

A.S.A.P. A Systemic Approach for Perpetrators
WP 3: Testing of the operational protocol and elaboration of policy guidelines

**D 3.3 - FINAL OPERATIONAL PROTOCOL AND TOOLKIT
- CROATIA -**

1. INTRODUCTION	2
1.1 The Istanbul Convention and the definition of violence	2
1.2 Elaboration of the protocol	4
2. PURPOSES OF THE PROTOCOL	4
3. THE PROTOCOL	6
3.1 PARTICIPANTS	6
3.2 TARGET AND EXCLUSIONS	6
3.3 PRIVACY	6
3.4 COLLABORATION PROCEDURES	6
3.4.1 Phase 1	6
3.4.2 Phase 2	7
4. ANNEXES	8
4.1 CHECKLIST: RISK INDICATORS IN MALTREATMENT SITUATIONS	9
4.2 WORKING SHEET	11

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1. INTRODUCTION

1.1 The Istanbul Convention and the definition of violence

In Europe, the main reference document on preventing and combating male violence against women and violence against minors (both direct and assisted) is the **"Council of Europe Convention on the prevention and combating of violence against women and domestic violence" (Istanbul, 7 April 2011)**.

The Convention is the first international legally-binding document on preventing and combating violence against women and domestic violence.

The preamble of the "Istanbul Convention" quotes the main European and international recommendations that inspire the Convention, **and defines the key concepts for a correct interpretation of the phenomenon and of its causes**, namely:

1. that violence against women is a structural phenomenon:
"... violence against women is a manifestation of historically unequal power relations between women and men, which have led to domination over, and discrimination against, women by men and to the prevention of the full advancement of women";
2. that, consequently,
"...the realization of de jure and de facto equality between women and men is a key element in the prevention of violence against women";
3. that women and girls are more exposed, compared to men, to the risk of suffering various forms of violence (domestic violence, sexual harassment and violence, forced marriages, so-called "honor" crimes, female genital mutilation ...) and that all of this constitutes
"...a serious violation of the human rights of women and girls and a major obstacle to the achievement of equality between women and men".

Given these premises, Article 3 ("Definitions") describes "violence against women" as
"... a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life"(Art.3 a).

It also defines "domestic violence" as

"...all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim"(Art.3 b)

Finally, it defines "violence against women based on gender" as

"...any violence directed against a woman as such, or affecting women disproportionately" (Art.3 d), meaning the term "women" even girls under the age of 18 (Art.3 f) and with the term "gender" the set of "...roles, behaviors,

activities and socially constructed attributes that a given society considers appropriate for women and men" (Article 3 c).

The main purpose of the Convention is

"...to protect women against all forms of violence, and prevent, prosecute and eliminate violence against women and domestic violence" (Chapter I – Purposes, definitions, equality and non-discrimination, general obligations - Art .1 a).

This goal is pursued through actions and interventions relating to three main thematic areas:

1. the prevention of violence (Chapter III - Prevention)
2. the protection of victims (Chapter IV - Protection and support)
3. the prosecution of perpetrators (Chapter V - substantive law)

In Chapter III, **the work with perpetrators of domestic violence (Art.16) is listed as one of the possible forms of prevention**, in addition to other actions like awareness-raising, education and training of professionals (Art.13, 14 and 15).

More specifically, Art. 16 (Preventive intervention and treatment programmes) states as follows:

- *Parties shall take the necessary legislative or other measures to set up or support programmes aimed at teaching perpetrators of domestic violence to adopt non-violent behaviour in interpersonal relationships with a view to preventing further violence and changing violent behavioural patterns.*
- *Parties shall take the necessary legislative or other measures to set up or support treatment programmes aimed at preventing perpetrators, in particular sex offenders, from re-offending.*
- *In taking the measures referred to in paragraphs 1 and 2, Parties shall ensure that the safety of, support for and the human rights of victims are of primary concern and that, where appropriate, **these programmes are set up and implemented in close coordination with specialist support services for victims.***

Art.16 3 underlines the need for a coordinated work between services that support victims (as defined in Articles 20 and 22 of Chapter IV) and programmes for perpetrators, but no methodological indication is given regarding the possible forms of this collaboration.

In conclusion, the "Istanbul Convention":

1. defines male violence against women as a structural phenomenon, mainly caused by social and cultural reasons (gender inequality and its consequences in terms power inequality between men and women);
2. states and defines the different forms of gender-based violence (physical, sexual, economic, psychological, stalking);
3. states that protection and support of victims (women and minors) is the main goal to be pursued by the Parties that ratified the Convention;

4. details the main areas of intervention for the prevention and combat of violence (prevention, protection and punishment);
5. quotes the work with perpetrators as one of the necessary preventive interventions, acknowledging the need for collaboration between programmes for perpetrators and support services for victims (although there are no operational and methodological indications on how to implement this collaboration).

