



# Invisible Survivors: Strengthening Local Response to Violence Against LBT Women and Girls in Albania

Eliona Kulluri Bimbashi\*, and Marsela Allmuça

University of Tirana, Faculty of Social Sciences, Tirana, Albania

## Abstract

Because of institutional neglect, societal stigma, and strict gender norms, LBT women and girls in Albania experience exacerbated and frequently invisible forms of violence. Albania has ratified important national and international frameworks, such as the Istanbul Convention, CEDAW, and Law No. 10221 on Protection from Discrimination; however, local implementation is still disjointed, particularly in the context of Coordinated Referral Mechanisms (CRMs). Despite being essential to CRM's operation, gender equality workers and local coordinators against gender-based violence often lack the institutional support, protocols, and training necessary to effectively respond to LBT survivors. More than 70% of LGBTIQ+ people who use shelter services report having experienced violence or harassment, according to recent data, with transgender women being particularly vulnerable. Additionally, Roma women experience disproportionately high rates of violence (35% versus 20% among non-Roma), demonstrating the ways in which poverty, sexual orientation, and ethnicity combine to further marginalize Roma women. This paper emphasizes the necessity of integrating intersectional, trauma-informed, and rights-based approaches into regional GBV response systems, drawing on field practice and research. It looks at how tactics like capacity-building, community outreach, and tailored support planning can help municipal actors fulfill their moral and legal obligations. In addition to offering scalable models of inclusive service delivery that empower LBT survivors and enhance systemic resilience in GBV prevention, the presentation considers success factors, such as human rights-based shelter practices.

**Keywords:** Albania; Coordinated Referral Mechanism; gender equality workers; LBT women; intersectionality

## 1. Introduction

In Albania, domestic violence and gender-based violence (GBV) continue to be among the most prevalent and underreported human rights abuses, with serious repercussions for social stability, gender equality, and public health. 52.9% of women between the ages of 18 and 74 reported having been the victim of violence at some point in their lives, according to the 2018 INSTAT national survey. According to police records, the number of domestic violence cases reported increased steadily from 3,866 in 2015 to 5,445 in 2024 (State Police, 2024). This trend is a result of both increased reporting and the ongoing prevalence of violence.

Even though Albania has made progress in adopting comprehensive laws and international commitments like the Istanbul Convention, CEDAW, and national laws like Law No.

9669/2006 on Measures Against Violence in Family Relations and Law No. 10221/2010 on Protection from Discrimination, implementation is still not consistent. Gaps are especially clear for women and girls who are lesbian, bisexual, or transgender (LBT) because they face multiple forms of discrimination and violence because of deeply rooted patriarchal norms, heteronormativity, and social stigma.

Poverty, unemployment, migration, and limited access to services are some of the structural problems that make things worse for LBT survivors. There are only 11 operational shelters across the country, one of which is for LGBTI people, so a lot of people, especially in rural areas, don't have enough protection or specialized help. Coordinated Referral Mechanisms (CRMs) have been set up in all 61 municipalities to make sure that GBV is dealt with by more than one sector. However, they often don't have the resources, inclusivity, or regular operation needed to meet the specific needs of LBT survivors.

This paper looks at the intersectional and systemic barriers in Albania's local response to GBV, focusing on CRMs and the experiences of gender equality workers and shelter workers. Using qualitative interviews and institutional data, it shows both the policy and practice gaps that make protection less effective. It also gives evidence-based suggestions for making local systems more inclusive, trauma-informed, and rights-based.

## **2. Methodology**

The goal of this study was to get a deeper understanding of how local systems in Albania deal with violence against lesbian, bisexual, and transgender (LBT) women and girls. It used a qualitative, exploratory design. We chose the qualitative approach to get a better picture of the professionals' lived experiences, find hidden problems with service delivery, and spot chances for systemic improvement that might not show up in quantitative data alone.

This study adopted a qualitative, exploratory design, chosen for its ability to capture the lived realities and nuanced experiences of professionals working within Albania's gender-based violence (GBV) response system. The approach allowed us to go beyond statistics, exploring how local actors understand and navigate the challenges of supporting lesbian, bisexual, and transgender (LBT) women and girls, whose experiences often remain invisible in mainstream service provision.

