,100 MKD.
- The largest expenses were furniture purchases (410,000 MKD) and moving costs (59,500 MKD).

Recurring Costs:

- Over the last year, recurring costs such as rent and transport totaled 855,100 MKD, with an average of 65,777 MKD per affected woman.

Women without family support struggled the most, as many were also unemployed (9 out of 15) or prevented from working by their abuser (8 out of 15), exacerbating their financial instability.

SECTION 3: Key insights and Recommendations

Expand Relocation Assistance Programs:

The Ministry of Labor and Social Policy (MLSP) should design financial assistance programs to address both one-time and recurring relocation costs. This includes:

- Subsidies for moving expenses, furniture, administrative fees, and initial housing setup costs.
- Multi-month financial aid to cover recurring expenses like rent, transportation, and utilities, particularly for survivors without family support.

Prioritize Support for Independent Housing:

Ensure survivors transitioning to rented or personal properties receive adequate financial and logistical support. Partnerships with housing agencies can help secure safe and affordable housing options.

Increase Awareness and Accessibility:

Centers for Social Welfare (CSWs), in collaboration with civil society organizations, should implement outreach campaigns to inform survivors of relocation support. Simplified application processes should prioritize accessibility for rural and underserved populations.

OTHER COSTS

It is important to know that all women survivors have incurred other costs as a result of domestic violence. Part of them were incurred while women were still living with perpetrators, such as investing in husbands house or family business, paying husbands debts, living expenses etc. The rest of the costs incurred by women after the separation included borrowing funds for court costs, living expenses etc. Most common costs incurred by women were the investments in property or house owned by the husband (21 out of 52), providing funds for regular living expenses (19 out of 52), and borrowing funds for court procedures for resolution of the problem with domestic violence and related legal problems, such as divorce, custody, child alimony etc. (18 out of 52), and other costs (16 out of 52).

TABLE. Number of women who incurred other costs

CATEGORY	TOTAL NUMBER OF WOMEN	TOTAL AMOUNT (MKD)	AVERAGE INVESTMENT (PER WOMAN, MKD)	AVERAGE INVESTMENT (ALL WOMEN, MKD)
Investment in House / Property Owned by Husband	21	11.740.000	559.048	225.769
Living Expenses While Living Together	19	3.790.000	199.474	72.885
Living Expenses After Separation	16	1.100.000	68.750	21.154
Borrowed Funds for Court Costs	18	1.056.000	58.667	20.308
Restoration of Household Items	11	637.000	57.909	12.250
Payment of Ex-Spouse's Debts	13	2.740.000	210.769	52.692
Investment in Family Business	11	5.720.000	520.000	110.000

These other types of costs incurred by women are in really high amount which leads us to the conclusion that these costs are negatively affecting women's life and wellbeing after the separation and their capacity to resolve the problems faced.

RELOCATION COSTS

Investment in House/Property Owned by Husband

Women survivors invested a total of 11,740,000 MKD in property owned by their husbands. The average investment per woman was 559,048 MKD, while the average across all women was 225,769 MKD.

Living Expenses While Living Together

The costs of women who provided funds for regular living expenses ranged from 10,000 MKD to 720,000 MKD, totaling 3,790,000 MKD. On average, women who incurred these costs spent 199,474 MKD, while the average for all women was 72,885 MKD.

Living Expenses After Separation

For women who covered living expenses after separation, costs ranged from 20,000 MKD to 120,000 MKD, totaling 1,100,000 MKD. The average per woman was 68,750 MKD, and for all women, it was 21,154 MKD.

Borrowed Funds for Court Costs

More than a third of women survivors (18 out of 52) borrowed funds for court taxes and legal procedures, with costs ranging from 5,000 MKD to 300,000 MKD. The total amount was 1,056,000 MKD, with an average of 58,667 MKD per affected woman and 20,308 MKD for all women.

Restoration of Household Items

Women survivors incurred costs for restoring household items and personal belongings destroyed during violence, ranging from 15,000 MKD to 120,000 MKD. The total was 637,000 MKD, with an average of 57,909 MKD per affected woman and 12,250 MKD for all women.

Payment of Ex-Spouse's Debts

A quarter of the women survivors (13 out of 52) paid off their ex-spouses' debts, ranging from 30,000 MKD to 923,000 MKD, amounting to a total of 2,740,000 MKD. The average per woman was 210,769 MKD, while the average across all women was 52,692 MKD.

Investment in Family Business

Women survivors invested in family businesses, with costs ranging from 120,000 MKD to 1,200,000 MKD, totaling 5,720,000 MKD. The average investment for women with this cost was 520,000 MKD, and the average for all women was 110,000 MKD.

ABILITY OF WOMEN TO PAY FOR COSTS INCURRED

Women survivors are facing really limited financial capacities to compensate the increased costs incurred as a result of domestic violence. Most of the women were not able to compensate the costs incurred (32 out of 52), and one third of them (17 out of 52) were able to partially compensate the costs.

TABLE. Women ability to pay for costs incurred

ABILITY TO COMPENSATE COSTS	NUMBER OF WOMEN	PERCENTAGE OF TOTAL (52 WOMEN)
Unable to compensate	32	62%
Partially compensated	17	33%
Fully compensated	3	6%

Because of their inability to compensate for all the costs incurred (49 out of 52), most of the women had to use other sources of funding, including money from inheritance, parent's help, bank loans, and borrowing money from relatives and friends. The most commonly used sources were bank loans (34 out of 49) and parent help (22 out of 49), followed by other sources of funding.

TABLE. Source of funding

SOURCE OF FUNDING	NUMBER OF WOMEN	PERCENTAGE OF GROUP (49 WOMEN)
Bank loans	34	69%
Parent's help	22	45%
Other sources (inheritance, relatives, friends)	-	-

Only 3 out of 52 women were able to fully pay for the costs incurred on their own. What was a lenient circumstance for these women is that they have all moved to either personal property or to the property of their parents and were provided with support from their families. Although, two of them have higher monthly incomes in the amount of 60,000 and 65,000 MKD, one of these women has incomes 25,000 MKD which is close to the minimum national salary. These women were forbidden to work, but were working and did not lose their job due to domestic violence. The health costs incurred were compensated through their health insurance and no costs were incurred in this regard (two of them incurred health costs due to visiting private medical clinic and psychologist). One of the lenient circumstances is although they have changed their place of living, no significant costs were incurred in this regard – one of them moved to their parents, one of them in her own property and one to other property in mutual possession with her ex- husband. No costs for relocation were incurred, since they got help from their primary families. As for the other costs incurred, the woman with the lowest incomes incurred costs because of the restoration of household items and living costs (140,000); one incurred 700,000 MKD for returning the debts of her husband; and one woman incurred significant costs in amount of 1,000,000 MKD for investing in family business. All these women were not using bank loan in time of interview, and one of them used 40,000 MKD previously.

**ANALYSIS ON COSTS
INCURRED AS A RESULT OF
DOMESTIC VIOLENCE**



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ASSOCIATION ESE, 2024

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