1.2 Elaboration of the protocol

The collaboration between services that work with perpetrators and victims of domestic violence is a necessity that is addressed by the Istanbul Convention and by the national and regional legislations of many countries across Europe. It is also a need that arises in the day-to-day work of professionals that work in Programmes for Perpetrators and Services for the protection of victims of domestic violence.

This protocol was created and tested by the partners of ASAP Project (A Systemic Approach for Perpetrators) in 2019, and it proved to be a useful tool in the management of collaborative networks among organizations and entities working with perpetrators and victims of domestic violence.

This protocol tackles the main opportunities and challenges resulting from the preliminary mapping on existing forms of collaboration and good practices in Europe carried out by the partners of the project, and is ultimately aimed at granting the safety of women and children victims of violence through:

- Cooperation and coordinated interventions;
- Establishment of institutional agreements;
- Capacity building of professionals on domestic violence related issues;
- Improved interventions and follow up of the cases of domestic violence;
- Greater understanding of Male VAW/DV

The Operational Protocol and Toolkit develops and improves the existing practice of cooperation between the Programme for victims of domestic violence and the Programme for perpetrators. The protocol also provides a clearer timeline and thematic framework, setting up a structured meeting for sharing information, inter-institutional cooperation and joint planning.

Its universal and flexible structure makes it suitable for use in all cases of domestic violence and it can be adapted to the reality of each organization.

PURPOSES OF THE PROTOCOL

The present protocol aims at providing an operational tool to implement a systemic cooperation between Support services for victims and Services for perpetrators. When possible, this collaboration should be extended to other local agencies such as Children support/protection services, Social Services and Police Forces.

The main and constant purpose of the collaboration relationships established through this protocol must be the protection of victim(s) of both direct and witnessed violence (including children).

Every step, action and cooperation between the services and agencies involved must recall this purpose.

2. THE PROTOCOL

2.1. PARTICIPANTS

Support services for victims and Services for perpetrators that have – separately – worked with the two members of a couple in which the man perpetrated (or is currently perpetrating) violent behaviors against the woman.

When possible, the collaboration should be extended to other local agencies involved in the case, such as Children support/protection services, Social Services and Police Forces.

2.2. TARGET AND EXCLUSIONS

The protocol will be used in every case of violence against women, in which both member of the (ex) couple are attending a program (respectively for perpetrators and for victims).

There are no specific cases in which collaboration could or should not be established. With this in mind, the information sharing could be useful especially in the case of high-risk situations, presence of children and repeated violent behaviors.

2.3. PRIVACY

In compliance with the GDPR and according to the ASAP Grant Agreement (see annex 1, part B, paragraph 13 “ethical issues required by the project”) *“beneficiaries (authors and their partners) will be required to sign up a document that authorizes the use of data collected for experimentation”*.

2.4. COLLABORATION PROCEDURES

The cooperation between the Services and agencies involved is divided into two phases:

- Phase 1: meeting between the full teams of the services/agencies involved, in order to acquire a mutual knowledge of working methodologies
- Phase 2: which consists of 2 different meetings between the case managers (one for each Service).

2.4.1. Phase 1

It involves a first meeting between the full staff of the collaborating Services/agencies.

The aim of this meeting is to share methodological and theoretical foundations and operational procedures of each Service/agency, in order to:

- Start the cooperation with a reciprocal knowledge and awareness.
- Build mutual trust, based on the awareness that each Service/agency has the same purpose common purpose.
- Discuss any different view (both methodological and/or theoretical)
- Convey the beneficiary the idea that all the Services involved are not only cooperating, but they also share the same purpose.
- Work with the beneficiary having clearly in mind the parallel path the other member of the “couple” is following with the other service.

- Control any unrealistic expectation the woman may have about an immediate improvement of her (ex)partner's violent behavior (especially at the beginning of the programme). This may help prevent drop-outs.
- GDPR needs to be taken into account and the first contact between the services may be by telephone, but accompanied by an official letter asking for cooperation and networking of experts for the purpose of exchanging information, in accordance with this Protocol, on a particular subject.

2.4.2. Phase 2

Each Service appoints a case manager, possibly the team member that works with the target beneficiary (one for the perpetrator, one for the victim).

If phase 1 is not feasible with all stakeholders, it is sufficient to agree on the segments defined in phase 1 at the first case manager meeting.

The case referents will meet 2 times: at the start and at the end of the programme. The first meeting should be after meeting with the perpetrator and the victim. They can share relevant information also by the e-mail or phone, especially in a crisis situation.

In each of these 2 meetings, the case managers will discuss the following items:

- **Joint risk assessment**

According to the need for limited human and time resources, the risk assessment will be carried out through a specific checklist that contains risk indicators both for the woman and for the children.

Risk assessment through the checklist is done individually by each case manager before the meetings, in order to reach a faster and more effective comparison and sharing procedure.