The research engaged eleven key informants, comprising six Local Coordinators for Domestic Violence (LCDVs) and five staff members from women's shelters. These participants were based in six municipalities (Tirana, Elbasan, Durrës, Lushnje, Lezhë, and Shkodër) selected to reflect both urban and rural contexts, as well as variations in the prevalence of domestic violence cases and the operational capacity of Coordinated Referral Mechanisms (CRMs). This purposive sampling enabled the study to reflect a diversity of institutional realities, service environments, and community needs.

Semi-structured interviews formed the primary method of data collection. Guided by a flexible interview framework, conversations explored participants' perceptions of GBV trends, the availability and use of inclusive protocols for LBT survivors, coordination practices between CRMs and shelters, and the professional challenges they face in delivering survivor-centered care. Interviews typically lasted between 45 and 75 minutes and were conducted in spaces that ensured privacy and comfort whether in participants' workplaces or via secure online calls. All interviews were recorded with informed consent and later transcribed verbatim to preserve the authenticity of participants' voices.

The interviews were complemented by a review of secondary data, including institutional reports from STREHA and Aleanca LGBT, the 2023 GREVIO opinion on Albania's

implementation of the Istanbul Convention, UN Women reports on GBV and LBT women, and INSTAT's national surveys on violence against women. This integration of multiple data sources provided a richer and more contextualized understanding of the systemic and structural issues at play.

Thematic analysis was used to interpret the data, following Braun and Clarke's six-phase approach, from familiarization with the transcripts to coding, theme development, and synthesis. This process allowed patterns to emerge organically, reflecting both commonalities and divergences in participants' experiences. Coding was carried out by two researchers independently, with differences discussed and resolved collaboratively to ensure consistency.

Ethical considerations were central throughout the study. All participants were fully informed about the purpose of the research, the voluntary nature of their involvement, and their right to withdraw at any point. Anonymity was guaranteed by replacing names with codes, and no identifying information was shared. Sensitive topics were approached with care, and participants were offered information about psychosocial support services should they feel the need for further assistance. The research followed the ethical standards of the University of Tirana's Faculty of Social Sciences and aligned with internationally recognized guidelines for studies involving human participants.

### **3. Results**

#### **3.1 Legal Frameworks**

Over the past two decades, Albania has adopted important legal measures to address gender-based violence (GBV) and protect the rights of marginalized groups. These include Law No. 9669/2006 "On Measures Against Violence in Family Relations" and Law No. 10221/2010 "On Protection from Discrimination," which explicitly lists sexual orientation and gender identity as protected grounds. The country has also ratified key international conventions, including the Istanbul Convention (2013) and CEDAW (1993), signaling a commitment to align national policies with global human rights standards.

However, the reality described by professionals on the ground reveals that these commitments are often undermined by insufficient resources, limited training, and inconsistent political will. As one Local Coordinator for Domestic Violence (LCDV) in Lushnje put it: *"I've never received training on how to support a lesbian survivor, there is no guidance."* Without the necessary tools and support, legal protections remain largely symbolic, leaving many survivors unprotected in practice.

#### **3.2 Service Gaps and CRM Functionality**

Coordinated Referral Mechanisms (CRMs), established in all 61 municipalities, are intended to provide an integrated, multi-sectoral response to GBV. Yet interviews with LCDVs and shelter professionals revealed that for LBT survivors, these structures are often ineffective. Three interconnected gaps emerged clearly from the data.

The first is the absence of inclusive CRM protocols. In the absence of clear guidance, responses to LBT survivors vary widely and often fail to address their specific risks. As an LCDV coordinator from Elbasan admitted: *"We don't have specific protocols for LBT survivors. We just treat them like any other case."* This uniform approach ignores the particular forms of stigma, family rejection, and community hostility that LBT survivors may face.

The second is the lack of specialized training and capacity among service providers. Without regular, structured training on sexual orientation and gender identity, professionals often lack the confidence and competence to provide sensitive, affirming support. This gap not only

reduces the quality of services but also discourages survivors from seeking help in the first place.