- **Assessment of recidivism (only in the 2nd meeting)**

The assessment of the recidivism is carried out through oral discussion.

In accordance with the Law on Protection against Domestic Violence and the Protocol on the Treatment of Domestic Violence in Croatia, all officials, are obliged to report any information on the presence of violence in a family. Any knowledge of the presence of new violent behavior in the family is an obligation of reporting to the competent institutions – police or social welfare center.

- **Assessment of individual change**

The assessment of individual change is carried out through the administration of IMPACT questionnaires to both the perpetrator and the victim according to the following program:

- t1 at the beginning of the programme
- t2 in the middle of the programme – by phone or e-mail for economy and faster information sharing/optional
- t3 at the end of the programme

- **Measurement of other qualitative elements**

It's important that the case managers also share information and discuss about other *qualitative* features of the programmes (e.g. perception of risk beyond the objective results of risk assessment).

- **Assessment of change in organizational behavior**

This assessment is carried out through the "Questionnaire to evaluate the operational protocol" provided by WWP-EN. Case managers will fill out the questionnaire after each meeting.-

Besides these 2 meetings, informal contacts (by phone or e-mail) between the case managers are encouraged in case of critical events (significant changes within the life-cycle of couple/family – e.g. births, deaths, separation, divorce -, recidivism, especially about physical violence or serious threats; escalation; Court orders regarding children; will of the woman to split up; actions taken by judicial system; modifications in the legal procedure) for which the reassessment of risk is necessary.

Also, at the last meeting of the case managers, if possible, a joint report should be written, with the aim to make a joint evaluation of the work done with the victim and the perpetrator and to make possible recommendations for further work with the family. An assessment can then be made as to whether it is necessary to continue working with the family and how and possibly to refer them to further services and organizations, if necessary. It is then also possible to submit a report on the family and the goals achieved in working with them.

3. ANNEXES

3.1. Checklist for risk assessment (woman and children)

3.2. Working sheet

3.1. CHECKLIST: RISK INDICATORS IN MALTREATMENT SITUATIONS

Section A: risks for the woman

SERIOUS (HIGH RISK)

- The woman has intuitive feelings of being at risk (woman's fears)
- Death or suicide threats; fantasies of death
- Long-term and untreated addiction to alcohol and / or drugs (memory loss, cruelty)
- Increase in the frequency and seriousness of violent behaviors (escalation)
- Extreme and obsessive jealousy towards every area of interest of the partner
- Criminal record - criminal offenses with elements of violent behavior and any sexual offenses;
- Access to or possession of weapons; reference to weapons as tools of power, control or revenge; "intimate" relationship with the weapon, jokes about it, use of terms of endearment for the weapon
- The woman has left post-death instructions
- Violence against children
- Pet abuse
- Violence in previous relationships;
- Diagnosis of mental illness in the perpetrator that has not been treated by a psychiatrist or doctor;
- An ongoing divorce proceeding;
- Financial dependence of the victim on the perpetrator;
- The violation of precautionary measures imposed by the court;
- Previous police interventions for threatening behaviors, stalking, private violence, maltreatment, sexual abuse
- Demand for the relationship to last forever; use of expressions such as "together for life", "forever", "whatever it takes"
- Will of the woman to split up

NON-SPECIFIC INDICATORS – INTERMEDIATE RISK (TO BE ASSESSED AS A WHOLE)

- Anger against police or other (real or perceived) authorities
- Responsibility for violent or aggressive behaviors is attributed to alcohol or drugs
- Monitoring, control and inappropriate attention to the partner
- Rejection is not accepted
- Projection of extreme emotions on others (hate, love, jealousy)
- Minimization of violent behaviors
- Belief that everyone is against him
- Refusal to change a description of himself as inflexible and not willing to compromise
- Acceleration of involvement in the first phases of relationship (cohabitation, marriage, pregnancy)
- growing up in a violent environment (parents abusive with one another or towards children);

- growing up in the welfare system (with a foster parent or in an institution);

Section B: risks for the children

- the women is pregnant
- the women cares for the children (his or mutual)
- they have children in common
- the children/child witnessed violent behaviors
- the children/child heard some violent incidents
- the father/partner injured at least one child
- the father/partner has threatened at least one child
- the father/partner has threatened to kill the child/children
- the father/partner directly threatened the child/children

Section C: The evaluation of the results for the checklist:

- If we have 2 or more high risk indicators marked, then we approach the situation as high-risk.
- If we have 3 or more intermediate risk indicators (including risks for children), then we approach the situation as high risk.
- If we have a combination of a 1 high risk and 1 or more intermediate indicators (including the risks for children), then we approach the situation as high risk.

3.2. WORKING SHEET

Meeting n°	Date	Participants

	Support service for victims	Service for perpetrators	Other services/agencies	Joint decision taken
Risk assessment				
Recidivism recognition (in the 2 nd meeting)				
Assessment of individual change (in the 2 nd meeting)				