The third is the limited access to safe and affirming housing. Accommodation options for LBT survivors are scarce, and where they do exist, they are often not connected to formal referral pathways. As a shelter staff member in Tirana described: *“Many survivors face pressure or even violence from their own family members due to their sexual orientation. Cases rarely come through CRM referrals; when they do surface, survivors often disappear before support can be provided.”*

These systemic shortcomings are compounded by broader socio-economic vulnerabilities, including unemployment, poverty, and geographic isolation, which make it harder for survivors to access protection and rebuild their lives. Mental health needs particularly for those facing compounded stigma are largely unmet, and when services are available, they may not be delivered in an affirming or trauma-informed manner.

In conclusion, the voices of LCDV coordinators and shelter professionals paint a picture of a system that exists in theory but struggles in practice to recognize and respond to the intersecting vulnerabilities of LBT survivors. Without inclusive protocols, consistent training, and secure housing pathways, CRMs remain ill-equipped to fulfill their mandate for comprehensive, survivor-centered care.

#### **4. Discussion and Conclusion**

The findings of this study reveal a striking gap between Albania’s public commitments to gender equality and the lived realities of LBT survivors of gender-based violence. On paper, the country has strong laws, has signed progressive international conventions, and has established Coordinated Referral Mechanisms (CRMs) in every municipality. In practice, however, these structures often fall short sometimes functioning well, sometimes barely at all, and rarely in ways that fully recognize and respond to the needs of LBT survivors.

This is not simply a matter of procedures; it is a matter of visibility. When survivors are not named in protocols, they are too often unseen in the system. And when professionals are not trained to understand their unique risks family rejection, community stigma, targeted violence those risks go unaddressed. The absence of safe housing or affirming mental health services only adds to the isolation.

The professionals interviewed spoke with honesty about these challenges. A Local Coordinator admitted, *“I’ve never received training on how to support a lesbian survivor, there is no guidance.”* Another said, *“We just treat them like any other case,”* knowing that this “equal” treatment can sometimes mean overlooking critical differences. Shelter staff recalled cases where survivors disappeared before help could be arranged, often because the system could not guarantee safety without judgement.

These voices remind us that behind every policy gap is a person often a woman who has already endured too much trying to find safety, dignity, and a chance to rebuild her life.

Bridging the gap between commitments and reality will require more than new laws or strategies. It will take a deliberate shift in how local systems see and respond to survivors. CRMs need inclusive protocols that explicitly address sexual orientation and gender identity, so that LBT survivors are recognized from the very first point of contact. Professionals need regular, practical training to work with confidence and empathy. Safe housing must be available and accessible, not as an exception but as a standard part of protection.

And perhaps most importantly, change will require institutions to listen to survivors, to the professionals who try to help them, and to the communities working for their rights. Only when

systems are built to reflect the full diversity of survivors' experiences can they truly protect and empower. For LBT women and girls in Albania, that change cannot come soon enough.

## 5. Recommendations

Drawing on the voices of professionals and the experiences of survivors shared in this study, the following actions are essential to create a GBV response system in Albania that truly sees, hears, and supports LBT women and girls.

*Make CRMs welcoming and inclusive from the start:* Coordinated Referral Mechanisms should explicitly recognize sexual orientation and gender identity in their protocols. Clear guidance will help ensure that LBT survivors are not invisible in the system and that their specific needs are addressed from the very first contact.

*Equip every frontline professional to respond with respect and understanding:* Mandatory, ongoing training for police, healthcare workers, social service providers, and educators is vital. These sessions should focus on inclusive, trauma-informed, and rights-based approaches, giving professionals the confidence and tools to respond without bias or judgement.

*Create safe places and supportive services everywhere:* Every survivor should have access to trauma-informed shelters and mental health services that understand and affirm LBT identities. These must be available not only in major cities but also in rural areas, offering both immediate safety and pathways to long-term recovery.

*Work together and share responsibility:* Municipalities, CRMs, and LGBTQI+ organizations need stronger, more consistent collaboration. Clear accountability and targeted funding for community-based NGOs will ensure that survivors can access trusted, specialized support.

*Count what matters:* Collecting data that is disaggregated by sexual orientation and gender identity is crucial. Without it, the realities of LBT survivors remain hidden, making it harder to design effective policies and measure progress.

*Put LBT survivors at the heart of national strategies:* National GBV frameworks, such as the Gender Equality Strategy and local action plans, should explicitly include the vulnerabilities and priorities of LBT survivors. Embedding these perspectives will help ensure that no one is left behind.

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